NHS Devon

NHS Devon Clinical Policy Engagement and Consultation Panel

Annual Report

2022-23

One Devon

Proud to be part of One Devon: NHS and CARE working with communities and local organisations to improve people's lives

Contents

Introduction

The Clinical Policy Engagement and Consultation Panel exists to support NHS Devon Integrated Care Board (ICB) to determine the need for any further engagement or formal public consultation on clinical policy recommendations made by the Clinical Policy Recommendation Committee.

Through the Clinical Policy Recommendation Committee NHS Devon ICB discharges its responsibilities for making local decisions about the funding of medicines and treatments in the NHS. It makes recommendations to the ICB Executive Committee, or appropriate group with delegated authority, following discussion of the clinical effectiveness, cost effectiveness and budgetary impact issues.

Following a Clinical Policy Recommendation 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.

This process, and any resulting engagement or consultation, precedes the ICB taking a final decision on whether to ratify a clinical policy recommendation as commissioning policy of NHS Devon ICB.

This annual report gives an account of the activity and governance of the Clinical Policy Engagement and Consultation Panel in 2022-2023, from the period NHS Devon ICB was established on 1 July 2022.

The process

Panel process

Prior to the transition to the ICB, the value that the Clinical Policy Engagement and Consultation Panel adds in supporting the clinical policy making process was acknowledged and it was agreed that this should continue within the ICB. The core role and purpose of the panel remain unchanged.

The Terms of Reference of the Panel were refreshed accordingly and are included in **Appendix 1**.

The 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.

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. There is also consideration of any knowledge of 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 the nhs.uk website.

The public interest issues considered by the Panel are shown in **Appendix 2**.

There are broadly three levels of determination arising from the panel's consideration of a clinical policy recommendation:

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

The Panel makes its recommendations to the ICB Executive Committee, or appropriate group with delegated authority.

A flowchart detailing the clinical policy governance and approval process is included in **Appendix 3**.

Membership and attendance

With the transition to the ICB, there were some changes in Panel membership from 1 July 2022.

Thandiwe Hara, the ICB non-executive director for citizen and community involvement, joined the panel, fulfilling a similar role to that previously undertaken by the CCG Governing Body lay member for patient and public involvement.

Jon Taylor stepped down from the panel and was replaced by Martyn Nicoll, Patient Experience Manager, NHS Devon ICB. 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 would strengthen this and provide valuable insights from a patient facing perspective.

The Panel comprises eight members as follows:

- Lay Public Members of the Clinical Policy Recommendation Committee (x2)
- ICB Non-Executive Director for citizen and community involvement
- Lay Member from the Patient Engagement Forum
- Patient experience team representative
- Communications team representative
- Head of Clinical Effectiveness
- Clinical Effectiveness Governance Manager

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

Secretariat support is provided by the Clinical Effectiveness Team, NHS Devon ICB.

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

In addition, two members of the ICB Clinical Effectiveness Team attended a meeting as observers to enhance their understanding of the clinical policy governance and approval process.

A register of meeting attendance is shown in **Appendix 4**.

Meeting arrangements

The transition to the ICB and the increase in office working, prompted a review of how meetings are held and the Panel members' views on future meeting arrangements.

As a result of some interest in being able to meet again in person, it was proposed to alternate arrangements with a view to holding half of future meetings virtually and half in person. However this would be kept under review to respond to the changing situation, venue availability and Panel members' needs.

Declaration of Interests

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

At each meeting, the Panel notes whether any additions or 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.

Reporting

The Panel makes its recommendations to the ICB Executive Committee, or appropriate group with delegated authority.

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

Panel recommendations

Two meetings of the Panel have been held since 1 July 2022, considering and making recommendations to the ICB on 10 clinical policy recommendations as detailed below.

