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

Clinical Policy Engagement & Consultation Panel Meeting

Minutes

Wednesday 6 January 2016, 14.30-16.00

Dart 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
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.

Apologies were noted from Jenny McNeill, Associate, NEW Devon CCG.

2. Declaration of Interests

The Declaration of Interests Register was discussed and updates noted. Jono Broad advised that as from 1 February 2016 he has been appointed as an Associate Non-Executive Director for Northern Devon Healthcare Trust. The website would be kept up-to-date with publication of the latest Declaration of Interests Register. No specific interests pertinent to the items for discussion on the meeting agenda were declared.

Mac Merrett advised that he had been approached with regard to being a patient advocate for the University of Plymouth Dental School. Should this progress he will ensure that an updated declaration is made accordingly.

3. Notes from the meeting 28 October 2015

The group considered the notes from the meeting of the panel held on 28 October 2015 and agreed them to be an accurate record.

The action log was updated as follows:

Action no.	Description and update
15/03	Query whether NEW Devon CCG Executive Committee minutes are made publicly available. **Clare Doble, Head of Corporate Governance has advised that the actions and decisions from the Executive Committee now form part of the Chief Officers report which is presented to NEW Devon CCG Governing Body each month. The first set of public papers will be available to view in the suite of January 2016 Governing Body papers published on the website. Action completed.**
15/07	Engagement with the scrutiny committees across Devon to present the final process for consideration. **Jenny McNeill has put Rebecca Heayn in touch with the various contacts for the Scrutiny Committees across Devon. Individual discussions to be taken forward with each to present the final agreed process for their consideration.**
15/08	Patient support information to be produced to support the publication of the haemorrhoid policy. **This has been completed and published alongside the policy.**
15/10	Declaration of Interest Register to be updated and made publicly available via the NEW Devon CCG website. **Action completed.**
15/11	Patient support information to be produced to support the publication of the benign skin lesions policy. **This has been completed and published alongside the policy.**
15/12	Group members' availability to be established and a proposed date for the next meeting scheduled. **Action completed.**

The group considered the proposed future meeting dates which had been circulated ahead of the meeting. The proposed date of the meeting was rearranged in light of the unavailability of several members; the rest of the dates were agreed as suggested.

The future dates scheduled are:

Wednesday 17 February, 14.00-15.30

Wednesday 23 March, 14.00-15.30

Wednesday 11 May, 14.00-15.30

Wednesday 22 June, 14.00-15.30

4. Discussion and recommendation on Clinical Policy Committee decisions from 2 December 2015

Assisted conception – policy wording amendments for clarification

The panel noted the proposed changes to the assisted conception policy which are for the purposes of providing clarity and ensuring that the policy is unambiguous and transparent. It was acknowledged that the wording amendments were for clarification only and that these did not represent a change to current practice.

The panel were content that earlier considerations relating to the assisted conception policy were still applicable and that the presented wording amendments did not raise any new or additional public interest issues.

The group recommended that no further engagement or formal consultation was required at this point.

Budesonide prolonged release tablets (Cortiment®) for ulcerative colitis

A summary of the Clinical Policy Committee recommendation and considerations was noted by the panel. The CPC lay members advised that this had been an uncontentious and unanimous decision of the Clinical Policy Committee.

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 budesonide prolonged release multi-matrix tablets for ulcerative colitis. This did not represent a change from the existing position, but it would provide clarity of the commissioning position in Devon with regard to use of this treatment for patients with ulcerative colitis.

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; existing alternative treatment options are available.

4. Have the wider consequences on society been considered?

   It was felt that the wider consequences of the proposed policy had been considered. The cost of budesonide is higher than other established oral corticosteroid treatment options and does not demonstrate any significant additional benefits to patients.

5. Has the opportunity cost been considered?

   The group noted the discussion of the clinical and safety evidence and the conclusion that, given the limitations in the evidence, the cost of treatment was considered to not be justified by the effectiveness demonstrated.

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 ulcerative colitis, or with the specific use of budesonide as a treatment option. It was noted that its routine use would not necessarily be in the interests of patients or the Devon health economy.

