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

Clinical Policy Engagement & Consultation Panel Meeting

Minutes

Tuesday 14 August 2018, 14.00-15.30

Sid 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
Matt Howard	Clinical Evidence Manager	NEW Devon CCG
Jenny McNeill	Associate Director of Planning Development	NEW Devon CCG
Mac Merrett*	Lay Public Member, Clinical Policy Committee	
Chris Peach*	Non-Executive Director (Patient & Public Involvement)	South Devon & Torbay CCG
Mark Taylor*	Lay Public Member, Clinical Policy Committee	
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 Chris Roome, Head of Clinical Effectiveness, NEW Devon CCG and Jon Taylor, Strategy Manager, NEW Devon CCG.

Matt Howard attended the meeting, deputising for Chris Roome.

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. Minutes from the meeting 6 June 2018

The panel considered the minutes from the meeting held on 6 June 2018 and agreed them to be an accurate record.

The action log was updated as follows:

Action no.	Description and update
18/05	Simon Polak to be made aware of the content of discussions around learning disabilities and anti-psychotic use. **Chris Roome had met with Simon Polak and made him aware of the panel discussions. Action complete.**

18/06	Terms of Reference to be reviewed and any proposed changes circulated to the panel members for comment. **Revised Terms of Reference were circulated for comment and have subsequently been shared with the CCGs' Strategic Leadership Committee.**
18/07	Annual Report to be finalised and submitted to the CCGs for acceptance and assurance. **The Annual Report has been finalised and will be submitted to the Engagement Committee meeting on 2 October for discussion and assurance.**

Matters arising

It was discussed that the Governing Body has recently agreed the submission of a formal expression of interest for the CCGs in Devon to merge, with an aim to do so by April 2019, subject to approval. It was acknowledged that this merger may have an impact on the panel and as such the Terms of Reference may need to be reviewed again sooner than 12 months' time.

ACTION: The panel will be kept updated on the progress of the proposed merger so that the implications for the group membership and TOR can be considered accordingly in a timely way.

4. Discussion and recommendation on the Clinical Policy Committee decisions from 18 July 2018

Opicapone for Parkinson's disease

An overview of the Clinical Policy Committee recommendation and the background to this treatment was noted by the panel. The use of opicapone for patients with Parkinson's disease had been considered by the Clinical Policy Committee following an application from a local specialist neurologist for this to be accepted as an alternative treatment for patients who have not responded to or tolerated entacapone. Entacapone and opicapone are catechol-O-methyltransferase (COMT) inhibitors, used to treat motor fluctuations from the 'wearing off' of levodopa medication.

Two local specialists, including the applicant, were present for the Clinical Policy Committee meeting and it was noted that this had added value to the discussions and in understanding anticipated use and the expected benefits to patients.

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 request received was for opicapone to be accepted as another COMT inhibitor treatment option for patients with Parkinson's disease who have not been able to tolerate entacapone, which could be trialled in patients before the need to step up to more complex non-oral treatments. After consideration, the Clinical Policy Committee has recommended the routine use of opicapone in Devon for patients with Parkinson's disease who have not been able to tolerate entacapone.

   It was noted that this was a majority decision and advised that the member not voting in favour had done so due to concerns over the lack of evidence supporting the efficacy of opicapone in patients who had previously failed on entacapone.

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

   It was considered that the availability of this treatment would be positive for some patients with Parkinson's disease who have not been able to tolerate entacapone, and their carers, as a successful response to opicapone would delay the need to step up to more complex

non-oral treatments. It was noted that the most common side effect resulting in entacapone not being tolerated was diarrhoea.

It was acknowledged that there can be an increasing tablet burden on patients with later stage Parkinson's disease as they may be taking multiple doses of different medicines each day. Some patients may benefit from opicapone being a once daily treatment, unlike entacapone which is administered with each levodopa dose.

It was queried how long a patient may be sustained on a COMT inhibitor and discussed that this may be variable due to the progressive nature of the condition; however it may delay the need for more complex and invasive treatments, namely injectable apomorphine, duodopa gel (via a tube inserted through the abdominal wall), or surgery (Deep Brain Stimulation).

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 (and their carers).

5. Has the opportunity cost been considered?

   It was advised that the acquisition cost of opicapone is higher than entacapone; however if opicapone successfully manages patients for whom entacapone has been ineffective or not tolerated, it may delay the need for more complex and costly non-oral therapies. It was noted that the Clinical Policy Committee had considered a cost efficiency model produced by the Clinical Effectiveness team which suggested that if one out of 39 patients does not need to go on to advanced treatment there could be equivalent cost efficiency compared to progression straight to treatment with injectable apomorphine.

   There was discussion about the number of patients anticipated to be treated and where responsibility for prescribing would sit, with a query raised as to whether numbers were likely to be higher in practice once this becomes an accepted treatment. Following CCG approval of the Clinical Policy Committee recommendation that opicapone should be accepted for routine use in Devon, the local formulary groups are responsible for including this in locally defined treatment recommendations in discussion with local secondary and primary care colleagues. It was advised that initiation of treatment and any change in prescribing for patients with Parkinson's disease would be undertaken by the specialist. Only if treatment with opicapone has been successful after a 3-month trial may prescribing then be continued by the patient's GP, in agreement with the specialist. Treatment decisions would be made by the specialist; GPs would not be initiating treatment.

   The policy exceptionality statement allows for application to the CCGs for the treatment of an individual patient who does not meet the criteria, but it was clarified that applications must be made on an individual basis by the patient's clinician, not by the patient personally.

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

   It was acknowledged that Parkinson's disease is a well-known, progressive neurological condition. However the panel were not aware of any specific public concern regarding this condition or the treatment option.

   It was discussed whether there would be any benefit from engaging with Parkinson's disease support groups in respect of the policy decision, what the purpose of this would be and whether it would be helpful. On balance it was felt that the recommendation did not raise any concerns and was not anticipated to generate a significant level of enquiries to the CCGs. In this instance an additional treatment option was being made available for patients for whom an existing treatment has not been tolerated. Treatment decisions and the discussion of options available (including whether opicapone would be appropriate) would be part of the discussion between an individual patient and their specialist.

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

   NHS choices gives information on Parkinson's disease, which includes the main types of medication commonly used to improve the main symptoms of Parkinson's disease, such as

shaking (tremors) and movement problems. This notes that COMT inhibitors are prescribed for people in later stages of Parkinson's disease. However specific COMT inhibitors are not listed.

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.

6. Future meeting dates

The next meeting is due to be held on Wednesday 10 October 2018 from 2.00pm in the CFO Room, County Hall, Exeter or via teleconference.

A list of the remaining meeting dates for 2018 was shared, along with provisionally agreed dates for 2019 for advanced diary planning. It was acknowledged that the proposed merger of the CCGs in Devon may have an impact on the membership of the panel and so these may need to be revisited/ clarified after April 2019. However in the interim the group was asked to note these provisional dates and advise if any create a particular problem in terms of attendance.

ACTION LOG

Action no.	Meeting date	Action description	Lead(s)
18/07	06/06/2018	Annual Report to be finalised and submitted to the CCGs for acceptance and assurance. **14/08/2018 update: The Annual Report has been finalised and will be submitted to the Engagement Committee meeting on 2 October for discussion and assurance.**	Rebecca Heayn
18/08	14/08/2018	The panel will be kept updated on the progress of the proposed merger of the CCGs in Devon so that the implications for the group membership and TOR can be considered accordingly.	Rebecca Heayn