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

Clinical Policy Engagement & Consultation Panel Meeting

Minutes

Tuesday 11 October 2016, 10.00-11.30

CFO Room, County Hall, Exeter and via teleconference

Present:

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.

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

2. Declaration of Interests

No specific interests pertinent to the items for discussion on the meeting agenda were declared.

Mac Merrett advised of an addition to his general declaration of interests; he is now a representative on the Cancer Alliance.

The Declaration of Interests Register will be updated accordingly.

3. Notes from the meeting 17 August 2016

The group considered the notes from the meeting of the panel held on 17 August 2016 and agreed them to be an accurate record.

The action log was updated as follows:

Action no.	Description and update
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 had previously 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 advised that he had now established the process for Planned Care communications in both CCGs and an article had been produced for circulation. Action complete.**
16/07	Contact to be made with the Patient Advice and Experience teams across the CCGs to query the number of contacts made with regard to myringotomy /grommets, relating to children and to adults, in order to establish a baseline position prior to the publication and implementation of the Devon-wide policies. **The policies had now been approved by the CCGs executive groups and completed the necessary governance processes. An implementation date has been agreed with DRSS of 30 October. Data will be obtained prior to the new policies going live to ensure an accurate snapshot of contacts at that point.**

4. Discussion and recommendation on Clinical Policy Committee decisions from 14 September 2016

Ivermectin (Soolantra®) for Rosacea

A summary of the Clinical Policy Committee recommendation and considerations was noted by the panel. The Clinical Policy Committee had considered the use of ivermectin for rosacea following a consultant application and a dermatology consultant was in attendance at the meeting to contribute to discussions.

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 unanimous policy recommendation reached by the Clinical Policy Committee is to commission the routine use of ivermectin cream for the treatment of inflammatory lesions of moderate to severe papulopustular rosacea.

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. This will make an additional treatment option available to patients, besides the current treatments topical metronidazole and topical azelaic acid. Ivermectin cream is applied once-daily, which may be more convenient and easier for some patients compared to the twice-daily alternative treatments. Patients may require less frequent treatment as relapse of symptoms may also occur later than with other treatments, meaning that patients may experience no symptoms for longer following treatment.

4. Have the wider consequences on society been considered?

   It was felt that there were no wider consequences of the proposed policy; this widens clinical choice, representing an additional treatment option for the topical treatment of inflammatory lesions of moderate to severe papulopustular rosacea.

5. Has the opportunity cost been considered?

   The group noted the discussion of the cost-effectiveness and the conclusion that the use of invermectin is expected to cost the same or be marginally cost saving.

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 public concern regarding the condition or interventions for rosacea. It was acknowledged that the proposed policy decision was in line with NHS Choices information relating to the topical treatment of rosacea.

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

There was discussion that it was helpful to routinely consider whether the policy recommendations were contrary to the information published on NHS Choices as this may often be the first point of reference for patients. This would ensure awareness of the external, NHS public information available and hence patient expectations with regard to a particular condition and treatment options available. It was agreed that this would be a useful addition to the list of factors considered by the Panel when assessing the public interest issues relating to clinical policy recommendations.

The Panel acknowledged the value of the work that goes on by the Clinical Effectiveness team and the Clinical Policy Committee in supporting clinical and cost effective treatment choices and felt that with the Sustainability and Transformation Plan there was an opportunity to publicise and promote the work that is undertaken by the Committee. It was discussed and agreed that any messages in respect of this were a wider CCG communications issue, with the need for any communications to be aligned across both CCGs.

Linaclotide (Constella®) for the treatment of irritable bowel syndrome with constipation (IBS-C) in adults

A summary of the Clinical Policy Committee recommendation and considerations was noted by the panel. It was noted that this was the second time that the Clinical Policy Committee had considered the use of linaclotide, having previously not recommended its routine use in Devon. Re-consideration was prompted by re-application from a consultant gastroenterologist, who was in attendance at the meeting to contribute to discussions. Although the National Institute for Health and Care Excellence (NICE) had published updated, non-mandatory guidance with a weak recommendation that linaclotide may be considered in certain circumstances, there was no new trial evidence and the committee's reservations still remained from their original consideration. The committee voted 7-1 against the routine commissioning of linaclotide; however 6-2 were in favour of clinicians being able to access treatment for patients on an individual basis through the Trust Managed Individual Patients Process.

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 re-consider the commissioning of this treatment. The context had also changed since the original decision, with NICE updating its clinical guideline on irritable bowel syndrome in adults, making specific reference to linaclotide as a treatment option.

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

   The group considered that there had been discussion of the effects on individual patients and acknowledged that this decision related to a small number of patients; a small proportion of a large patient group. Alternative treatment options for pharmacological management of constipation in people with irritable bowel syndrome are available and, although it is not recommended for routine use, it was noted that this treatment option would still available for clinicians to use in individual patients via the established Trust Managed Individual Patients Process, ensuring consultant level assessment before long term use.

