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

Clinical Policy Engagement & Consultation Panel Meeting

Minutes

Wednesday 28 October 2015, 14.30-16.00

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
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 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

* Denotes voting members

1. Welcome and Introductions

Attendees were welcomed to the meeting and introductions were made.

Ray Chalmers, the new Head of Communications and Strategic Engagement for South Devon & Torbay CCG and successor to Sallie Ecroyd, was welcomed to the group.

2. Declaration of Interests

The Declaration of Interests Register was discussed and updates noted. No specific interests pertinent to the items for discussion on the meeting agenda were declared.

It was agreed that the Register would be made publicly available via the website alongside the Terms of Reference and approved minutes of meetings to ensure transparency.

3. Notes from the meeting 19 August 2015

The group considered the notes from the meeting of the panel held on 19 August 2015 and agreed them to be an accurate record.

The action log was updated as follows:

Action no.	Description and update
15/01	Patient support information to be produced to support the publication of the cataract surgery policy. **This has been completed and published alongside the policy.**
15/02	Patient support information to be produced to support the publication of the hernia policy. **This has been completed and published alongside the policy.**
15/03	Query whether NEW Devon CCG Executive Committee minutes are made publicly available. **This has been queried and a response is awaited from Clare Doble, Head of Corporate Governance.**
15/04	Process flowchart to include a link to where the final clinical commissioning policies are published. **Action completed.**
15/05	Terms of reference to specify that details and outputs from the panel will be in the public domain, and where these will be accessible. **Action completed.**
15/06	Terms of reference and process documentation to be submitted to the CCGs Quality Committees for approval and subsequent publication. **These have been approved by both CCGs and subsequently published via the NEW Devon CCG website. A designated area of the website has been established for publication of details and documentation pertaining to the Clinical Policy Engagement & Consultation Panel. Signposting is in place from the South Devon & Torbay CCG website. It was agreed that minutes of meetings would be published once they had been approved by the Panel.**
15/07	Engagement with the scrutiny committees across Devon to present the final process for consideration. **Now that the CCGs have approved the process and terms of reference, this action can be taken forward.**
15/08	Patient support information to be produced to support the publication of the haemorrhoid policy. **This has been prepared but publication and dissemination is pending the determination of a policy implementation date by DRSS.**
15/09	Group members' availability to be established and a proposed date for the next meeting scheduled. **Action completed.**

4. Update on organisational approval of panel terms of reference and engagement/ consultation process and publication

Rebecca Heayn reported that she had presented the Terms of Reference and process to both CCGs for organisational approval. Whilst the Quality Committees were content to approve from their perspectives, it was stated that future reporting from the Panel should be to the NEW Devon CCG Executive Committee and the South Devon & Torbay CCG Commissioning and Finance Committee. The Terms of Reference have been updated accordingly.

On the advice of the South Devon & Torbay CCG Quality Committee, the Terms of Reference and process were also submitted to the Commissioning and Finance Committee, who subsequently approved them.

A designated area of the NEW Devon CCG website has been established for publication of details and documentation pertaining to the Panel. Chris Peach confirmed that onward signposting is in place from the South Devon & Torbay CCG website.

It was agreed that minutes of meetings would be published once they had been approved by the Panel. The Declaration of Interests Register will also be published to ensure transparency.

Now that the process and Terms of Reference have been formally approved, Rebecca Heayn will work with Jenny McNeill to present to the scrutiny committees across Devon.

5. Discussion and recommendation on Clinical Policy Committee decisions from 16 September 2015

Fluticasone furoate and vilanterol trifenate (Relvar® Ellipta®) combination inhaler for asthma

A summary of the Clinical Policy Committee considerations was given by Chris Roome for the benefit of the panel. It was noted that vilanterol was a new ingredient, but fluticasone was currently available, although at a different potency. Discussions at the Clinical Policy Committee had centred on patient benefit and value for money. Its use in asthma was not recommended routinely due to its place in therapy; new initiations are complex and it is not licensed for switching patients. Potential savings were therefore not great, the complexity in prescribing was acknowledged and the committee were also mindful of the restricted shelf life of 6 weeks.

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?

   In this instance it was noted that the proposed policy was *not* to commission the routine use of fluticasone furoate and vilanterol trifenate combination inhaler for asthma. This did not represent a change from the existing position, but it would provide clarity and consistency on the commissioning position in Devon with regard to use of this combination inhaler for patients with asthma.

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. It was noted that existing alternative treatment options are available. The potential risk to patients of outdated medication due to the short shelf life of the product was discussed. A potential risk was also identified from the lack of interchangeability of doses with existing products. The changes in the types of medication which would be required if use of this combination inhaler was routinely commissioned could be confusing for some patients. There was discussion of whether the potential benefits of the once-daily inhalation compared to the existing treatments had been considered. The CPC lay members felt that this had been adequately covered in the discussions.

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 the acquisition cost of this product was less than that of existing similar products and therefore using this product in preference to others would release funds for other uses without affecting the quality of care for asthma patients. However, the limitations that the restricted licence introduces to the use of the product restrict the total savings anticipated and furthermore the savings could also be negated if the combination inhaler were used inappropriately, i.e. due to its short shelf life. The panel considered that the balance of these aspects was considered adequately.

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

   The group were aware that there are a number of patient groups who may be aware of and in support of the use of this treatment option for patients with asthma. However there was no knowledge of any specific concerns with regard to this treatment, and it was noted that its routine use would not necessarily be in the interests of patients or the Devon health economy. It was acknowledged that the proposed policy position was in harmony with a number of other south-west CCGs.

