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

Clinical Policy Engagement and Consultation Panel

Annual Report

2018-19

Date: 31 March 2019

Contents

1. Introduction

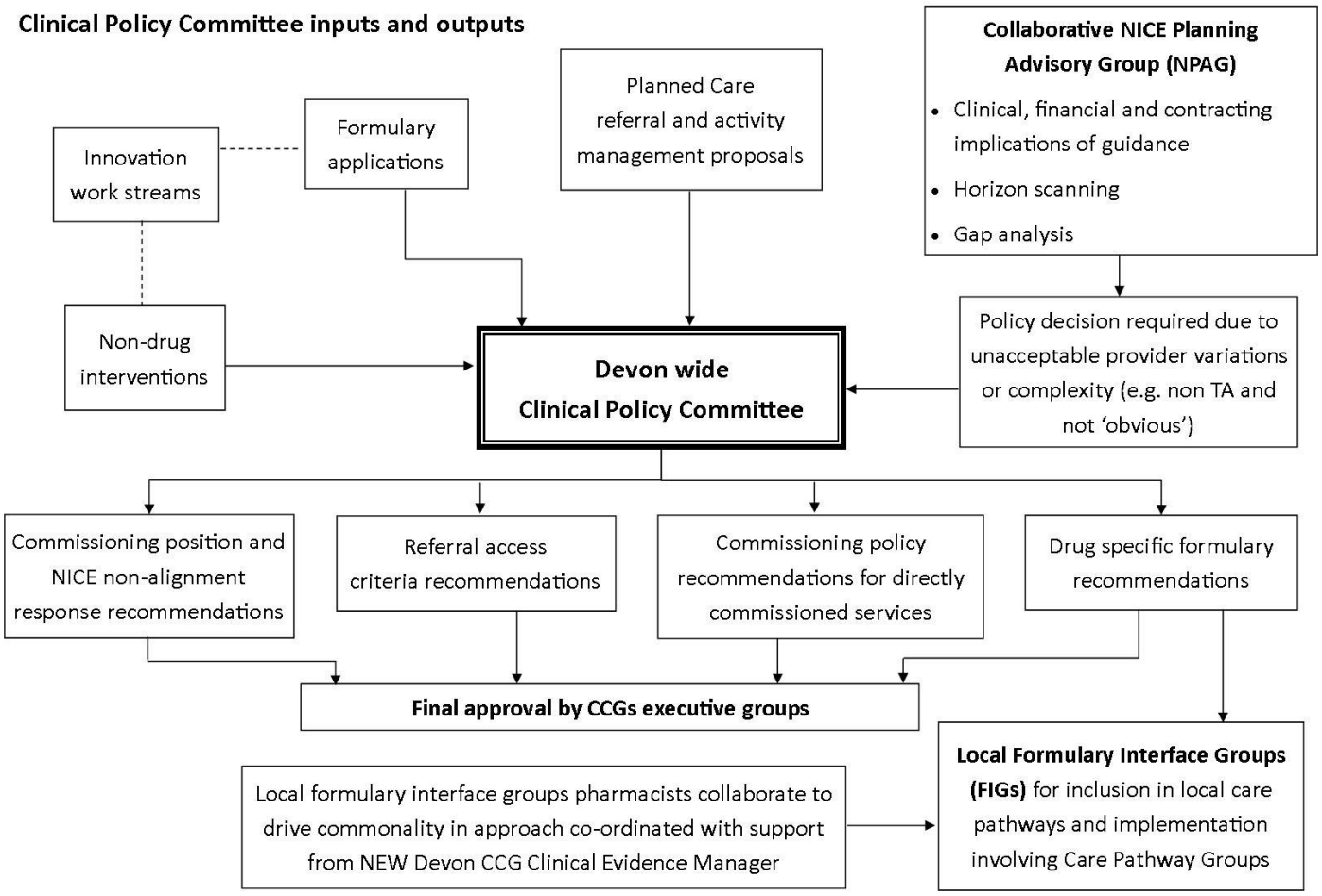
1.1 The Clinical Policy Engagement and Consultation Panel exists to support Northern, Eastern and Western (NEW) Devon and South Devon and Torbay Clinical Commissioning Groups (CCGs) to determine the need for any further engagement or formal public consultation on clinical policy recommendations made 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 group taking a final decision on whether to accept the clinical policy recommendation and implement this across Devon.

