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

Clinical Policy Committee

Minutes

Wednesday 24th January 2018, 9.30 am to 11.00

Committee Suite, County Hall, Exeter

Present:

Dr Jo Roberts* (Chair)	GP Clinical Commissioner	South Devon & Torbay CCG
Dr Glen Allaway*	GP Clinical Commissioner	NEW Devon CCG
Dr Mick Braddick*	GP Clinical Commissioner	NEW Devon CCG
Dr Andrew Craig*	GP Clinical Commissioner	NEW Devon CCG
Dr Lucy Harris*	GP Clinical Commissioner	South Devon & Torbay CCG
Barbara Jones	Head of Locality Contracting	NEW Devon CCG
Mac Merrett	Lay Public Member	
Anna Richards	Consultant in Public Health	Devon County Council
Chris Roome	Head of Clinical Effectiveness	NEW Devon CCG
Dr Alison Round*	GP Clinical Commissioner	NEW Devon CCG
Mark Taylor	Lay Public Member	
Dr Ben Waterfall*	GP Clinical Commissioner	NEW Devon CCG
Sara Wright	Head of Nursing and Quality	NEW Devon CCG

Guests:

Dr Fiona Irvine	Consultant Ophthalmologist	RD&E NHS FT
Matt Howard	Clinical Evidence Manager	NEW Devon CCG
Naomi Scott	Healthcare Evidence Reviewer	NEW Devon CCG
Dr Parag Thaware	Consultant in Endocrinology and Diabetes	T&SD NHS FT
Dr Neil Walker	Consultant Physician	RD&E NHS FT

In attendance:

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

* Denotes voting members

1. Welcome and introductions

- Apologies were received from:

Dr Tawfique Daneshmend	Consultant Gastroenterologist & Hepatologist	RD&E NHS FT
Miles Earl	Contract Accountant	NEW Devon CCG
Simon Polak	Deputy Chief Nursing Officer	NEW Devon CCG

Subsequent to the meeting apologies for absence as received from:

Paul Foster	Chief Pharmacist	T&SD NHS FT

- The seven voting members present were identified.
- Confirmation of voting members and Declarations of Interest

Declarations of interest were collected. The chair reviewed the Declarations of Interest. All Declarations of interest are reported in the minutes.

- Notification of Any Other Business

Members were asked if they had any items of AOB to discuss.

DRUG/TECHNOLOGY TO BE CONSIDERED	PHARMACEUTICAL COMPANY / MANUFACTURER / SERVICE PROVIDER
FreeStyle Libre device for interstitial glucose monitoring in diabetes	**Abbott Laboratories Ltd**
Alternative treatments:	
Blood glucose monitoring devices	**Various**
Continuous glucose monitors	**Various**
Management of Meibomian cysts (chalazia)	**Private providers of treatments for the management of Meibomian cysts**

NAME OF ATTENDEE	ROLE	
Dr Parag Thaware	Consultant in Diabetes and Endocrinology	*Hospitality received where the drug(s) /devices(s) intervention(s)/treatment(s) under consideration were discussed by a representative of a drug/manufacturing company/companies* I have attended one study event on Freestyle Libre device organised by Abbott Laboratories Limited (refreshments were provided free of cost). An offer to reimburse travel expense and overnight stay was made by the company which I did not avail of. *Any of the above interests for a competitor of this drug/device/intervention/treatment* I have previously received equipment for continuous glucose monitoring free of cost from Medtronic Limited for a research study personally conducted by me. I have previously received equipment for capillary glucose monitoring free of cost from Roche Limited for a research study personally conducted by me. I have previously attended one study event that included discussion on Medtronic real time CGM system (refreshments were provided free of cost). I have previously attended one study event on Dexacom real time CGM system (refreshments were provided free of cost). *Any other healthcare industry contact* I have previously met the representative from Abbott Laboratories Limited in order to support and educate patients who wanted to try the Freestyle Libre device or use it long term through private funding. I have not spoken to any representatives from Abbott Laboratories Limited since the receipt of the CPC review document.

2. Minutes of the meeting held on 29th November 2017 and matters/actions arising

The minutes of the meeting held on 29th November 2017 were approved.

