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

Clinical Policy Engagement & Consultation Panel Meeting

Minutes

Wednesday 6 June 2018, 14.00-15.30

CFO Room, County Hall, Exeter and via teleconference

Present:

Ray Chalmers	Head of Communications & Strategic Engagement	South Devon & Torbay CCG
Rebecca Heayn	Clinical Effectiveness Governance Manager	NEW Devon CCG
Mac Merrett*	Lay Public Member, Clinical Policy Committee	
Chris Roome	Head of Clinical Effectiveness	NEW Devon CCG
Jon Taylor	Commissioning and Transformation Manager	NEW Devon CCG
Jennie Willmott*	Lay Member, Patient & Public Engagement	NEW Devon CCG

* Denotes voting members

1. Welcome and Introductions

Attendees were welcomed to the meeting.

Apologies were noted from Chris Peach, Non-Executive Director (Patient & Public Involvement), South Devon & Torbay CCG and Mark Taylor, Lay Public Member, Clinical Policy Committee.

2. Declaration of Interests

No changes to the Register of Interest were advised and no specific interests pertinent to the items for discussion on the meeting agenda were declared.

3. Minutes from the meeting 17 April 2018

The panel considered the minutes from the meeting held on 17 April 2018 and agreed them to be an accurate record.

The action log was updated as follows:

Action no.	Description and update
18/03	To check whether any updates are required to the hernia clinical policy patient support information and ensure this is communicated alongside the revised policy. **The existing clinical policy patient support information for the hernia policy has been checked and it was confirmed that no changes are required. This will be recirculated with the revised policy. Action complete.**

18/04	To contact the local acute trust offering procedures for divarication of recti on their website to make them aware of the revised policy and seek to avoid conflicting messages for patients. **The trust was contacted and has now updated their website to remove divarication of recti. Action complete.**

4. Discussion and recommendation on the Clinical Policy Committee decisions from 23 May 2018

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

A summary of the Clinical Policy Committee recommendation and the background to this treatment was noted by the panel. Relvar Ellipta had been considered previously by the Clinical Policy Committee and was currently accepted for the treatment of Chronic Obstructive Pulmonary Disease (COPD), but not for asthma. It had been reconsidered for asthma following a further application from a specialist but not accepted at that time due to limitations in the product license. However it was agreed that this decision would be further reconsidered if there were changes to the licence to allow switching from other inhalers.

The licensed indications for use of Relvar Ellipta in asthma have recently been extended to allow switching of patients who are already controlled on a combination of inhaled corticosteroid (ICS) and long-acting beta2-agonist (LABA). In light of this the Clinical Policy Committee has now recommended that its routine use is accepted for the treatment of 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?

   It was noted that the CCGs have a current policy position where Relvar Ellipta is not recommended for routine use for the treatment of asthma. However this had been reconsidered following changes to the licence to allow switching from other inhalers, and as a result was now recommended for use in Devon.

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

   It was considered that the availability of this treatment would be positive for some patients with asthma who may particularly benefit from the once daily dosing regimen it provides, rather than the other twice daily options currently available. It was suggested that this may have positive implications for adolescents and for their schools who may support the management of their asthma.

4. Have the wider consequences on society been considered?

   It was felt that there were no wider consequences of the proposed policy; this is an area with no broader impact beyond the individuals involved (and their carers).

5. Has the opportunity cost been considered?

   It was advised that Relvar Ellipta is available at a lower acquisition cost than several other currently recommended ICS/LABA combination treatments, affording the opportunity to reduce expenditure in this area.

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

   It was acknowledged that asthma is a common, long term condition, but the panel were not aware of any specific public concern regarding this condition or the treatment option.

   It was however noted that the Engagement Committee had recently received details of the Asthma Now project, through which there is planned engagement work. It was discussed that this work would not cut across this policy recommendation.

7. What information on the treatment and condition is available to patients via NHS Choices?

   NHS choices does not specifically list Relvar Ellipta combination inhaler as a treatment option for asthma. General information is given on inhalers, including combination inhalers. It is noted that if using reliever and preventer inhalers does not control a person's asthma, they may need an inhaler that combines both. Combination inhalers are used every day to help stop symptoms occurring and provide long-lasting relief if they do occur.

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

Lurasidone for schizophrenia

A summary of the Clinical Policy Committee recommendation and considerations was noted by the panel. The Clinical Policy Committee had considered the use lurasidone for patients with schizophrenia following a request from a consultant psychiatrist from Devon Partnership Trust. The consultant was present for the committee discussion, along with the trust pharmacist. Support for the application had also been received from specialists at Livewell South West.

