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

Clinical Policy Engagement and Consultation Panel

Annual Report

2016-2017

Date: April 2017

Contents

1. Introduction

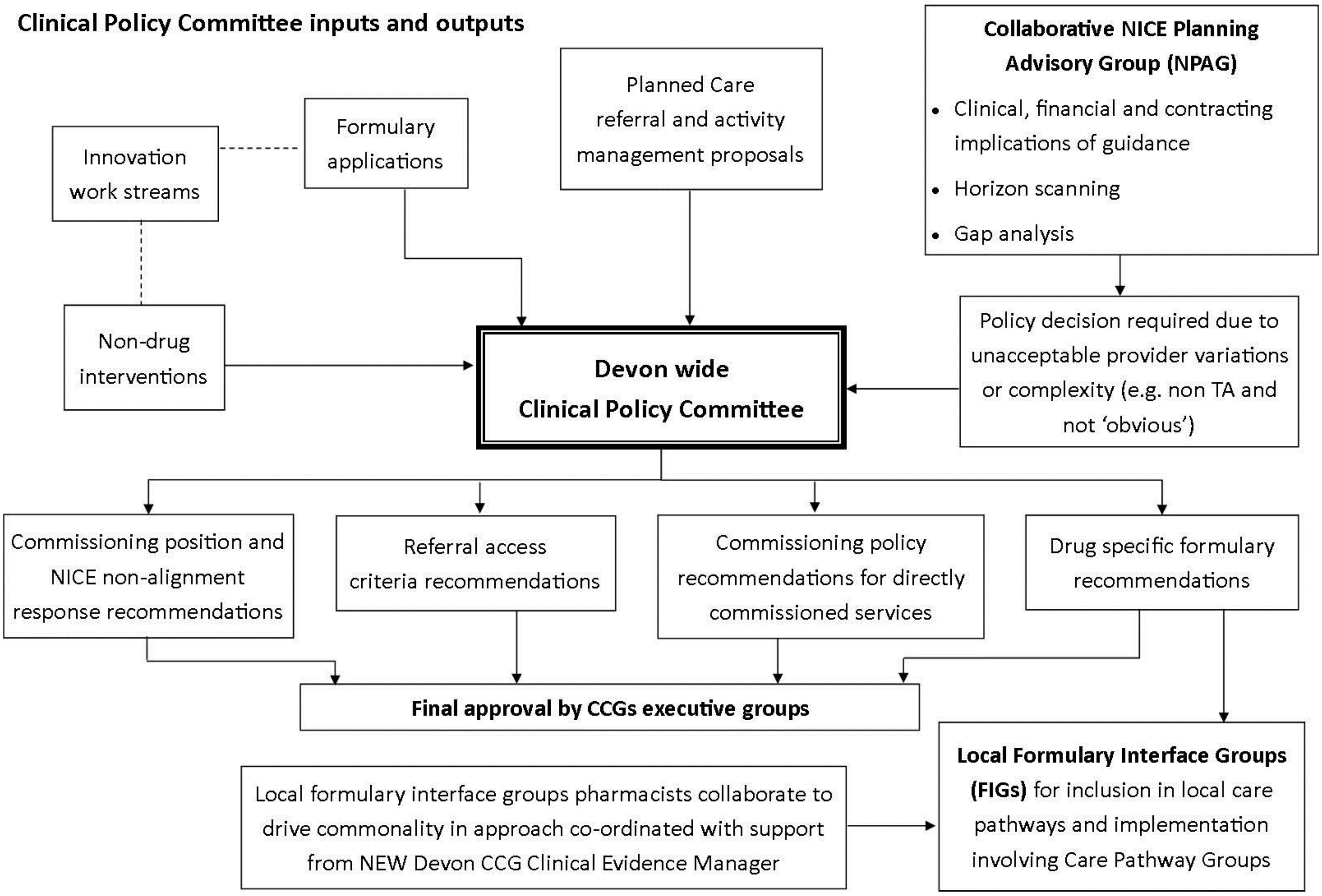
1.1 The Clinical Policy Engagement and Consultation Panel exists to support Northern, Eastern and Western (NEW) Devon and South Devon and Torbay Clinical Commissioning Groups (CCGs) to determine the need for any further engagement or formal public consultation on clinical policy recommendations made by the Clinical Policy Committee.

