NHS Devon

NHS Devon Clinical Policy Recommendation Committee

Annual Report

2024-25

One Devon

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Dr Glen Allaway – Chair's Introduction

The Clinical Policy Recommendation Committee (CPRC) has met 4 times in the year 2024-25 rather than the scheduled 6 times. The Committee only meets when the secretariat has produced the briefing documentation and papers to convene a meeting, acting in response to inputs into the process (as described elsewhere in this annual report) which have largely been unchanged. Clearly there are many possible reasons why this may occur, and I think it is necessary to recognise an ICB that was going through a period of significant and prolonged reorganisation. The financial challenge affecting the Devon health system has meant the there is considerable difficulty progressing plans that require financial investment in services. This has been compounded by organisational changes that have been enforced on ICBs as a result of ministerial action. Nevertheless, the Committee has recommended 12 new or updated commissioning policy positions for adoption by the ICB across a diverse range of clinical areas and in response to a range of policy drivers. It is important that the Committee has continued to meet to give a mechanism which enables the ICB to meet its statutory obligations in relation to establishing policy positions.

Last year I reflected on the challenges of securing committed membership to the vital clinical roles on the committee. Unfortunately there has continued to be no progress obtaining permanent members to provide secondary care clinical perspective into the committee's deliberations, although the individual specialities are always consulted as part of the secretariats work up of agenda items and the specialist clinicians are often in attendance. In my Chair's introduction last year I encouraged interested clinicians to come forward to join the Committee and support us to continue this important work on behalf of the patients we serve. This met with success amongst primary care clinicians and after a competitive appointment process the Committee was very pleased to welcome Dr Ben Titford and Dr Felicity Knott to fulfil clinical voting member vacancies on the Committee.

Right at the end of the period that this report relates to the Secretary of State announced changes that entail another large scale reorganisation of the commissioning and service planning parts of the NHS. This will inevitably result in a degree of upheaval for the local system and those who work within it.

The central challenge that the CPRC helps the ICB and the wider Devon health system meet will not change. There will continue to be more demand for healthcare, new and expensive treatments, and constrained funding and resources in the local NHS. By recourse to an appraisal of evidence of effectiveness, the input of clinical opinion and analysis of resource implications of various options, CPRC will play a vital role in guiding the use of precious resources to obtain good value healthcare for the people of Devon.

Dr Glen Allaway
Chair, Clinical Policy Recommendation Committee

Introduction

Through the Clinical Policy Recommendation Committee NHS Devon Integrated Care Board (ICB) discharges its responsibilities for making local decisions about the funding of medicines and treatments in the NHS.

The commissioning organisation has a legal duty to have in place arrangements for making decisions and adopting policies on whether particular health care interventions are to be made available for patients for which the commissioner is responsible. This duty includes the requirement to provide a written statement of the reasons for a general policy on whether a specific intervention is to be made available.

The Committee makes recommendations to the ICB Executive, or appropriate group/individuals with delegated authority, for ratification following discussion of the clinical effectiveness, cost effectiveness and budgetary impact issues.

The Committee makes recommendations to members of the ICB on whether specific treatments represent good value, appropriate, evidence-based choices for adoption into primary care treatment plans via the Formulary and clinical management pathways.

This annual report gives an account of the activity and governance of the Clinical Policy Recommendation Committee in 2024-25.

The process

Committee process and meeting arrangements

The process and organisation of the committee is run by the Clinical Effectiveness Team, NHS Devon and is guided by the National Prescribing Centre principles and rationale for local decision making [now part of the National Institute for Health and Care Excellence (NICE)].

The Terms of Reference of the Committee are included in **Appendix 1**.

Four meetings of the Committee were convened, the agendas for which are shown in **Appendix 2**.

The Committee members' attendance is shown in **Appendix 3**, along with details of guests who attended for the discussion of specific items or to support the work of the Committee, and those attending in the capacity as an observer.

Two meetings were stood down during the early part of 2025 due to very limited evidence reviewer capacity in the team pending the conclusion of recruitment processes.

Declaration of Interests

The Clinical Policy Recommendation Committee operates a formal process for the declaration and handling of conflicts of interests.

Committee members, secretariat, guests and clinical specialists are required to complete a Declaration of Interests form prior to the start of each meeting. This specifies the drug, treatment or technology due to be considered along with details of any comparative products, and the respective pharmaceutical company or manufacturer. It also seeks to capture any interests relating to particular clinical areas where non-drug items are due to be discussed.

Details are also captured and recorded of any other healthcare industry contact members have had since the last meeting.

All declared interests are considered by the Chair and appropriate disclosures made to the Committee at the beginning of the meeting. Where there are no interests to declare, a ‘nil’ return is required.

Following consultation with other members the Chair will decide to what extent a member who has declared an interest should participate in the discussion and determination of the issue. It is recognised that individuals may have some interaction with the healthcare industry and while these should be declared it does not necessarily preclude membership and involvement in discussions.

Members of the Committee should also observe the Nolan Principles of Public Life, as set out in the Constitution.

A record of declared interests is kept by the secretariat and full details are made publicly available in the minutes of the meeting. There were no declared interests at any of the meetings held this year.

Membership

Changes to membership and current vacancies

The Committee welcomed John Trevains, the ICB’s new Deputy Chief Nursing Officer in April 2024, replacing Susan Masters who stepped down from the Committee in December 2023.

In April and November 2024 the group also welcomed Dr Ben Titford and Dr Felicity Knott, respectively, to fulfil clinical voting member vacancies on the Committee.

However long-standing secondary care clinical advisory member vacancies remain.

Paul Foster, Clinical Director of Pharmacy and Prescribing, resigned from the Committee in November 2024 noting that his attendance had been limited, to enable one of the other trust Chief Pharmacists to replace him.

Attendance review

An attendance review was undertaken by the secretariat in November 2024 in line with good governance principles, to ensure the Terms of Reference remain fit for purpose, and to mitigate any risks to the resilience and quoracy of the Committee and therefore its ability to fulfil its functions on behalf of the ICB.

This review was carried out within the wider context of ongoing challenges with recruitment to vacancies, which has been formally identified as an issue in the last two annual reports and escalated within the ICB accordingly. Some progress has been made in filling clinical voting member vacancies, but challenges remain in filling secondary care clinician advisory member roles on the Committee. It was noted that there are similar challenges obtaining secondary care representation on the Formulary Interface Group.

Secondary care clinical advisory members

Although specialists attend as guests for the discussion of specific topics, the Committee noted the usefulness of representation from secondary care as part of the membership of the group in supporting GPs and representing wider hospital perspectives rather than individual specialism views, particularly where there are contentious conversations. It was suggested that this would also ensure full representation across the healthcare community and add weight to decision making.

It was agreed that the new Chief Medical Officer would be approached for assistance in resolving the current lack of secondary care clinical engagement.

Attendance expectations

Committee members are expected to aim to attend all meetings. If a voting member is unable to attend, they are expected to nominate a suitable deputy from among the advisory members of the Committee. Given the outstanding vacancies on the Committee, the attendance of existing advisory members is therefore important to supporting quoracy.