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?

   It was noted that the request received was for lurasidone to be accepted as another anti-psychotic treatment option. Its use in a small number of patients has been trialled by Devon Partnership Trust via their internal non-formulary management process. It was suggested by the applicant that it would be used as a second-line option where aripiprazole was not suitable. After consideration, the Clinical Policy Committee has not recommended its routine use in Devon for schizophrenia.

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

   It was advised that much of the discussion had focused on the side effect profile of lurasidone in comparison with other existing treatment options. The potential side effect profile of anti-psychotics can be an important consideration determining choice and it was noted that lurasidone has some advantages over alternatives in respect of certain factors.

   However it is significantly more expensive and the committee had concluded that it would not represent good value for the local health economy. In most cases an alternative drug could be chosen which had an acceptable balance of side effects. However the Individual Funding Panel route could be used by clinicians wishing to seek exceptional funding for use of this drug for the treatment of an individual patient.

4. Have the wider consequences on society been considered?

   It was felt that there were no wider consequences of the proposed policy; this treatment is not currently routinely available and there is no proposed change to this position. Other anti-psychotic treatment options are available for patients.

5. Has the opportunity cost been considered?

   Local specialists had estimated that 48 patients across Devon would potentially be considered for treatment with lurasidone. However it was advised that the committee had expressed some concern that if it was routinely accepted in Devon, a potentially large group of patients may be treated in place of alternatives and its use may be more widespread than originally intended. It had been concluded that it would not represent good value for the local health economy and where possible better value alternatives with an acceptable balance of side effects should be used.

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 specific public concern regarding this condition or the treatment options. However a query was raised about how this may align with the current STP work programme relating to learning disabilities and anti-psychotics, which seeks to address health inequalities in this cohort. The STOMP (Stopping Over-Medication of People with a Learning Disability) programme looks as reducing unnecessary anti-psychotic prescribing, although it was acknowledged that some patients may need to remain on treatment. It was questioned whether this treatment could potentially be a better option for this cohort, given that they are often less aware of side effects or unable to take action.

   It was discussed that specific concerns relating to this group of patients had not arisen during the evaluation of this treatment or from discussion with local specialists. However it was suggested that this could potentially be reconsidered if there is any further approach from learning disabilities specialists or if a number of applications are received by the Individual Funding Panel on behalf of patients with learning disabilities for the use of lurasidone.

   After discussion, it was not felt that any further action was required at this time. However Chris Roome would contact Simon Polak, Deputy Chief Nursing Officer to make him aware of the content of discussions in this area as he is involved with the health inequalities work and is also an advisory member of the Clinical Policy Committee.

   ACTION: Simon Polak to be made aware of the content of discussions around learning disabilities and anti-psychotic use.

7. What information on the treatment and condition is available to patients via NHS Choices?

   NHS choices does not specifically detail lurasidone as a treatment option for schizophrenia. It is noted that schizophrenia is usually treated with an individually tailored combination of therapy and medication, and that antipsychotics are usually recommended as the initial treatment for the symptoms of an acute schizophrenic episode.

   Individual drug treatments are not listed, but it is noted that there are two main types of antipsychotics – typical, first generation antipsychotics and atypical, newer-generation antipsychotics – and the potential side effects of each are detailed. It advises that the choice of antipsychotic should be made following a discussion between the patient and their psychiatrist about the likely benefits and side effects.

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

5. Annual Report

Rebecca Heayn presented an overview of the Clinical Policy Engagement and Consultation Panel Annual Report 2017-18.

It was noted that this is the third annual report of the Clinical Policy Engagement and Consultation Panel, setting out the activity of the panel in 2017-18 its governance and operational arrangements. The panel exists to support the CCGs in Devon to determine the need for any further engagement or formal public consultation on clinical policy recommendations made by the Clinical Policy Committee, and sits within the context of the wider engagement processes of the CCGs.

The panel had welcomed Mark Taylor as the new Clinical Policy Committee lay public member from 1 April 2017 and Jon Taylor in February 2018 to support the advisory role fulfilled by Jenny McNeill.

Five meetings were held last year, considering and making recommendations to the CCGs on a total of nine clinical policy recommendations.