Summary of actions		
	Action	**Lead**
17/14	*Recommended revisions to the CCGs' policy for Cryopreservation and QEIA to be prepared and subsequently progressed to final CCG approval and communication*. The policy recommendation and QEIA have been signed off by the executive committees of NEW Devon CCG and of South Devon and Torbay CCG and is pending publication.	Rebecca Heayn

	The recommendation was discussed by the Clinical Policy Engagement and Consultation Panel on 11 October 2017. The panel had not considered that a full public consultation was required. However the panel did feel that people who had material stored should be contacted by letter explaining how the policy affected them to coincide with publication of the policy. A letter has been drafted. It has also been raised that letters should be written to the partners of people who have subsequently died but have material stored. A paper is being written for the Senior Leadership Committee.	
17/17	Azelastine hydrochloride and fluticasone propionate (Dymista®) for allergic rhinitis – Policy recommendation and QEIA to be prepared and subsequently progresses to final CCG approval and communication. This will be going to the Operational Leadership Group for approval at the meeting on 14th February 2018.	Rebecca Heayn
17/18	Biological agents for psoriatic arthritis - Trusts to be informed that the CCG accepts anti-TNFs or ustekinumab for patients who have failed treatment with secukinumab as a first line biological agent, Secukinumab as alternative third line biological agent, and Infliximab as an alternative third line biological agent. A letter has been written to Trusts. Action complete.	

3. FreeStyle Libre device for interstitial glucose monitoring in diabetes

An application has been received for the routine commissioning of the FreeStyle Libre device for interstitial glucose monitoring in diabetes. The applicant proposed use of the device in patients with type 1 diabetes in nine patient groups. Naomi Scott, Healthcare Evidence Reviewer, NEW Devon CCG presented an evidence assessment. Dr Neil Walker, Consultant Physician, Royal Devon and Exeter NHS Foundation Trust and Dr Parag Thaware, Consultant in Endocrinology and Diabetes, Torbay and South Devon NHS Foundation Trust took part in the discussion.

Patients with insulin dependent diabetes need to measure their blood glucose levels daily in order to ensure they do not develop hypoglycaemia or hyperglycaemia. This is commonly done using a lancet, which quickly inserts a fine needle into the finger to produce a drop of blood; this is put on to a testing strip and inserted into a reader which displays the patient's current blood glucose levels. NICE guidance recommends adults with type 1 diabetes should test their blood glucose between 4 times and 10 times daily depending on their circumstances. The FreeStyle Libre device is an interstitial glucose monitoring device marketed as an alternative to finger-prick glucose testing for people aged 4 or over.

The device measures interstitial fluid glucose levels every minute, the results are stored at 15 minute intervals for 8 hours. The reader can also display current glucose levels, levels over the preceding 8 hours and the trend in direction and speed of change of glucose.

One randomised controlled trial was identified that compared the efficacy of the FreeStyle Libre device and self-monitoring blood glucose to prevent hypoglycaemia in adults with well controlled type 1 diabetes. Participants monitoring glucose levels with the FreeStyle Libre device achieved a significant improvement in time spent in hypoglycaemia over controls self-monitoring glucose levels with lancets and testing strips. The FreeStyle Libre also showed a significant improvement over self-monitoring blood glucose for time spent in range and in hyperglycaemia.

An 8 week long pilot randomised controlled trial of participants with impaired awareness of hypoglycaemia, a group excluded from the pivotal trial, found that participants monitoring glucose levels using a continuous glucose monitor showed a larger median reduction in time spent in hypoglycaemia over those using the FreeStyle Libre device. Within the Freestyle Libre group there was little change in the time spent in hypoglycaemia between baseline and follow up, suggesting the device has little efficacy to reduce time spent in hypoglycaemia in participants with impaired awareness of hypoglycaemia.

Estimated utility gains were used to calculate a cost per QALY of £19,866 for the use of the FreeStyle Libre device over self-monitoring blood glucose. However the methodology of the study results in a 'cost effectiveness' that is solely related to a preference for the attributes of the FreeStyle Libre system over traditional testing.