1.2 Through the Clinical Policy Committee the CCGs in Devon work together to carry out their responsibilities for making local decisions about the funding of medicines and treatments in the NHS.

1.3 The Clinical Policy Committee involves doctors making recommendations to the CCG executive groups on specific treatments after considering the clinical evidence published in medical literature, cost effectiveness and an estimate of budget impact.

1.4 The work programme of the Clinical Policy Committee is proactive and responsive to a number of sources as shown in figure 1, below.

Figure 1: Clinical Policy Committee inputs and outputs



1.5 Following a Clinical Policy Committee recommendation the lay member led panel routinely considers the wider public interest issues to determine the need for any further engagement or formal public consultation on the proposed policy recommendation.

1.6 This process and any resulting engagement or consultation precedes the CCGs' executive decision-making groups taking a final decision on whether to accept the clinical policy recommendation and implement this across Devon.

2. The Process

Panel process and meeting arrangements

2.1 The Clinical Policy Engagement and Consultation Panel applies a systematic process to capturing themes which are in the public interest to produce a rounded identification of the key drivers to engage or consult on a particular issue.

2.2 This includes whether the reason for introducing the policy is plausible and if the output addresses this intent, and if the effects on individual patients and carers, and the wider consequences on society and the opportunity cost have all been considered. There is also discussion of knowledge of public concern in relation to the disease and the specific intervention and what information on the treatment and condition is available to patients via NHS Choices.

2.3 A copy of the discussion/ notes aid used when considering the public interest issues is given in **Appendix 1**.

2.4 There are three levels of determination arising from the group consideration of a clinical policy recommendation:

1) No further engagement or formal consultation is required at this stage;
2) There should be further engagement via the virtual patient reference group;
3) Formal public consultation should be carried out.

2.5 The recommendations made by the panel in respect of any further engagement or formal public consultation required are reported to the CCGs' executive groups.

2.6 The panel comprises eight members from across both CCGs in Devon as follows:

- Lay Public Members of the Clinical Policy Committee (x2)
- Governing Body Lay Members who champion patient and public involvement (x2)
- Engagement and communications representatives (x2)
- Head of Clinical Effectiveness
- Clinical Effectiveness Governance Manager

2.7 The panel is chaired by a lay member and the lay members comprise the voting members, with the other members holding no vote and assisting in an advisory capacity.

2.8 Secretariat support for the group is provided by the Clinical Effectiveness Team, NEW Devon CCG.

Terms of reference

2.9 The terms of reference of the Clinical Policy Engagement and Consultation Panel are included in **Appendix 2**.

2.10 The terms of reference and outputs of the panel are made publicly accessible via the NEW Devon CCG website, on behalf of both CCGs in Devon, at: http://www.newdevonccg.nhs.uk/information-for-patients/medicines-and-treatments/local-decision-making/clinical-policy-committee-/clinical-policy-engagement-and-consultation-panel/101713

Clinical policy patient support information

2.11 As part of the panel process, an output is a recommendation for post-decision support communication to accompany publication of the clinical policy. This support information follows a clear and consistent format and is agreed by an editorial sub-group, comprising clinical effectiveness, communications and patient safety and quality/ engagement representatives.

2.12 These have been produced where there has been an identified need to provide clarity for patients, the public and staff about why and how a decision has been taken in respect of commissioning a particular treatment and what it will mean for patients.

2.13 In addition to being circulated with the commissioning policy, clinical policy patient support information is made publicly accessible via the

NEW Devon CCG website, on behalf of both CCGs in Devon, at: http://www.newdevonccg.nhs.uk/clinical-policy-patient-support-information/101679

2.14 The process also ensures that the Patient Advice/Experience and Communications teams of the CCGs are fully aware of the intended publication of a clinical policy and supporting patient information to enable them to be prepared and best able to respond to any patient or public queries.