1.7 This annual report gives an account of the activity and governance of the Clinical Policy Engagement and Consultation Panel in 2018-19.

1.8 It is acknowledged that from 1 April 2019 NHS Northern, Eastern and Western (NEW) Devon CCG and South Devon and Torbay CCG are formally merging to become a single organisation, NHS Devon CCG. However the Clinical Policy Committee has operated Devon-wide since the inception of the CCGs in 2013 and the Clinical Policy Engagement and Consultation Panel has supported this process since 2015.

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 the public via nhs.uk (formerly 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 broadly three levels of determination arising from the panel's consideration of a clinical policy recommendation:

1) No further engagement or formal consultation is required at this stage;
2) Information/ action recommended to support publication and communication of the policy;
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 group.

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.

2.11 A new website is being launched following the merger of the CCGs from 1 April 2019. Content currently published on the NEW Devon CCG website, on behalf of both CCGs in Devon, will be migrated to the new website to ensure that this continues to be publicly accessible.

2.12 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 2018-19 is shown in **Appendix 4**.

Membership

3.3 The panel welcomed Nick Pearson, Head of Communications and Engagement for the CCGs as a new advisory member in February 2019. Nick Pearson replaced Ray Chalmers, who had been a valued advisory member of the panel for three years, providing sound judgment and wisdom on matters relating to communications and engagement for the benefit of the panel.

3.4 Chris Peach and Jennie Willmott attended their final meeting in February 2019 as they are stepping down from their Governing Body roles with South Devon and Torbay CCG and NEW Devon CCG respectively. Both have been valued members of panel, Chris since its inception and Jennie for the past three years, raising public interest queries for discussion and giving helpful insights to inform panel recommendations.

3.5 It was acknowledged that with the merger of the CCGs from 1 April 2019 there would be a single Governing Body for NHS Devon CCG, which would include the recruitment of a new lay member who champions patient and public involvement.

3.6 In light of the merger of the CCGs, changes to the membership of the panel will be considered from 1 April 2019.

Declaration of Interests

3.7 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.

3.8 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

3.9 Closer working arrangements between NEW Devon CCG and South Devon and Torbay CCG, with a number of committees having been aligned to work as committees in common, had previously resulted in policy recommendations being submitted for commissioning approval to a single executive group. This position has been consolidated with the formal merger of the CCGs to form NHS Devon CCG from 1 April 2019.

3.10 The CCGs had previously operated an Engagement Committee in common, which had received the Clinical Policy Engagement and Consultation Panel Annual Report for information and assurance. It was acknowledged at the panel meeting in February 2019 that arrangements would be changing following the merger of the CCGs with a new Patient Engagement Panel.

3.11 The panel reporting arrangements will be reviewed following the merger of the CCGs from 1 April 2019 and the Terms of Reference updated accordingly.

3.12 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 held in 2018-19, considering and making recommendations to the CCGs' executive groups on a total of 18 clinical policy recommendations as detailed below:

Meeting date	Policy recommendation
17 April 2018	Intravitreal Bevacizumab for radiation maculopathy
	Intravitreal Bevacizumab for rubeosis iridis and neovascular glaucoma
	The specialist management of abdominal wall hernia in adults
6 June 2018	Fluticasone furoate and vilanterol trifenatate (Relvar® Ellipta®) combination inhaler for asthma
	Lurasidone for schizophrenia
14 August 2018	Opicapone for Parkinson's Disease
10 October 2018	Assisted conception
	Fluticasone furoate, umeclidinium and vilanterol (Trelegy® Ellipta®) combination dry powder inhaler for Chronic Obstructive Pulmonary Disease (COPD)
	Cosmetic treatments policy
	Reversal of male and female sterilisation policy
	Insulin Degludec (Tresiba®) for use in patients with type 1 diabetes
	Insulin Degludec (Tresiba®) for use in patients with type 2 diabetes

