NHS
Devon
Clinical Commissioning Group

Clinical Policy Engagement and Consultation Panel

Annual Report

2020-2021

Contents

1. Introduction

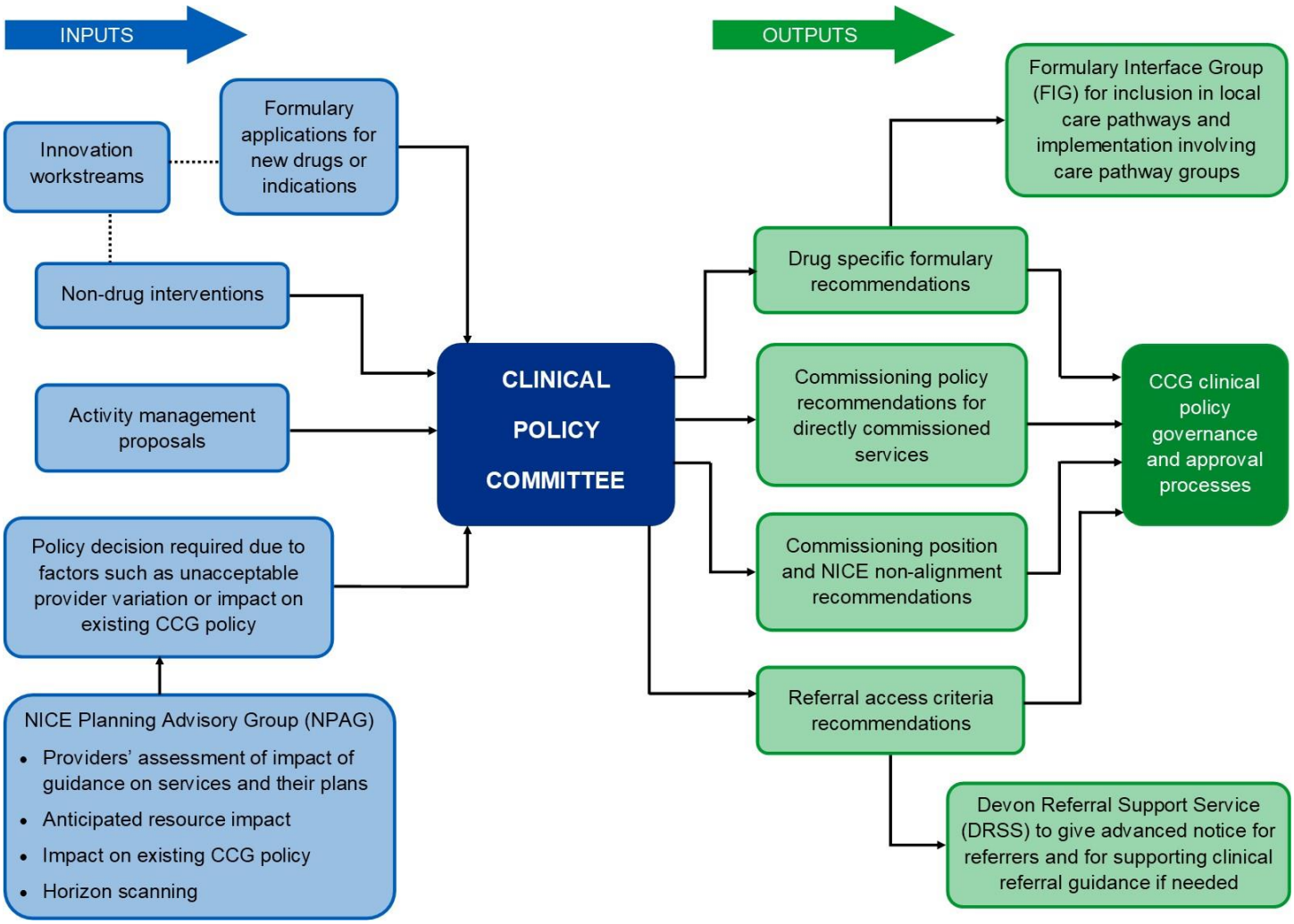
1.1 The Clinical Policy Engagement and Consultation Panel exists to support NHS Devon Clinical Commissioning Group (CCG) to determine the need for any further engagement or formal public consultation on clinical policy recommendations made by the Clinical Policy Committee.