Where voting members have been unable to attend, the secretariat has ensured that suitable deputies have been nominated to delegate for them. This has proved challenging on some occasions due to the limited number and availability of eligible advisory members. It was agreed that members should be expected to stand down if they are unable to attend the required number of meetings. It was suggested that attendance should not be less than 50% of meetings.

Public Health representation

The most recent Public Health representative has now stepped down. Discussions with the Deputy Director of Public Health for Devon County Council acknowledged that the Committee does not require traditional Public Health input as part of the core membership as the skills and responsibilities are already possessed by other Committee members.

Other advisory members

Following discussion it was agreed that commissioning involvement in the Committee should be explored to potentially strengthen the breadth of knowledge of the Committee, including bringing awareness of commissioning context, relevant service considerations, etc to inform the discussions.

It was suggested that including a commissioner on the group may lend practical service organisation considerations to decision making. There would however be potential challenges for an individual commissioner as they are unlikely to possess detailed knowledge across all services. Whilst inviting a specific commissioner for specific discussions might offer a means to overcome this, in practice there are a limited number of commissioners who cover the entire breadth of healthcare activity across hospital care (elective specialities and urgent care), adult and children's services, community based services, mental health, learning disability and neurodiversity; identifying an individual who has a close knowledge of the speciality area under discussion could be problematic.

It was noted that the role of the Committee is to make recommendations based on clinical evidence, cost effectiveness and budget impact which are signed off elsewhere in the organisation and beyond the committee's control. It could be beneficial if service impacts from the commissioner perspective were captured in discussion at the policy recommendation stage rather than becoming apparent later.

Public Involvement and the Clinical Policy Engagement and Consultation Panel

The Committee has two voluntary lay public members, who help to ensure the Committee balances the healthcare needs of specific patient groups with the requirement to resource a comprehensive health service. They serve to assist with the broader public perspective during the decision-making process, ensuring that the public interest is acknowledged and taken into account when the Committee makes its decisions.

The lay public members are also integral to the Clinical Policy Engagement and Consultation Panel, which exists to support the ICB to determine the need for any further engagement or formal public consultation on recommendations made by the Clinical Policy Recommendation Committee.

Meeting approximately three weeks following the Committee, the lay member led panel routinely considers the wider public interest issues to determine the need for any further engagement or formal public consultation on the policy recommendation.

This process and any resulting engagement or consultation precedes the ICB executive decision-making group taking a final decision on whether to ratify a clinical policy recommendation.

Regular updates are reported to the Clinical Policy Recommendation Committee as a standing agenda item.

In addition, the Committee received the Clinical Policy Engagement and Consultation Panel (CPEC) Annual Report 2023-2024. This noted that:

- The panel continues to support the ICB in determining the need for any further engagement or formal public consultation on clinical policy recommendations made by the Committee, prior to a final decision being taken by the organisation.
- Three panel meetings were held during the year, considering seven clinical policy recommendations across a range of topics.
- When the Panel considered the proposed update to the ICB policy for Breast Implant Removal and Replacement they raised some concerns about the future costs the NHS will incur resulting from its duty of care to support patients in medical need including complications from cosmetic surgery which is becoming more normalised across society. In the case of breast implants this work had highlighted that breast implants have a finite lifespan and will therefore nearly always fail at some point. Although the NHS will only fund removal, not replacement, of implants where the original procedure was undertaken privately it was questioned whether the NHS has any ability to recoup costs from private providers. There was concern about the increasing pressures on an already challenged NHS in terms of supporting patients to address medical issues following private cosmetic treatment. It was suggested that this concern and the question relating to cost recovery from the private sector could be raised with the ICB finance team.
- Feedback received emphasised that the approach of the Clinical Policy Recommendation Committee was the best (in having clear and medically appropriate criteria) as there was no mechanism for recovery of costs from private sector providers where the NHS had to step in and provide a subsequent procedure.

Impact Assessment

All Clinical Policy Recommendation Committee policy recommendations are subject to an Equality and Quality Impact Assessment (EQIA) as an integral step in the process of policy formation.

This aims to ensure that decisions are informed by a clear understanding of potential impacts on quality (safety, effectiveness and experience), and potential impacts on equality and health inequalities (access, experience and outcomes).

A flowchart showing the clinical policy governance and approval process is included in **Appendix 4**.

However there have been some changes to the impact assessment process during the year following the ICB review and revision of its processes for EQIA. The secretariat has engaged with the ICB training sessions held in the early part of 2025 and further discussion with the Safety Systems Officer is planned to understand the implications of the new process, which uses the Datix system, in relation to clinical policy recommendations.

Reporting

The Committee makes clinical policy recommendations to the ICB Executive, or appropriate group/individuals with delegated authority, for approval following discussion of the clinical effectiveness, cost effectiveness and budgetary impact issues.

Ratification of any other formal matters arising from the Committee, including changes to terms of reference or process, is similarly undertaken by the ICB Executive, or appropriate group/individuals with delegated authority.

Reporting of any identified risks is undertaken by the Clinical Effectiveness Governance Manager in accordance with the organisation's risk reporting procedures.

Appeals process

The Committee operates an appeals process as set out in **Appendix 5**.

The grounds for appeal are (1) whether fair process has been followed by the Clinical Policy Recommendation Committee in making its recommendation and (2) a material inaccuracy in or omission from the evidence considered by the Committee that would make a substantive difference to the appraisal in relation to the medicine or treatment on which a recommendation was made.

An appeal may be made by the original applicant(s). An applicant is considered to be a clinician who has participated in the process leading to the original recommendation, either through submitting written evidence and clinical views at the appropriate times during the preparation of Committee papers or attending the Committee meeting at which the recommendation was made.