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

Fluticasone furoate and vilanterol trifenate (Relvar® Ellipta®) combination inhaler for chronic obstructive pulmonary disease

A summary of the Clinical Policy Committee considerations was given by Chris Roome for the benefit of the panel. It was advised that chronic obstructive pulmonary disease (COPD) was generally a condition occurring in later life. There were national recommendations on the approach to treatment that would place Relvar® use in those with more severe disease; a group who tended to experience exacerbations of disease resulting in hospitalisations or courses of oral steroids in the community. The practical use of fluticasone furoate and vilanterol trifenate combination inhaler in COPD was quite different to in asthma. The place in therapy was more clearly defined, one dose level was to be used for all patients for whom an inhaled steroid was appropriate, and the product licence allows for switching in COPD. It was considered it would be relatively straightforward for local doctors to use this product in patients with COPD and the potential cost savings for the Devon health economy were therefore more likely to be realised. The combination inhaler has the same advantage of once-daily inhalation and as there is one dose for COPD titration is not an issue. The committee had considered the risk of pneumonia and noted that this combination inhaler gives the opportunity to provide a lower dose of steroid to patients with COPD. The short shelf-life was considered to be less problematic for this patient group than for patients with asthma.

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 makes an additional treatment option available for people with COPD. The treatment licence also allows for switching. The routine commissioning of fluticasone furoate and vilanterol trifenate combination inhaler for COPD as an additional treatment option may be beneficial to patients as well as offering potential cost savings to the Devon health economy.

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

   There was discussion of the short shelf-life compared to existing treatment options, but it was noted that this was considered to be less problematic for this patient group due to the relative severity of their condition than for patients with asthma. It was noted that there were no complexities with dosing as there was one standard dose for COPD patients. Once-daily inhalation may be beneficial to some patients. However the group felt that the most significant factor surrounding the use of inhalers was ensuring good compliance; patients need to be taught to use their devices correctly for maximal benefit. A negative point raised was that this treatment option required patients to use a different device. There is not interchangeability between treatments and devices, although this issue was not unique to this product. The group stated the importance of matching the device to the individual patient.

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. It has noted that in general there should be a focus on ensuring good inhaler compliance, matching the device to the individual patient and teaching them to use it correctly for maximal benefit.

5. Has the opportunity cost been considered?

   It was noted that discussions had primarily focussed on patient experience and safety rather than specifically on cost savings, but that the product license and prescribing arrangements presented potential cost savings for the Devon health economy which would release funds for other uses without adversely affecting the care of patients with COPD.

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

   The group felt that this was a well-known patient group for whom there was good public support. It was noted that patient support groups were likely to be aware of this as a new treatment option for people with COPD and would support its routine commissioning.

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

Assessment and removal of benign skin and subcutaneous lesions

Jono Board and Mac Merrett advised that this policy recommendation had returned to the Clinical Policy Committee in September, having originally been considered in April. It was clarified that the proposed policy relates only to skin lesions which have been clinically diagnosed as benign, not those suspected of malignancy.

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 numbers of benign skin lesions being unnecessarily removed. The proposed policy places a structured system in place which enables clinicians to decline to refer patients for the removal of benign lesions for cosmetic purposes, unless they fall within specific circumstances. It also promotes equity for patients, where previously there has been variation in the tendency of GPs to refer.

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

   It was noted that patients may have personal concerns regarding their skin lesion. Clinicians should be assuring them that it does not have concerning characteristics and giving them appropriate information, for example what to do if they observe any changes. Where patients are referred, they will have greater certainty as to what they are being referred for, i.e. suspected malignancy. Whilst this might be concerning for patients, it was felt that too often this was not clear to patients until they attended for their hospital appointment. The policy would encourage clearer communication with patients and support appropriate referrals only. A potential negative for older children and teenagers was noted if lesions are not removed and result in teasing or self-consciousness. However it was also acknowledged that there were positive benefits for children in respect of highlighting the need to consider vascular anomalies.

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?

   The policy is expected to reduce referrals for assessment of lesions which are recognised by GPs to be benign, resulting in savings from reduced removals for cosmetic purposes and potentially freeing up capacity in dermatology clinics.

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 concerns regarding benign skins lesions, and felt that the policy would not be controversial if properly explained to patients.

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. They also supported the introduction of clinical referral guidance to enhance doctor/patient engagement.

6. Any other business

There was no other business raised.

7. Date of next meeting

It was suggested that due to the Christmas period, the next meeting should be held in early January 2016. The Clinical Effectiveness Governance Manager will establish availability and contact the group with a proposed date.

ACTION LOG

Action no.	Meeting date	Action description	Lead(s)
15/03	19/08/2015	Query whether NEW Devon CCG Executive Committee minutes are made publicly available. **28/10/2015 update: This has been queried and a response is awaited from Clare Doble, Head of Corporate Governance.**	Chris Roome/ Rebecca Heayn
15/07	19/08/2015	Engagement with the scrutiny committees across Devon to present the final process for consideration. **28/10/2015 update: Now that the CCGs have approved the process and terms of reference, this action can be taken forward.**	Rebecca Heayn/ Jenny McNeill
15/08	19/08/2015	Patient support information to be produced to support the publication of the haemorrhoid policy. **28/10/2015 update: This has been prepared but publication and dissemination is pending the determination of a policy implementation date by DRSS.**	Chris Roome
15/10	28/10/2015	Declaration of Interest Register to be updated and made publicly available via the NEW Devon CCG website	Rebecca Heayn
15/11	28/10/2015	Patient support information to be produced to support the publication of the benign skin lesions policy.	Chris Roome
15/12	28/10/2015	Group members' availability to be established and a proposed date for the next meeting scheduled.	Rebecca Heayn