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

Clinical Policy Engagement & Consultation Panel Meeting

Minutes

Wednesday 19 August 2015, 14.00-15.30

CFO Room, County Hall, Exeter or via teleconference

Present:

Alex Aylward*	Lay Member, Patients and Public, NEW Devon CCG
Jono Broad*	Lay Member, Clinical Policy Committee
Sallie Ecroyd	Head of Communications & Strategic Engagement, South Devon & Torbay CCG
Rebecca Heayn	Clinical Effectiveness Governance Manager, NEW Devon CCG
Jenny McNeill	Associate, NEW Devon CCG
Chris Peach*	Non-Executive Director (Patient & Public Involvement), South Devon & Torbay CCG
Chris Roome	Head of Clinical Effectiveness, NEW Devon CCG

* Denotes voting members

1. Welcome and Introductions

Attendees were welcomed to the meeting.

Apologies were noted from Mac Merrett, Lay Member, Clinical Policy Committee.

2. Declaration of Interests

The group members were asked to complete a declaration of interests return if they had not already done so for maintenance of a register by the Clinical Effectiveness Governance Manager. This register would be maintained to ensure robustness and transparency and be included in future assurance reporting from the group.

A standing item is included on meeting agendas to advise of any updates or revisions that may be required to the register and to declare any specific interests pertinent to the items for discussion on the agenda of that meeting.

No interests or updates to the existing register were declared.

3. Notes from the pilot meeting and update on subsequent developments

The group considered the notes from the pilot meeting of the panel held on 25 June 2015 and agreed them to be an accurate record.

Rebecca Heayn updated the group on the discussions that had taken place since the pilot meeting with colleagues from communications, governance and nursing and quality. These had enabled relevant expertise to be drawn on to develop and refine a robust and practical process

for supporting the panel and its outputs, and also in agreeing the development of clinical policy patient support information to accompany and support the publication of final clinical commissioning policies. Draft terms of reference for the panel had subsequently been produced, along with a flowchart illustrating how the clinical policy engagement and consultation panel and the clinical policy patient support information sits within the wider clinical policy development process.

There was discussion as to where information about the panel and its outputs would be made available. It was agreed that information would be made available in the public domain, in the same way that all minutes and governance documentation relating to the Clinical Policy Committee is available publicly via the NEW Devon CCG website, hosted on behalf of both CCGs in Devon.

The output of the panel is reported to the CCGs executive groups, alongside the clinical policy recommendation of the Clinical Policy Committee, for a final decision to be taken by the organisations. It was advised that the Commissioning and Finance Committee, who take final clinical policy decisions for South Devon & Torbay CCG, make the minutes of their meetings publicly available via the South Devon & Torbay website through reporting in the Governing Body papers. However it was not clear whether the NEW Devon CCG Executive Committee similarly make the minutes of their meetings publicly available. The panel felt that if these were not currently available in the public domain, this position should be challenged.

It was agreed that the flowchart should be amended to include a link to where the final clinical commissioning policies are published for clarity. Similarly the terms of reference should specify that details and outputs from the panel will be in the public domain, and where these will be accessible.

Rebecca Heayn reported that the documentation would be revised accordingly and submitted to the CCGs for organisation approval before being published. It was stated that the most appropriate forum for this was considered to be via the Quality Committees for NEW Devon CCG and South Devon and Torbay CCG, who then subsequently report to the CCGs Governing Bodies.

Once the process has been agreed by the CCGs, this would be presented to the scrutiny committees across Devon, with support from Jenny McNeill.

4. Discussion and recommendation on Clinical Policy Committee decisions from 22 July 2015

Botulinum toxin for the management of overactive bladder

A summary of the Clinical Policy Committee considerations was given by Chris Roome for the benefit of the panel. Jono Board advised that the specialists had no significant concerns with the content of the briefing paper and committee discussions led to a clear consensus. It was noted that that the proposed commissioning decision brings clarity to the patient pathway, complementing the NHS England policy for the commissioning of sacral nerve stimulation (a third line treatment for overactive bladder after conventional treatment and botulinum toxin).

