NHS
Devon
Clinical Commissioning Group

Clinical Policy Engagement and Consultation Panel

Annual Report

2021-2022

Contents

1. Introduction

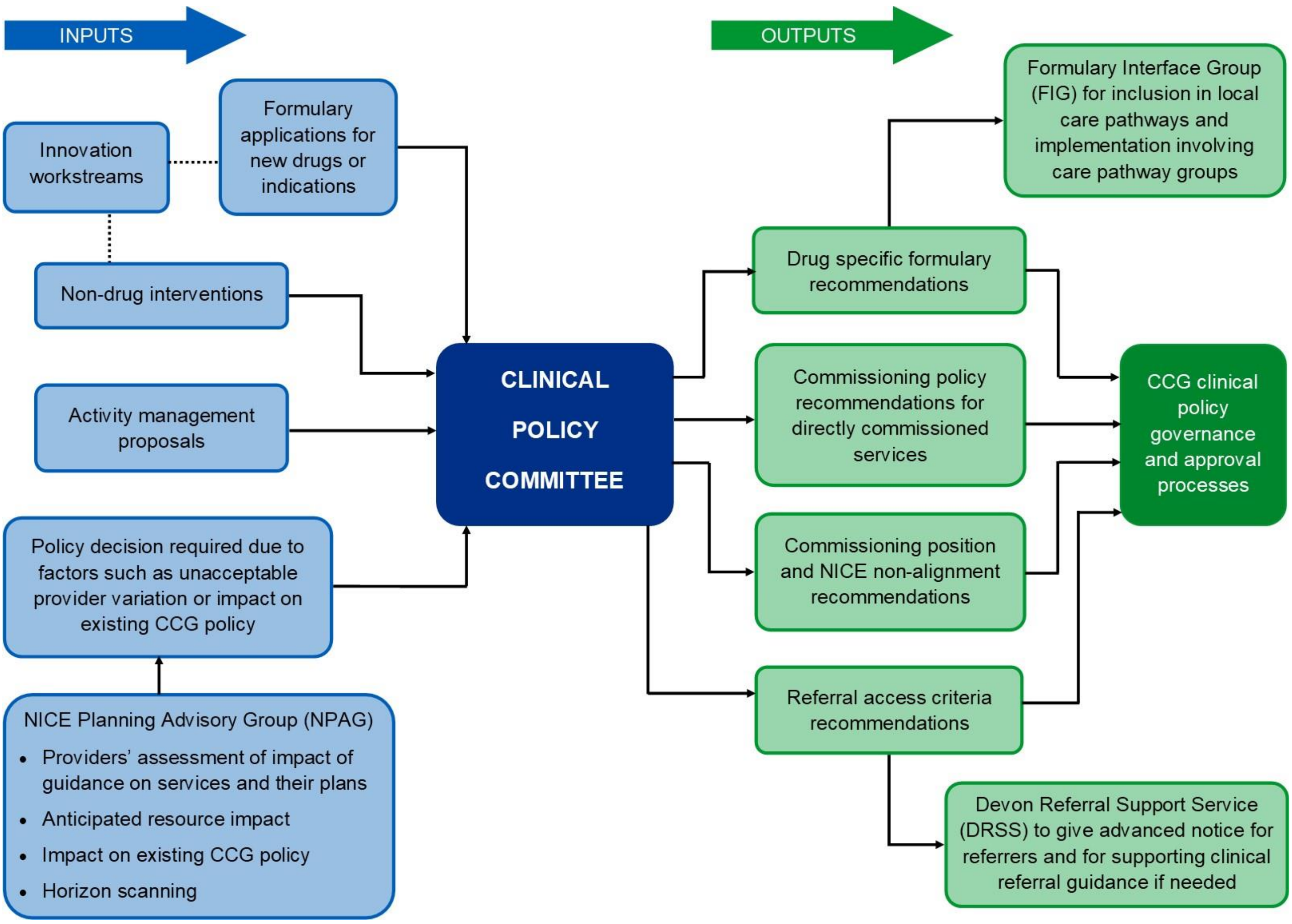
1.1 The Clinical Policy Engagement and Consultation Panel exists to support NHS Devon Clinical Commissioning Group (CCG) to determine the need for any further engagement or formal public consultation on clinical policy recommendations made by the Clinical Policy Committee.

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 2021-2022. It covers a slightly longer period on this occasion to include the final meeting of the panel under the existing CCG structures, prior to the transfer to the Integrated Care Board (ICB) on 1 July 2022.

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 2021-2022 is shown in **Appendix 4**.

Meeting arrangements

2.15 The panel meetings in 2021-2022 were disrupted by the continuing COVID-19 pandemic and the impact of this on the Clinical Policy Committee, who the panel supports. Four meetings of the Clinical Policy Committee were cancelled in 2021-2022, in response to the continued impact of the COVID-19 pandemic on colleagues' work pressures and competing demands on their time. Meetings were stood down on occasions where there were no urgent items to progress. The associated panel meetings were therefore also stood down.