On discussion of these recommendations, the panel had been satisfied that the public interest issues had been fully considered and that further engagement or formal public consultation activity would not yield additional insights. However the panel had made some recommendations in relation to specific policy proposals to support the communication and implementation of these across Devon:

- Cryopreservation to preserve fertility - The panel noted that there would be a patient group receiving an ongoing service for which NHS funding would cease at a defined future date depending on their current age. For some this will be entitlement to NHS funding for a longer storage period whilst for others this would now cease sooner than they may have expected.

  It was recommended that patients who currently have cryopreserved material should be informed of the revisions to the policy so that they can understand how this may affect them. The CCGs should engage with the fertility centres in order to identify and communicate with those individuals affected, and this should accompany communication/ publication of the revised policy.

- FreeStyle Libre device for interstitial glucose monitoring in diabetes - The panel felt that due to high levels of interest in the FreeStyle Libre Device from the diabetes community, a letter should be drafted for specialists who run secondary care diabetes clinics clearly explaining the policy position, the reasons for it and where patients can access information on the policy from the CCG.

  This information should also be made available to the CCGs' patient advice and engagement teams to provide the explanation being given to patients who are not eligible for the device due to not meeting the criteria.

Both of these recommendations were agreed and the actions were carried out (following communication with patient advice and experience and communications colleagues) when these policies were published and disseminated.

Clear governance arrangements are in place for the operation of the panel. A register of interests, terms of reference, minutes and meetings arrangements are all made publicly accessible online.

It was proposed that the production of the annual report was a good opportunity to review the terms of reference to ensure that these remain up to date and reflect any changes in committee structures and the reporting arrangements of the panel.

ACTION: Terms of Reference to be reviewed and any proposed changes circulated to the panel members for comment.

The annual report will be submitted to the CCGs for acceptance and assurance via the CCGs' Engagement Committee, and to the Clinical Policy Committee for information. It will then be made publicly available via the NEW Devon CCG website on behalf of both CCGs in Devon.

Rebecca Heayn was thanked for preparing the Annual Report and for the support provided to the panel by the clinical effectiveness team.

A query was raised as to whether there had been much contact in relation to FreeStyle Libre, given that this had achieved a public profile. It was explained that it had been encouraged that all queries in relation to this should be handled by the patient advice and experience team to ensure that these are logged and responded to consistently. The clinical effectiveness team had worked with the PALS administrator to confirm the content of the prepared letter so that the CCGs were ready to respond to any queries in relation to the policy, and also to enable a proactive response to any queries logged to date. The number of contacts via the patient advice and experience team had been identified as one of the measurements on the QEIA for this policy and this data can be monitored or reviewed in conjunction with them at suitable intervals or as required.

It was commented that the recommendations made by the panel had identified important issues and demonstrated the value of the panel discussions. The panel had recognised that unlike most policies which affect future patients, the revisions to the cryopreservation policy would have an effect on a current group of patients and it was recommended that they should be informed accordingly. Local fertility clinics had supported this recommendation, assisting with the preparation of the letter and ensuring that patients were identified and letters sent to them.

It was suggested that it should be highlighted that the information available to patients via NHS Choices is now a key routine consideration of the panel. It was discussed that the adoption of this as a routine consideration had been detailed in last year's Annual Report and is now part of standard process and the public interest questions. However this will be emphasised when the Annual Report is submitted to the CCGs.

It was felt that it should also be highlighted that the communication of commissioning policies includes the community representatives, as well as inclusion in the CCGs' newsletters and bulletins to ensure it reaches a wide audience.

An amendment was agreed to section 3.8 of the draft report to clarify that the Engagement Committees of NEW Devon and South Devon & Torbay CCGs now meet as a "committee in common".

ACTION: Annual Report to be finalised and submitted to the CCGs for acceptance and assurance.

6. Any Other Business

No other business was raised.

7. Date of next meeting

The next meeting is due to be held on Tuesday 14 August 2018 from 2.00pm in the CFO Room, County Hall, Exeter or via teleconference.

ACTION LOG

Action no.	Meeting date	Action description	Lead(s)
18/05	06/06/2018	Simon Polak to be made aware of the content of discussions around learning disabilities and anti-psychotic use.	Chris Roome
18/06	06/06/2018	Terms of Reference to be reviewed and any proposed changes circulated to the panel members for comment.	Rebecca Heayn
18/07	06/06/2018	Annual Report to be finalised and submitted to the CCGs for acceptance and assurance.	Rebecca Heayn