The panel considered the public interest themes in relation to the proposed policy:

1. <u>Is the reason for introducing the policy plausible? and 2. Does the policy output address this intent?</u>

   The rationale for the policy was clear; it intends to ensure a logical and consistent commissioning position for Devon regarding the use of botulinum toxin in the management of urinary incontinence due to detrusor overactivity. Botulinum toxin injection is currently available and as such this does not change existing practice. However a Devon wide policy will seek to ensure consistency in use. Data on the number of intra-detrusor botulinum toxin procedures for urinary incontinence can be monitored through the Business Intelligence team.

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

   It was noted that botulinum toxin is a currently available treatment for patients. However a Devon wide policy would provide consistency in use and bring clarity to the patient pathway. NHS England sets commissioning criteria for sacral nerve stimulation, which is considered to be a third line treatment for overactive bladder after conventional treatment and botulinum toxin. Acceptance of the use of botulinum toxin for the management of overactive bladder therefore ensures that patients would be eligible for sacral nerve stimulation under NHS England criteria if required.

4. Have the wider consequences on society been considered?

   It was felt that the wider consequences of the proposed policy had been considered, which were limited in this case.

5. Has the opportunity cost been considered?

   Botulinum toxin injection is currently available and as such this does not change existing practice. However a Devon wide policy will seek to ensure consistency in its use in the management of urinary incontinence due to detrusor overactivity.

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 with regard to overactive bladder or the use of botulinum toxin. It was noted that the use of botulinum toxin for bladder dysfunctions is supported by a large number of recognised professional bodies and as such ensures national consistency for our local policy position.

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

Botulinum toxin for the treatment of chronic anal fissure

A summary of the Clinical Policy Committee considerations was given by Chris Roome for the benefit of the panel. Jono Board advised that the specialists had no significant concerns with the content of the briefing paper and committee discussions related to its place in the treatment pathway.

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?

   The rationale for the policy was clear; it intends to ensure a logical and consistent commissioning position for Devon regarding the use of botulinum toxin in the management of chronic anal fissure. Botulinum toxin is an established non-invasive treatment option and as such this is not a significant change from existing specialist practice. However a Devon wide policy will seek to ensure consistency in use following the failure of conservative management and topical treatment and where surgery is considered as the only other treatment option. Data on the number of botulinum toxin procedures for chronic anal fissure can be monitored through the Business Intelligence team.

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

   There was discussion of the place of botulinum toxin in the patient pathway. It was noted that if it were not available as a treatment option, an alternative would be an operation which is associated with a significantly greater risk of incontinence. Local specialists consider this to be a last resort and would recommend patients try botulinum toxin first.

4. Have the wider consequences on society been considered?

   It was felt that the wider consequences of the proposed policy had been considered, which were limited in this case.

5. Has the opportunity cost been considered?

Botulinum toxin is an established non-invasive treatment option and as such this is not a significant change from existing specialist practice. However a Devon wide policy will seek to ensure consistency in its use for the treatment of chronic anal fissure.

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 with regard to anal fissure or the use of botulinum toxin. It was noted that the policy was consistent with the Association of Coloproctology of Great Britain and Ireland position statement for the management of anal fissure.

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

The referral and specialist management of haemorrhoids in adults

A summary of the Clinical Policy Committee considerations was given by Chris Roome for the benefit of the panel. Jono Board advised that there was limited challenge to the policy proposal considered by the committee which it was considered sought to do what was best for the clinical needs of the patient; often no specialist intervention for haemorrhoids was needed.

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?

   The rationale for the policy was clear; it intends to reduce the rate of haemorrhoid procedures in Devon. The rates of haemorrhoid procedures in Devon are higher than nationally and it had been identified that there was currently variation in rates across Devon. A reduction in haemorrhoid procedures would be achieved through the implementation of a policy across Devon where none had previously existed. This would provide clarity of the commissioning arrangements and ensure consistency for patients across Devon.