4. Have the wider consequences on society been considered?

   It was felt that the wider consequences of the proposed policy have been considered. Although the policy is not in line with NICE clinical guideline recommendations, it is noted that these are non-mandatory and NICE acknowledged the recommendation relating to linaclotide to be a weak one based on very low to moderate quality evidence.

5. Has the opportunity cost been considered?

   It was discussed that the committee were concerned that the routine commissioning of this treatment might unavoidably result in its widespread adoption as an early treatment choice. The committee considered that the effectiveness of the drug did not justify the potential impact on the budget of the local health economy. Initiation only through the Trust Managed Individual Patients Process would limit use and expenditure and ensure best value through the requirement for consultant application before use and consultant re-assessment before treatment is continued long term.

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 public concern regarding the condition or interventions for irritable bowel syndrome. It was acknowledged that the proposed policy decision was in line with NHS Choices information relating to irritable bowel syndrome.

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

Surgery for Ganglion Cyst

A summary of the Clinical Policy Committee recommendation and considerations was noted by the panel. The Clinical Policy Committee had unanimously recommended a policy for surgery for ganglion cyst, which had been developed following engagement with local specialists.

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 purpose of the proposed policy was to harmonise the policies from the predecessor commissioning organisations. This would ensure consistency and clarity for patients across Devon. It was considered that at present the Devon referral centre (DRSS) experiences difficulties in interpreting the existing policies due to ambiguities and differences, and inequity, across anatomical sites.

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

   It was discussed that the proposed Devon wide policy would provide consistency and ensure equity, potentially making GP-patient discussions easier and clarifying expectations in respect of referral for surgery.

4. Have the wider consequences on society been considered?

   It was felt that there were no wider consequences of the proposed policy; this represented clarification of and consistency in application of a Devon-wide policy for ganglion cyst across all anatomical sites.

5. Has the opportunity cost been considered?

   The group noted that a policy for ganglion cyst for all anatomical sites is anticipated to result in a 30% reduction in referrals across Devon.

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 public concern regarding the condition or interventions relating to this age group. It was acknowledged that the proposed policy was in line with NHS Choices information relating to ganglion cyst which states that most CCGs do not fund treatment for ganglion cysts unless they cause significant pain or disrupt daily activities.

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

There was discussion of how to avoid referrals for cases that would not meet the policy for subsequent surgery. It was advised that Clinical Referral Guidance helps to support this by communicating educational messages for GPs and referrers. It was considered that there was a large element of trust in consultant practice regarding non-commissioned activity, with the potential for audit of practice where there are outliers on activity.

There was consideration of what constitutes significant functional impairment, as defined in the policy. It was discussed that there were different considerations relating to fitness for education or employment or leisure activities depending upon the subject of the policy. For example, this is very apparent with considering the differences in policies related to sensory conditions as opposed to mechanical function. Having been previously discussed by the Clinical Policy Committee it was felt that a uniform position for all conditions was unattainable, but that it was important to consider the appropriateness of statements of functional limitation when contextualised by the procedure or condition under review. The Clinical Effectiveness team has sought to promote consistency in definition in those policies considered by the Clinical Policy Committee; the statement of functional limitation in the policy for surgery for ganglion cyst is consistent with the other policies relating to hand procedures.

5. Any other business

Future meeting dates

The next meeting is due to be held on Wednesday 14 December 2016 from 2.00pm in the CFO Room, County Hall, Exeter or via teleconference.

It was discussed and agreed that further dates would be scheduled for next year to try to accommodate Panel members' other commitments whilst being mindful of the need to ensure timeliness following Clinical Policy Committee meetings.

These would principally be held in the afternoon on a Wednesday or Tuesday. Dates would be circulated for agreement.

Lay public member vacancy

It was reported that the vacancy for a new Lay Public Member of the Clinical Policy Committee, and member of this Panel, had recently been advertised. The Panel members advised having seen details of this circulated via various communication routes. The closing date is 31 October and to date there has been some enquiry but no applications received.

It is proposed that the process for shortlisting and interview is similar to that carried out previously. Contact has been made with Chris Buswell, Community Representative, NEW Devon CCG who has agreed to again support this process.

ACTION LOG

Action no.	Meeting date	Action description	Lead(s)
16/07	17/08/2016	Contact to be made with the Patient Advice and Experience teams across the CCGs to query the number of contacts made with regard to myringotomy /grommets, relating to children and to adults, in order to establish a baseline position prior to the publication and implementation of the Devon-wide policies. **11/10/2016 update: Rebecca Heayn advised that these policies have now been approved by the CCGs executive groups and have completed the necessary governance processes. An implementation date has been agreed with DRSS of 30 October. Data will be obtained prior to the new policies going live to ensure an accurate snapshot of contacts at that point.**	Rebecca Heayn
16/08	11/10/2016	Addition to be made to the checklist of public interest issues routinely considered by the Panel to include consideration of the information on the treatment and condition available to patients via NHS Choices.	Rebecca Heayn