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

Clinical Policy Engagement & Consultation Panel Meeting

Minutes

Wednesday 7 February 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
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG
Jenny McNeill	Associate	NEW Devon CCG
Mac Merrett*	Lay Public 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
Jon Taylor	Commissioning and Transformation Manager	NEW Devon CCG
Mark Taylor*	Lay Public Member, Clinical Policy Committee	
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 Rebecca Heayn, Clinical Effectiveness Governance Manager, NEW Devon CCG.

Fiona Dyroff attended the meeting and took minutes in Rebecca Heayn's absence.

Jon Taylor joined the group. Jon will be sharing the role with Jenny McNeill.

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 12 December 2017

The meeting held on 12 December 2017 was not quorate. The draft minutes of the meeting had been shared via e-mail on 14 December 2017 and agreed by the group electronically in the first instance. The panel was asked to formally approve the minutes of the meeting held on 12 December 2017. The panel considered the minutes from the meeting held on 12 December 2017 and agreed them to be an accurate record.

The action log was updated as follows:

Action no.	Description and update
17/05	Letter to be drafted to inform patients who currently have cryopreserved material 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. This should accompany communication/publication of the revised cryopreservation to preserve fertility policy (subject to approval by the CCGs). 12/12/2017 update: Chris Roome advised the group that a letter had been drafted by the Clinical Effectiveness team to communicate with individuals affected by the revised cryopreservation to preserve fertility policy. This will now be shared with providers for the content and approach to be agreed, and to coordinate the sending of letters with publication of the revised policy. **07/02/2018 update: Subsequently it has been agreed that the partners of patients who have died with cryopreserved material should also receive a letter explaining how the policy may affect them. The CCGs' Strategic Leadership Committee is to decide by the end of March the CCG's policy position regarding funded storage of material for patients who have died.**

4. Discussion and recommendation on the Clinical Policy Committee decisions from 24 January 2018

FreeStyle Libre device for interstitial glucose monitoring in diabetes.

A summary of the Clinical Policy Committee recommendation and considerations was noted by the panel. The Clinical Policy Committee had considered the use of the FreeStyle Libre device for interstitial glucose monitoring in diabetes following a consultant application which proposed the use of the device in patients with type 1 diabetes broadly in line with the guidelines from the Association of British Diabetologists. Two consultants had been in attendance at the meeting to contribute to discussion.

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 advised that the FreeStyle Libre device is an innovative technology which provides an alternative to finger prick glucose testing for people with diabetes which local consultants had proposed for use in defined patient groups. The Clinical Policy Committee has recommended a policy for the use of the FreeStyle Libre device in Devon in a more limited range of specific patient circumstances. Each patient who met the initiation criteria would be offered the device for a 6-month assessment period. If the patient demonstrates the applicable continuation criteria at a 6 month clinical assessment the patient could continue with the device. If the criteria are not met alternative glucose monitoring arrangements would be made.

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

   The panel noted the potential benefit to the patient experience for those who would be eligible for a trial of the FreeStyle Libre device.

   Use of the FreeStyle Libre device may improve the experience for those patients who as a result of a clinical need, are self-monitoring their blood glucose 8 times or more per day as it may reduce the number of finger-prick tests required. This may be more convenient and also preferable for patients, although it will not remove the need for finger-prick tests altogether. It is recommended that patients using the FreeStyle Libre device undertake additional finger-prick blood glucose testing in a number of circumstances such as: to meet

DVLA requirements, during times of rapidly changing glucose levels, when symptoms do not match the device readings, and when hypoglycaemia is reported.

Use of FreeStyle Libre by patients with type 1 diabetes who have a high HbA1c or experience disabling hypoglycaemia could avoid the need for insulin pump therapy if the device results in improved glycaemic control.

The device may also be beneficial and improve the experience for some patients with physical or mental disabilities, and their carers, as it may aid more frequent testing where it is not possible for them to conduct self-monitored (finger-prick) blood glucose tests independently. Frequent finger-prick tests may also be causing them distress. The use of the FreeStyle Libre device may help improve diabetes control in these patients by providing more regular glucose monitoring results.