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

   It was noted that committee meeting discussions had included detailed consideration of the impact of the proposed policy on patient care. Under the proposed policy all patients with haemorrhoids would be expected to try conservative management for at least 3 months. This may result in some patients waiting longer than they would have previously before being referred for specialist management, and formerly some patients diagnosed in secondary care may have had haemorrhoid procedures undertaken there and then rather than being discharged for conservative management. However the panel noted that many episodes settle with conservative measures and approximately half of patients will not require specialist management.

4. Have the wider consequences on society been considered?

   It was felt that the wider consequences of the proposed policy had been considered, which were limited in this case.

5. Has the opportunity cost been considered?

   It was noted that a reduction in the rates of haemorrhoid procedures to the national rate would mean that 423 fewer procedures would be performed across Devon every year.

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 with regard to haemorrhoids and their management. The policy proposed is based on the Royal College of Surgeons commissioning guide for rectal bleeding which is supported by the Association of Coloproctology of Great Britain and Ireland. However it was acknowledged that there was considered discussion by the committee of the possibility of individual concern about rectal bleeding. The panel expectation was that in all cases there should be clear, good quality

clinician engagement with patients in their journey. In addition, it was suggested that it would be beneficial for clinical policy patient support information to be produced to accompany and support publication of the final commissioning policy.

Considering all these factors together the group recommended that no further engagement or formal consultation was required at this point. However they suggested that clinical policy patient support information should be produced to accompany and support publication of the final commissioning policy.

5. Next meeting and future arrangements

It had previously been agreed that future meetings would be scheduled for approximately one hour duration and be held approximately two weeks after Clinical Policy Committee meetings. However it was acknowledged that the next meeting would need to be held later in October due to group members' annual leave and other commitments. The Clinical Effectiveness Governance Manager will establish availability and contact the group with a proposed date.

6. Any other business

Quality and Equality Impact Assessment (QEIA) summaries

Rebecca Heayn advised that she had included a summary of the content contained within with Quality and Equality Impact Assessments (QEIAs) undertaken in relation to each clinical policy committee recommendation for the reference of the panel. In addition, she had circulated the full excel spreadsheet tools from which these summaries had been prepared for information. It was queried whether the panel would prefer to receive the full tool or a summary of the content in future.

It was agreed that the QEIA summary prepared was a helpful and concise way of circulating this information for consideration by the panel in future, in a format that was more readily accessible than the excel spreadsheet tools.

Departure of Sallie Ecroyd

Sallie Ecroyd stated that this would be her last meeting as she was shortly leaving South Devon and Torbay CCG. Ray Chalmers will be her replacement and will take her place on the panel.

Jono Broad thanked Sallie on behalf of the group for her support and engagement with the development of the process and the establishment of the panel. The group wished her well for the future and her new role at Musgrove Park Hospital.

ACTION LOG

Action no.	Meeting date	Action description	Lead(s)
15/01	25/06/2015	Patient support information to be produced to support the publication of the cataract surgery policy.	Chris Roome
15/02	25/06/2015	Patient support information to be produced to support the publication of the hernia policy.	Chris Roome
15/03	19/08/2015	Query whether NEW Devon CCG Executive Committee minutes are made publicly available.	Chris Roome/ Rebecca Heayn
15/04	19/08/2015	Process flowchart to include a link to where the final clinical commissioning policies are published.	Rebecca Heayn
15/05	19/08/2015	Terms of reference to specify that details and outputs from the panel will be in the public domain, and where these will be accessible.	Rebecca Heayn
15/06	19/08/2015	Terms of reference and process documentation to be submitted to the CCGs Quality Committees for approval and subsequent publication.	Rebecca Heayn
15/07	19/08/2015	Engagement with the scrutiny committees across Devon to present the final process for consideration.	Rebecca Heayn/ Jenny McNeill
15/08	19/08/2015	Patient support information to be produced to support the publication of the haemorrhoid policy.	Chris Roome
15/09	19/08/2015	Group members' availability to be established and a proposed date for the next meeting scheduled.	Rebecca Heayn