13 February 2019	Adult Snoring Surgery (in the absence of Obstructive Sleep Apnoea)
	Dilatation and curettage for heavy menstrual bleeding in women
	Knee arthroscopy for patients with osteoarthritis
	Injections for nonspecific low back pain without sciatica
	Arthroscopic shoulder decompression for subacromial shoulder pain
	Trigger finger release in adults

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 made some recommendations in relation to specific policy proposals to support the communication and implementation of these across Devon:

Reversal of male and female sterilisation and Assisted conception

It was noted that there had been discussion at the Clinical Policy Committee meeting with regard to ensuring that patients who undergo sterilisation procedure are fully informed, in accordance with the Royal College of Obstetricians and Gynaecologists guidelines. The consent process should include specific considerations where the patient is under thirty, if they are childless, if there is conflict (or potential risk of coercion) between partners or if it is undertaken at the time of an abortion. It had been proposed that this was reinforced in a letter to specialists when the policy was published.

The panel recommended that considerations relating to eligibility for assessment and treatment of infertility should also be included within this letter. As a result the letter to specialists which accompanied publication of the final policy made reference to the fact that patients who opt for sterilisation would be rendering themselves ineligible for future Assisted Conception as the Assisted Conception policy specifically excludes those who have had sterilisation reversed.

In respect of the policy for the reversal of male and female sterilisation, the panel also recommended revised wording of the exceptionality statement to aid clarity. It was acknowledged that the policy exceptionality statement allows for application to the CCGs' Individual Funding Request (IFR) Panel for the consideration of treatment of an individual patient who does not meet the criteria set out in the general

policy position. However as the policy statement was simply that the reversal of male and female sterilisation is not routinely commissioned in Devon alternative exceptionality wording was recommended in this instance as no specific “criteria” are detailed within the policy.

Evidence based interventions guidance for CCG

NHS England issued statutory guidance to CCGs in November 2018 to introduce and implement commissioning policies for selected interventions. The panel considered that NHS England has already conducted a lengthy consultation on their statutory guidance, with which the CCG had actively engaged. However it was questioned what local people would know about the national consultation and how to get the message out in terms of public education that these interventions may be unnecessary or less effective than other non-surgical options.

It was acknowledged that there is a difference between information and education; if information leaflets for patients were produced, these would need to be supported by CCGs and specialists and may be difficult to produce locally. Further, if numerous CCGs produce local materials in respect of the national guidance this is also likely to lead to numerous differing leaflets across the country. It was discussed that it would be preferable if support materials were produced once, nationally, to support this programme of work.

It was noted that the CCGs in Devon are part of a national NHS England demonstrator community in respect of the evidence-based interventions programme. It was recommended the need for support materials to be produced nationally to support patients and clinicians in respect of these interventions, as an extension to patient decision aid materials, should be fed into this process.

5. Conclusion

5.1 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.

5.2 The panel sits within the context of the wider engagement processes of the CCGs.

5.3 Five meetings of the Clinical Policy Engagement and Consultation Panel were convened in 2018-19, considering and making recommendations to the CCGs on a total of 18 clinical policy recommendations.

5.4 It is proposed that the Terms of Reference, including membership and reporting arrangements, are revised in the context of the merger of the CCGs after 1 April 2019.

5.5 This annual report will be submitted to the CCG for acceptance and assurance, and to the Clinical Policy Committee for information. The report will then be made publicly available via the CCG website.

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.uk (formerly NHS Choices)?	

