Clinical Policy Engagement & Consultation Panel Minutes

Thursday 17 October 2024, 15.30-16.00
via Microsoft Teams

Present:

Name	Role
Martyn Nicoll	Patient Experience Manager, NHS Devon
Rebecca Owen	Clinical Effectiveness Governance and Individual Funding Request Panel Manager, NHS Devon
Chris Roome	Head of Clinical Effectiveness, NHS Devon

* Denotes voting members

1. Welcome and introductions

The apologies received were noted as below.

Apologies:

Name	Role
Steve Clark	Partnerships, Involvement and Inclusion Manager, NHS Devon
Thandiwe Hara	Non-executive director for citizen and community involvement, NHS Devon

It was also noted that Steve Clark would formally be joining the panel in future as an advisory member from the Communications Team in place of Nicola Bonas, having previously deputised for Nicola on more than one occasion.

Quoracy:

Unfortunately none of the lay members were able to join the meeting, and it became apparent that this was as a result of some technical issues with Teams.

Those present acknowledged that this affected the quoracy of the panel, meaning that the planned business could not be concluded today.

It was agreed that an account of the discussion between those in attendance would be shared via email with all members for information. Panel members would be offered the opportunity to either reschedule the meeting if any felt there were issues they wished to discuss, or alternatively to conduct business virtually if all members are satisfied from the papers that the public interest issues have been fully considered and no further action is felt to be needed.

2. Declarations of Interests

Rebecca Owen declared an indirect non-financial personal interest relating to the item for discussion today. No further interests pertinent to the items for discussion were declared.

3. Minutes of the meeting held on Thursday 18 July 2024 and matters/ actions arising

The advisory members present were content to accept the minutes from the meeting held on Thursday 18 July 2024, noting there were no outstanding actions.

However given the lack of quoracy, all panel members would be asked to confirm their acceptance of the minutes via email to enable these to be agreed as a final record.

4. Discussion and recommendation on the Clinical Policy Recommendation Committee (CPRC) decisions from 4 September 2024

Opicapone for Parkinson's Disease

An overview of the Clinical Policy Recommendation Committee recommendation and the context within which it had arisen was noted.

Parkinson's disease is a progressive neurological disorder that affects movement, most commonly characterised by tremors, slowness of movement, muscle rigidity, and impairments in balance and co-ordination.

People with Parkinson's disease are commonly prescribed levodopa alongside a dopa decarboxylase inhibitor (DDCI) such as carbidopa, or benserazide. As the disease progresses some patients may start to experience periods where the effect of levodopa wears off between doses. Catechol-O-methyltransferase inhibitors (COMTi), which include opicapone, entacapone, and tolcapone, are used to reduce the amount of off time experienced by patients treated with levodopa.

NHS Devon has an existing policy which accepts the use of opicapone in Devon in patients who are unable to tolerate entacapone. At the time of the decision in 2018 the available evidence demonstrated that opicapone was not worse than entacapone, but it resulted in a more costly approach to therapy. Review of this policy has been prompted by an application from local specialists to request consideration of opicapone as an alternative first line treatment option, alongside entacapone.

The following was noted in respect of the public interest themes in relation to this policy:

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

   It was noted that review of NHS Devon's existing policy for opicapone for Parkinson's Disease had been prompted by an application from local specialists to consider its use as an alternative first line rather than a second line treatment option. This was also in the context that the manufacturer reduced the price of opicapone for the NHS in England in January 2024.

The Clinical Policy Recommendation Committee has subsequently recommended an updated policy which now supports the use of opicapone as a first line treatment option, alongside entacapone, for the management of end of dose motor fluctuations in Parkinson's disease.

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

It was noted that the change to the policy is expected to be beneficial for the patient group concerned as opicapone is taken once daily, rather than with every dose of levodopa. Opicapone tablets are smaller in size compared with entacapone providing a benefit for patients who are experiencing swallowing issues. It was also observed that the discussion revealed a clinical consensus that whilst late onset diarrhoea was a troubling side effect of entacapone this was much less of a problem with opicapone, this directly benefited patients and also reduced the number of subsequent healthcare contacts they needed for investigation and treatment.

The committee had also considered that opicapone provides greater flexibility with levodopa dosing to alter formulations between immediate and prolonged release throughout the day, and its longer duration of action and night time dosing make it easier for patients to mobilise in the morning on waking.

4. Have the wider consequences on society been considered?

No wider consequences of the proposed policy were noted beyond the individuals involved.

5. Has the opportunity cost been considered?

The cost of treatment with opicapone may be higher or lower than using entacapone depending upon which particular products are used, and the dosing regimen.

There is published evidence of a reduction in healthcare resource use, such as specialist appointments and emergency department attendances. This supports the clinical opinion of Devon specialists that the once daily dosing, and more favourable adverse effect profile, make it easier to initiate and stabilise patients on opicapone compared with other treatment options. It was considered that this can result in better individualised care for those living with Parkinson's disease.

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

The advisory members present were not aware of any particular public concern relating to this patient group or the use of opicapone. It was noted that opicapone is already an available treatment option in Devon for patients with Parkinson's disease; the updated policy now supports it as an alternative first line option rather than second line following failure to tolerate entacapone.

7. **What information on the treatment and condition is available to patients via nhs.uk (formerly NHS Choices)?**

   nhs.uk gives information on treatments for Parkinson's disease, noting that medication can be used to improve the main symptoms, such as shaking (tremors) and movement problems. The three main types of medication commonly used are levodopa, dopamine agonists and monoamine oxidase-B inhibitors. Opicapone is not specifically mentioned; however it states that COMT inhibitors are prescribed for people in later stages of Parkinson's disease.

Summary of actions			
	Action	**Lead(s)**	**Status**
24/03	Contact all panel members to confirm whether they are satisfied that the public interest issues relating to the updated policy recommendation for Opicapone for Parkinson's Disease have been fully considered and no further action is needed, or whether there are any issues that they wish to discuss via a rescheduled meeting.	Rebecca Owen	Pending
24/04	Contact all panel members to confirm acceptance of the minutes from meeting held on Thursday 18 July 2024 so that these can be finalised.	Rebecca Owen	Pending