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

Clinical Policy Engagement & Consultation Panel Meeting

Minutes

Wednesday 11 May 2016, 14.00-15.30

Dart Room, County Hall, Exeter or via teleconference

Present:

Jono Broad*	Lay Member, Clinical Policy Committee
Ray Chalmers	Head of Communications & Strategic Engagement, South Devon & Torbay CCG
Rebecca Heayn	Clinical Effectiveness Governance Manager, NEW Devon CCG
Mac Merrett*	Lay Member, Clinical Policy Committee
Chris Peach*	Non-Executive Director (Patient & Public Involvement), South Devon & Torbay CCG
Chris Roome	Head of Clinical Effectiveness, NEW Devon CCG
Jennie Willmott*	Lay Member, Patient & Public Engagement, NEW Devon CCG

* Denotes voting members

1. Welcome and Introductions

Attendees were welcomed to the meeting. Introductions were made for the benefit of Jennie Willmott, who had recently taken up the role of Lay Member, Patient & Public Engagement for NEW Devon CCG.

Apologies were noted from Jenny McNeill, Associate, NEW Devon CCG.

2. Declaration of Interests

Jennie Willmott advised that her interests had been declared to NEW Devon CCG and were held as part of the corporate register. Rebecca Heayn would ensure that these were reflected in the register held by the Clinical Policy Engagement and Consultation Panel.

No other updates to the Declaration of Interests Register were required and no specific interests pertinent to the items for discussion on the meeting agenda were declared.

3. Notes from the meeting 23 March 2016

The group considered the notes from the meeting of the panel held on 23 March 2016 and agreed them to be an accurate record.

The action log was updated as follows:

Action no.	Description and update
15/07	Engagement with the scrutiny committees across Devon to present the final process for consideration. Rebecca Heayn had previously made contact with the Scrutiny Committees across Devon, sharing details of the process and giving the opportunity for comment. As no responses had been received, it was suggested to follow up with a letter to the Committees. **For Plymouth, a paper had been shared with Jerry Clough who met with the Chair and Vice Chair of the Scrutiny Committee on 8 March. Debbie Whiting advised that Jerry gave an overview of the paper at the meeting, which was acknowledged by Councillors and we were asked to circulate this electronically following the meeting. No further feedback has been received.** **For Devon and Torbay text has been drafted and shared with Jenny McNeill to seek her advice and experience in liaising with the Scrutiny Committees before sending.**
16/02	Preparation of Clinical Policy Engagement & Consultation Panel Annual Report for 2015-16. **This had been drafted and was on the agenda for discussion. Action complete.**
16/03	Links to be made to improve communication of clinical policy patient support information to clinicians/raise awareness of these support tools. **Chris Roome advised that South Devon and Torbay GPs do not receive Planned Care Control Centre newsletters via direct mailing; onward circulation is locally determined by South Devon and Torbay CCG. Ray Chalmers confirmed that information is included in GP updates to GPs and practice managers. This is usually short messages with onward links, but essentially all are receiving the information. Chris Roome agreed to check when the last Planned Care Control Centre News was sent out and would draft a short article to promote and remind GPs of the support information available and accessible via links from the formulary and referral website and app.**
16/04	Contact to be made with Jennie Willmott, the new Lay Member, Patients and Public for NEW Devon CCG, to explain the established processes and invite her to join the group. **Contact had been made with Jennie to share details of the group and she was in attendance. Action complete.**

4. Discussion and recommendation on Clinical Policy Committee decisions from 20 April 2016

Insulin Degludec 100 units/ml (Tresiba®) for Type 1 Diabetes

A summary of the Clinical Policy Committee recommendation and considerations was noted by the panel. The Clinical Policy Committee had considered the use of insulin degludec for type 1 diabetes following a consultant re-application.

The panel considered the public interest themes in relation to the proposed policy:

1. <u>Is the reason for introducing the policy plausible? and 2. Does the policy output address this intent?</u>

   It was noted that the proposed policy resulted from a consultant request to commission the treatment. The policy recommendation reached by the Clinical Policy Committee was *not* to commission the routine use of insulin degludec for type 1 diabetes. The decision was made on the grounds of cost and effectiveness and did not represent a change from the existing

position. It was noted that this decision was likely to be relevant to a small group of patients; estimated to be no more than 60 per year. These were type 1 diabetic patients with poor control or recurrent hypoglycaemia, who would otherwise be considered for an insulin pump.

3. Have the effects of the policy on individual patients and carers been considered?

   There was no concern for individual patients presented by the proposed policy. Existing alternative treatment options are available, there would be continuation of treatment for those already using it, and there is a route for clinicians to apply to their trust for trust-managed funding of treatment for individual patients.

4. Have the wider consequences on society been considered?

   It was felt that there were no wider consequences of the proposed policy. In addition to individual patient treatment routes, other treatment options are available.

