NHS
Devon
Clinical Commissioning Group

Clinical Policy Engagement and Consultation Panel

Annual Report

2019-2020

Contents

1. Introduction

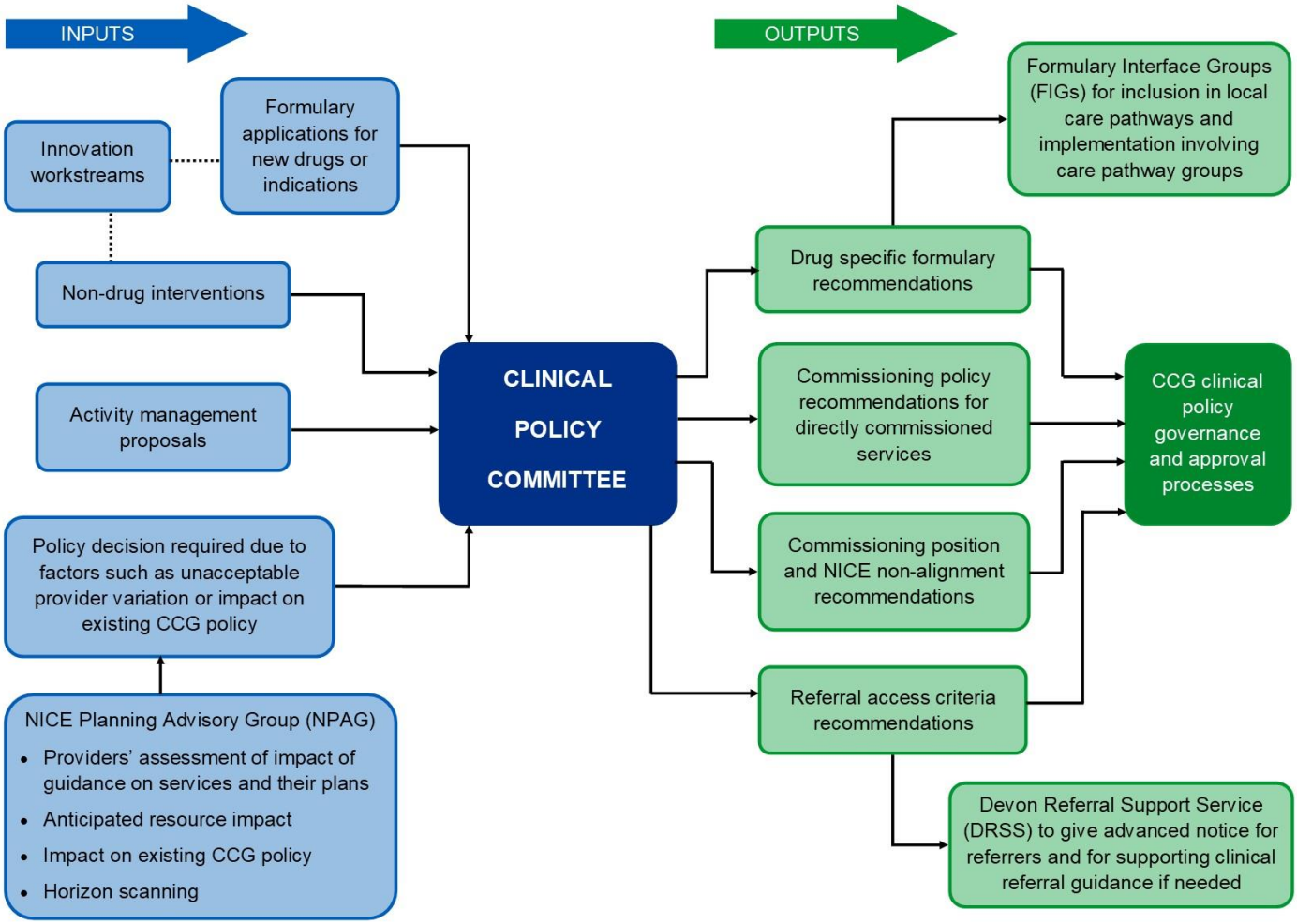
1.1 The Clinical Policy Engagement and Consultation Panel exists to support NHS Devon Clinical Commissioning Group (CCG) to determine the need for any further engagement or formal public consultation on clinical policy recommendations made by the Clinical Policy Committee.

1.2 Through the Clinical Policy Committee NHS Devon CCG discharges its 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 group 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 CCG's 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 2019-2020.

2. The process

Panel process

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, the wider consequences on society and the opportunity cost have all been considered.