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 2020-2021.

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.

Quorum and attendance

2.13 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.

2.14 A register of meeting attendance for 2020-2021 is shown in **Appendix 4**.

Meeting arrangements

2.15 The panel meetings in 2020-2021 were disrupted by a significant amount of the Clinical Effectiveness Team and NHS colleagues' work being reprioritised to address urgent matters arising in response to the first and second waves of the COVID-19 pandemic. As a result two meetings of the Clinical Policy Committee were cancelled during the year and the panel therefore held four meetings in 2020-2021. These supported the resumption of regular business by the Clinical Policy Committee as soon as it was feasible to do.

2.16 The panel embraced the challenges of meeting virtually, adopting altered ways of working in order to support the continuation of meetings during the pandemic. All meetings in 2020-2021 were held virtually, either via Microsoft Teams or telephone/teleconference arrangements.

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 2020-2021, considering and making recommendations to the CCG's executive groups on eight clinical policy recommendations as detailed below.

Meeting date	Policy area
4 June 2020	Sativex® for the treatment of spasticity in multiple sclerosis
	Pitolisant hydrochloride for the treatment of narcolepsy with or without cataplexy in adults
	Invicorp® for erectile dysfunction
	Minimally invasive treatments for low back pain with and without sciatica
23 July 2020	Prasterone (Intrarosa®) for the treatment of vulvar and vaginal atrophy
	Ospemifene (Senshio®) for the treatment of vulvar and vaginal atrophy
24 September 2020	Rivaroxaban for the prevention of recurrent deep vein thrombosis and pulmonary embolism
26 November 2020	Rosuvastatin for the primary and secondary prevention of cardiovascular disease

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.

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 2020-2021, considering and making recommendations to the CCGs on eight 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

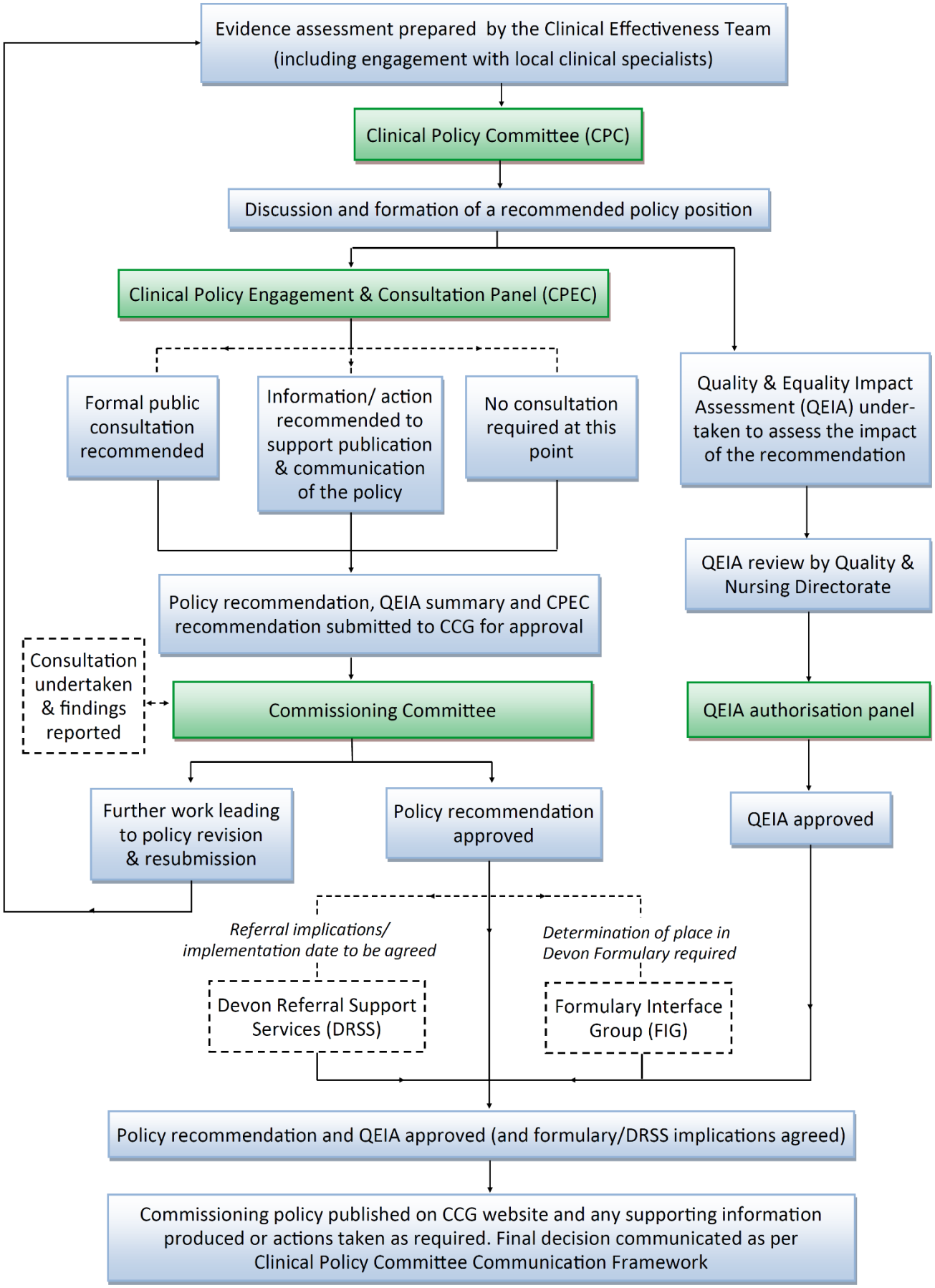
5.1 An annual report will be prepared and shared with the CCG for information and assurance.

