Northern, Eastern and Western Devon Clinical Commissioning Group
South Devon and Torbay Clinical Commissioning Group

Clinical Policy Committee (CPC)
Minutes

Wednesday 10th September 2014, 10.00 am to 12 noon

Committee Suite, County Hall, Exeter

Present:

Dr Jo Roberts* (Chair)	GP Clinical Commissioner	South Devon & Torbay CCG
Dr Mick Braddick*	GP Clinical Commissioner	NEW Devon CCG
Jono Broad	Lay Member	
Julia Chisnell	Specialist Registrar in Public Health	Devon County Council
Dr Andrew Craig*	GP Clinical Commissioner	NEW Devon CCG
Richard Croker*	Head of Medicines Optimisation	NEW Devon CCG
Andrew Kingsley	Patient Safety and Quality	NEW Devon CCG
Dr Phil Melluish*	GP Clinical Commissioner	South Devon and Torbay CCG
Mac Merrett	Lay Member	
Samantha Morton	Head of Contracting and Performance	South Devon and Torbay CCG
Chris Roome*	Head of Clinical Effectiveness	NEW Devon CCG
Dr Darunee Whiting*	GP Clinical Commissioner	NEW Devon CCG

Guests:

Mr Simon Ashley**	Consultant Vascular Surgeon	Derriford Hospital
Hilary Pearce	Clinical Effectiveness Pharmacist	NEW Devon CCG
Mr David Williams	Consultant Vascular Surgeon	North Devon District Hospital

In attendance:

Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG
Rebecca Heayn	Clinical Effectiveness Governance Manager	NEW Devon CCG

* Denotes voting members
** Denotes attended by teleconference

1. Welcome and announcements

Attendees were welcomed to the meeting.

Samantha Morton represented the CCGs' contracting departments
No secondary care consultant committee members were able to attend the meeting
No secondary care pharmacist committee members were able to attend the meeting
Dr Ali Round had deputised voting to Richard Croker
Dr Keith Gillespie had deputised voting to Chris Roome

Apologies

Dr Tawfique Daneshmend	Consultant Gastroenterologist & Hepatologist	RD&E NHS FT
Tracey Foss	Principal Pharmacist	RD&E NHS FT
Paul Foster	Chief Pharmacist	SDHC NHS FT
Dr Keith Gillespie*	GP Clinical Commissioner	NEW Devon CCG
Dr Andrew Gunatilleke	Consultant (Pain Management & Anaesthesia)	SDHC NHS Foundation Trust
Dr Stephen Hunt*	GP Clinical Commissioner	NEW Devon CCG
Dr Stuart Kyle	Consultant Rheumatologist	NDHC NHS FT
Simon Mynes	Director of Pharmacy	PH NHS Trust
Dr Alison Round*	GP Clinical Commissioner	NEW Devon CCG
Wayne Thomas	Consultant Haematologist, Pathology	PH NHS Trust

Confirmation of voting members and Declaration of Interest

The seven voting members present were identified.

Declaration of interest forms were collected. The Chair informed the committee of declarations of interest received.

DRUG/TECHNOLOGY TO BE CONSIDERED	PHARMACEUTICAL COMPANY / MANUFACTURER / SERVICE PROVIDER
Surgical interventions for varicose veins	As a provider of private treatments for patients with varicose veins
Surgery for carpal tunnel syndrome	As a provider of private treatments for patients with carpal tunnel syndrome

NAME OF ATTENDEE	ROLE	
Mr Simon Ashley	Consultant Vascular Surgeon	Treats varicose veins in private practice. Has contributed data to STD Pharmaceuticals Ltd., the manufacturers of STS a drug used for Foam and liquid Sclerotherapy. These data were used within their application to obtain European licensing of STS for air-based Foam Sclerotherapy treatment of varicose veins. STD Pharmaceuticals have provided some financial sponsorship for Mr Ashley and trainees to attend scientific meetings in the past. Mr Ashley has not received any direct payments.

Notification of Any Other Business (AOB)

Items for discussion under AOB were identified.

2. Minutes of the meeting held on 16th July 2014 and matter/actions arising

The minutes of the meeting held on 16th July 2014 were approved.

Actions from previous meeting:

14/04 *Lisdexamfetamine for ADHD in children and adolescents commissioning policy to be published.*

The policy has been drafted and agreed by the CPC chair. Once it has been ratified by the CCGs governing bodies and taken through the FIGS process the policy will be published.

The policy has now been ratified by the CCGs and will be taken to FIGs.

14/09 *Ratified annual report to be published.*

Once ratified by both CCGs the annual report will be published.

Action Complete

14/13 Fidaxomicin for Clostridium difficile Infection commissioning policy to be published.

The policy has been drafted and agreed by the CPC chair and submitted for ratification by the CCGs. Once this is complete the policy will be published.