5. Has the opportunity cost been considered?

   The group noted the discussion of the evidence and the conclusion that insulin degludec is more costly than other insulins and is not considered to represent value for money. Further, that there was a lack of trial evidence in respect of patients who would otherwise receive an insulin pump because of poor glycaemic control or recurrent hypoglycaemia.

6. Is there knowledge of public concern in relation to a) the disease and b) the specific intervention?

   The group were not aware of any particular concerns regarding type 1 diabetes, or with the specific use of insulin degludec as a treatment option. It was noted that its routine use would not necessarily be in the interests of the Devon health economy, but that clinicians could apply for its use individual patients via their trust when no other formulary choices were an option.

Considering all these factors together the group recommended that no further engagement or formal consultation was required at this point.

There was discussion of to what extent the commissioning position of other CCGs is considered when making decisions and noted that strategic directions are a more significant factor. For example, the Clinical Policy Committee would be mindful of NICE or other national guidance, All Wales Medicines Strategy Group (AWMSG) and Scottish Medicines Consortium (SMC) positions.

Ulipristal acetate 5mg tablets (Esmya®) for intermittent treatment of moderate to severe symptoms of uterine fibroids in adult women of reproductive age

A summary of the Clinical Policy Committee recommendation and considerations was noted by the panel. The Clinical Policy Committee had considered the use of Esmya® for the treatment of uterine fibroids following a consultant application; however, it had been noted that neither the applicant nor any consultant colleagues attended the Clinical Policy Committee in support of the discussion.

The panel considered the public interest themes in relation to the proposed policy:

1. Is the reason for introducing the policy plausible? and 2. Does the policy output address this intent?

   It was noted that the proposed policy resulted from a consultant request to commission the treatment. The policy recommendation reached by the Clinical Policy Committee was *not* to commission the routine use of Esmya® for intermittent treatment of moderate to severe symptoms of uterine fibroids in adult women of reproductive age. This was on the basis that there are significant doubts over its cost-effectiveness, particularly as the duration of treatment is extended, and that longer term relevant controlled evidence is lacking.

3. Have the effects of the policy on individual patients and carers been considered?

   There was no concern for individual patients presented by the proposed policy; existing alternative pharmaceutical and surgical treatment options are available. There may be a small number of patients for whom their doctor considers Esmya® would be appropriate, for which an application could be made via the individual funding panel process. This process is not limited to, but could include any possible issues in respect of the avoidance of surgery due to concerns over an individual patient's capacity to consent.

4. Have the wider consequences on society been considered?

   It was felt that there were no wider consequences of the proposed policy. Other treatment options are available for patients, in line with NICE recommendations.

5. Has the opportunity cost been considered?

   The group noted the discussion of the cost effectiveness of Esmya®. It was also noted that whilst the commissioning of Esmya® might be cost saving in the short term, it was expected that after two or three years costs would exceed short-term savings. This would result in increased costs of treating fibroids in the Devon health community overall, with knock-on impacts on other conditions.

6. Is there knowledge of public concern in relation to a) the disease and b) the specific intervention?

   The group were not aware of any particular concerns regarding the symptoms of uterine fibroids, or with the specific use of Esmya® as a treatment option. It was noted that a range of other pharmaceutical and surgical treatment options are available for patients.

Considering all these factors together the group recommended that no further engagement or formal consultation was required at this point.

5. Clinical Policy Engagement & Consultation Panel Annual Report

Rebecca Heayn presented an overview of the Clinical Policy Engagement and Consultation Panel Annual Report 2015-16. This is the first annual report of the panel and, as such, it sets out both the background and development of the process and its subsequent operation.

The panel exists to support the CCGs in Devon to determine the need for any further engagement or formal public consultation on clinical policy recommendations made by the Clinical Policy Committee.

The need for this was determined in response to the high public profile raised by NEW Devon CCG's Urgent and Necessary Measures which had not progressed via the Clinical Policy Committee. Reflection and discussion with NHS England had determined that the Clinical Policy Committee would be the appropriate forum for clinical recommendations to be made. A formalised and proportionate approach to consistently consider wider public interest issues would provide additional checks to proposals, particularly in the context of the increasingly challenging local financial context.

The panel routinely considers the wider public interest issues to determine the need for any further engagement or formal public consultation, prior to the CCGs taking a final decision on any policy recommendations.

This includes whether the reason for introducing the policy is plausible, whether the output addresses this intent, if the effects on individual patients and carers, the wider consequences on society and the opportunity cost have all been considered, and whether there is knowledge of public concern in relation to the disease and the specific intervention.

Five meetings were convened in 2015-16, considering and making recommendations to the CCGs on a total of 13 clinical policy recommendations. Upon discussion it has been apparent that none of the recommendations to date have raised any particular public interest concerns;

however it is important to ensure consistency of process with regard to all clinical policy recommendations and have a route for initiating further engagement or formal public consultation where determined necessary.

On the recommendation of the panel, additional patient-focused policy information was produced to accompany and support communication of four policies to provide clarity about why and how the decision was taken and what it will mean for patients. This was in respect of the policies on hernia, cataract surgery, haemorrhoids and benign skin lesions.