2.15 A flowchart of the clinical policy engagement/consultation and communication process is shown in **Appendix 3**.

3. Governance arrangements

Quorum and attendance

3.1 The quorum of the panel consists of five of the members being present to include a minimum of two voting members, one of whom should be a Clinical Policy Committee lay public member.

3.2 A register of meeting attendance for 2016-17 is shown in **Appendix 4**.

Membership

3.3 The panel welcomed Jennie Willmott as the new Lay Member, Patients and Public for NEW Devon CCG following the departure of Alex Aylward at the end of his tenure on 31 March 2016.

3.4 Jono Broad, one of the serving Clinical Policy Committee lay public members, resigned from the committee and attended his last meeting in September 2016. Mac Merrett agreed to assume the role of chair to ensure the continued effective functioning of the Panel.

3.5 The vacancy for a new lay public member to sit on the Clinical Policy Committee and the Clinical Policy Engagement and Consultation Panel was subsequently advertised. As a result of this process, Mark Taylor was appointed to the role and will be joining the committee with effect from 1 April 2017.

Declaration of Interests

3.6 All members of the panel are expected to complete a declaration of interest. A register is maintained by the Clinical Effectiveness Governance Manager. The panel notes whether any additions or amendments to this have been advised at each meeting or whether there are any specific interests to declare related to the particular items for discussion at that meeting.

3.7 The register of interests is publicly accessible via the NEW Devon CCG website, on behalf of both CCGs in Devon. This is also included in **Appendix 5**.

Reporting arrangements

3.8 The group reports to the Executive Committee of NEW Devon CCG and the Commissioning and Finance Committee of South Devon and Torbay CCG.

3.9 The minutes of meetings are shared and regular updates given to the Clinical Policy Committee as a standing agenda item.

4. Panel recommendations

4.1 Five meetings of the Clinical Policy Engagement and Consultation Panel were convened in 2016-17, considering and making recommendations to the CCGs' executive groups on a total of 15 clinical policy recommendations as detailed below:

1) Insulin Degludec 100units/ml (Tresiba®) for Type 1 Diabetes
2) Ulipristal acetate 5mg tablets (Esmya®) for intermittent treatment of moderate to severe symptoms of uterine fibroids in adult women of reproductive age
3) Dulaglutide (Trulicity®) for the treatment of type 2 diabetes
4) Myringotomy/grommets with or without adjuvant adenoidectomy for the management of otitis media in children under 12 years
5) Myringotomy with or without ventilation tubes (grommets) in adults and children aged 12 years and older
6) Tonsillectomy
7) Ivermectin (Soolantra®) for Rosacea
8) Linaclotide (Constella®) for the treatment of irritable bowel syndrome with constipation (IBS-C) in adults
9) Surgery for Ganglion Cyst
10) Dexamethasone intravitreal implant (Ozurdex®) for the treatment of non-infectious posterior uveitis
11) Guanfacine Prolonged-Release Capsules (Intuniv®) for the treatment of attention deficit hyperactivity disorder (ADHD) in children and adolescents
12) Botulinum Toxin A for the management of blepharospasm

13) Botulinum Toxin A for the management of hemifacial spasm

14) Ulipristal acetate 5mg tablets (Esmya®) for intermittent treatment of moderate to severe symptoms of uterine fibroids in line with National Institute for Health and Care Excellence (NICE) Clinical Guideline 44

15) Brivaracetam (Briviact®) for epilepsy

4.2 On discussion of the clinical policy recommendations listed above, the Panel were satisfied that the public interest issues had been fully considered and that further engagement or formal public consultation activity would not yield additional insights.

4.3 However the Panel formally documented their views and made some additional recommendations for action arising from the consideration of specific policies:

Myringotomy with or without ventilation tubes (grommets) in adults and children aged 12 years and older and Myringotomy/ grommets with or without adjuvant adenoidectomy for the management of otitis media in children under 12 years

- It was suggested that the Patient Advice and Experience teams across the CCGs were asked for the number of contacts made with regard to myringotomy/grommets, relating to children and to adults, in order to establish a baseline position prior to the publication and implementation of Devon-wide policies. Data was obtained prior to the new policies going live on 30 October 2016 to ensure an accurate snapshot of public/patient contacts at that point, but it was advised from the Patient Advice and Experience teams that none had been recorded.