14/14 Dapoxetine for premature ejaculation commissioning policy to be published.

The policy has been drafted and agreed by the CPC chair and submitted for ratification by the CCGs. Once this is complete the policy will be published.

14/15 Terms of reference to be amended to reflect agreement that a nominated deputy should be a current advisory member of the committee but not a lay member.

Action complete

14/16 Amended draft Terms of Reference to be taken to the CCGs governing bodies for ratification.

Action complete

3. Referral for varicose veins

NICE issued CG168 (varicose veins in the legs) in July 2013 for the diagnosis and management of varicose veins in adults aged 18 years and over. It contains priorities recommended for implementation which are at variance with the current commissioning in Devon. The committee were asked to consider whether the case supporting the recommendation to refer patients with symptomatic varicose veins is consistent with that of decisions taken to commission interventions to date. Hilary Pearce, Clinical Effectiveness Pharmacist, NEW Devon CCG presented an evidence assessment. Mr David Williams, North Devon District Hospital and Mr Simon Ashley, Derriford Hospital, took part in the discussion. Written comments from other providers had been included with the meeting papers, additional comments relating to budget impact were tabled at the meeting.

The committee reviewed the evidence reviews and cost-effective analysis from the NICE full clinical guideline and the decisions taken by the NICE Guideline Development Group leading to their recommendation. Areas where CG168 is at variance with current local commissioning policy are:

- Referral for patients with symptomatic varicose veins (typically pain, aching discomfort, swelling, heaviness and itching);

- Do not offer compression hosiery to treat varicose veins unless interventional treatment is unsuitable.

The NICE Guideline Development Group considered that patients who could be priorities for referral for early treatment were those with a high likelihood of disease progression and those most likely to respond well to treatment. The Clinical Guideline does not identify particular subgroups of patients with symptomatic varicose veins who should receive different priority for referral to a specialist vascular service, or who are more likely to respond to treatment.

NICE's literature review for clear markers of disease progression and likely treatment benefit did not identify indicators for referral. Therefore, their recommendation for referral to a specialist vascular service for all patients with symptomatic varicose veins was based upon improvements in quality of life for those undergoing interventional treatment which had been found from one RCT comparing surgery with compression hosiery, and in low quality evidence from studies of interventional treatments. A cost-utility analysis showed that compared with compression hosiery, interventional treatments are either cost saving over five years or result in ICERs that NICE consider acceptable. The majority of patients included in the trials and subsequent economic analysis had symptomatic varicose veins. NICE estimate that adoption of this recommendation would result in a 25% increase in referrals. Based upon the NICE assumptions it is estimated that increased activity associated with implementation of CG168 would increase costs by between £152,749 and £173,511 for NEW Devon CCG and £40,063 for South Devon and Torbay CCG.

The committee discussed a number of issues pertinent to this guidance, including:

- Identification of patients for treatment: Specialists felt that more symptomatic patients should be referred but agreed that the evidence base is weak for identifying those who are more likely to experience disease progression. Clinical judgement is required to identify patients for treatment, it would be clinically appropriate not to offer intervention to patients without significant truncal vein reflux on duplex scans. Consideration was given to whether the management of referrals by DRSS could be used to ensure appropriate referral of patients with symptomatic varicose veins. However, because referral would be based on clinical judgement (i.e. impact on quality of life), it was difficult to see how the referral system could add more value at this stage.
- Costs: it was felt that NICE had underestimated the increase in referrals and that costs could double or more in the next 2 years. The specialists drew attention to other cost effective analyses which suggested that it was not a proven case that endodermal ablation was more cost effective than foam sclerotherapy, particularly if a hospital had not yet invested in the capital resources required for thermal ablation. The committee noted that tariff costs are the same regardless of modality of treatment. It was not possible to estimate the extent of any savings possible if compression hosiery were only used in patients who did not have interventional treatment after referral.
- Capacity: specialist, imaging and operating theatre capacity issues were noted even though there is a move towards treating patients in treatment rooms rather than operating theatres; additional staff resources would be required together with changes to consultant job plans. All patients to be treated required a duplex scan however duplex scans are not advocated for all patients referred. Scans should be requested by specialists assessing patients for treatment rather than GPs.

The committee voted 5 to 2 in favour of recommending to the CCGs' executive groups that the recommendation by NICE to refer patients with symptomatic varicose veins is consistent with that of decisions taken by CPC to commission interventions to date.

ACTION: Recommendation and summary of clinical discussion to be taken to CCGs' executive groups who will decide whether to implement the recommendation from NICE taking into account prioritisation of funding.

4. Surgery for carpal tunnel syndrome

As part of the work being undertaken to align commissioning policies across Devon consideration had been given to surgery for carpel tunnel syndrome. Hilary Pearce – Clinical Effectiveness Pharmacist – NEW Devon CCG presented a paper.