Northern, Eastern and Western Devon
Clinical Commissioning Group

South Devon and Torbay
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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 panel will comprise eight (8) 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

3.2 The panel will be chaired by a lay member.

3.3 The lay members will comprise the voting members of the panel, with the other members holding no vote and assisting in an advisory capacity.

3.4 Secretariat support for the panel will be provided by the Clinical Effectiveness team, NEW Devon CCG.

4. Meetings and Conduct of Business

4.1 The panel 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 public member able to bring the benefit of summarising the committee discussions which led to the recommendation.

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

4.5 The recommendations made by the panel 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 panel 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 panel will be expected to complete a declaration of interest. An annual register will be maintained by the Clinical Effectiveness Governance Manager. The panel 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 broadly three levels of determination arising from the panel's consideration of a clinical policy recommendation:

1) No further engagement or formal consultation is required at this stage;
2) Information/ action recommended to support publication and communication of the policy;
3) Formal public consultation should be carried out.

Capturing the public interest issues

4.9 The panel 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.

4.10 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 the public via NHS Choices.

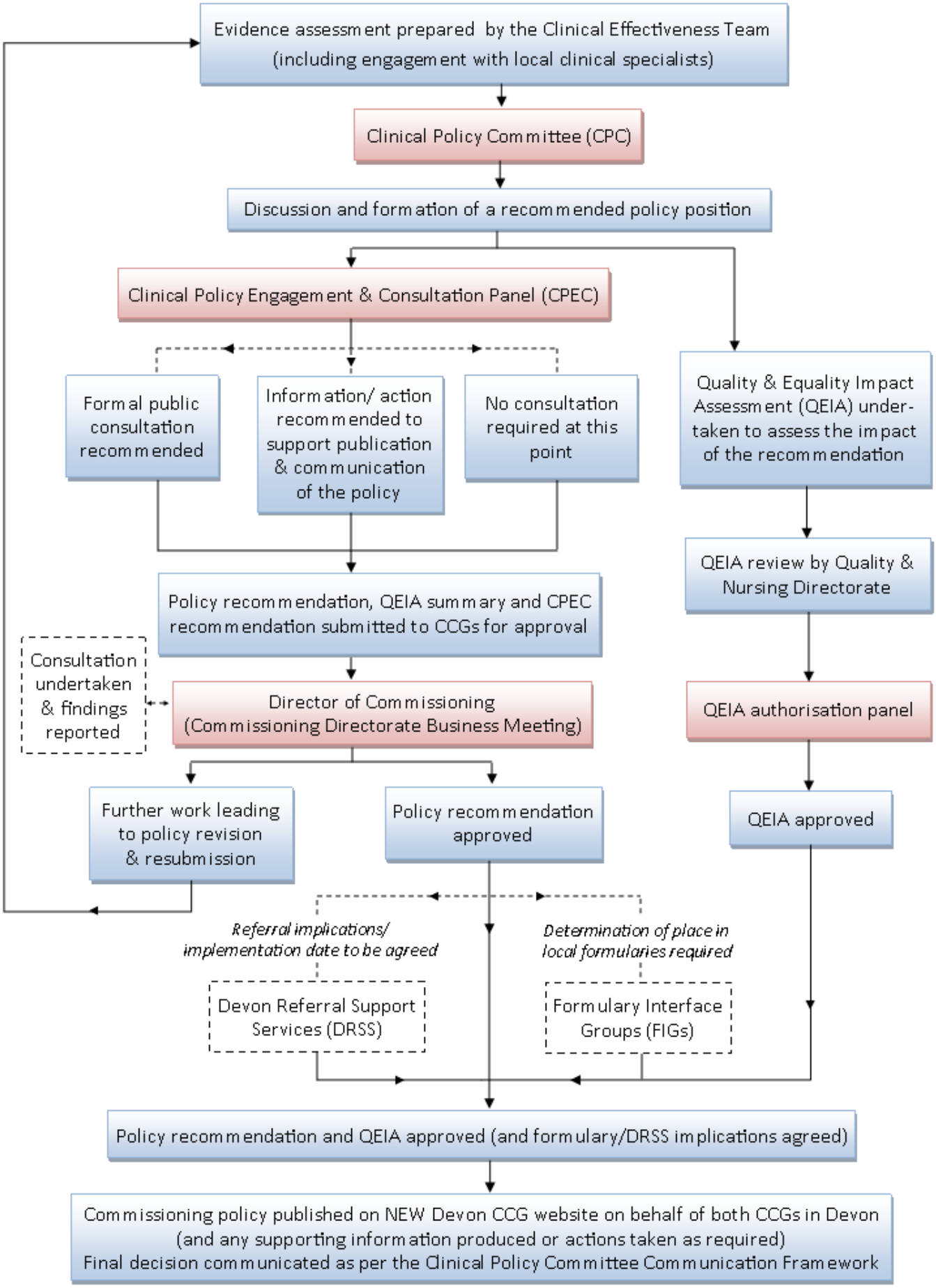
5. Governance/ Reporting arrangements

5.1 An annual report will be prepared and shared with the CCG's Engagement Committees for information and assurance.

5.2 The Terms of Reference will be reviewed annually.

June 2018

Clinical policy engagement/consultation and communication process (October 2018)



APPENDIX 4

Clinical Policy Engagement & Consultation Panel

Attendance log

Name	Role	Attended / possible
Voting members		
Mac Merrett	Lay Public Member, Clinical Policy Committee	5 / 5