Surgery for Ganglion Cyst

- There was consideration of what constitutes significant functional impairment, as defined in the Surgery for Ganglion Cyst policy. It was discussed that there were different considerations relating to fitness for education or employment or leisure activities depending upon the subject of the policy. For example, this is very apparent with considering the differences in policies related to sensory conditions as opposed to mechanical function. Having been previously discussed by the Clinical Policy Committee it was felt that a uniform position for all conditions was unattainable, but that it was important to consider the appropriateness of statements of functional limitation when contextualised by the procedure or condition under review. The Clinical Effectiveness team has sought to promote consistency in definition in those policies considered by the Clinical Policy Committee; the statement of functional limitation in the policy for surgery for ganglion cyst is consistent with the other policies relating to hand procedures.

Brivaracetam (Briviact®) for epilepsy

- It was acknowledged that, as a result of consideration of the patient interest issues, the group may have particular anxieties which they feel should give rise to further engagement, prior to any final decision being taken by the CCGs. This could include contact with patient support groups, as well as general public engagement, to ensure equity of approach (i.e. not disadvantaging those disease areas where there is no patient group and being mindful that there may be multiple local support groups in existence). It was agreed that, if the need arose, existing mechanisms for engagement should be used and the peculiarities of the disease or condition under consideration should be taken into account.

5. Reflective practice

5.1 The Clinical Policy Engagement and Consultation Panel continues to be receptive to further development and enhancement of processes. It also seeks to maintain an awareness of the broader local health context, and other CCG processes, issues and priorities.

Communication with locality engagement groups

5.2 Following discussion of last year's annual report by the NEW Devon CCG Patient and Public Engagement Committee, suggestions were made to strengthen the communication between the work of the panel and the locality engagement groups so that they had greater awareness of what is being considered.

5.3 The clinical policy communication process has subsequently been revised to ensure that community representatives routinely receive details of the publication of new or updated policies, including any recommendations of the panel in respect of these. This is achieved in collaboration with the communication and engagement team to ensure a consistent point of contact for the representatives.

Consideration of NHS Choices information

5.4 At the meeting in October 2016 there was discussion that it would be helpful to routinely consider whether policy recommendations were contrary to the information published on NHS Choices as this may often be the first point of reference for patients. This would ensure awareness of the external, NHS public information available and hence patient expectations with regard to a particular condition and treatment options available. It was agreed that this would be a useful addition to the list of factors considered by the Panel when assessing the public interest issues relating to clinical policy recommendations and was subsequently added.

Clinical Policy Patient Support Information – data and feedback on use and uptake

5.5 During the review of last year’s annual report, the Panel queried whether the uptake and success of the patient support information that had been produced on their recommendation could be established.

5.6 Contact was subsequently made with the Patient Advice and Experience Teams across the CCGs, the Joint Formularies Technician and the NEW Devon CCG Digital Communications Specialist to collate any available data or feedback on use and uptake. A report was compiled and presented to the Panel, detailing any Patient Advice/ Experience contacts relating to the policy areas, relevant Formulary and referral website page views and NEW Devon CCG website views of the clinical policy patient support information page.

5.7 It was noted that there were some limitations to the data available, which included:

- It is not possible to determine what specific content formulary viewers were searching for or accessing and we are unable to determine specific download rates for information.
- The online views do not capture instances where information has been shared via email and/or saved or downloaded for local use.
- There may be other routes of access and dissemination of information, for example with the cataract policy links were made with opticians and optometrists to disseminate this locally. Patients may also receive information relayed to them directly from their GP; contacts with the CCG Patient Advice/Experience teams may be minimal.
- All of the clinical policy patient support information produced to date is accessible via one main CCG website page; this is not broken down by specific policy area. We do not have data on specific download rates for information.

5.8 However despite the limitations, the Panel were reassured to note that the information was clearly and consistently available across the various sources and mechanisms and it was commented than the numbers were higher than expected; there had been 350 page views of the specific clinical policy patient support information web page between September 2015 and the end of July 2016.

