Clinical Policy Engagement & Consultation Panel Minutes

Thursday 20 July 2023, 14.00-15.00
A203, County Hall, Exeter and via Microsoft Teams

Present:

Name	Role
Nicola Bonas	Associate director of communications, involvement and inclusion, NHS Devon
Thandiwe Hara*	Non-executive director for citizen and community involvement, NHS Devon
Matt Howard	Clinical Evidence Manager, NHS Devon
Carol McCormack-Hole*	Lay Member from the Patient Engagement Forum
Mac Merrett*	Lay Public Member, Clinical Policy Recommendation Committee
Martyn Nicoll	Patient Experience Manager, NHS Devon
Rebecca Owen	Clinical Effectiveness Governance Manager, NHS Devon
Mark Taylor*	Lay Public Member, Clinical Policy Recommendation Committee

* Denotes voting members

1. Welcome and introductions

The group were welcomed and those attending to deputise today were introduced.

It was noted that Matt Howard was attending to deputise for Chris Roome.

Apologies:

Name	Role
Chris Roome	Head of Clinical Effectiveness, NHS Devon

2. Declarations of Interests

It was noted that those deputising today previously completed a declaration of interests which has been recorded on the panel's register of interests.

No further interests pertinent to the items for discussion on the meeting agenda were declared.

3. Minutes of the meeting held on Thursday 25 May 2023 and matters/ actions arising

The panel considered the minutes from the meeting held on Thursday 25 May 2023.

One amendment was noted to the wording under question 5 of the focal hyperhidrosis discussion on page 8 of the minutes. This now clarifies that advice on primary care management '*will now be'* included in the Devon Formulary. The reason for the change of wording is to reflect that the team ensures that publication of commissioning policy and corresponding updates to the Devon Formulary are coordinated. The Formulary will be updated at the same time as publication and communication of the updated policy for focal hyperhidrosis. The panel accepted this change and agreed the minutes.

The action log was updated as follows:

Summary of actions			
	Action	**Lead(s)**	**Status**
23/01	Annual Report to be reported onwards in the ICB for information and assurance.	Rebecca Owen	Rebecca Owen advised that the annual report had been received by the Clinical Policy Recommendation Committee at their meeting on 28 June. It will now be reported onwards within the ICB for information and assurance. Action closed.

4. Discussion and recommendation on the Clinical Policy Recommendation Committee (CPRC) decisions from 28 June 2023

Lurasidone for schizophrenia in adults

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

The mainstay of treatment for schizophrenia is antipsychotic medication and/or psychological therapy. Lurasidone is a second-generation atypical antipsychotic licensed for the management of schizophrenia which has been marketed in the UK for use in adults since 2014.

NHS Devon has an existing commissioning policy for lurasidone for schizophrenia, under which it is not routinely commissioned in Devon. At the time the policy was published in 2018, it was considered that the evidence for the efficacy and tolerability of lurasidone was not sufficient to justify the increased drug costs.

Review of this position has been prompted by an application from local mental health specialists to consider its use in adults at a later point in the treatment pathway, specifically where patients have not responded to or tolerated treatment with amisulpride and aripiprazole, or where there is QTc prolongation (and extension in the interval between the heart contracting and relaxing).

A separate application had also been received from child and adolescent mental health specialists to consider the use of lurasidone for the management of schizophrenia in children and adolescents. Due to the potential impact of one policy recommendation on the other, as children transition to adult services, both discussions occurred at the same Clinical Policy Recommendation Committee meeting, with engagement with specialists from both adult and child and adolescent mental health services.

The panel considered 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 the existing NHS Devon position, which does not accept the use of lurasidone for schizophrenia, has been reviewed following an application from local mental health specialists to reconsider its use in Devon at a later point in the treatment pathway.

   Following consideration, the Clinical Policy Recommendation Committee has proposed an updated policy which accepts the use of lurasidone for the management of schizophrenia in adults who have not responded to or not tolerated amisulpride and aripiprazole; or in whom QTc prolongation has been identified and they have previously not responded to or not tolerated aripiprazole.

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

   It was discussed that the potential side effects of antipsychotics can be a key factor when selecting treatment, dependent on their relative importance to the patient.

   Lurasidone has been shown to have smaller effects on weight gain compared to other antipsychotics, which supports its use as an option after amisulpride and aripiprazole for patients where clinically significant weight gain is a prominent concern. Evidence also supports lurasidone as an antipsychotic with a low risk of QTc prolongation, along with aripiprazole.

4. **Have the wider consequences on society been considered?**

   It was felt that there were no wider consequences of the proposed policy beyond the individuals involved.

5. **Has the opportunity cost been considered?**

   It was noted that lurasidone is more expensive that most oral antipsychotics; however its use as a treatment option after amisulpride and aripiprazole is considered to represent acceptable value for money where clinically significant weight gain is a prominent concern for the patient. Its use in these circumstances is anticipated in only a small number of patients.

   Although lurasidone has a low risk of QTc prolongation, there is no evidence that this is better than aripiprazole, which is cheaper. It is therefore supported as a second line treatment only option in these circumstances.

It is estimated that when used in the place in the treatment pathway described, lurasidone would be used to treat approximately 39 patients in Devon at the end year 1, rising to 64 patients at the end of year 5.

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 particular public concern in respect of antipsychotic treatment options for schizophrenia.

