NHS
Devon
Clinical Commissioning Group

Clinical Policy Engagement & Consultation Panel

MINUTES

Thursday 24 September 2020, 14.00-15.00

Via teleconference

Present:

Nicola Bonas	Deputy Head of Communications
Rebecca Heayn	Clinical Effectiveness Governance Manager
Carol McCormack-Hole*	Lay Member from the Patient Engagement Forum
Mac Merrett*	Lay Public Member, Clinical Policy Committee
Chris Roome	Head of Clinical Effectiveness
Jon Taylor	Strategy Manager
Mark Taylor*	Lay Public Member, Clinical Policy Committee

* Denotes voting members

1. Welcome and Introductions

The group were welcomed. Apologies were noted from Charlotte Burrows, Governing Body Lay Member for patient & public involvement. Charlotte had provided comments on the papers prior to the meeting which were fed into the discussion.

2. Declaration of Interests

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

3. Minutes from the meeting 23 July 2020

The panel considered the minutes from the meeting held on 23 July 2020 and agreed them to be an accurate record.

It was advised that the Annual Report had been received by the Commissioning Committee on 10 September 2020 and had subsequently been published.

4. Discussion and recommendation on the Clinical Policy Committee decisions from 9 September 2020

Rivaroxaban for the prevention of recurrent deep vein thrombosis and pulmonary embolism

An overview of the Clinical Policy Committee recommendation and the background to this treatment was noted by the panel.

Rivaroxaban is an anticoagulant licenced for the treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE), and the prevention of recurrent DVT and PE.

Its use is recommended in NICE Technology Appraisal guidance, but since this was published the manufacturer has gained a licence for a lower dose (10mg) for the prevention of recurrent DVTs and PEs. It had been considered by the Clinical Policy Committee following an application from local specialists for the lower dose to be accepted for routine use in Devon.

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 an application had been received from local specialists for the use of 10mg dose of rivaroxaban to be supported in Devon for the prevention of recurrent deep vein thrombosis and pulmonary embolism. After consideration, the Clinical Policy Committee has recommended that its routine commissioning is supported in Devon for extended prophylaxis.

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

   It was acknowledged that there are two anticoagulants with low dose treatment options for the prevention of recurrent DVTs or PEs; rivaroxaban and apixaban. Specialists favour continuation on the same drug where possible, rather than switching a patient to another. For patients on rivaroxaban, the acceptance of the lower 10mg dose would enable tailoring of the dose to the patient's circumstances after 6 months when a decision on continued anticoagulation would be made, based on a benefit/risk balance.

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 there is little cost difference between treatment options; 10mg rivaroxaban has the same acquisition cost as the 20mg dose and is £37 cheaper per patient per year than 2.5mg apixaban. Using the population proportion estimates of the anticipated number of patients who would be initiated on 10mg rivaroxaban suggests a potential small cost saving in Devon of up to £12,700.

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 continued anticoagulation for the prevention of recurrent DVTs or PEs. However there was discussion that in therapeutic areas such as this, patients may become dependent on the judgment of their clinicians, rather than being fully equipped to ask informed questions about their ongoing treatment.

   It was considered whether it would be desirable to produce patient support information to accompany the policy. After discussion, it was decided that long term anticoagulation is a tricky issue to provide simple guidance on beyond standard advice that in patient-clinician discussions about treatment options, there should be consideration of the risk and benefits of each, which includes discussion of the patient's attitude to the respective risks and benefits. It was felt that it would be too complex to produce anything helpful to support this process and there was some doubt about the practical benefit of anything that could be produced; rather there

should be a full and meaningful discussion between the patient and their clinician when making ongoing treatment decisions.

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

   nhs.uk gives general helpful information on anticoagulant medicines, including rivaroxaban. However it does not specifically address the continuation of long-term treatment where there is not a defined risk factor present.

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 dates of future meeting dates had been included on the agenda for information and will be circulated as meeting invitations for members' diaries. Meetings will be held either virtually via MS Teams or face-to-face. The potential resumption of face-to-face meetings will be re-considered as and when this is feasible.