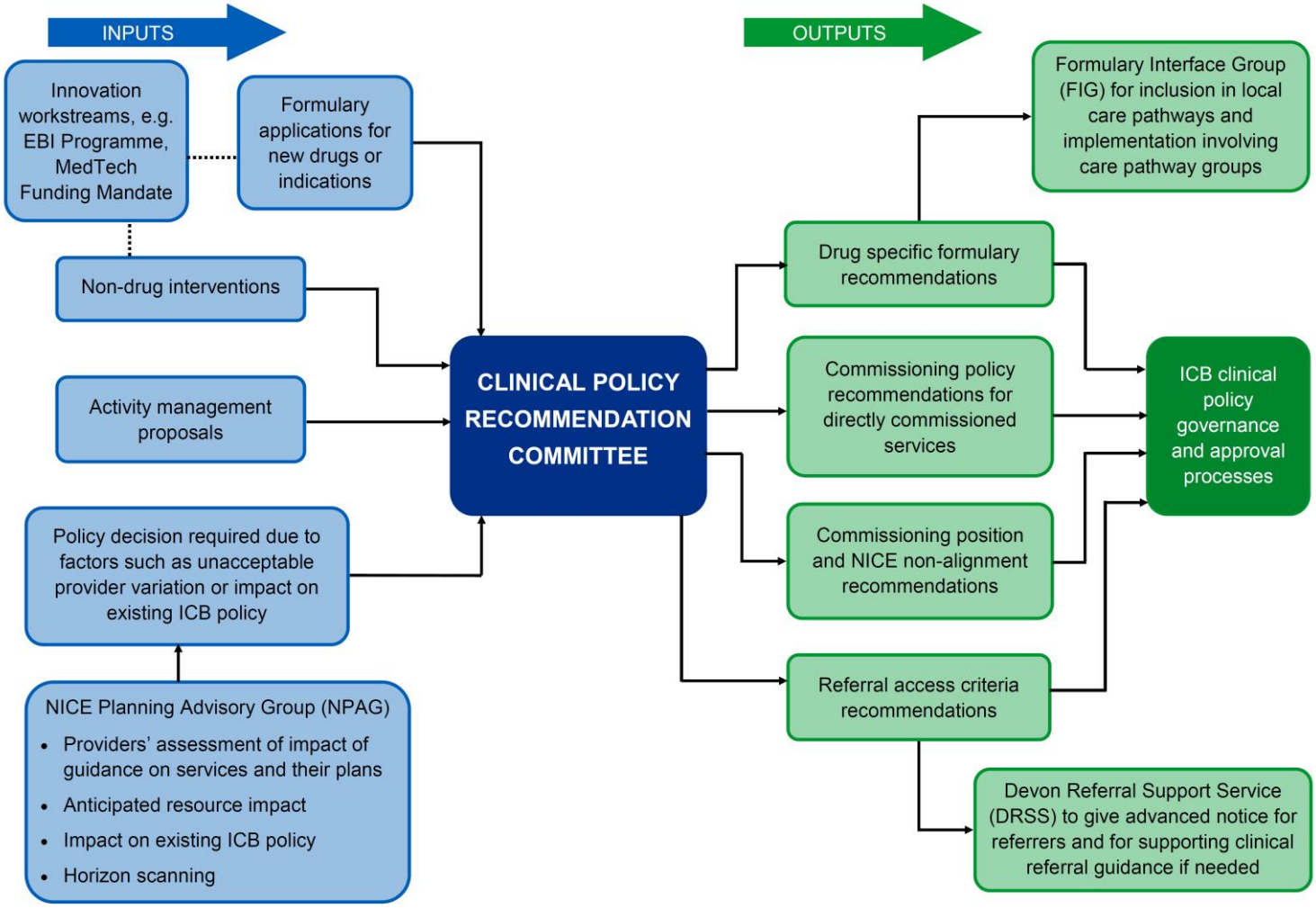
Appeals which are upheld, by a panel of people independent of the original decision, are referred back to the Committee for reconsideration of the original application and the findings of the panel. No appeals have been received during 2024-25.

The work programme

The work programme of the Clinical Policy Recommendation Committee is managed by the Clinical Effectiveness Team, NHS Devon.

The work programme is proactive and responsive to a number of sources as shown in figure 1.

Figure 1: Clinical Policy Recommendation Committee inputs and outputs



NICE Planning Advisory Group (NPAG) updates and annual report

The Committee has continued to receive regular updates as a standing agenda item from the ICB's NICE Planning Advisory Group (NPAG) process. This includes receipt of the minutes and verbal reports from the Chair on the commissioning implications of published Technology Appraisals guidance and other guidelines.

The Committee also received the 2023-2024 NPAG Annual Report, noting that:

- It provides assurance of how the organisation, via NPAG, fulfils its statutory commissioning responsibilities in respect of mandatory NICE Technology Appraisals and Highly Specialised Technologies and considers the resource and service implications for newly published NICE guidance and guidelines.
- Seven meetings of the group were held during the year, receiving 181 reports relating to NICE guidance. Just under half of these related to mandatory guidance, which is prioritised on meeting agendas; the remainder split between clinical guidelines and other technology guidance. The general trend is for a year-

on-year increase in the volume of guidance considered since NPAG was formed in 2013.

- NICE published 214 new and updated guidance and guidelines during the year, mandatory guidance accounting for nearly half of this.
- NPAG routinely considers NICE forward plans of guidance expected to be issued over the next three months and highlights those with the potential to have a significant resource, cost implication or other impact, such as on existing commissioning policy or other commissioning workstreams
- The team produces a monthly NICE bulletin detailing newly published and updated NICE guidance for the month, which is published and widely disseminated for local awareness. It also includes a list of current open NICE consultations for the benefit of those that may be interested in engaging upcoming topics.
- There is ongoing engagement by the team with national guidance and initiatives which link with NICE guidance to be able to support the organisation with relevant actions. The team has also proactively engaged with the NICE consultation on Methods and Processes for including Technology Appraisal recommendations in guidelines as NICE seek to further refine and streamline their processes to understand the potential implications for the ICB and on NPAG processes.
- Specific projects have been undertaken by the team to better understand the usefulness of NICE tools, including their benefits and any limitations and to clarify how they may be best used locally. This included production of two reports on Estimated vs Actual use and the NICE Productivity Resource Report.
- A growth area for NICE has been Healthcare Technology Evaluations which set out conditional recommendations for the early use of technologies in the NHS, alongside an evidence generation plan to support a full recommendation for use of the technology to be made at a later point. Topics selected are for technologies that address a clinical, system or service user problem as suggested by NHS England and stakeholder engagement, and where their adoption is expected to have the most impact and add value to the health and social care system.
- The group is conscious of the potential future challenges for the local health system which could result from technologies which are conditionally supported for use subsequently not being recommended for routine adoption in the NHS. Information collated by the NPAG process in terms of local uptake will be helpful in understanding any future implications.
- NICE carried out a consultation on their proportionate approach to TAs. The approach, which looks to speed up the TA process and increase capacity, will be incorporated into the health technology manual as part of standard process and methods. This faster turnaround clearly has the potential to increase the rate of NICE output further.

Devon Formulary Interface Group (FIG) annual report

The Committee received the Devon Formulary Interface Group (FIG) Annual Report 2023-2024, noting that:

- The FIG delivers the Devon Formulary to promote prescribing which is safe, clinically appropriate, and cost-effective in both primary and secondary care by providing guidance on locally recommended treatment choices. It is also responsible for deciding whether a medicine requires formal “Shared Care” guidelines and for agreeing the clinical content of those guidelines.
- Following instruction from the NICE Planning Advisory Group, 70 Technology Appraisals and nine HSTs were added to the Formulary during the report period. In addition, the FIG agreed the formulary entry for lurasidone for schizophrenia, which was included in the Formulary once the final policy was ratified.
- The extent of updates to treatment guidance and product recommendations considered over the year was wide ranging and included several clinical areas such as atrial fibrillation, COVID-19, insomnia, and type 2 diabetes mellitus. Formulary updates had supported significant cost saving opportunities totalling over £1million in year. When taking decisions about inclusion of treatments in the Formulary, the FIG is mindful of environmental issues such as plastic and waste.
- The new Devon Formulary and Referral website was launched in October 2023. It is working well and is a highly regarded and useful resource.
- Due to a combination of change to the new website, a third-party website developer, and a change in the way data are reported and analysed within Google Analytics, it has not been possible to analyse formulary user data in the same way as in previous years. However, the Formulary Team is working with the new website developer to identify and produce data that is meaningful to the ICB. Data available from prior to the new website launch show a continued increase in page views from 133,716 in April 2023 to 155,392 in October 2023.
- In year, several changes to the FIG membership took place. However secondary care representation remains low, with only one consultant representative position currently filled. There are four consultant representative vacancies on the Devon FIG and work is ongoing to recruit additional consultant members. This issue has been escalated internally within NHS Devon. The FIG undertake several Section Reviews each year and specialist feedback during consultations is key to allowing meaningful discussions. At times, specialist engagement has been difficult to obtain, leading to challenges when considering a section review or product recommendation. It is hoped that this can be improved with greater consultant representation on the FIG to follow up/encourage colleagues within the trusts.