5.9 Given the high profile nature of cataract surgery, it was interesting to note that there had not been any contacts with the Patient Advice and Experience teams since the publication of the cataract commissioning policy in October 2015. It was suggested that this was indicative of the thorough process for producing clear clinical guidance and support information, with a careful approach to the timing and breadth of communication and dissemination.

6. Conclusion

6.1 Through the Clinical Policy Engagement and Consultation Panel the CCGs in Devon are supported in determining the need for any further engagement or formal public consultation on clinical policy recommendations made by the Clinical Policy Committee.

6.2 Five meetings of the Clinical Policy Engagement and Consultation Panel were convened in 2016-17, considering and making recommendations to the CCGs on a total of 15 clinical policy recommendations.

6.3 It was commented that the paperwork produced for and circulated to the group ahead of the meeting was very clear, understandable and gave a comprehensive overview of the context, the committee recommendation and discussions, and the anticipated quality and equality impacts. The Panel felt that this supported and enabled straightforward and well informed discussions about the respective recommendations.

6.4 The panel sits within the context of the wider engagement processes of the respective CCGs. It is a good example of a joint CCG approach to engagement activity.

6.5 This annual report will be submitted to the CCGs for acceptance and ratification, via the Engagement/Quality Committees in South Devon and Torbay CCG and the Patient and Public Engagement Committee in NEW Devon CCG.

6.6 The annual report will also be submitted to the Clinical Policy Committee for information.

6.7 Following ratification the report will be made publicly available via the NEW Devon CCG website on behalf of both CCGs in Devon.

APPENDIX 1

Clinical Policy Engagement and Consultation Panel

Capturing the public interest issues – discussion/ notes aid

Clinical policy recommendation considered: ___________________________________

Theme	**Notes**
1) Is the reason for introducing the policy plausible?	
2) Does the policy output address this intent?	
3) Have the effects of the policy on individual patients and carers been considered?	
4) Have the wider consequences on society been considered?	
5) Has the opportunity cost been considered?	
6) Is there knowledge of public concern in relation to: a) the disease? b) the specific intervention?	
7) What information on the treatment and condition is available to patients via NHS Choices?	

APPENDIX 2

NHS

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

Clinical Policy Engagement and Consultation Panel

Terms of Reference

1. Purpose of the Group

1.1 The Clinical Policy Engagement and Consultation Panel exists to support Northern, Eastern and Western (NEW) Devon and South Devon and Torbay Clinical Commissioning Groups (CCGs) to determine the need for any further engagement or formal public consultation on clinical policy recommendations made by the Devon-wide Clinical Policy Committee.

2. Functions

2.1 Following a Clinical Policy Committee recommendation the lay member led panel will routinely consider the wider public interest issues to determine the need for any further engagement or formal public consultation on the proposed policy recommendation.

2.2 This process and any resulting engagement or consultation will precede the CCGs' executive decision-making groups taking a final decision on whether to accept the clinical policy recommendation.

3. Membership

3.1 The group will comprise eight (8) members from across both CCGs in Devon as follows:

- Lay Members of the Clinical Policy Committee (x2)
- Governing Body Lay Members, Patients and Public (x2)
- Engagement and communications representatives (x2)
- Head of Clinical Effectiveness
- Clinical Effectiveness Governance Manager

3.2 The group will be chaired by a lay member.

3.3 The lay members will comprise the voting members of the group, with other non-voting members assisting in an advisory capacity. The chair will not vote unless the voting is split.

3.4 Secretariat support for the group will be provided by the Clinical Effectiveness team.

4. Meetings and Conduct of Business

4.1 The group will meet approximately two weeks following Clinical Policy Committee meetings to consider the recommendations made.

4.2 Meetings may be attended in person or via teleconferencing.

4.3 The quorum will consist of five (5) of the members being present to include a minimum of two (2) voting members, one of whom will be a Clinical Policy Committee lay member able to bring the benefit of summarising the committee discussions which led to the recommendation.

4.4 Papers will be shared with the group prior to each meeting. Minutes will be taken and circulated to the group following the meeting.

4.5 The recommendations made by the group in respect of any further engagement or formal public consultation required will be reported to the CCGs' executive groups.