Meeting date:	Policy recommendation discussed
13 October 2022	Assisted Conception
	Continuous Glucose Monitoring for Diabetes
	Rezum for treating lower urinary tract symptoms secondary to benign prostatic hyperplasia
	PLASMA (bi-polar TURP) for treating lower urinary tract symptoms secondary to benign prostatic hyperplasia
	Lumbar discectomy for the management of sciatica
8 December 2022	Guanfacine for the management of attention deficit hyperactivity disorder (ADHD) in children and adolescents
	Nefopam for the management of chronic pain
	Ear wax removal in secondary care
	Surgical interventions for chronic rhinosinusitis
	Otigo for acute otitis media

Assisted Conception

When the Panel considered the proposed update to the ICB policy for Assisted Conception in respect of the wording of the relationship criterion, they discussed the subjective nature of what might be considered a ‘stable’ relationship and whether it was appropriate for a clinician to make a moral judgement on this issue to determine a couple’s eligibility to access assisted reproduction. It was a concern that the definition of what was ‘stable’ was open to differing interpretation, and therefore potential challenge, and suggested that there were potential difficulties with this.

The Panel recommended that the ICB was asked to consider further engagement work around the requirement for a ‘stable relationship’. This was recommended within the context of other non-clinical factors relating to the social nature of relationships, which it was acknowledged are a growing area. These are broader than the clinical factors for infertility, and as such the ICB is asked to consider how it will address these issues.

At subsequent ratification of the policy the broader issues regarding non-clinical factors were acknowledged and recognised. The policy amendment was approved without further engagement on the definition of a stable relationship because fertility specialists implementing this indicated that it is workable from their perspective, the policy position is in line with the majority of other ICB areas and the IFR process exists for patients who feel their relationship has been inappropriately judged.

However the wider issues connected with non-clinical and societal factors were considered important for further work up of how future engagement and/or consultation might be undertaken. The ICB communications team were asked to give thought to this, with some initial scoping and intelligence gathering, before clarifying the focus, scope and appropriate route for any future engagement activity in this area.

Continuous Glucose Monitoring for Diabetes

Consideration of the updated policy for Continuous Glucose Monitoring for Diabetes highlighted the need for the previously produced clinical policy patient support information on 'Glucose monitoring technology to help patients manage their diabetes' and 'Easy Read about Diabetes and FreeStyle Libre Sensors' to be reviewed for ongoing relevance and updated as needed to support the publication and communication of any changes to commissioning policy.

Following review, it was determined that, as the eligibility criteria are now much wider and more straightforward, it was felt that these leaflets are no longer required.

Conclusion

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

The panel sits within the context of the wider ICB engagement processes.

The Clinical Policy Engagement and Consultation Panel has considered and made recommendations to the ICB on 10 clinical policy recommendations during 2022-23, since 1 July 2022.

The Terms of Reference are reviewed annually to ensure these remain up-to-date.

This annual report will be submitted to the ICB for acceptance and assurance, and to the Clinical Policy Recommendation Committee for information, before being made publicly available via the NHS Devon website.

Appendix 1

NHS Devon

Clinical Policy Engagement and Consultation Panel

Terms of Reference

Purpose

The Clinical Policy Engagement and Consultation Panel exists to support the Integrated Care Board (ICB) for Devon to determine the need for any further engagement or formal public consultation on clinical policy recommendations made by the Clinical Policy Recommendation Committee.

Role

To routinely consider the wider public interest issues to determine the need for any further engagement or formal public consultation on policy recommendations made by the Clinical Policy Recommendation Committee.

The process, and any resulting engagement or consultation, will precede the ICB Executive Committee, or appropriate group with delegated authority, taking a final decision on whether to accept the clinical policy recommendation as commissioning policy of NHS Devon ICB.

Membership

The panel will comprise eight members as follows:

- Lay Public Members of the Clinical Policy Recommendation Committee (x2)
- ICB Non-Executive Director for citizen and community involvement
- Lay Member from the Patient Engagement Forum
- Patient experience team representative
- Communications team representative
- Head of Clinical Effectiveness
- Clinical Effectiveness Governance Manager

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

Chair

The panel will be chaired by a lay member.