Communication

Commissioning policies

All commissioning policies are made publicly available on the NHS Devon website.

A communication framework is in place for the timely and effective dissemination of concise, targeted information to the key individuals and groups who need to know about the decisions.

This operates in accordance with the principles previously agreed with the Planned Care Control Centre to ensure clarity of the respective routes and responsibilities for communication across the local health community.

The approach ensures effective internal communication with relevant colleagues to plan communications, and promotes a consistency of approach to ensure accuracy, clarity, timeliness, and the appropriateness of information shared.

The agreed communication process also ensures that the NHS Devon patient experience team is fully aware of the publication of a clinical policy and any other relevant or supporting information to enable them to be prepared and best able to respond to any patient or public queries.

Governance documentation

Full details of the Clinical Policy Recommendation Committee including governance documentation is publicly accessible via the NHS Devon website. This includes minutes of meetings, the terms of reference, the appeals process and annual reports.

Commissioning recommendations

Recommendations made by the Clinical Policy Recommendation Committee in 2024-25 and approved by the ICB are as detailed below:

Policy area	Date of CPRC recommendation	Date of publication	Final commissioning decision
Tonsillectomy	17 April 2024	8 July 2024	Confirms the circumstances under which tonsillectomy will only be routinely commissioned in Devon. *Review and update of previous policy with regard to Academy of Medical Royal Colleges Evidence Based Interventions Guidance on tonsillectomy to provide greater clarity on tonsillectomy following quinsy.*
Radiofrequency ablation for Barrett's oesophagus	17 April 2024	Policy retired 27 June 2024	Policy reviewed and agreement to retire.
Alogliptin for type 2 diabetes	17 April 2024	Policy retired 27 June 2024	Policy reviewed and agreement to retire.
Insulin Degludec for use in patients with type 1 diabetes	17 April 2024	Policy retired 27 June 2024	Policy reviewed and agreement to retire.
Continuous glucose monitoring in diabetes	26 June 2024	29 September 2023	Confirms the circumstances in which CGM in diabetes is routinely commissioned in Devon. *Review and update of previous policy in light of updated NICE NG18 recommendations on when real time CGM should be offered for children and young people with type 2 diabetes.*

Policy area	Date of CPRC recommendation	Date of publication	Final commissioning decision
Guanfacine for attention deficit hyperactivity disorder (ADHD) in adults	26 June 2024	*pending*	The routine commissioning of guanfacine is not accepted in Devon for the treatment of attention deficit hyperactivity disorder (ADHD) in adults. *Consideration of the use of guanfacine for ADHD in adults to provide clarity on whether or not treatment can be continued into adulthood for patients initiated whilst under child and adolescent services, as well as in adults who have not been previously treated with guanfacine.*
Myringotomy (with or without grommet insertion) and adjuvant adenoidectomy in children under 12 years with otitis media with effusion	26 June 2024	14 November 2024	Confirms the criteria under which myringotomy/grommets with or without adjuvant adenoidectomy for the management of otitis media in children under 12 years will be funded in Devon. *Review and update of previous policy in light of an update to NICE recommendations on the use of surgery for OME (NG233).*
Opicapone for Parkinson's disease	4 September 2024	3 January 2025	The routine commissioning of opicapone for Parkinson's disease is accepted in Devon. *Review and update of previous policy following an application from local specialists to consider opicapone as a first line treatment option, alongside entacapone.*
Open Magnetic Resonance Imaging (MRI) Scanning	4 September 2024	5 September 2024	Confirms the circumstances under which referral for open MRI scanning of greater than 0.5T is commissioned in Devon as an alternative to conventional MRI in secondary care. Standing, upright, weight-bearing or positional MRI will not be commissioned. *No clinical change. Agreed to retain without change following a review to assess its relevance and the ongoing need for the policy. Update to governance/version history only.*

Policy area	Date of CPRC recommendation	Date of publication	Final commissioning decision
Ferric maltol for iron deficiency anaemia in inflammatory bowel disease	13 November 2024	29 January 2025	A 4-week trial of ferric maltol is routinely commissioned for the treatment of iron deficiency anaemia in patients with inflammatory bowel disease in whom 2 standard oral iron preparations have been ineffective or not tolerated. If following a 4-week course of treatment, a clinically acceptable haematological response has been achieved, treatment may continue for a further 12 weeks. *Consideration of the use of ferric maltol in Devon following an application from local gastroenterology specialists to consider its use in patients who have failed or are intolerant to standard oral iron preparations and who otherwise would need to receive intravenous iron.*
Fluticasone propionate and azelastine nasal spray for allergic rhinitis	13 November 2024	31 January 2025	Fluticasone propionate and azelastine nasal spray is routinely commissioned for the management of moderate to severe symptoms of allergic rhinitis where allergy specialists (adult immunology services or specialists in paediatric allergy management) have optimised treatment with standard combination therapies. *Review and update of existing policy following an application from local child and adult immunology services to reconsider the use of Dymista in Devon.*
Clindamycin 1%/Tretinoin 0.025% w/w gel for the topical treatment of acne vulgaris	13 November 2024	Policy retired 21 November 2024	Policy reviewed and agreement to retire.

Conclusion

Through the Clinical Policy Recommendation Committee, NHS Devon ICB has discharged its responsibility for making local decisions about the funding of medicines and treatments for patients in Devon.

The Committee has considered evidence assessments and reports resulting in 12 new or updated commissioning policy recommendations in 2024-25.

The items considered by the committee resulted from a range of inputs, including updated NICE guidance, Academy of Medical Royal Colleges Evidence Based Interventions Guidance, acknowledged changes in clinical practice, and requests from local clinicians for the use of specific treatments to be considered for patients in Devon.

There was also the agreement to retire four existing commissioning policies following review conducted as part of the routine management of clinical policies. Routine review processes ensure that clinical policies are kept up to date and there is clarity on their ongoing need and relevance to the local health system.

An attendance review was undertaken in line with good governance principles, to ensure the Terms of Reference remain fit for purpose, and to support mitigation of any risks to the resilience and quoracy of the Committee and therefore its ability to fulfil its functions on behalf of the ICB.