The budget impact of adopting Freestyle Libre will depend upon which type of testing device patients who start using Freestyle Libre currently use and how many conventional blood glucose finger prick tests they still need to undertake. It is estimated that the total number of patients in the groups identified in the application would be around 1788 across Devon. If Freestyle Libre were to replace only the cheaper conventional testing strips and patients needed to perform an average of 0.5 conventional tests per day it is estimated that Freestyle would incur costs of between £230,000 and £560,000 per year across Devon.

Subsequent to the writing of the meeting papers the applicant highlighted that it is common for patients in their clinics to be prescribed testing strips listed in the joint formulary as amber, meaning specialist input is required. These testing strips and lancets are compatible with devices that aid carbohydrate counting. An additional paper tabled at the meeting showed that the three options commonly prescribed are more expensive than the first and second line options previously used in the budget impact section of the report. They currently account for 25% of the testing strip prescribing in Devon, however as the strips fit a number of devices it is not possible to determine if all of the prescribing is applicable to these patients. The budget impact of a variety of scenarios was presented.

There has been considerable patient interest in this technology and the CCG has recorded 16 individual patient inquiries about the availability of the FreeStyle Libre alongside a number of MP inquiries.

The application does not cover children; decisions about any specific criteria for children would need to be considered on a separate occasion and in the context of recommended policy made today and any final policy position finally adopted by the CCG.

The specialists present commented that:

- It is difficult and painful for patients to take multiple readings with a lancet and test strips. Feedback from patients using FreeStyle Libre has been positive, indicating that they experience less hypoglycaemia and better HbA_{1c} control.
- Some patients are diagnosed with Type 1 diabetes while very young and consequently have a lifelong need to finger prick test.
- The FreeStyle Libre device gives patients real time results and the tools to make decisions on managing diabetes in their day to day lives. The device provides more information than lancet and test strips, including what is happening at night and trends in blood sugar levels. It has been shown that the more patients monitor their blood sugar levels the better their outcomes.
- In general, RCTs show that frequent monitoring in real time helps patients. A study that was done in patients with good control showed that they had less hypoglycaemia.
- The position of other CCGs was discussed as was the legal testing requirement for drivers and career maintenance for patients with diabetes.

The group considered each of the nine patient groups identified in the application for routine commissioning:

Patients who self-monitor their blood glucose 8 times or more per day

The applicant proposed that the use of the Freestyle Libre in this patient group will be cost saving. However, it is recommended that patients using the FreeStyle Libre perform additional self-monitored blood glucose testing in a number of circumstances such as: to meet DVLA requirements, during times of rapidly changing glucose levels, when symptoms do not match the device readings, and when hypoglycaemia is reported. Participants within the pivotal trial experienced an average of 1.3 episodes of hypoglycaemia per day. The cost impact depends upon the type of testing device patients who start using Freestyle Libre usually use and how many conventional blood glucose finger prick tests they still need to undertake. The use of FreeStyle Libre sensors alongside 0.5 traditional blood glucose tests, over the weighted mean cost of 8 tests a day with the more expensive "amber" formulary options could equate to a saving of £79,170 per year across Devon. However, if patients use 1.3 additional self-monitoring blood glucose tests per day in conjunction with the FreeStyle Libre sensors then this would accrue an additional cost of £104,000 per year across Devon. However if it were to replace only the cheaper strips and patients needed to perform an average of 1.3 conventional tests per day it is estimated that Freestyle would incur costs of around £560,000 per year across Devon.

The group discussed issues pertinent to this policy application for this patient group:

- Depending on use of additional tests alongside the FreeStyle Libre device, this could represent a saving or an additional cost of approximately £50 per year per patient compared to the current most expensive formulary option.
- Some patients report feeling that the FreeStyle Libre device is not accurate and cannot be calibrated. The opinion of specialists present was that the device was sufficiently accurate. It is as accurate as devices used in clinical sessions.
- Specialists present suggested that patients who do not benefit from the device tend to be those who do not use it properly. Initially patients would use the device for a trial period to ascertain if it worked for them. The Association of British Clinical Diabetologists has produced guidelines recommending structured education.
- The patient group is relatively small.
- Patients who are self-monitoring blood glucose up to 8 times a day are those who have the most unstable glucose control. There is no RCT evidence that those who are not well controlled will benefit.
- Patients can use the trend arrows to avoid hypos.
- There was concern that the over time there will be slippage against the criteria and that more patients would want the devices. Specialists present acknowledged that they could be asked to provide the device but patients would have to meet the criteria to get it; this is the same as for an insulin pump. GPs will know what the criteria are and tell patients that they do not meet them.