2.3 There is also discussion as to whether there is knowledge of any public concern in relation to the disease and/or the specific intervention and what information on the treatment and condition is available to the public via nhs.uk (formerly NHS Choices).

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

2.5 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

2.6 The recommendations made by the panel in respect of whether any further engagement or formal public consultation is required are reported to the CCG's executive group.

Terms of reference

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

2.8 The terms of reference and outputs of the panel are made publicly accessible via the NHS Devon CCG website.

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

Membership

2.10 The panel comprises eight members:

- Lay Public Members of the Clinical Policy Committee (x2)
- Governing Body Lay Member for patient and public involvement
- Lay Member from the CCG Patient Engagement Forum
- Engagement and communications representatives (x2)
- Head of Clinical Effectiveness
- Clinical Effectiveness Governance Manager

2.11 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.

2.12 Secretariat support for the group is provided by the Clinical Effectiveness Team, NHS Devon CCG.

2.13 Charlotte Burrows, Governing Body Lay Member for patient and public involvement, and Carol McCormack-Hole, Lay Member from the Patient Engagement Forum, were welcomed as new members of the panel in July 2019. Charlotte and Carol have replaced Chris Peach and Jennie Willmott on the panel, who stepped down from their Governing Body roles with South Devon and Torbay CCG and NEW Devon CCG respectively when the CCGs merged.

2.14 At the meeting in December 2019 it was noted that Jenny McNeill, Associate Director of Planning Development had now left the panel following her retirement from the CCG.

Quorum and attendance

2.15 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.

2.16 A register of meeting attendance for 2019-2020 is shown in **Appendix 4**.

Declaration of Interests

2.17 All members of the panel are expected to complete a declaration of interest. A register is maintained by the Clinical Effectiveness Governance Manager and is included in **Appendix 5**.

2.18 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.

Reporting arrangements

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

2.20 This annual report will be shared with the CCG for information and assurance, before being made publicly available via the CCG website.

3. Panel recommendations

3.1 Four meetings of the Clinical Policy Engagement and Consultation Panel were held in 2019-2020, considering and making recommendations to the CCG's executive groups on 17 clinical policy recommendations as detailed below.

Meeting date	Policy area
30 April 2019	Surgical treatment options for lower urinary tract symptoms caused by benign prostatic hyperplasia
	Semaglutide for type 2 diabetes
	FreeStyle Libre device for interstitial glucose monitoring in diabetes
	The routine referral and specialist management of meibomian cysts (chalazia)
	Breast reduction surgery
9 July 2019	Dupuytren's contracture treatment
	Surgery for carpal tunnel syndrome
	Treatment for ganglion cyst
22 August 2019	Myringotomy/grommets with or without adjuvant adenoidectomy for the management of otitis media in children under 12 years; *and* Myringotomy with or without ventilation tubes (grommets) in adults and children aged 12 years and older
	Tonsillectomy

Meeting date	Policy area
22 August 2019 *(cont.)*	Glycopyrronium bromide oral solution for the treatment of severe sialorrhoea in children and adolescents aged 3 years and older
	Continuous glucose monitoring
10 December 2019	Referral for the surgical management of heavy menstrual bleeding
	The referral and specialist management of haemorrhoids
	Referral for varicose veins
	Loteprednol (Lotemax®) for the treatment of steroid responsive inflammatory eye conditions

3.2 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.

3.3 However the panel made some recommendations in relation to specific policy proposals to support the communication and implementation of these across Devon. These were all taken forward as described below:

Breast reduction surgery

Following review with regard to NHS England Evidence Based Interventions Guidance for CCGs, the panel noted that it was proposed to maintain the existing commissioning position that breast reduction surgery is not routinely commissioned in Devon.

Although it was considered that this was a long-standing position, there was discussion that some patients may be unhappy that the CCG has not adopted the NHS England criteria for breast reduction, under which they may have qualified for surgery. It was recommended that information should be produced to accompany and support publication of the commissioning policy, for the benefit of patients, clinicians in discussion with patients seeking treatment, and CCG colleagues responding to queries. This would explain how and why decisions are made and what this means for patients with breast hyperplasia (enlargement).

Surgery for carpal tunnel syndrome

The panel acknowledged that referral should not be delayed for patients with symptoms indicating a risk of damage to nerves. There was discussion of how feedback from specialists that patients are sometimes referred at a late stage when surgery may be less effective is best communicated to GPs to reinforce appropriate referral messages.

It was considered that this would be best clarified in the clinical referral guidance for GPs which is published on the Devon Formulary and Referral. It should also be reiterated in policy communications that a single corticosteroid injection should be administered, rather than repeated injections, and that referrers should avoid any delay in referring patients with risk of nerve damage.