2.16 The panel has continued to meet virtually, via Microsoft Teams, in order to support the continuation of meetings during the pandemic.

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 2021-2022, considering and making recommendations to the CCG's executive groups on 16 clinical policy recommendations as detailed below.

Meeting date	Policy area
22 April 2021	Oral semaglutide (Rybelsus®) for the treatment of type 2 diabetes
	FreeStyle Libre device for interstitial glucose monitoring in diabetes for people living with a learning disability
	Blepharoplasty (upper and lower lid) including brow lift
	Radiofrequency denervation
	Chronic rhinosinusitis
	Removal of adenoids for the treatment of glue ear
17 June 2021	Removal of kidney stones
	Fusion surgery for mechanical axial low back pain
	Arthroscopic surgery for meniscal tears
	Lisdexamfetamine for attention deficit hyperactivity disorder (ADHD) in adults
	Lixisenatide for the treatment of type 2 diabetes

Meeting date	Policy area
14 October 2021	Fidaxomicin for the treatment of *Clostridioides difficile* infection
	Assessment and Removal of Benign Skin and Subcutaneous Lesions
	Ulipristal acetate 5mg tablets (Esmya®) for intermittent treatment of uterine fibroids
13 June 2022	Tirbanibulin for Actinic Keratosis
	Sodium oxybate for narcolepsy with cataplexy in adults

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 when the panel considered the proposed update to the CCG policy for the FreeStyle Libre device for interstitial glucose monitoring in diabetes to include patients with insulin treated diabetes who are living with a learning disability, it was considered that some communication support would be helpful in relaying the message about the availability of this device to patients with diabetes and a learning disability. Subsequently an easy read leaflet was co-produced by Living Options and Devon Link up following direct consultation with their service users. This was now available and published alongside the policy for use to support those with learning disabilities.

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 2021-2022, considering and making recommendations to the CCGs on 16 clinical policy recommendations.

4.4 The Terms of Reference are reviewed annually to ensure these remain up-to-date. On this occasion, review has been undertaken as part of the agreed proposals for future working following the establishment of the NHS Devon Integrated Care Board (ICB) on 1 July 2022.

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 website.

5. Future arrangements

Establishment of the Integrated Care System for Devon (ICS)

5.1 The Integrated Care System for Devon (ICSD) is due to be established on 1 July 2022 as a partnership of health and care organisations coming together to plan and deliver joined up services and to improve the health of people who live and work in Devon. Within this, NHS Devon Integrated Care Board (ICB) will become the statutory organisation, responsible for specific functions and for ensuring that the organisation meets its statutory commissioning duties.

5.2 Discussions have been ongoing during the year to set out the proposed structure and processes for clinical policy making for the system in preparation for the transfer to ensure the ICB fulfils its statutory function as a commissioning organisation and discharges its responsibilities for making local decisions about the funding of medicines and treatments in the NHS, and to build on the existing robust arrangements under the CCG.

5.3 These proposals have been developed following discussions with the Clinical Chair and the Clinical Cabinet. They have been refined following feedback from discussions with the NHS Devon Executive Team and the Chair of the ICSD and have now been approved.

5.4 It has been agreed that the current Clinical Policy Committee process will be replicated within the governance structure of the ICB, with existing membership retained but with additional secondary care advisory members sought to join the committee.

5.5 The value that the Clinical Policy Engagement and Consultation Panel adds in supporting the clinical policy making process has been acknowledged and agreed that this should continue within the ICB. The core role and purpose of the panel will remain unchanged, however there will be some changes to the membership:

- Dr Thandiwe Hara, the new ICB non-executive director for citizen and community involvement, will be joining the panel from 1 July, fulfilling a similar role to that previously undertaken by Charlotte Burrows as the CCG Governing Body lay member for patient and public involvement.
- Jon Taylor is stepping down from the panel, and Martyn Nicoll, Patient Experience Manager, will be joining. The clinical effectiveness team already has established links with patient experience colleagues in respect of supporting policy communications and queries, but it was felt that their involvement at an earlier stage in the process will strengthen this and provide some valuable insights from a patient facing perspective.