The committee voted 4 to 3 in favour of recommending the routine commissioning of the FreeStyle Libre device for patients who self-monitor their blood glucose 8 times or more per day

Patients who meet the NICE criteria for insulin pump therapy

This is proposed by the applicant to be a cost saving criterion as patients eligible for insulin pump therapy may be able to gain control using the FreeStyle Libre and therefore not progress to pump therapy.

NICE TA151 details two eligibility criteria for insulin pump therapy. The first is patients who have an HbA_{1c} over 8.5% despite a high level of care. Patients with an HbA_{1c} in excess of 7.5% were excluded from the pivotal trial of the FreeStyle Libre device. The second criterion is for patients who experience disabling hypoglycaemia. No data detailing the baseline rates of disabling hypoglycaemia were published within the pivotal trial so it is not possible to evaluate effectiveness of the device to reduce the incidence of these events.

The group discussed issues pertinent to this policy application for this patient group:

- Patients have to wait for up to 8 months for an insulin pump; during this time they could undertake trial of the FreeStyle Libre device.
- If the FreeStyle Libre Device delayed the need for insulin pump therapy there could be a cost saving.
- A lot of training is needed for patients with pumps but this is not the case for this device.
- There is no evidence to show that the FreeStyle Libre Device can delay or eliminate the need for insulin pump therapy. However data is being collected from 50 self-funded patients.

The committee voted 5 to 2 in favour of recommending the routine commissioning of the FreeStyle Libre device for patients who meet the NICE criteria for insulin pump therapy.

Patients who have recently developed impaired awareness of hypoglycaemia

The applicant proposes this criterion to be cost saving due to the potential reduction in costs associated with hypoglycaemia such as a higher risk of requiring 3rd party assistance or hospital admission.

Patients with impaired awareness of hypoglycaemia were excluded from the pivotal trial of the FreeStyle Libre device. A recent publication assessed the efficacy of the FreeStyle Libre and Dexcom G4 CGM devices to reduce time spent in hypoglycaemia in a group of participants with impaired awareness of hypoglycaemia. This study showed patients randomly assigned to the CGM device to exhibit a significantly larger reduction in time spent in hypoglycaemia over those assigned to the FreeStyle Libre device. In addition, little improvement in time spent in hypoglycaemia was demonstrated between baseline and the 8 week follow up in the FreeStyle Libre group.

The group discussed issues pertinent to this policy application for this patient group:

- Impaired awareness of hypoglycaemia increases the risk of a serous hypoglycaemic event and its sequelae.
- Awareness of warning signs can be improved to reduce hypoglycaemia.
- There are hospital costs associated with impaired awareness of hypoglycaemia.
- Patients Gold scores are taken during routine assessment.
- There is a cross over between those who are frequently testing and those who are losing awareness.
- Patients with impaired awareness were excluded from the main trials and another trial shows evidence of little improvement in hypoglycaemia with FreeStyle in patients who have recently developed impaired awareness of hypoglycaemia.

The committee voted 5 to 2 against recommending the routine commissioning of FreeStyle Libre for patients who have recently developed impaired awareness of hypoglycaemia

Women who are currently pregnant or are trying to conceive

This is proposed by the applicant to be cost saving as NICE guidance recommends pregnant women with type 1 diabetes should test their blood glucose levels up to seven times a day.

The cost of prescribing 7 testing strips and lancets per day is between £582 and £605 per patient per year using first and second line formulary options. This rises to between £868 and £903 per patient per year when prescribing the higher cost specialist testing strips for use with carbohydrate counting devices. This compares to costs of £977-£1080 for Freestyle Libre in conjunction with an average of 0.5-1.3 SMBG tests per day (which would be the average number of SMBG tests that were(0.5) or should have be undertaken (1.3) if patents had the same experience of use as the group that used Freestyle Libre in the main trial).

The group discussed issues pertinent to this policy application for this patient group:

- Patients are encouraged to self-monitor at least 7 times a day.
- Specialists stated that if blood sugar is not well controlled in pregnant women there can be consequences for the mother and child, including lifelong disability. Specialists also reported that there is another device which is more expensive that can be used.