Continuous glucose monitoring

The panel noted that type 1 diabetes is a well-recognised condition and there was patient interest in technologies which could support them with their glucose monitoring. The CCG had received a significant number of queries in relation to the FreeStyle Libre device and also enquiries regarding the availability of continuous glucose monitors. However, there is commonly confusion about the difference between FreeStyle Libre (frequently referred to as flash glucose monitoring) and continuous glucose monitors.

Given the confusion between the different types of technology, it was considered important to try to clarify this when the policy for continuous glucose monitoring was published on the CCG website, alongside the existing policy for FreeStyle Libre.

It was recommended that it would be helpful to produce an explanatory leaflet about technology available for patients encountering different types of problems with the management of their diabetes and the routes of access to these.

4. Conclusion

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

4.2 The panel sits within the context of the wider CCG engagement processes.

4.3 Four meetings of the Clinical Policy Engagement and Consultation Panel were convened in 2019-2020, considering and making recommendations to the CCGs on 17 clinical policy recommendations.

4.4 The Terms of Reference are reviewed annually to ensure these remain up-to-date. Any recommendations for revision to these will be suggested if the need for this is identified.

4.5 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 & 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)?	

Appendix 2

NHS Devon Clinical Commissioning Group

Clinical Policy Engagement & Consultation Panel

TERMS OF REFERENCE

1. Purpose of the Group

1.1 The Clinical Policy Engagement and Consultation Panel exists to support NHS Devon Clinical Commissioning Group (CCG) to determine the need for any further engagement or formal public consultation on clinical policy recommendations made by the 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 CCG's executive decision-making group taking a final decision on whether to accept the clinical policy recommendation.

3. Membership

3.1 The panel will comprise eight (8) members as follows:

- Lay Public Members of the Clinical Policy Committee (x2)
- Governing Body Lay Member for patient and public involvement
- Lay Member from the CCG Patient Engagement Forum
- 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, NHS 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 CCG's executive group.

4.6 The terms of reference and outputs of the panel will be made publicly accessible via the CCG website.

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.net (formerly NHS Choices).

5. Governance/ Reporting arrangements

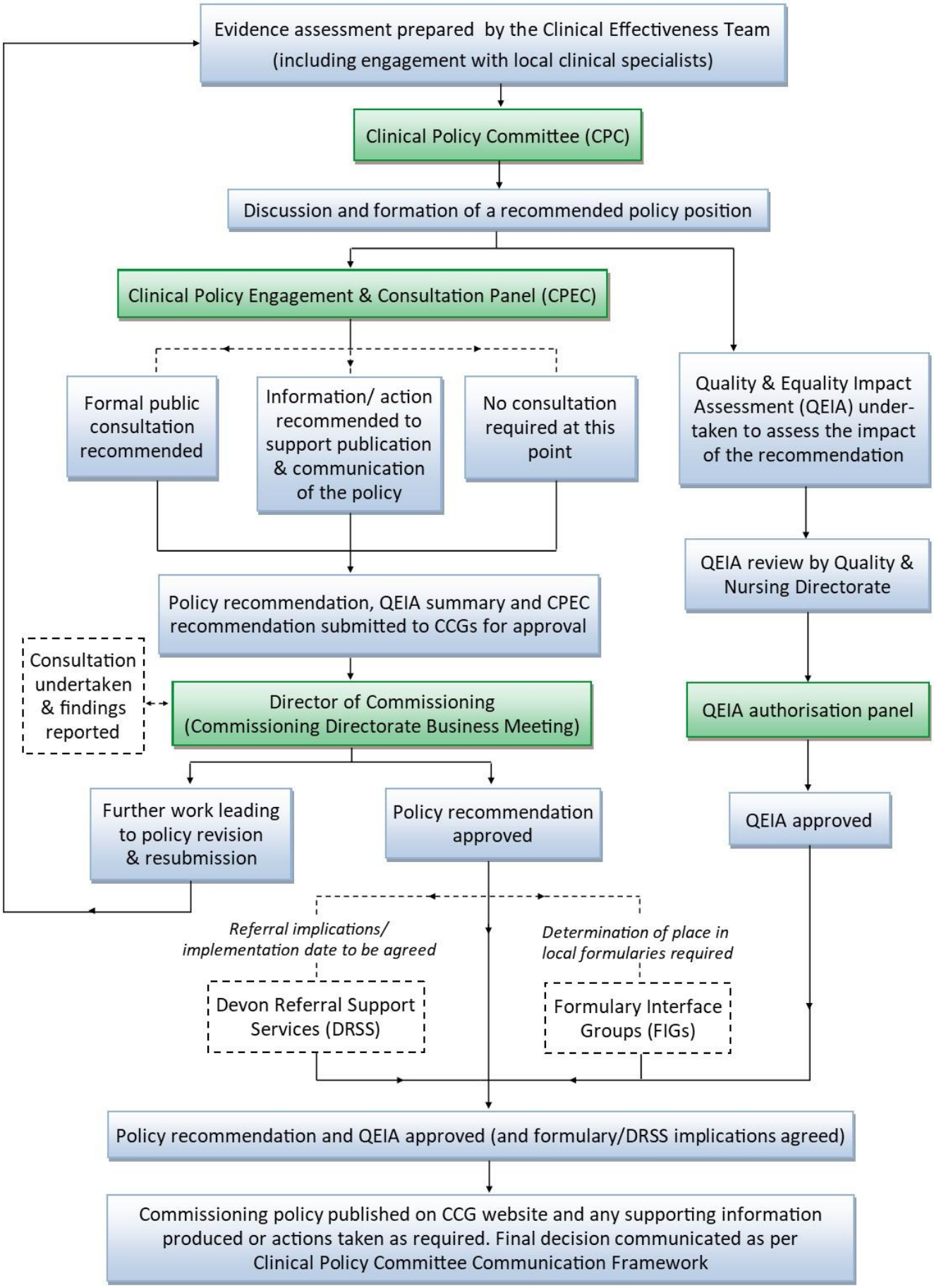
5.1 An annual report will be prepared and shared with the CCG for information and assurance.