Although progress has been made in filling clinical voting member vacancies on the Committee, challenges still remain in filling secondary care clinician advisory member roles on the Committee despite previous escalation. Obtaining secondary care representation is not an isolated challenge to this Committee but has also been escalated as a concern for the Devon Formulary Interface Group.

Appendix 1

NHS Devon

Clinical Policy Recommendation Committee Terms of Reference

Purpose

The Clinical Policy Recommendation Committee exists to enable the Integrated Care Board (ICB) for Devon to discharge its responsibilities for making local decisions about the funding of medicines and treatments in the NHS.

The commissioning organisation has a legal duty to have in place arrangements for making decisions and adopting policies on whether particular health care interventions are to be made available for patients for which the commissioner is responsible. This duty includes the requirement to provide a written statement of the reasons for a general policy on whether a specific intervention is to be made available.

Role

To make policy recommendations to the ICB Executive Committee, or appropriate group with delegated authority, for ratification following discussion of the clinical effectiveness, cost effectiveness and budgetary impact issues.

Responsibilities

- To make recommendations to the to the ICB Executive Committee, or appropriate group with delegated authority, on whether specific treatments represent good value, appropriate, evidence-based choices for adoption into primary care treatment plans via the formulary and clinical management pathways.
- To provide a written rationale for the determination of commissioning decisions and recommendations.
- To establish processes for the dissemination of commissioning decisions and recommendations, including the publication of decisions on publicly accessible websites.
- To make recommendations for commissioned services in the context of non-alignment with non-mandatory National Institute for Health and Care Excellence (NICE) guidelines.

- To note reports from the NICE planning processes on the commissioning implications of published Technology Appraisals and Clinical Guidelines.
- To note reports from the Devon Formulary Interface Group.

Membership

The committee will comprise members as follows:

- Registered Clinical Professionals (x8) appointed by the ICS
- Lay Public Members (x2)
- Nursing and Quality (x1)
- Contracting (x1)
- Devon ICB Head of Clinical Effectiveness (x1)
- Devon ICB Head of Medicines Optimisation (x1)
- Secondary Care Clinician (x4) from NHS trusts in Devon
- Secondary Care Chief Pharmacist (x1)

The eight nominated Registered Clinical Professionals will act with delegated executive authority to make commissioning recommendations (voting members).

The other committee members will contribute to the decision-making process in an advisory capacity.

The committee includes lay membership to ensure the public interest is reflected in decision making.

Chair

A Chair shall be nominated by the ICS Medical Director.

It is the role of the Chair of the Committee to confirm that the members have all the relevant competencies in order for the Committee to undertake the business on the agenda. The committee membership will reflect the descriptions provided in the Local decision-making Competency Framework of the National Prescribing Centre (now part of the National Institute for Health and Care Excellence (NICE)), whilst recognising that the scope of the Clinical Policy Recommendation Committee extends beyond that of medicines. Members will be expected to contribute the competency sets summarised in Appendix 1.

Quorum

The quorum will consist of half of the members being present to include a minimum of four voting members. The chair will ascertain who the voting members are before transacting committee business.

Attendance and deputies

Voting members may nominate deputies, who should be current, non-lay, advisory members of the committee. A deputy can only deputise for one voting member at any given meeting.

Deputies may also attend the committee to represent non-voting members. It is the responsibility of the committee member to ensure that the deputy is appropriately briefed and possesses the required competencies.

When the Chair anticipates being absent, they will nominate an existing committee member to deputise for that meeting. Otherwise the committee will nominate a Chair from those committee members present on the day.

Committee members are expected to aim to attend all meetings. Attendance will be monitored on a rolling annual basis by the secretariat and any identified low attendance (less than ⅔) highlighted to the Chair to follow up with the member. Attendance should not be less than 50% of meetings.

Follow up will be at the Chairs discretion but will take into consideration such matters as the reasons for non-attendance, any issues with fulfilling the role, and the nomination of a suitable deputy for planned non-attendance.

Administration

The frequency of meetings shall be determined by need, but it is expected that there will be six meetings per year.

Meetings may be held face-to-face or virtually via Microsoft Teams.

A secretariat from the Clinical Effectiveness Team will provide administrative, professional and technical support such as taking minutes, recording and following up administrative actions, and presenting scientific and professional assessments to the committee.

Minutes will be produced and published on the website following approval at the subsequent meeting.

Declarations of Interest

All members of the committee and attendees will be expected to complete a declaration of interests. The Chair will consider these and ensure that declarations are made known to the committee members to indicate the nature and extent of any potential conflicts of interest.

The Chair has responsibility for agreeing how to manage any conflict of interest in the context of the meeting. Possible actions may include, but are not limited to:

- Asking conflicted individuals to leave the meeting when the relevant matter(s) are being discussed.

- Allowing conflicted individuals to participate in some of the discussion but excluding them from developing recommendations and decision-making on the matter(s). For example, this may be appropriate where the individual has important relevant knowledge and experience of the matter(s) under discussion, which it would be of benefit for the meeting to hear.
- Noting the interest but allowing the individual to remain and participate in both the discussion and in any decision-making.

All declarations of interests will be reported in the minutes, along with details of any resulting actions and how any identified conflicts were agreed to be managed within the context of the meeting. A register of all interests will be kept by the committee secretariat.

Observers

The committee is not a public meeting and as such is not open to general members of the public and commercial representatives. Observers are welcomed in their capacity as a healthcare professional, or an individual otherwise involved in supporting the local health community, to enhance their understanding of the committee for the benefit of their role.

Attendance at a committee meeting as an observer is by prior agreement with the secretariat, and it is expected that this would be at the request of, and accompanying, a committee member.

Conduct of business

Decision making will comprise two stages:

- All members of the committee may participate in discussions and debate about the possible outcomes of a commissioning decision.
- Final policy recommendations will be formed through a voting process of the Registered Clinical Professionals with delegated executive authority (voting members). Where the Chair is a voting member, they have the option to retain their vote or to delegate this. This is to be declared at the start of the meeting. Where a consensus is not apparent the Chair will consider whether further discussion is likely to lead to a consensus before taking a majority view from the voting members to be final. In the absence of a majority view further debate will continue until a majority view can be obtained. At the Chair's discretion a secret ballot may be held.

Decisions will be reached after considering an assessment of the information which is known about the proposed intervention. This will be presented in a standardised format and will present information on:

- The reason for the proposal – clinical need and impact on patient care
- Technical details of the intervention
- Details of the health problem for which the intervention is proposed, including an estimate of likely numbers affected
- National strategic direction

- Evidence supporting efficacy of the intervention
- Information known about the safety of the intervention
- Current service
- Details of stakeholder engagement undertaken in relation to the intervention or service
- Cost effectiveness and resource impact

Where a product contains the same active ingredient and delivers a therapeutically equivalent dosage to an existing formulary product in a cost advantageous manner the formulary team should make proposals to the Formulary Interface Group (FIG) directly about inclusion or exclusion of the product. Deletions from the formulary which would cause a tension with NICE guidance, existing clinical commissioning policy, NHS England policies or result in inequity of access across Devon to specific pharmacologically active therapies should be referred to the Clinical Policy Recommendation Committee.