- It is known that when patients increase testing they are better controlled. This would provide a better patient experience.
- Routine commissioning would be for use in the conception and pregnancy period. After the baby is born patients would have to meet other criteria in order to continue with the FreeStyle Libre device.
- Discussions about pregnancy take place in diabetes clinics. Torbay and South Devon Hospital has a pre-pregnancy clinic.
- There is no published evidence supporting clinical benefit from the use of the FreeStyle Libre device in pregnancy. However, the FreeStyle Libre device is supported by local specialist opinion.
- Use in pregnancy is not cost saving.

The committee voted 6 to 1 against recommending the routine commissioning of the FreeStyle Libre device for women who are pregnant or trying to conceive.

One member voting against routine commissioning of FreeStyle Libre for this patient group identified potential difficulties in taking the device away following the birth. The mother is less likely to self-monitor in what is a hectic time once the baby is born.

Patients with more than 2 hospital admissions a year with diabetic ketoacidosis or hypoglycaemia

The applicant suggests this criterion may be cost saving due to the potential to reduce the incidence of hospital admissions.

Participants were excluded from the pivotal trial if they had been hospitalised due to diabetic ketoacidosis within the preceding 6 months. No additional studies demonstrating the efficacy of the FreeStyle Libre device to reduce admissions in patients with recurrent hospital spells for hypoglycaemia were identified.

The committee discussed issues pertinent to this policy application for this patient group:

- The committee noted that there was no evidence to support this commissioning proposal.

The committee voted 5 to 2 against recommending the routine commissioning of the FreeStyle Libre device for patients with more than 2 hospital admissions a year with diabetic ketoacidosis or hypoglycaemia.

Patients who require help from third parties to carry out monitoring

The applicant details that this criterion is included as patients with mental health issues and learning disabilities could benefit from the FreeStyle Libre device as self-monitoring blood glucose testing causes distress and it may help them to control their sugar levels.

However participants were excluded from the pivotal trial if they were deemed to not be technically capable of using the FreeStyle Libre device.

The group discussed issues pertinent to this policy application for this patient group:
- It was noted that this patient group can experience inequality.
- Specialists present reported that all patients are discussed at multidisciplinary team meetings.

The committee voted unanimously in favour of recommending the routine commissioning of the FreeStyle Libre device for patients who require help from third patients to carry out monitoring.

Patients who have been self-funding or have received the FreeStyle Libre device as part of a research project

The applicant notes that individuals within this group should be eligible for funding if they have demonstrated an improvement in one of the continuation criteria since they started using the device.

The committee was asked to consider whether a patient who is doing well while either self-funding or receiving the FreeStyle Libre device as part of a research project but do not meet the criteria for NHS funding can continue.

The group discussed issues pertinent to this policy application for this patient group:

- Two patient groups were identified. The first was those who had self-funded or received the FreeStyle Libre device as part of a research project but meet other continuation criteria. The second was those who self-funded or received the FreeStyle Libre device as part of a research project but do not meet continuation criteria.
- It was noted that providing NHS access to a treatment simply because a patient had self funded a trial was against the principles of the NHS.

The committee voted unanimously in favour of recommending NHS funding for patients who met the criteria agreed earlier in this meeting at the time they initiated Freestyle Libre and who meet the associated continuation criteria for the FreeStyle Libre device.

The committee voted unanimously against recommending NHS funding for patients not meeting the initiation and continuation criteria agreed for the FreeStyle Libre device.

It was noted that those patients who had achieved control whilst using the device could apply to the Exceptional Treatment panel for funding.

A further subgroup of patients who had not achieved their HbA_{1c} targets are proposed to be eligible for a 6 month trial during which time a 6mmol/mol (0.5%) improvement in HbA_{1c} should be demonstrated.

The subgroup comprises two groups. The first was:

Young adults aged 18-25 who have not reached their personalised HbA_{1c} target despite self-monitoring blood glucose

This criterion is included as it is suggested that individuals within this age group have a tendency to struggle with their control. The only evidence of the efficacy of the FreeStyle Libre device in this population was a post hoc analysis of the ten participants included in the pivotal trial that were aged 18 – 24 years. However it was only available as a conference abstract.