Quorum

The quorum will consist of five of the members being present to include a minimum of two voting members, one of whom will be a lay public member of the Clinical Policy Recommendation Committee.

Administration

The panel will meet approximately two to three weeks after the Clinical Policy Recommendation Committee to consider the recommendations they have made.

Meetings may be held face-to-face or virtually via Microsoft Teams.

Secretariat support for the panel will be provided by the ICB Clinical Effectiveness Team.

Minutes will be taken and circulated to the panel following the meeting.

Declarations of Interest

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.

Conduct of business

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.

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. There will also be consideration of any knowledge of 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.

There are broadly three levels of determination arising from the panel's consideration of a clinical policy recommendation:

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

Accountability and Reporting

The panel will make its recommendations to the ICB Executive Committee, or appropriate group with delegated authority.

The committee will provide regular updates to the Clinical Policy Recommendation Committee and report to the ICB Executive Committee, or appropriate group with delegated authority.

Review

The Terms of Reference will be reviewed annually.

Appendix 2

NHS Devon

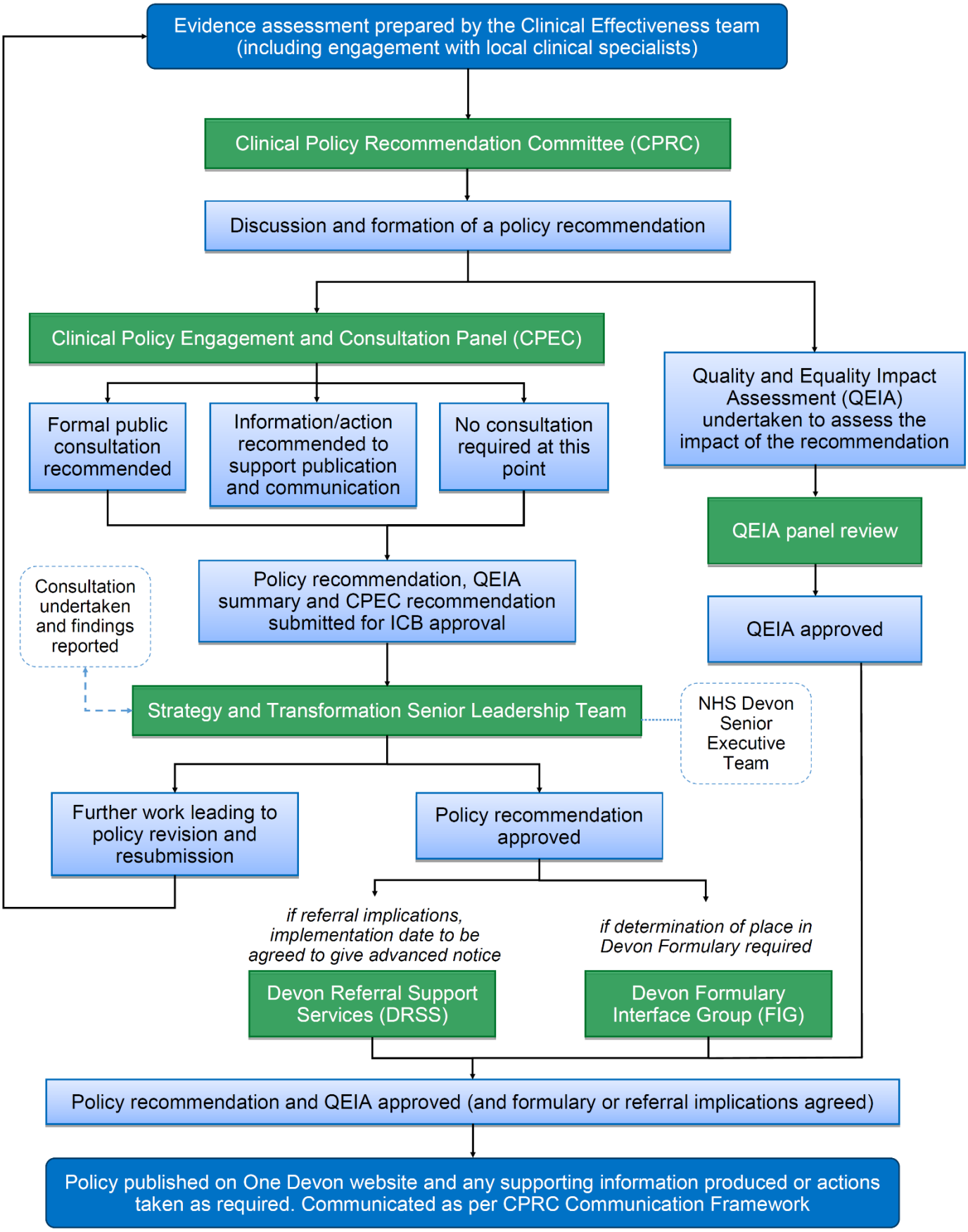
Clinical Policy Engagement and Consultation Panel