The diversity of work managed by the committee will require specialist input in order to cover all facets and interests. Therefore clinical specialists and service providers will be invited to attend the committee to present the case for commissioning and contribute to the decision-making process.

Clinical policy decisions are effective from the date of publication.

Appeals

The committee will operate an appeals process in respect of recommendations made by the committee. A panel of people independent of the original decision will be constituted to decide on the validity of the appeal. Appeals which are upheld will be referred back to the committee for reconsideration.

Accountability and Reporting

The committee will make its policy recommendation to the ICB Executive Committee, or appropriate group with delegated authority, for ratification and acceptance as commissioning policy of NHS Devon ICB.

The committee will report to the ICB Executive Committee, or appropriate group with delegated authority.

Review

The Terms of Reference will be reviewed annually.

Appendix 1: Roles and Responsibilities

Specific responsibilities of members of the Clinical Policy Recommendation Committee

Committee Role	Responsible Functions
Chair	**Facilitates decision making process** Agreeing agenda. Ensuring appropriate range of competency exists within the Committee. Draws together differing expertise and opinions. Communicates complex decisions in a manner that reflects Committee responsibility using language understood by all audiences. **Committee (internal) communication** Communicates within the Committee to ensure that relevant views are considered at appropriate points in the meeting. **Deliberation, reasoning and ethical judgment** Ensure clear articulation of reasons for and against a proposal.
All	Engagement in deliberative processes to support ethical judgment in decision making. Understands and questions personal assumptions and assumptions of other members of the committee. Understanding of the organisations' ethical framework. Understands the wide variety of evidence and the role it may play in making judgements.
Voting Members	Engage in and facilitate deliberative processes to support ethical judgement in decision-making. Make a population-based commissioning decision based upon judgment and opinion formed in the deliberative processes. Ensure that commissioning decisions are recognised by the Devon Integrated Care Board.
Head of Clinical Effectiveness	Understand the assessment of evidence and issues important in the interpretation of clinical evidence and cost effectiveness information. Understands quantitative and qualitative research methodologies. Ability to engage in technical clinical discussions with clinicians. Ability to compare needs and benefits of treatments across groups of patients within the context of the health needs of the population.

	Understands the appropriate use of data sources used to inform the decision-making process. Understand epidemiological data and its appropriate use in decision making. Ability to assess and compare the needs of individual patients or groups of patients within the overall context of the health needs of the population. Understands and has access to sources of relevant clinical economic and population information including information provided by stakeholders.
Head of medicines optimisation & Secondary care chief pharmacist	Specialist knowledge on range of procurements and supply systems for medicines. Specialist knowledge on the licensing, legislation and systems governing prescribing, supply and administration of medicines and treatments. Understands the principles and governance arrangements necessary for the safe and effective use of medicines.
Secondary care clinicians	Bring an understanding of the general processes of care across the broad range of secondary care clinical specialisms and support services. Understanding of secondary care internal operational mechanisms and how they interface with primary care. Facilitation of communication between the committee and its secretariat with clinical specialists in secondary care. The promotion of secondary care clinical specialist participation in the process of clinical commissioning policy formation. The promotion of commissioning decisions into practice at secondary level and their monitoring.
Contracting	Understands the financial and contractual arrangements across the range of service providers. Assesses the contractual and financial implications of decisions and imbeds the commissioning intent into the contracting processes. Understands the relationship between finance and commissioning. Understands the interdependence of the local health economy and takes into consideration the impact that changes made in one part may have on other parts.
Nursing and Quality	Understands the principles of safe and effective commissioning.

	Understand the governance and safety arrangements that may be necessary to ensure the intervention or service is commissioned appropriately. Ability to summarise succinctly, with underpinning evidence, complex legislative, governance and safety implications to inform decision making. Understands the impact on quality of care, resources and expenditure that a proposal may have. Understands the NHS requirements for engagement with patients and the public and where appropriate the use of formal consultation.
Lay Public Members	Ensures that in all aspects of the Committee business the public interest of the local population is represented in discussion and decision making. Brings an understanding of what patients, carers and the public may consider to be important when considering the advantages, disadvantages and availability of treatments. Ensures an open and accountable debate which is inclusive of all sectors of the community we serve. Brings an appreciation of the benefits to the community as a whole of an inclusive, patient centred local NHS that uses its resources fairly and wisely.
Clinical Effectiveness professional and scientific support	**Assessment of evidence** Scopes the problem to identify best available evidence. Synthesises evidence from a range of standard sources. Maps epidemiology of the disease in question. Assesses impact of different options at individual patient, pathway, and population level. Interprets and presents the clinical and non-clinical evidence so the Group members can understand the process. Writes and presents reports clearly and succinctly using appropriate terminology that the committee can understand. **Financial and commissioning information data** Summarises financial, contractual and performance data. Communicates options and works with commissioning, contracting and finance staff following the meeting to ensure the commissioning intention is realised. **External Communication and engagement** Engagement with stakeholder groups. **Governance and Safety** Assess evidence relating to safe use of the technology. Assess the impact of procurement and supply arrangements.

	Assess the impact on patient adherence with treatment. Presents information in a format understood by decision-making group.
Secretariat	**Administration** Administers the decision-making process to ensure the Committee meets at appropriate times, members have the relevant information, actions and decisions are recorded. Ensuring compliance with legal and ethical responsibilities relevant to local decision making. Information governance, data protection, management of documents and records. Organise agenda, plan meetings, circulate papers, record keeping, post meeting actions. Produce and distribute minutes. Maintain audit trail of documents. Enquiry handling. **Screening Requests** Assessment of topic for suitability for submission to Committee. Identify when written submission is lacking essential information. Knows about the suite of existing commissioning policies. **External Communication and engagement** Engagement with stakeholder groups. Communication of decisions. Handles Freedom of Information (FOI) requests.

(Reference: Local decision-making Competency framework – for groups involved in making local decisions about the funding of medicines and treatment in the NHS, National Prescribing Centre 2012)

Appendix 2

CLINICAL POLICY RECOMMENDATION COMMITTEE AGENDAS

Wednesday 17 April 2024, 09.30-11.00

No.	Item	Lead	Appendix	Time
1	Welcome and announcements • Welcome to new members • Apologies • Confirmation of voting members • Declarations of Interests • Notification of Any Other Business	Glen Allaway	Verbal	09.30
2	Approval of previous minutes Review of actions and matters arising	Glen Allaway	Appendix 1	09.35
Items for commissioning recommendation				
3	Tonsillectomy for quinsy	Amy Rice	Appendix 2	09.40
Other items for consideration				
4	Review of commissioning policy for Radiofrequency ablation for Barrett's oesophagus	Rebecca Owen	Appendix 3	10.05
5	Review of commissioning policies for drug treatments for diabetes	Rebecca Owen	Appendix 4	10.15
6	Update from NICE Planning Advisory Group (NPAG)	Chris Roome	Appendices 5a, b and c	10.30
7	Update from Clinical Policy Engagement and Consultation Panel (CPEC)	Mac Merrett	Appendix 6	10.45
8	Clinical Policy Recommendation Committee Annual Report 2023-24	Rebecca Owen	Appendix 7	10.50
9	Any Other Business		Verbal	11.00