4.6 The terms of reference and outputs of the group will be made publicly accessible via the NEW Devon CCG website, on behalf of both CCGs in Devon.

Declarations of Interest

4.7 All members of the group will be expected to complete a declaration of interest. An annual register will be maintained by the Clinical Effectiveness Governance Manager. The group will note at each meeting whether any additions/amendments to this have been advised or whether there are any specific interests to declare related to the particular items for discussion at that meeting.

Process

4.8 There are three proposed levels of determination arising from the group consideration of a clinical policy recommendation:

1) No further engagement or formal consultation is required at this stage;
2) There should be further engagement via the virtual patient reference group;
3) Formal public consultation should be carried out.

Capturing the public interest issues

4.9 The group will apply a systematic process to capturing themes which are in the public interest to produce a rounded identification of the key drivers to engage or consult on a particular issue.

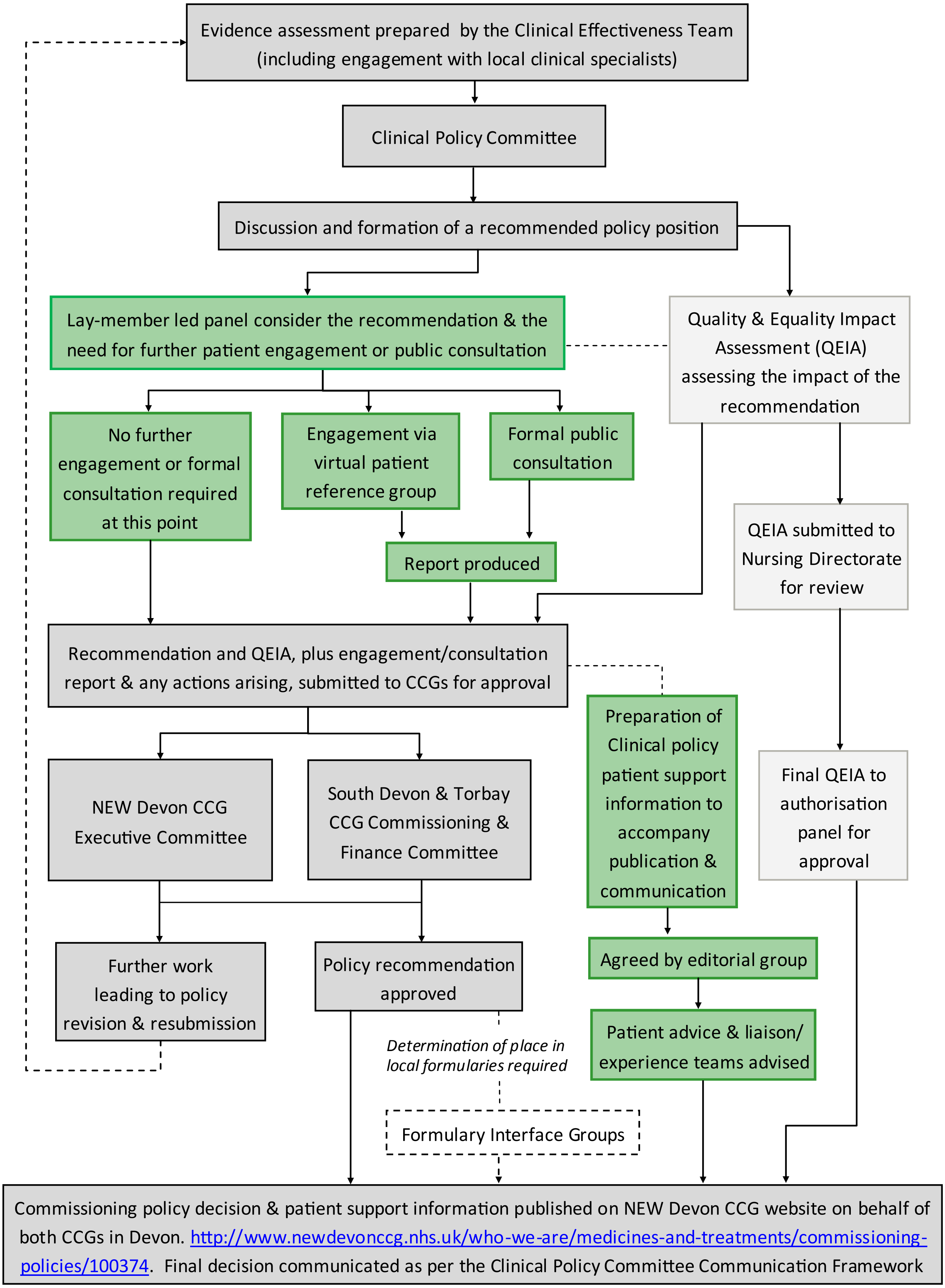
5. Governance/ Reporting arrangements

5.1 The group will report to the Executive Committee of NEW Devon CCG and the Quality Committee of South Devon and Torbay CCG.

5.2 The Terms of Reference will be reviewed annually.

APPENDIX 3

Clinical policy engagement/consultation and communication process



Clinical Policy Engagement & Consultation Panel

Attendance Register

Name	**Role**	**Meetings attended/ possible**
Jennie Willmott VOTING MEMBER	Lay Member, Patients and Public, NEW Devon CCG	5 / 5
Jono Broad VOTING MEMBER	Lay Member, Clinical Policy Committee *(to September 2016)*	1 / 2
Ray Chalmers	Head of Communications and Strategic Engagement, South Devon and Torbay CCG	4 / 5
Rebecca Heayn	Clinical Effectiveness Governance Manager, NEW Devon CCG	5 / 5
Jenny McNeill	Associate, NEW Devon CCG	1 / 5
Mac Merrett VOTING MEMBER	Lay Member, Clinical Policy Committee	5 / 5
Chris Peach VOTING MEMBER	Non-Executive Director (Patient and Public Involvement), South Devon and Torbay CCG	4 / 5