The agreed criteria will apply to patients of all ages. However, the Clinical Effectiveness team will contact paediatricians to ascertain whether there are any additional areas for consideration for children and progress these through the Clinical Policy Committee.

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.

5. Has the opportunity cost been considered?

   The panel noted that local specialists have estimated that approximately 400 patients across Devon would be eligible under the criteria in total. It is difficult to estimate the overall potential costs or savings from the groups for whom FreeStyle Libre is commissioned as it depends on the current device used, the current level of finger prick monitoring, and by how much this reduces. However:

   - For those who, as a result of clinical need, are self-monitoring their blood glucose 8 times a more per day is it considered FreeStyle Libre may be cost saving against testing strips and lancets.
   - If a trial of the FreeStyle Libre in patients meeting the NICE criteria for insulin pump therapy results in improved glycaemic control it could avoid the need for more expensive insulin pump therapy.
   - Use of the FreeStyle Libre may help improve diabetes control in patients with physical or mental disabilities for whom it is not possible to conduct self-monitored blood glucose tests independently by providing more regular glucose monitoring results. Local specialist estimates suggest fewer than 20 patients Devon wide.

   The panel queried how the FreeStyle Libre Device performed compared to Continuous Glucose Monitoring (CGM) and whether some patients could move from CGM to FreeStyle Libre. However, it was noted that at the current time there is not sufficient clinical evidence to support a policy position on this.

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

   The panel acknowledged that there has been considerable public interest in this technology and that a significant number of enquires had been received from both patients and MPs. A policy position on the circumstances in which the use of the device is accepted for use in Devon will provide clarity for patients and clinicians and ensure a consistent approach for patients across Devon. The policy also provides clarity on the position in respect of continuation for those patients who have already self-funded use of the device. However it is acknowledged that the CCGs may be contacted by patients who are disappointed as they had hoped to use this device but are not eligible under the criteria for NHS funding of the device in Devon.

   The panel noted the interest generated in this technology by local and national patient groups and the manufacturer of the device. The panel also noted the high profile of diabetes and the position taken by other statutory and non-statutory organisations. The panel were

advised that the CCG had consulted the resources produced by the national patient group Diabetes UK. The panel particularly discussed the position taken by other CCGs, the Regional Medicines Optimisation Committee (RMOC) and the Association of British Clinical Diabetologists (ABCD). The panel noted that there was some variation across the country in the decisions taken and that the Devon Policy proposed funding for only some of the groups advanced by the ABCD.

The panel felt that due to high levels of interest in the FreeStyle Libre Device from the diabetes community a letter should be drafted to specialists, and also made available to the Patient Advice and Complains team (PACT), to provide the explanation to be given to patients who are not eligible for the device due to not meeting the criteria. It was agreed that the Clinical Effectiveness Team would draft a letter for local specialists, NEW Devon CCG PACT and also send to Ray Chalmers.

ACTION: Chris Roome to send letter to be drafted by the Clinical Effectiveness Team to local specialists, the NEW Devon CCG PACT and Ray Chalmers.

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

   NHS Choices includes information on the symptoms, causes, treatments and complications of Type 1 diabetes. Patients are advised that as well have having their blood glucose level checked by a healthcare professional every two to six months, they should monitor their own blood glucose levels at home. Factors which may affect blood glucose levels are identified. There is no information on the FreeStyle Libre device.

After considering all the patient interest factors the group recommended that a communication be produced 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.

Jon Taylor left the meeting during the discussion of FreeStyle Libre.

Management of Meibomian cysts (chalazia)

A summary of the Clinical Policy Committee recommendations and considerations was noted by the panel. The Clinical Policy Committee has considered the updated guidance for the management of meibomian cysts (chalazia) following investigation of a recent patient complaint which had highlighted that the current guidance may contain restrictions or criteria which may not be supported by the available evidence base.

The CCGs' current guidance for the management of referrals for meibomian cysts was adopted from the predecessor PCTs by the Devon CCGs in April 2013. The proposed guidance was drafted in consultation with local ophthalmologists. A consultant ophthalmologist had taken part in the discussion.