   National Institute for Health and Care Excellence (NICE) clinical guideline CG178 recommends the use of antipsychotics for adults with schizophrenia. However, with the exception of clozapine, these guidelines do not recommend specific drug choices or treatment sequences.

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

   nhs.uk notes that schizophrenia is a long-term mental health condition. It causes a range of different psychological symptoms and is usually treated with a combination of medicine and therapy tailored to each individual. In most cases, this will be antipsychotic medicines and cognitive behavioural therapy.

   Antipsychotics are usually recommended as the initial treatment for the symptoms of an acute schizophrenic episode. There are 2 main types; typical antipsychotics – the first generation of antipsychotics developed in the 1950s and atypical antipsychotics – newer-generation antipsychotics developed in the 1990s.

   It states that the choice of antipsychotic should be made following a discussion between you and your psychiatrist about the likely benefits and side effects. Both typical and atypical antipsychotics can cause side effects, although not everyone will experience them, and the severity will differ from person to person. If you do not benefit from your antipsychotic medicine after taking it regularly for several weeks, an alternative can be tried. It's important to work with your treatment team to find the right medicine for you.

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

Lurasidone for schizophrenia in children and adolescents

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

As with the previous discussion, it was noted that separate applications had been received from child and adolescent and adult mental health specialists to consider the use of lurasidone in Devon for the management of schizophrenia. Due to the potential impact of one policy recommendation on the other, as children transition to adult services, both discussions occurred at the same Clinical Policy Recommendation Committee meeting, with engagement with specialists from both adult and child and adolescent mental health services.

NHS Devon has an existing commissioning policy for lurasidone for schizophrenia, under which it is not routinely commissioned in Devon. However this position is based on use in adults. This is the first time an application has been made to consider its use in children and adolescents.

As for adults, the mainstay of treatment is antipsychotic medication and/or psychological therapy with similar considerations for treatment choices. Lurasidone is a second-generation atypical antipsychotic licensed for the management of schizophrenia. The product license was extended in March 2020 to include children and adolescents aged 13 to 17 years.

The panel considered 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 the use of lurasidone for schizophrenia in children and adolescents had been considered following an application from local child and adolescent mental health specialists.

   Following consideration, the Clinical Policy Recommendation Committee has proposed a policy which accepts the use of lurasidone for the management of schizophrenia in children and adolescents aged 13 to 17 years where previous treatment with aripiprazole was ineffective or not tolerated.

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

   It was discussed that the potential side effects of antipsychotics can be a key factor when selecting treatment, dependent on their relative importance to the patient.

   Lurasidone has been shown to have smaller effects on weight gain and/or prolactin increase compared to other antipsychotics currently available in Devon for use in children and adolescents.

   It was queried what the position would be in respect of the continuation of treatment for children and adolescents who have been treated with lurasidone as a second line option when they become adults, in whom lurasidone is accepted as a third line treatment option. It was clarified that it was considered clinically inappropriate to switch treatment in an adolescent well controlled with lurasidone when they reach adulthood. The proposed policy clarifies that where continued treatment is required, lurasidone will continue to be commissioned in individuals who were initiated on lurasidone as children or adolescents and subsequently transition to adult services.

   Similarly it was discussed and clarified that treatment would continue for patients who move to Devon from another area and who may have been initiated on treatment with lurasidone under different criteria. However it is expected that their care and ongoing treatment would be reviewed by the local team and changed only if considered appropriate to do so.

4. **Have the wider consequences on society been considered?**

   It was felt that there were no wider consequences of the proposed policy beyond the individuals involved and their parents/carers.

5. **Has the opportunity cost been considered?**

It was noted that lurasidone is more costly than currently available antipsychotic treatment options, and the evidence for its comparative efficacy and tolerability was not considered sufficient to justify its use ahead of aripiprazole.

However its use as a second line treatment for patients where weight gain or prolactin increase is a primary concern was considered to represent value for money. It is estimated that when used in these circumstances, lurasidone would be initiated in approximately 4 patients per year in Devon.

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 particular public concern in respect of antipsychotic treatment options for schizophrenia.

NICE guideline CG155 recommends the use of antipsychotics for children and adolescents with schizophrenia. With the exception of clozapine, these guidelines do not recommend specific drug choices or treatment sequences.

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

nhs.uk notes that schizophrenia is a long-term mental health condition. It causes a range of different psychological symptoms and is usually treated with a combination of medicine and therapy tailored to each individual. In most cases, this will be antipsychotic medicines and cognitive behavioural therapy.

Antipsychotics are usually recommended as the initial treatment for the symptoms of an acute schizophrenic episode. There are 2 main types; typical antipsychotics – the first generation of antipsychotics developed in the 1950s and atypical antipsychotics – newer-generation antipsychotics developed in the 1990s.

It states that the choice of antipsychotic should be made following a discussion between you and your psychiatrist about the likely benefits and side effects. Both typical and atypical antipsychotics can cause side effects, although not everyone will experience them, and the severity will differ from person to person. If you do not benefit from your antipsychotic medicine after taking it regularly for several weeks, an alternative can be tried. It's important to work with your treatment team to find the right medicine for you.

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. Next meeting date

The next meeting will be held on Thursday 28 September 2023 from 14.00 at County Hall, Exeter for those wishing to join face-to-face and also via Microsoft Teams.