Clear governance arrangements are in place in respect of declaration of interests and onward reporting. A register of interests, terms of reference, minutes and meetings arrangements are all made publicly accessible online. The annual report will similarly be made available once accepted by the CCGs.

The panel is purposefully lay-member led, with other members holding no vote and assisting in an advisory capacity. The support of the Clinical Policy Committee and CCG Governing Body lay members and CCG staff from across departments has been vital in helping to develop, refine and operate the process. Further, the committed membership of the panel, as demonstrated by the attendance register, has been essential to enabling it to fulfil its purpose. The members were thanked for their time and commitment to establishing a successfully working joint-CCG process. The panel was asked to receive the report.

The group members commented that the annual report was a succinct and clear summary of the development and function of the panel. This would now be reported to the Engagement Committee and the Commissioning and Finance Committee in South Devon and Torbay CCG. In NEW Devon CCG this would be submitted to the new Patient and Public Engagement Committee (PPEC).

A query was raised as to how we could establish the success of the patient support information that had been produced during the year at the suggestion of the panel. It was advised that no direct feedback had been received; however the team would check with the CCGs Patient Advice and Experience Teams if these have proved helpful and establish whether website download or hit rate data is available via the Communications team. It was commented that it has been helpful for the CCG officers to be given a lay steer on when further information is required, noting that this is also in itself a form of engagement.

Jono Broad expressed his thanks on behalf of the panel to the advisory members and the clinical effectiveness team who support the panel, enabling it to work well and function seamlessly.

6. Any other business

Future meeting dates

Rebecca Heayn advised that the meeting scheduled for 22 June was now cancelled as a result of the recent rescheduling of Clinical Policy Committee meeting dates.

Further panel meeting dates had been proposed for the remainder of the year and circulated for diaries. From the responses received in respect of members' availability, these do not pose any issues in terms of quoracy at this time.

Future meeting dates have therefore been agreed as below:

Wednesday 17 August	14.00 – 15.30	CFO Room, County Hall, Exeter or teleconference
Wednesday 28 September	14.00 – 15.30	Dart Room, County Hall, Exeter or teleconference
Wednesday 14 December	14.00 – 15.30	CFO Room, County Hall, Exeter or teleconference

7. Date of next meeting

The next meeting will be held on Wednesday 17 August 2016 from 14.00-15.30 in the CFO Room, County Hall, Exeter or via teleconference.

ACTION LOG

Action no.	Meeting date	Action description	Lead(s)
15/07	19/08/2015	Engagement with the scrutiny committees across Devon to present the final process for consideration. **28/10/2015 update: Now that the CCGs have approved the process and terms of reference, this action can be taken forward.** **06/01/2016 update: Jenny McNeill has put Rebecca Heayn in touch with the various contacts for the Scrutiny Committees across Devon. Individual discussions to be taken forward with each to present the final agreed process for their consideration.** **23/03/2016 update: Rebecca Heayn had made contact with the Scrutiny Committees across Devon, sharing details of the process and giving the opportunity for comment. No responses have been received to date. This would be followed up with a letter to the Committees.** **11/05/2016 update: For Plymouth, a paper had been shared with Jerry Clough who met with the Chair and Vice Chair of the Scrutiny Committee on 8 March. Debbie Whiting advised that Jerry gave an overview of the paper at the meeting, which was acknowledged by Councillors and we were asked to circulate this electronically following the meeting. No further feedback has been received. For Devon and Torbay text has been drafted and shared with Jenny McNeill to seek her advice and experience in liaising with the Scrutiny Committees before sending.**	Rebecca Heayn/ Jenny McNeill
16/03	23/03/2016	Links to be made to improve communication of clinical policy patient support information to clinicians/raise awareness of these support tools. **11/05/2016 update: Chris Roome advised that South Devon and Torbay GPs do not receive the Planned Care Control Centre newsletters via direct mailing; onward circulation is locally determined by South Devon and Torbay CCG. Ray Chalmers confirmed that information is included in GP updates to GPs and practice managers. This is usually short messages with onward links, but essentially all are receiving the information. Chris Roome agreed to check when the last Planned Care Control Centre News was sent out and would draft a short article to promote and remind GPs of the support information available and accessible via links from the formulary and referral website and app.**	Chris Roome

Action no.	Meeting date	Action description	Lead(s)
16/05	11/05/2016	Clinical Policy Engagement and Consultation Panel Annual Report 2015-16 to be submitted to the Engagement Committee and the Commissioning and Finance Committee in South Devon and Torbay CCG, and the new Patient and Public Engagement Committee (PPEC) in NEW Devon CCG.	Rebecca Heayn
16/06	11/05/2016	Feedback on the use of the policy support information to be sought from the CCGs Patient Advice and Experience Teams and to query with the Communications team whether website download or hit rate data is available.	Rebecca Heayn