Wednesday 26 June 2024, 09.30-11.30

No.	Item	Lead	Appendix	Time
1	Welcome • Apologies • Confirmation of voting members • Declarations of Interests • Notification of Any Other Business	Glen Allaway	Verbal	09.30
2	Approval of previous minutes Review of actions and matters arising	Glen Allaway	Appendix 1	09.35
3	Implications of NICE TA943 and NG18 on the existing NHS Devon commissioning policy for continuous glucose monitoring in diabetes	Nic Perrem	Appendix 2	09.40
Items for noting				
4	TA943: Hybrid closed loop systems for managing blood glucose levels in type 1 diabetes	Rebecca Owen	Appendix 2a	09.45
Items for commissioning recommendation				
5	NG18: Diabetes (type 1 and type 2) in children and young people	Nic Perrem	Appendices 2b, 2c & 2d	09.50
6	Guanfacine for attention deficit hyperactivity disorder (ADHD) in adults	Amy Rice	Appendix 3	10.10
Break (5 minutes)				
7	Myringotomy (with or without grommet insertion) and adjuvant adenoidectomy in children under 12 years with otitis media with effusion	Amy Rice	Appendix 4	10.40
Other items for consideration				
8	Update from NICE Planning Advisory Group (NPAG)	Chris Roome	Appendices 5a & 5b	11.10
9	Update from Clinical Policy Engagement and Consultation Panel (CPEC)	Mac Merrett	Appendix 6	11.20
10	Clinical Policy Engagement and Consultation Panel Annual Report 2023-24	Rebecca Owen	Appendix 7	11.25
11	Any Other Business		Verbal	11.30

Wednesday 4 September 2024, 09.30-11.00

No.	Item	Lead	Appendix	Time
1	Welcome • Apologies • Confirmation of voting members • Declarations of Interests • Notification of Any Other Business	Glen Allaway	Verbal	09.30
2	Approval of previous minutes Review of actions and matters arising	Glen Allaway	Appendix 1	09.35
Items for commissioning recommendation				
3	Opicapone for Parkinson's disease	Nic Perrem	Appendix 2	09.40
Other items for consideration				
4	Review of Open Magnetic Resonance Imaging (MRI) Scanning policy	Rebecca Owen	Appendix 3	10.10
5	Update from NICE Planning Advisory Group (NPAG)	Chris Roome	Appendix 4	10.25
6	NICE Planning Advisory Group (NPAG) Annual Report 2023-24	Grace McMahon	Appendix 5	10.35
7	Update from Clinical Policy Engagement and Consultation Panel (CPEC)	Mac Merrett	Appendix 6	10.50
8	Any Other Business		Verbal	11.00

Wednesday 13 November 2024, 09.30-11.30

No.	Item	Lead	Appendix	Time
1	Welcome and introduction • Welcome to new members • Apologies • Confirmation of voting members • Declarations of Interests • Notification of Any Other Business	Glen Allaway	Verbal	09.30
2	Approval of previous minutes Review of actions and matters arising	Glen Allaway	Appendix 1	09.35
Items for commissioning recommendation				
3	Ferric Maltol (Feraccru®) for iron deficiency anaemia in inflammatory bowel disease	Nic Perrem	Appendix 2	09.40
4	Dymista® (Azelastine hydrochloride and fluticasone propionate) nasal spray for allergic rhinitis	Nic Perrem	Appendix 3	10.10
Break (5 minutes)				
Other items for consideration				
5	Clindamycin 1%/Tretinoin 0.025% w/w gel (Treclin®) for the topical treatment of acne vulgaris	Rebecca Owen	Appendix 4	10.45
6	Attendance review	Rebecca Owen	Appendix 5	10.55
7	Update from NICE Planning Advisory Group (NPAG)	Chris Roome	Verbal	11.10
8	Devon Formulary Interface Group (FIG) Annual Report 2023-24	Darren Wright	Appendix 6	11.15
9	Any Other Business		Verbal	