The group discussed issues pertinent to this policy application for this patient group:

- The age group identified. It was suggested that this should be 4 to 25, however it was noted that those in the 18-25 age group may have less support from home due to being away at university or in other training/work settings.
- Equity – the committee felt the criteria were very loose and that policies based on age with no evidence were discriminatory. In addition it would be difficult to say no to patients who were not reaching their personalised HbA_{1c} due to not engaging in self-monitoring blood glucose.
- It was suggested that further criteria such as the number of tests per day and being seen in a young person's clinic were needed.

The committee voted 6 to 1 against recommending the routine commissioning of the FreeStyle Libre device for young adults 18-25 who have not reached personalised HbA_{1c} target despite self-monitoring blood glucose.

The second group in the subgroup was:

Patients who have not reached HbA_{1c} targets as a result of infrequent testing

Only patients with well controlled diabetes were included within the pivotal trial. Part of the inclusion criteria was for participants to be testing their glucose levels 3 or more times a day for two months before study entry. No evidence of the efficacy of the FreeStyle Libre device in patients with poorly controlled diabetes due to testing was identified.

The group discussed issues pertinent to this policy application for this patient group:

- This is a very small group.

- It was agreed that exceptional patients in this group of patients should go through the Exceptional Treatment Panel.

ACTION: Policy recommendation and QEIA to be prepared and subsequently progressed to final CCG approval and communication.

4. Management of Meibomian cysts (chalazia)

Guidance for the management of referrals for meibomian cysts detailing the circumstances in which a referral can be made was adopted from the predecessor PCTs by the Devon CCGs in April 2013. A recent challenge has highlighted that this guidance may contain restrictions or criteria which may not be supported by the available evidence base, such as only treating cysts which interfere with vision if they are located on the upper eyelid. An update was drafted in consultation with local ophthalmologists to replace the current referral guidance with a Devon-wide commissioning policy for the management of meibomian cysts. Matt Howard, Clinical Evidence Manager, NEW Devon CCG presented a paper. Dr Fiona Irvine, Consultant Ophthalmologist, Royal Devon and Exeter NHS Foundation Trust took part in the discussion.

Meibomian cysts are benign, sterile lesions of the eyelid caused by the blockage of a meibomian gland duct. They typically present as a firm, painless lump on the eyelid; they may also present as a swollen, red eyelid. Meibomian cysts may be cosmetically displeasing. Very large cysts can cause astigmatism, visual disturbance, or a drooping eyelid. The cysts may become secondarily infected, and rarely this can lead to periorbital or orbital cellulitis. Up to 80% of meibomian cysts resolve spontaneously, although this may take weeks to months.

Conservative management is the first line treatment; this involves warm compresses and gentle massaging to encourage drainage of the cyst contents. If meibomian cysts do not resolve, specialist treatment options include incision and curettage, or intralesional injection of corticosteroid.

Results of RCTs suggest rates of resolution after 4 weeks of conservative management from 46% to 58%. Resolution rates from non-comparative data have been reported between 25.3% and 83.3%. In each study the nature of conservative management differed slightly but most contained some form of warm compress ± lid massage. Local specialist opinion suggests that hot compresses and lid massage should be completed 2-4 times a day. Low quality evidence from Randomised Controlled Trials suggests treatment with corticosteroid injections, or incision and curettage may provide higher rates of success than conservative management – around 85% to 95% at 4 weeks.

No clinical evidence was found that could justify the current restrictions regarding treatment of cysts interfering with vision on the upper lid only.

Conservative management with hot compresses and lid massage is essentially free of charge to the local health economy. Incision and curettage of an eyelid lesion costs approximately £100 as an outpatient procedure, and approximately £500 as an inpatient procedure.

Data on outpatient activity volumes associated with meibomian cysts appear to be unreliable; local specialist input suggests that if the procedure is performed as part of a routine outpatient consultation visit it might not get captured. It has therefore not been possible to confidently estimate current Devon-wide annual expenditure on this activity. A very rough approximation suggests 600 procedures (outpatient and inpatient) and costs in excess of £75,000 per annum.

It is not clear to what extent the existing guidance is being implemented.