5.2 The Terms of Reference will be reviewed annually.

April 2019

Appendix 3

Clinical policy engagement/consultation and communication process (April 2019)



Appendix 4

Clinical Policy Engagement & Consultation Panel

ATTENDANCE LOG 2019-2020

Name	Role	Attended / possible
Voting members		
Charlotte Burrows	Governing Body Lay Member for patient and public involvement	2 / 3
Carol McCormack-Hole	Lay Member from the Patient Engagement Forum	3 / 3
Mac Merrett	Lay Public Member, Clinical Policy Committee	3 / 4
Mark Taylor	Lay Public Member, Clinical Policy Committee	4 / 4
Advisory and supporting members		
Rebecca Heayn	Clinical Effectiveness Governance Manager	4 / 4
Jenny McNeill Jon Taylor	Associate Director of Planning Development Strategy Manager	2 / 3 1 / 2
Nick Pearson Keri Ross Nicola Bonas	Head of Communications and Engagement Communications Manager Deputy Head of Communications	2 / 3 1 / 1 1 / 1
Chris Roome	Head of Clinical Effectiveness	4 / 4

Appendix 5

NHS Devon Clinical Commissioning Group

Clinical Policy Engagement & Consultation Panel

REGISTER OF INTERESTS

Name	Declaration/ amendment date	Title	Declaration
Nicola Bonas	09/12/2019	Deputy Head of Communications, NHS Devon CCG	Nil
Charlotte Burrows	09/07/2019	Lay Member for patient and public involvement, NHS Devon CCG	Chair of the Devon Maternity Voices Partnership
Rebecca Heayn	24/06/2015	Clinical Effectiveness Governance Manager, NHS Devon CCG	Nil
Carol McCormack-Hole	09/07/2019	Public Representative, NHS Devon CCG	Parish councillor Fremington Member of Devon Senior Voice Member of Healthwatch Devon Member of Age UK Member of North Devon Hospital Trust Licence Holder for The Plough Inn, Bickington
Jenny McNeill	10/08/2015	Associate, NHS Devon CCG	Spouse is manager in Northern Devon Healthcare NHS Trust with main responsibility in managing community specialty services

Name	Declaration/ amendment date	Title	Declaration
Mac Merrett	23/08/2015 amended 11/10/2016; 07/06/2017; 01/05/2019	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 Representative on the Cancer Alliance Trustee of Brampford Speke Village Hall Trust
Nick Pearson	13/01/2017 updated 04/04/2018	Head of Communications and Engagement, NHS Devon CCG	Member of the Labour Party Member of the Exeter City Supporters Trust
Chris Roome	24/06/2015	Head of Clinical Effectiveness, NHS Devon CCG	Nil
Keri Ross	22/08/2019	Communications Manager, NHS Devon CCG	Nil
Jon Taylor	01/02/2018	Strategy Manager, NHS 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)