5.2 The Terms of Reference will be reviewed annually.

April 2019

Appendix 3

Clinical policy engagement/consultation and communication process (April 2021)



Appendix 4

Clinical Policy Engagement & Consultation Panel

ATTENDANCE LOG 2020-2021

Name	Role	Attended / possible
Voting members		
Charlotte Burrows	Governing Body Lay Member for patient and public involvement	3 / 4
Carol McCormack-Hole	Lay Member from the Patient Engagement Forum	4 / 4
Mac Merrett	Lay Public Member, Clinical Policy Committee	4 / 4
Mark Taylor	Lay Public Member, Clinical Policy Committee	4 / 4
Advisory and supporting members		
Rebecca Heayn	Clinical Effectiveness Governance Manager	4 / 4
Jon Taylor	Strategy Manager	4 / 4
Nicola Bonas	Associate director of communications and engagement	3 / 4
Chris Roome	Head of Clinical Effectiveness	4 / 4

Appendix 5

NHS Devon Clinical Commissioning Group

Clinical Policy Engagement & Consultation Panel

REGISTER OF INTERESTS

Name	Title	Declaration/ amendment date	Date last confirmed	Declaration
Nicola Bonas	Associate director of communications and engagement, NHS Devon CCG	09/12/2019	22/04/2021	Nil
Charlotte Burrows	Lay Member for patient and public involvement, NHS Devon CCG	09/07/2019 updated 12/02/2020	22/04/2021	Chair of the Devon Maternity Voices Partnership (ceased September 2019) Self-Employment business consultant from September 2019 Associate for Research In Practice (February 2020) Supplier/Associate for SW AHSN (February 2020)
Rebecca Heayn	Clinical Effectiveness Governance Manager, NHS Devon CCG	24/06/2015	22/04/2021	Nil

Name	Title	Declaration/ amendment date	Date last confirmed	Declaration
Carol McCormack-Hole	Public Representative, NHS Devon CCG	09/07/2019	22/04/2021	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
Mac Merrett	Lay Public Member, Clinical Policy Committee	23/08/2015 amended 11/10/2016; 07/06/2017; 01/05/2019	22/04/2021	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
Chris Roome	Head of Clinical Effectiveness, NHS Devon CCG	24/06/2015	22/04/2021	Nil
Jon Taylor	Strategy Manager, NHS Devon CCG	01/02/2018	22/04/2021	Member of Plymouth City Council Director of Four Greens Community Trust
Mark Taylor	Lay Public Member, Clinical Policy Committee	03/05/2017	22/04/2021	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)