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

Clinical Policy Engagement & Consultation Panel Meeting

Minutes

Thursday 17 August 2017, 14.00-15.00

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
Jenny McNeill	Associate, NEW Devon CCG
Mac Merrett*	Lay Public 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
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. All panel members were in attendance; there were no apologies to note.

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 7 June 2017

The panel considered the notes from the meeting held on 7 June 2017 and agreed them to be an accurate record.

The action log was updated as follows:

Action no.	Description and update
17/01	Rebecca Heayn to make changes to the Annual Report as discussed and re-circulate to the panel members. **Rebecca Heayn advised that the Annual Report was updated following discussions at the last meeting and is now ready for submission to the CCGs for assurance. Action complete.**

17/02	Annual Report to be submitted to the respective CCGs for information and assurance. **The Annual Report is to be submitted to the first joint Engagement Committee of NEW Devon and South Devon and Torbay CCGs in September.**
17/03	Chris Roome to request South Devon and Torbay Joint Clinical Effectiveness Group Terms of Reference and overview of approval processes. **Chris Roome advised that he has now attended the Joint Clinical Effectiveness Group. It was clarified that the group exists as a discussion forum relating to operational matters; it does not have a remit for producing policies. Action complete.**

4. Discussion and recommendation on the Clinical Policy Committee decisions from 26 July 2017

Safinamide (Xadago®) for mid- to late-stage fluctuating Parkinson's Disease

A summary of the Clinical Policy Committee recommendation and considerations was noted by the panel. The Clinical Policy Committee had considered the use of safinamide for mid- to late-stage fluctuating Parkinson's Disease following a consultant application. It was considered that it had been helpful to have the specialist applicant in attendance and it had been an interesting debate, with the final split decision hinging on considerations of cost and evidence.

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 is not to commission the routine use of safinamide in Devon for patients with mid-to-late stage Parkinson's Disease.

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. Other treatment options are available in Devon for the management of symptoms in this patient group and safinamide would be available for use on an exceptional basis for individual patients via successful application to the CCGs Individual Funding Panel.

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 in Devon for the management of the symptoms of Parkinson's disease. Safinamide was a later-comer to the market which lacked evidence to differentiate it from existing treatment options and was considerably more costly. It was noted that the committee had considered whether it might represent good value in patients who would otherwise require treatment with apomorphine or deep brain stimulation, but there was no trial evidence in this population.

5. Has the opportunity cost been considered?

   It was noted that safinamide is significantly more expensive than other current treatment options and lacked evidence to differentiate it from existing options.

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

   Parkinson's Disease was acknowledged to be a well-known condition, but the the panel were not aware of any particular public concern regarding the condition or specific treatment options.

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

   NHS Choices includes information on medication used to improve the main symptoms of Parkinson's disease. This includes monoamine oxidase-B inhibitors as one of the main types of medication commonly used, but individual drugs within this class are not specifically mentioned.

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

Tiotropium bromide monohydrate and olodaterol hydrochloride (Spiolto® Respimat®) combination inhaler for chronic obstructive pulmonary disease (COPD)

A summary of the Clinical Policy Committee recommendation and considerations was noted by the panel. The Clinical Policy Committee had considered the use of Spiolto® Respimat® combination inhaler for chronic obstructive pulmonary disease following a consultant application. The application had been supported by the Medicines Optimisation team and growing interest in this inhaler had been shown from across all trusts in Devon during the evidence assessment 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 commission the treatment. It was explained that this had been a straightforward discussion and the unanimous policy recommendation reached by the Clinical Policy Committee is to commission the routine use of Spiolto® Respimat® combination inhaler in Devon for chronic obstructive pulmonary disease.

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

   It was discussed that this would represent an additional treatment option for patients and is the only soft mist, rather than dry powder, inhaler in this fixed dose combination inhaler category. This may be beneficial to some patients; it would also allow patients currently on tiotropium to step-up from an individual monotherapy inhaler without changing their device or long-acting muscarinic antagonist (LAMA).

4. Have the wider consequences on society been considered?

   It was felt that there were no wider consequences of the proposed policy; this represents an additional treatment option for patients with chronic obstructive pulmonary disease which may be suitable for patients who either require or prefer a soft mist inhaler.

5. Has the opportunity cost been considered?

   It was noted that Spiolto® Respimat® combination inhaler has the same acquisition cost as other long-acting muscarinic antagonist (LAMA)/ long-acting beta-2 agonist (LABA) combination inhalers so is anticipated to be a cost neutral alternative treatment. It is however cheaper than the combined cost of individual component inhalers.

   There was discussion as to whether there would be the potential for greater cost savings if patients were switched to this treatment; however it was felt that in reality there would be opportunistic review rather than a programme of switching as there was a reluctance to change patients who were stable on their current treatment. It was also raised whether switching to a combination inhaler rather than individual components might save money for those patients paying for their own prescriptions. It was felt that in general, due to the nature of chronic obstructive pulmonary disease, the numbers of patients paying for their own prescriptions would be small and they would most likely be encouraged to save money through having a prescription prepayment certificate. The overall complexities in the prescription charging system mean that communication in this regard was felt to potentially prompt more inappropriate queries rather than be wholly beneficial. It was felt most

appropriate that this should form part of the discussion between clinicians and individual patients where relevant.

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

   It was discussed that chronic obstructive pulmonary disease was fairly common, but the panel were not aware of any public concern regarding the condition or specific treatment options.

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

   Spiolto® Respimat® combination inhaler is not listed on NHS Choices, neither are other specific inhalers. However there is general information on treatments for COPD. This includes a statement that treatments include "inhalers and medications to help make breathing easier".

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

Future meeting dates

The next meeting is due to be held on Wednesday 11 October 2017 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 now that further Clinical Policy Committee meetings had been arranged. These would try to accommodate Panel members' other commitments whilst being mindful of the need to ensure timeliness following Clinical Policy Committee meetings. Dates would be arranged to follow a similar pattern of days/times and would be circulated for agreement.

ACTION LOG

Action no.	Meeting date	Action description	Lead(s)
17/02	09/06/2017	Annual Report to be submitted to the respective CCGs for information and assurance. **17/08/2017 update: Rebecca Heayn advised that the Annual Report is to be submitted to the first joint Engagement Committee of NEW Devon and South Devon and Torbay CCGs in September.**	Rebecca Heayn
17/04	17/08/2017	Meeting dates for 2018 to be arranged and circulated for advanced diary planning.	Rebecca Heayn