NHS Plymouth Clinical Effectiveness Commissioning Group approved a policy in March 2011. The Healthcare Funding Request Group for Torbay Care Trust adopted the same policy in June 2011. NHS Devon did not have a policy for carpal tunnel syndrome.

The consultation process for the new Devon wide policy included contacting hand surgeons across Devon for their comments. GP Referral Facilitators working for Devon Referral Support Services (DRSS) were also contacted and have been involved at each stage of the process.

There are three key differences between the proposed Devon-wide policy and the policy adopted by NHS Plymouth and Torbay Care Trust:

- The introduction of an additional criterion for commissioning surgery; "Symptoms persisting for more than three months after conservative therapy with either local corticosteroid injection and/or nocturnal splinting". The addition of this criterion brings the policy in line with British Society for Surgery for the Hand guidance.
- A change in the wording of the criterion for commissioning surgery relating to symptoms of neurological deficit from 'sensory blunting' which GP referral facilitators and specialists did not feel was clinically meaningful to an agreed alternative 'constant altered sensation'.
- The definition of functional impairment has been brought in line with the definition agreed for the policy for Dupytren's Contracture agreed by CPC in May 2013.

The committee considered a number of issues pertinent to the proposed new policy:

- Financial impact: no evidence was found to enable an estimate of the financial impact of the introduction of an additional criterion for commissioning surgery in South and West Devon. It was not possible to give an accurate estimate of the impact of introducing a new policy in North and East Devon because data did not show a clear trend between referral rates in Devon and the introduction of the existing policies. Based on current practice, the committee considered that the impact of a new policy would have minimal financial impact.
- It was suggested that referral of patients between GP practices for corticosteroid injection and training of more GPs in giving injections may reduce some of the costs associated with giving corticosteroid injections in secondary care clinics.

ACTION: HP to feedback suggestion to relevant CCG colleagues that referral between GP practices for corticosteroid injections and training of more GPs should be explored.

ACTION: Policy for carpel tunnel syndrome to be published.

5. Update from NICE Planning, Quality and Assurance Group (NPAG)

One NPAG meeting had taken place since the Clinical Policy Committee meeting held on 16th July 2014. The committee received a summary of the NICE guidance discussed. The main points included:

- The Medicines Optimisation team will monitor prescribing of mercaptopurine for around 6 months.
- A discussion relating to the commissioning of new NICE IPGs had taken place. This issue will be brought to a future CPC meeting for consideration.

6. Any other Business

Group membership

- Dr Keith Gillespie is leaving NHS service and has resigned from the group. The Chair had written to Dr Gillespie to thank him for his valuable work for committee and wish him all the best for future. A representative from the Western locality is being sought.
- Dr Stephen Hunt has resigned from the group but has agreed to try and attend future meetings until a new representative for the Northern locality has been identified.

Conflict of Interest Forms

Disclosure of contact with the healthcare industry was discussed. It was agreed that only contact directly relevant to agenda items would be read out at the start of the meeting. Other contacts should be recorded on the declaration of potential conflict of interests form. These contacts will be recorded on the register of all healthcare industry contact maintained by the Clinical Policy Committee secretariat.

The issue of sponsorship was raised. Samantha Morton suggested that she forward information on this to Rebecca Heayn.

ACTION: SM to e-mail information on sponsorship to Rebecca Heayn.

Summary of actions		
	Action	**Lead**
14/04	Lisdexamfetamine for ADHD in children and adolescents commissioning policy to be published. The policy has been drafted and agreed by the CPC chair. Once it has been ratified by the CCGs governing bodies and taken through the FIGS process the policy will be published. The policy has now been ratified by the CCGs and will be taken to FIGs.	Rebecca Heayn
14/13	Fidaxomicin for Clostridium difficile Infection commissioning policy to be published. The policy has been drafted and agreed by the CPC chair and submitted for ratification by the CCGs. Once this is complete the policy will be published.	Rebecca Heayn
14/14	Dapoxetine for premature ejaculation commissioning policy to be published. The policy has been drafted and agreed by the CPC chair and submitted for ratification by the CCGs. Once this is complete the policy will be published.	Rebecca Heayn
14/15	Recommendation and summary of clinical discussion to be taken to CCGs' executive groups who will decide whether to implement the recommendation from NICE taking into account prioritisation of funding. (CG168 Referral for varicose veins)	Chris Roome
14/16	HP to feedback suggestion to relevant CCG colleagues that referral between GP practices for corticosteroid injections and training of more GPs should be explored.	Hilary Pearce
14/17	Policy for carpel tunnel syndrome to be published.	Rebecca Heayn
14/18	Information of sponsorship to be e-mailed to Rebecca Heayn	Samantha Morton