Mark Taylor	Lay Public Member, Clinical Policy Committee	4 / 5
Chris Peach	Non-Executive Director (Patient and Public Involvement), South Devon and Torbay CCG	4 / 5
Jennie Willmott	Lay Member, Patients and Public, NEW Devon CCG	5 / 5
Advisory and supporting members		
Chris Roome	Head of Clinical Effectiveness, NEW Devon CCG	4 / 5
Matt Howard	Clinical Evidence Manager, NEW Devon CCG	1 / 5
Rebecca Heayn	Clinical Effectiveness Governance Manager, NEW Devon CCG	5 / 5
Ray Chalmers	Head of Communications and Strategic Engagement, South Devon and Torbay CCG	3 / 4
Nick Pearson	Head of Communications and Engagement, NEW Devon CCG and South Devon and Torbay CCG	1 / 1
Jenny McNeill	Associate, NEW Devon CCG	1 / 5
Jon Taylor	Commissioning Transformation Manager – Strategy, NEW Devon CCG	2 / 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 2018)

Name	Declaration date or amendment to declaration	Title	Declaration
Ray Chalmers	23/10/2015	Head of Communications and Strategic Engagement, South Devon and Torbay CCG *(until 26 October 2018)*	Nil
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; 07/06/2017	Lay Public Member, Clinical Policy Committee	Chair RD&E Cancer User Group. Vice Chair Peninsular Cancer Group. Sit on various Cancer groups within the Peninsular. Parish Councillor. Representative on the Cancer Alliance.

Name	Declaration date or amendment to declaration	Title	Declaration
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
Nick Pearson	13/01/2017 updated 04/04/2018	Head of Communications and Engagement, NEW Devon CCG and South Devon and Torbay CCG	Member of the Labour Party Member of the Exeter City Supporters Trust
Chris Roome	24/06/2015	Head of Clinical Effectiveness, NEW Devon CCG	Nil
Jon Taylor	01/02/2018	Commissioning Transformation Manager – Strategy, NEW Devon CCG	Member of Plymouth City Council Director of Four Greens Community Trust
Mark Taylor	03/05/2017	Lay Public Member, Clinical Policy Committee	Albany Medical Clinic (GP Practice Newton Abbot), member of Patient Participation Group. Foundation Trust member: - Royal Devon & Exeter - Torbay and South Devon - Devon Partnership - Royal Brompton and Harefield Vice-chair Step One Charity (incorporates St Loye's and Community Care Trust SW)
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.