Chris Roome	Head of Clinical Effectiveness, NEW Devon CCG	5 / 5

APPENDIX 5

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

Clinical Policy Engagement & Consultation Panel

Register of Interest (at 31 March 2017)

Name	**Declaration date or amendment to declaration**	**Title**	**Declaration**
Jono Broad	14/08/2015 amended 31/12/2015	Lay Member, Clinical Policy Committee *(until 14 September 2016)*	Working with the SWAHSN as a patient advisor on medicines optimisation and patient safety. Involved with the NHS Leadership Academy for patient engagement. School Governor for Ashleigh Road Primary School Lecturer for Northern Devon Healthcare Preceptor programme and Essential skills for Support workers programme. Associate Non-Executive Director for Northern Devon Healthcare Trust
Ray Chalmers	23/10/2015	Head of Communications and Strategic Engagement, South Devon and Torbay CCG	Nil

Name	**Declaration date or amendment to declaration**	**Title**	**Declaration**
Rebecca Heayn	24/06/2015	Clinical Effectiveness Governance Manager, NEW Devon CCG	Nil
Jenny McNeill	10/08/2015	Associate, NEW Devon CCG	Spouse is manager in Northern Devon Healthcare NHS Trust with main responsibility in managing community specialty services.
Mac Merrett	23/08/2015 amended 11/10/2016	Lay Member, Clinical Policy Committee	Chair RD&E Cancer User Group. Vice Chair Peninsular Cancer Group. Member of Citizen Assembly. Sit on various Cancer groups within the Peninsular. Parish Councillor. Representative on the Cancer Alliance.
Chris Peach	08/07/2015 amended 30/10/2015	Non-Executive Director (Patient and Public Involvement), South Devon and Torbay CCG	Deputy Chairman of South & West Devon Magistrates Bench
Chris Roome	24/06/2015	Head of Clinical Effectiveness, NEW Devon CCG	Nil
Jennie Willmott	01/04/2016 amended 07/04/2016	Lay Member, Patients Public Engagement NEW Devon CCG	Lay Member on the North and East Devon Advisory Sub Committee for the Lord Chancellors Advisory Committee on Justices of the Peace for Devon and Cornwall. Company Secretary to Willmott Technical Services. Member of Devon Healthwatch.