Feedback during consultation for this policy suggests that some ophthalmologists were not aware of the current position. Publication of an updated policy may therefore result in closer adherence to any criteria. On the other hand, since the proposed policy removes some current restrictions, activity levels could increase following publication. There is therefore uncertainty whether the proposed policy would increase or decrease activity associated with management of meibomian cysts, however any potential change is considered to be small.

The committee discussed issues pertinent to the proposed updated guidance:

- Some patients are treated in outpatient clinics, others are treated in an operating theatre which is more expensive. However, some patients are treated in theatre as they are unable to tolerate an injection into the eye during outpatient treatment.
- Draft Policy: Recurrently infected cysts – 3rd bullet point to be reworded to state 'There has been a failure of conservative management (consisting of regular application of warm compresses and lid massage, 2 to 4 times daily) documented after at least 4 weeks'.
- Draft Policy: Interfering with vision - 2nd bullet point to be reworded to state 'There has been a failure of conservative management (consisting of regular application of warm compresses and lid massage, 2 to 4 times daily) documented after at least 4 weeks'.
- Restriction of treatment, for cysts causing impaired vision, to upper eye lid only to be removed.
- It was agreed that information would be added for children under 10 years to support GPs who wished to undertake 4 weeks conservative management prior to referral, particularly with smaller cysts not affecting vision and what a GP should do if concerned.

ACTION: Matt Howard to reword the proposed updated guidance in line with the discussion and share with Lucy Harris and Fiona Irvine.

The committee voted unanimously in favour of recommending acceptance of the proposed guidance for the management of referrals for meibomian cysts subject to the amendments discussed.

ACTION: Policy recommendation and QEIA to be prepared and subsequently progressed to final CCG approval and communication.

5. Update from NICE Planning Advisory Group (NPAG)

This item was deferred to the next meeting.

6. Update from Clinical Policy Engagement and Consultation Panel

The committee received an update from the Clinical Policy Engagement and Consultation Panel meeting which took place on Tuesday 12 December 2017.

The panel had discussed Azelastine hydrochloride and fluticasone propionate (Dymista® for allergic rhinitis). The panel recommended that no further engagement or formal consultation was required at this point.

7. Any other business

Change in Membership

The chair reported that Mick Braddick was stepping down from CPC following the meeting due to take place on 21 March 2018.

The future role and remit of the Clinical Policy Committee

It was noted that many of the issues considered during discussions were about equity and understanding. Discussions are taking place with GPs about the future role and remit of CPC. A query was raised as to whether secondary care could also be contacted.

The Chair reported that he was involved in work to establish how CPC moves forward to become more visible and transparent and also in determining the remit and ToR of the group.

A suggestion was made that a video be made of how the committee works so that future attendees have an understanding of what to expect.

Summary of actions		
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17/14	*Recommended revisions to the CCGs' policy for Cryopreservation and QEIA to be prepared and subsequently progressed to final CCG approval and communication*. The policy recommendation and QEIA have been signed off by the executive committees of NEW Devon CCG and of South Devon and Torbay CCG and is pending publication. The recommendation was discussed by the Clinical Policy Engagement and Consultation Panel on 11 October 2017. The panel had not considered that a full public consultation was required. However the panel did feel that people who had material stored should be contacted by letter explaining how the policy affected them to coincide with publication of the policy. A letter has been drafted. It has also been raised that letters should be written to the partners of people who have subsequently died but have material stored. A paper is being written for the Senior Leadership Committee.	Rebecca Heayn
17/17	Azelastine hydrochloride and fluticasone propionate (Dymista®) for allergic rhinitis – Policy recommendation and QEIA to be prepared and subsequently progresses to final CCG approval and communication. This will be going to the Operational Leadership Group for approval at the meeting on 14th February 2018	Rebecca Heayn
18/01	FreeStyle Libre device for interstitial glucose monitoring in diabetes: Policy recommendation and QEIA to be prepared and subsequently progressed to final CCG approval and communication.	Rebecca Heayn
18/02	Management of Meibomian cysts (chalazia): proposed guidance to be updated in line with the discussion and shared with Lucy Harris and Fiona Irvine.	Matt Howard
18/03	Management of Meibomian cysts (chalazia): policy recommendation and QEIA to be prepared and subsequently progressed to final CCG approval and communication.	Rebecca Heayn