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

Clindamycin 1%/Tretinoin 0.025% w/w gel (Treclin®) for the topical treatment of acne vulgaris

A summary of the Clinical Policy Committee recommendation and considerations was noted by the panel. The CPC lay members advised that there had been discussion at the committee of the consideration of treatments for conditions which could be described as ‘cosmetic’. However it was acknowledged that there were potentially wider consequences from the non-treatment of acne at this stage, which could result in scarring.

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 moderate acne. The routine commissioning of Treclin® gel as an additional treatment option for moderate acne may be beneficial to patients as well as offering modest cost savings to the Devon health economy.

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

   It was noted that Treclin® gel offers an additional treatment option for patients with acne in primary care. This may mean that some patients avoid referral to secondary care and/or oral isotretinoin treatment and its associated side effects.

4. Have the wider consequences on society been considered?

   The panel particularly discussed whether impacts on antimicrobial resistance had been adequately considered. It was acknowledged that appropriate use of Treclin® gel may limit the development of bacterial resistance. The 12-week restriction on the use of Treclin® is an attempt to prevent antibiotic resistance. After 12 weeks the condition is usually controlled and can be treated with benzoyl peroxide, with subsequent flare ups treated with Treclin®. This had been a good learning point to enable strengthening of formulary guidance on antimicrobial stewardship. It was felt that the wider consequences of the proposed policy had been considered.

5. Has the opportunity cost been considered?

   As well as making an additional treatment option available for patients with acne the policy offers potential modest cost savings to the Devon health economy.

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 acne or the specific treatment recommended. However it was noted that topical antibiotic treatments may often be overlooked by public antibiotic awareness campaigns, which principally focus on oral antibiotics. It was felt that this issue should be communicated to public health and communications colleagues to ensure this is built into future awareness campaigns. Antibiotic resistance advice should also be reinforced via the local formularies.

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

Alogliptin (Vipidia®) for type 2 diabetes mellitus

It was advised that the application for the use of this drug had come from the CCG Medicines Optimisation team rather than from a clinician, having identified the potential cost savings from its acceptance in Devon. The CPC lay members noted that the committee were unanimously in favour of accepting the routine commissioning of this treatment.

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, cheaper treatment option available for people with type 2 diabetes, offering cost savings to the Devon health economy.

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

   It was noted that the acceptance of Alogliptin makes an additional treatment option for patients with type 2 diabetes.

4. Have the wider consequences on society been considered?

   It was felt that the wider consequences of the proposed policy had been considered. This is an area with a large population base and the potential to reduce the growth in spend.

5. Has the opportunity cost been considered?

   The opportunity cost had been considered; the policy is expected to provide an opportunity to reduce the rate of growth in spend in this area without adversely affecting patient care. It was noted that there is a relatively higher spend on the use gliptin therapy in South Devon

and Torbay than in NEW Devon. It was unclear whether this was as the result of a preference for the use of different classes of drug, but the reason for the differences across areas would be queried with the prescribing teams.

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 due to the high profile of diabetes. There was no knowledge of any concerns with regard to the specific treatment or treatment group. 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.

5. Any other business

It was queried whether there was currently any work in progress with regard to E-Cigarettes. It was advised that at present there is no local work underway and it was felt that there should be a national steer on this.

6. Date of next meeting

The next meeting will be held on Wednesday 17 February 2016 from 14.00-15.30 in the CFO Room, County Hall, Exeter or via teleconference.

Post meeting note:

The meeting due to be held on Wednesday 17 February has been cancelled. This is as a result of the rescheduling of the Clinical Policy Committee meeting on 27 January to 24 February, in light of the planned junior doctors strike.

The next meeting will now be held on Wednesday 23 March from 14.00-15.30 in the Dart Room, County Hall, Exeter or via teleconference, at which the recommendations made by the Clinical Policy Committee at its meetings on 24 February and 9 March will be considered.

ACTION LOG

Action no.	Meeting date	Action description	Lead(s)
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.** **06/01/2016 update: Jenny McNeill has put Rebecca Heayn in touch with the various contacts for the Scrutiny Committees across Devon. Individual discussions to be taken forward with each to present the final agreed process for their consideration.**	Rebecca Heayn/ Jenny McNeill
16/01	06/01/2016	Contact to be made with the prescribing teams to query the reason behind the relatively higher spend on the use of gliptin therapy in South Devon and Torbay than in NEW Devon.	Chris Roome