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 advised that the proposal to replace the current referral guidance for the management of meibomian cysts with a Devon-wide commissioning policy is due to the current guidance containing restrictions or criteria which may not be supported by the available evidence base, such as only treating cysts which interfere with vision if they are located on the upper eyelid. In addition feedback received during the consultation for this policy suggests that some ophthalmologists were not aware of the current position. The unanimous recommendation of the Clinical Policy Committee is to adopt the proposed policy in place of the current referral guidance. The main changes are a removal of the restriction in respect of upper lid only for cysts interfering with vision and removal of the need for patients with cysts interfering with vision to have a cyst persisting for 6 months.

The panel discussed the advice given to patients by private providers and whether this was the same as that being given to those treated in NHS settings. It was suggested that contact be made with Devon Local Optical Committee to ascertain whether a message was needed to private providers and if so who it should come from. It was advised that publication of the proposed policy will remove the current restrictions and criteria and may result in greater awareness of and closer adherence to the policy.

ACTION: Chris Roome to contact the Devon Local Optical Committee about the policy once ratified to ascertain whether further communication was needed to private providers and if so who it should come from.

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

   The updated commissioning policy proposes removal of two restrictions under the existing guidance. This is expected to be beneficial to the experience of patients to whom the current restrictions apply and who would now be eligible for specialist assessment and treatment sooner where a meibomian cyst is interfering with their vision and for whom conservative management has failed. It also provides equity in eligibility for referral for specialist assessment for all meibomian cysts which interfere with vision, irrespective of whether these are on the upper or lower lid. The policy does not consider specific treatment and there are no proposed changes to the current service provision.

   The Clinical Policy Committee had agreed that information be added to the policy for children less than 10 years of age to support GPs who wished to undertake 4 weeks conservative management prior to referral, particularly with smaller cysts not affecting vision and what a GP should do if concerned.

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.

5. Has the opportunity cost been considered?

   The panel noted the uncertainty about whether the proposed policy would increase or decrease activity associated with specialist management of meibomian cysts, however the potential change is considered to be small.

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

   The panel noted the recent challenge to the current guidance but was not aware of any other particular public concern regarding the management of meibomian cysts or their removal.

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

   It was noted that NHS Choices advises that up to 80% of meibomian cysts resolve spontaneously, although this may take a few months.

   NHS Choices provides information on how a patient may conservatively manage meibomian cysts, when to speak to a GP and the procedure to drain the cyst that may be offered.

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 by the panel members.

6. Date of next meeting

The next meeting is due to be held on Tuesday 17 April 2018 from 2.00pm in the CFO Room, County Hall, Exeter or via teleconference.

ACTION LOG

Action no.	Meeting date	Action description	Lead(s)
17/05	11/10/2017	Letter to be drafted to inform patients who currently have cryopreserved material 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. This should to accompany communication/publication of the revised cryopreservation to preserve fertility policy (subject to approval by the CCGs). 12/12/2017 update: Chris Roome advised the group that a letter had been drafted by the Clinical Effectiveness team to communicate with individuals affected by the revised cryopreservation to preserve fertility policy. This will now be shared with providers for the content and approach to be agreed, and to coordinate the sending of letters with publication of the revised policy. **07/02/2018 update: Subsequently it has been agreed that the partners of patients who have died with cryopreserved material should also receive a letter explaining how the policy may affect them. The CCGs' Strategic Leadership Committee is to decide by the end of March the CCG's policy position regarding funded storage of material for patients who have died.**	Chris Roome
18/01	07/02/2018	Letter to be drafted and sent to local specialists, NEW Devon CCG PACT and Ray Chalmers providing the explanation to be given to patients who are not eligible for the FreeStyle Libre device due to not meeting the criteria	Chris Roome
18/02	07/02/2018	Contact to be made with the Devon Local Optical Committee about the policy for meibomian cysts, once ratified, to ascertain whether further communication was needed to private providers and if so who it should come from.	Chris Roome