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

Clinical Policy Engagement & Consultation Panel Meeting

Minutes

Tuesday 12 December 2017, 14.00-15.30

CFO Room, County Hall, Exeter and via teleconference

Present:

Rebecca Heayn	Clinical Effectiveness Governance Manager, NEW Devon CCG
Mac Merrett*	Lay Public Member, Clinical Policy Committee
Chris Roome	Head of Clinical Effectiveness, NEW Devon CCG
Mark Taylor*	Lay Public Member, Clinical Policy Committee

* Denotes voting members

1. Welcome and Introductions

Attendees were welcomed to the meeting.

Apologies were noted from Jennie Willmott, Lay Member, Patient & Public Engagement, NEW Devon CCG and Ray Chalmers, Head of Communications & Strategic Engagement, South Devon & Torbay CCG.

Quoracy

In the absence of Chris Peach, Non-Executive Director (Patient & Public Involvement), South Devon & Torbay CCG and Jenny McNeill, Associate, NEW Devon CCG too, there was discussion of the panel quoracy requirements. The quorum consists of five members being present, to include a minimum of two voting members, one of whom should be a Clinical Policy Committee lay public member.

Although the meeting was not quorate, it was agreed that discussions should continue. The draft minutes would then be shared with the group to allow any reservations or objections to be raised. In the absence of any objections, the members could agree the minutes virtually and formally note this at the next meeting. If there were objections raised the formation of the recommendation would be deferred until the next meeting.

2. Declaration of Interests

No changes to the Register of Interest were advised and no specific interests pertinent to the items for discussion on the meeting agenda were declared.

3. Notes from the meeting 11 October 2017

The panel considered the notes from the meeting held on 11 October 2017 and agreed them to be an accurate record.
The action log was updated as follows:

Action no.	Description and update
17/05	Letter to be drafted to inform patients who currently have cryopreserved material of the revisions to the policy so that they can understand how this may affect them. The CCGs should engage with the fertility centres in order to identify and communicate with those individuals affected. This should to accompany communication/publication of the revised cryopreservation to preserve fertility policy (subject to approval by the CCGs). **Chris Roome advised the group that a letter had been drafted by the Clinical Effectiveness team to communicate with individuals affected by the revised cryopreservation to preserve fertility policy. This will now be shared with providers for the content and approach to be agreed, and to coordinate the sending of letters with publication of the revised policy.**

4. Discussion and recommendation on the Clinical Policy Committee decisions from 29 November 2017

Azelastine hydrochloride and fluticasone propionate (Dymista®) for allergic rhinitis

A summary of the Clinical Policy Committee recommendation and considerations was noted by the panel. The Clinical Policy Committee had re-considered the use of Dymista® combination nasal spray for allergic rhinitis following a re-application from a local consultant paediatrician, who was also present for the committee 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 advised that the existing policy decision taken in 2014 is that Dymista® is not routinely commissioned in Devon for allergic rhinitis. Although it had been shown that there was no substantive change in the evidence, it was discussed that this re-application had been received from a different specialty and the main change prompting re-consideration was in the context of use.

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

   It was noted that there had been some discussion of child patients and their parents, although nothing sufficiently problematic had arisen during the context of the discussion. Other treatment options are available; the current treatment for patients who have failed to achieve symptom relief with oral antihistamines and intranasal corticosteroids would involve immunotherapy with Grazax®.

4. Have the wider consequences on society been considered?

   It was felt that there were no wider consequences of the proposed policy; this is an area with no broader impact beyond the individuals involved.

5. Has the opportunity cost been considered?

   The consultant had anticipated that use would be among small numbers of patients seen in the allergy clinic; however there was concern that its potential use in primary care would be wider than this. The committee were minded to retain the existing policy position. There was however support for enabling the use of Dymista® for individual patients via the agreed

exceptionality criteria of the Trust Managed Individual Patients route. It was recommended that the policy be refreshed accordingly.

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

   The panel were not aware of any specific public concern regarding allergic rhinitis or the treatment options. It was also advised that nothing adverse had arisen since the original policy decision was published in 2014.

7. What information on the treatment and condition is available to patients via NHS Choices?

   It was noted that no specific treatments are detailed by NHS Choices; however general advice is given on the types of treatments for allergic rhinitis which may prompt patients to ask questions relating to their likely course of treatment.

   NHS Choices advises that medication can be used to treat the common symptoms of allergic rhinitis. This includes antihistamines (tablets or nasal sprays) and a nasal spray or drops containing corticosteroids for frequent or persistent symptoms and a nasal blockage or polyps.

   Add-on treatments are also detailed where allergic rhinitis does not respond to treatment. These include:

   - increasing the dose of corticosteroid nasal spray
   - using a short-term course of a decongestant nasal spray to take with other medication
   - combining antihistamine tablets with corticosteroid nasal sprays, and possibly decongestants
   - using a nasal spray that contains ipratropium to help reduce excessive nasal discharge
   - using a leukotriene receptor antagonist medication

   If there is no response to the add-on treatments, patients may be referred to a specialist for further assessment and treatment, which may include immunotherapy if symptoms are severe.

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

5. Any Other Business

No other business was raised by the panel members.

6. Date of next meeting

The next meeting is due to be held on Wednesday 7 February 2018 from 2.00pm in the CFO Room, County Hall, Exeter or via teleconference.

ACTION LOG

Action no.	Meeting date	Action description	Lead(s)
17/05	11/10/2017	Letter to be drafted to inform patients who currently have cryopreserved material of the revisions to the policy so that they can understand how this may affect them. The CCGs should engage with the fertility centres in order to identify and communicate with those individuals affected. This should to accompany communication/publication of the revised cryopreservation to preserve fertility policy (subject to approval by the CCGs). **12/12/2017 update: Chris Roome advised the group that a letter had been drafted by the Clinical Effectiveness team to communicate with individuals affected by the revised cryopreservation to preserve fertility policy. This will now be shared with providers for the content and approach to be agreed, and to coordinate the sending of letters with publication of the revised policy.**	Chris Roome