Capturing the public interest issues – discussion/ notes aid

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 3

Clinical policy governance and approval process



Appendix 4

ATTENDANCE OF PANEL MEMBERS

Name	Role	Meetings attended
Nicola Bonas	Associate director of communications, involvement and inclusion, NHS Devon	2 / 2
Thandiwe Hara*	Non-executive director for citizen and community involvement, NHS Devon	2 / 2
Carol McCormack-Hole*	Lay Member from the Patient Engagement Forum	2 / 2
Mac Merrett	Lay Public Member, Clinical Policy Recommendation Committee	1 / 2
Martyn Nicoll	Patient Experience Manager, NHS Devon	1 / 2
Rebecca Owen	Clinical Effectiveness Governance Manager, NHS Devon	2 / 2
Chris Roome	Head of Clinical Effectiveness, NHS Devon	2 / 2
Mark Taylor	Lay Public Member, Clinical Policy Recommendation Committee	2 / 2

ADDITIONAL ATTENDEES (OBSERVERS)

Name	Role
Grace McMahon	Clinical Effectiveness Support Officer, NHS Devon
Amy Rice	Clinical Effectiveness Pharmacist – Commissioning Projects Lead, NHS Devon

Appendix 5

DECLARATION OF INTERESTS REGISTER

Name	Title	Declaration	Date
Nicola Bonas	Associate director of communications, involvement and inclusion, NHS Devon	Nil	10/10/2022
Thandiwe Hara	Independent Non-Executive Director of Inequalities and Population Health	Trustee of Plymouth and District Racial Equality Council, a voluntary organisation that works to promote race equality Member on the NIHR SW Clinical Research Network Board	07/10/2022
Carol McCormack-Hole	Public Representative, NHS Devon	Parish councillor Fremington Member of Healthwatch Devon Member of Age UK Member of North Devon Hospital Trust Licence Holder for The Plough Inn, Bickington Governor of Royal Devon University Healthcare NHS Foundation Trust	06/10/2022
Mac Merrett	Lay Public Member, Clinical Policy Recommendation Committee	Sit on various Cancer groups within the Peninsular Representative on the Cancer Alliance Trustee of Brampford Speke Village Hall Trust	06/10/2022
Martyn Nicoll	Patient Experience Manager, NHS Devon	Nil	10/10/2022
Rebecca Owen	Clinical Effectiveness Governance Manager, NHS Devon	Nil	06/10/2022
Chris Roome	Head of Clinical Effectiveness, NHS Devon	Nil	06/10/2022
Mark Taylor	Lay Public Member, Clinical Policy Recommendation 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)	06/10/2022