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
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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

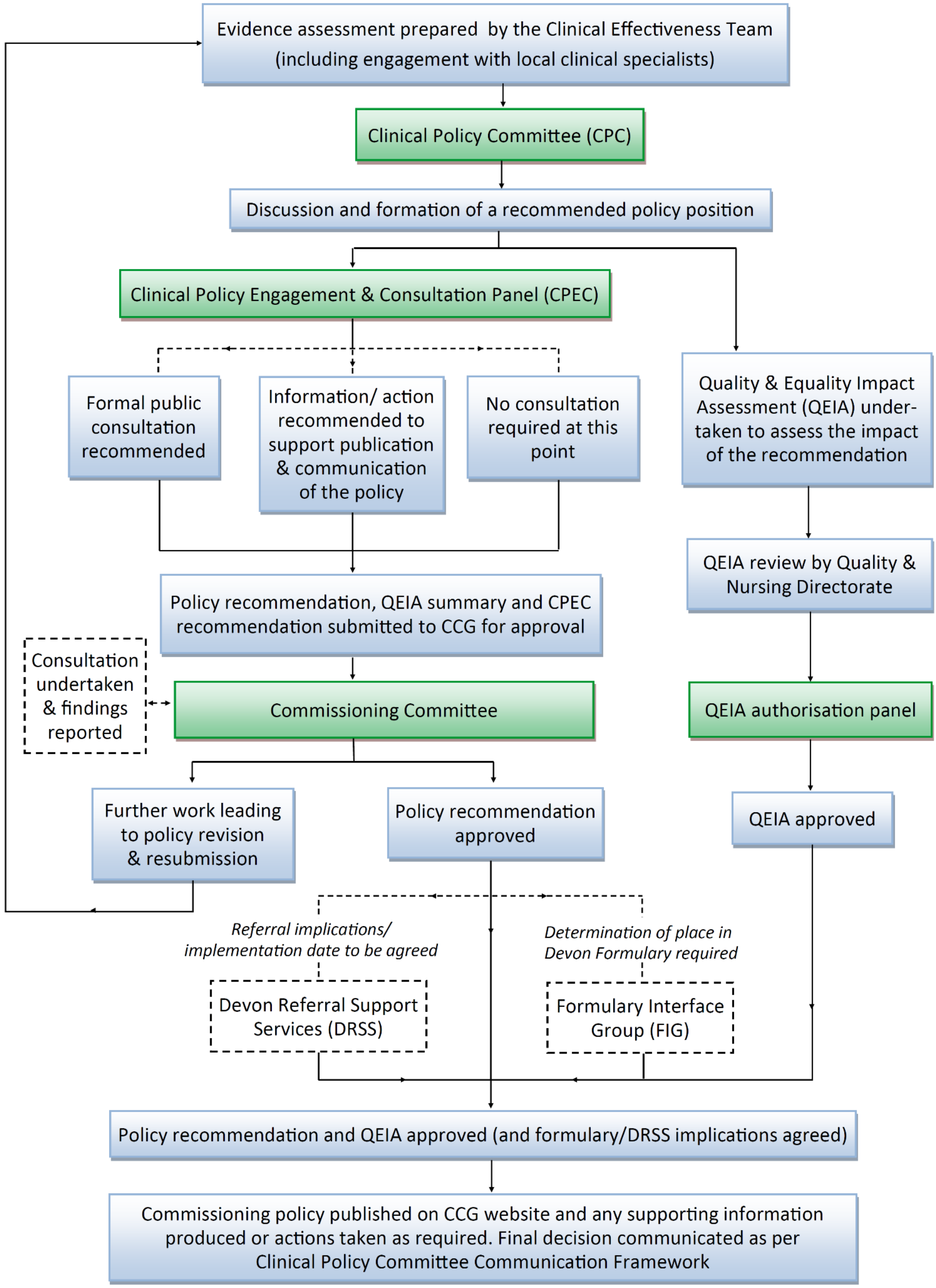
5.1 An annual report will be prepared and shared with the CCG for information and assurance.

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 2021-2022

Name	Role	Attended / possible
Voting members		
Charlotte Burrows	Governing Body Lay Member for patient and public involvement *(until October 2021)*	2 / 3
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 Owen (née Heayn)	Clinical Effectiveness Governance Manager	4 / 4
Jon Taylor	Strategy Manager	1 / 4
Nicola Bonas	Associate Director of Communications and Engagement	2 / 4
Chris Roome	Head of Clinical Effectiveness	4 / 4

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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	13/06/2022	Nil
Charlotte Burrows	Lay Member for patient and public involvement, NHS Devon CCG	09/07/2019 updated 12/02/2020	13/06/2022	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)
Carol McCormack-Hole	Public Representative, NHS Devon CCG	09/07/2019	13/06/2022	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

Name	Title	Declaration/ amendment date	Date last confirmed	Declaration
Mac Merrett	Lay Public Member, Clinical Policy Committee	23/08/2015 amended 11/10/2016; 07/06/2017; 01/05/2019	13/06/2022	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
Rebecca Owen (née Heayn)	Clinical Effectiveness Governance Manager, NHS Devon CCG	24/06/2015	13/06/2022	Nil
Chris Roome	Head of Clinical Effectiveness, NHS Devon CCG	24/06/2015	13/06/2022	Nil
Jon Taylor	Strategy Manager, NHS Devon CCG	01/02/2018	13/06/2022	Member of Plymouth City Council Director of Four Greens Community Trust
Mark Taylor	Lay Public Member, Clinical Policy Committee	03/05/2017	13/06/2022	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)