Appendix 3

ATTENDANCE OF COMMITTEE MEMBERS

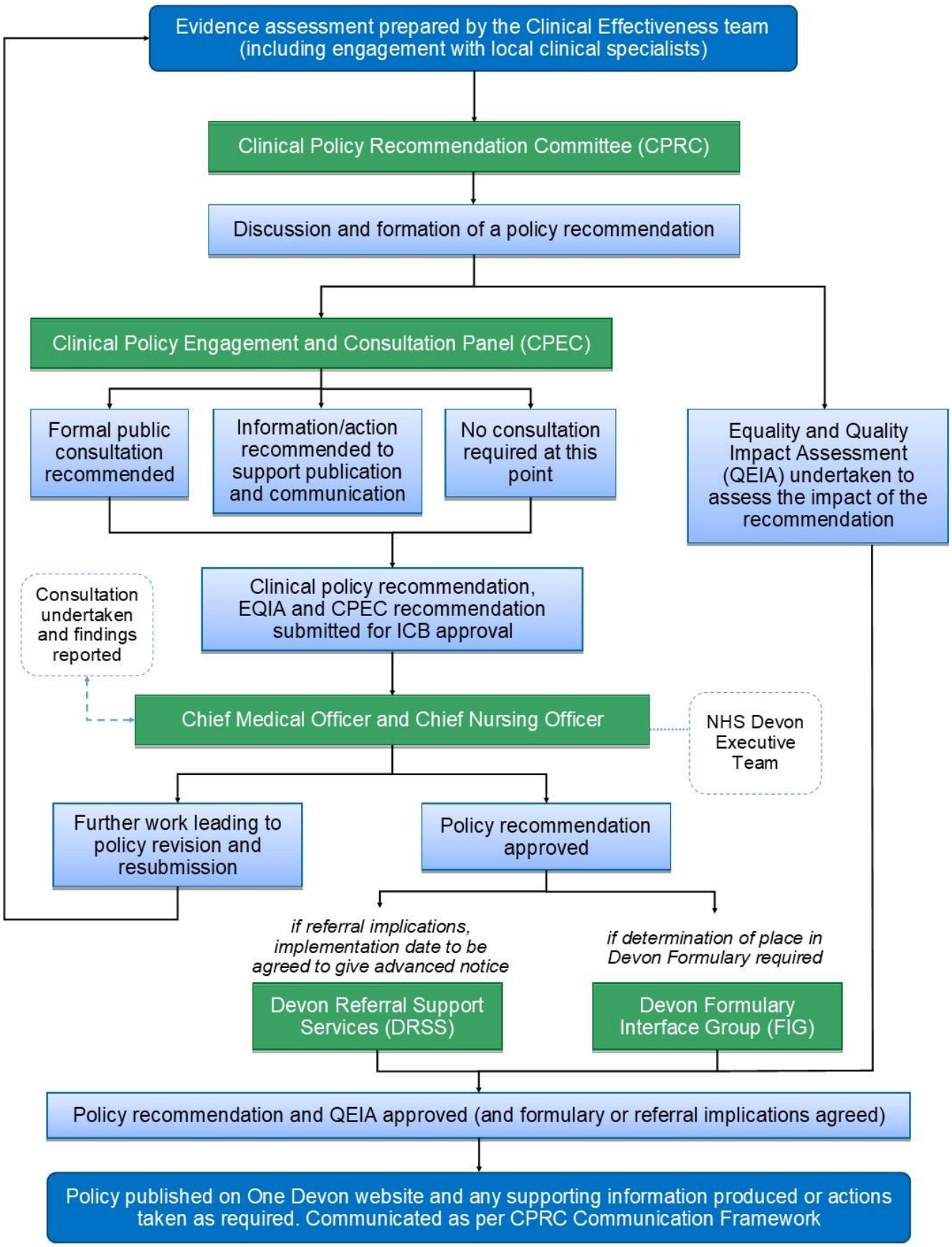
Name	Role	Organisation	Meetings attended
Dr Glen Allaway	Chair and Voting Member	NHS Devon	4 / 4
Dr Kay Brennan	Voting Member	NHS Devon	3 / 4
Richard Croker (as delegate)	*Deputy Chief Nursing Officer*	*NHS Devon*	*1 / 4*
Dr Andrew Craig	Voting Member	NHS Devon	4 / 4
Richard Croker	Deputy Director for Medicines Optimisation	NHS Devon	2 / 4
Charlie Thomas (as delegate)	*Deputy Chief Pharmacist – Primary Care*	*NHS Devon*	*1 / 1*
Paul Foster	Clinical Director of Pharmacy and Prescribing	Torbay & South Devon NHS Foundation Trust	0 / 4
Dr Lucy Harris	Voting Member	NHS Devon	4 / 4
Dr Claire Hooper	Voting Member	NHS Devon	2 / 4
Chris Roome (as delegate)	*Head of Clinical Effectiveness*	*NHS Devon*	*2 / 4*
Barbara Jones	Head of Contracting	NHS Devon	2 / 4
Dr Felicity Knott	Voting Member	NHS Devon	1 / 1
Mac Merrett	Lay Public Member		3 / 4
Chris Roome	Head of Clinical Effectiveness	NHS Devon	4 / 4
Mark Taylor	Lay Public Member		4 / 4
Dr Ben Titford	Voting Member	NHS Devon	4 / 4
John Trevains	Deputy Chief Nursing Officer	NHS Devon	2 / 4
Sara Wright (as delegate)	*Head of Nursing and Quality*	*NHS Devon*	*1 / 1*
Dr Emily Youngman	Consultant in Public Health Medicine	Devon County Council	0 / 4

ADDITIONAL ATTENDEES (EXPERTS, GUESTS, SECRETARIAT AND OBSERVERS)

Name	Role	Organisation
Stuart Cleland	Consultant Anaesthetist	University Hospitals Plymouth NHS Trust
Emily Dellipiani	Specialist Pharmacist (Gastroenterology)	Royal Devon University Healthcare NHS Foundation Trust
Sonali Dharia	Consultant	Royal Devon University Healthcare NHS Foundation Trust
Jonathan Digby-Bell	Consultant Gastroenterologist	Royal Devon University Healthcare NHS Foundation Trust
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NHS Devon
Emma Edwards	Parkinson's Specialist Nurse	Livewell Southwest
Patrick English	Consultant Physician	University Hospitals Plymouth NHS Trust
Matt Howard	Clinical Evidence Manager	NHS Devon
Peter Kelly	Diabetes Nurse Consultant	University Hospitals Plymouth NHS Trust
Lucy Leeman	Consultant Immunologist	University Hospitals Plymouth NHS Trust
Sian Ludman	Consultant Paediatric Allergist	Royal Devon University Healthcare NHS Foundation Trust
Grace McMahon	Clinical Effectiveness Support Officer	NHS Devon
Rebecca Owen	Clinical Effectiveness Governance Manager	NHS Devon
Nic Perrem	Healthcare Evidence Reviewer	NHS Devon
Christopher Redford	Consultant Diabetologist	Torbay and South Devon NHS Foundation Trust
Amy Rice	Clinical Effectiveness Pharmacist – Commissioning Projects Lead	NHS Devon
Ray Sheridan	Consultant Physician	Royal Devon University Healthcare NHS Foundation Trust
Nicky Stapleton	Parkinson's Specialist Nurse	University Hospitals Plymouth NHS Trust
Neil Walker	Consultant Physician	Royal Devon University Healthcare NHS Foundation Trust
Roderick Warren	Consultant Physician	Royal Devon University Healthcare NHS Foundation Trust
Darren Wright	Joint Formulary Specialist Pharmacy Technician	NHS Devon

Appendix 4

Clinical policy governance and approval process



Appendix 5

NHS Devon

Clinical Policy Recommendation Committee Appeals process

Introduction

This appeals process applies to the operation of the Clinical Policy Recommendation Committee of NHS Devon Integrated Care Board (ICB).

Grounds for appeal

An appeal may be made by the original applicant(s). An applicant is considered to be a clinician who has participated in the process leading to the original recommendation, either through submitting written evidence and clinical views at the appropriate times during the preparation of committee papers or attending the committee meeting at which the recommendation was made.

The grounds for appeals are limited to the following:

- **Ground one: whether fair process has been followed by the Clinical Policy Recommendation Committee in making their recommendation.**

  The ICB is committed to following a fair process throughout local decision making. This ground relates only to the fairness of the process followed. A decision with which an appellant does not agree is not unfair for that reason.

- **Ground two: a material inaccuracy in or omission from the evidence considered by the committee that would make a substantive difference to the appraisal in relation to the medicine or treatment on which a recommendation was made.**

Appeals panel

Appeals will be considered by a panel. The panel will comprise at least 3 individuals independent of the original recommendation who will decide whether the appeal is upheld. These members will be aided in their discussion by the chair of the Clinical Policy Recommendation Committee and the Head of Clinical Effectiveness, NHS Devon ICB. The majority view of the independent members will decide the final outcome of the appeal.

The independent members of the appeals panel will elect a chairperson for the consideration of each appeal.

The administration of the appeals panel will be managed by the Clinical Policy Recommendation Committee secretariat on behalf of NHS Devon ICB.

Process

Appeals should be submitted within two months of notification of the final policy decision of NHS Devon ICB following consideration of the Clinical Policy Recommendation Committee recommendation.

Requests for appeal should be submitted to the Clinical Policy Recommendation Committee secretariat in writing.

The request for appeal should clearly state the ground(s) on which the appeal is being made, the aspect(s) of the commissioning decision or process being appealed against, and the reasons why the aspects being appealed against fall within the specified ground(s) of appeal. Enough detail should be given to demonstrate an arguable case.

The secretariat will provide appropriate documents on which to submit the appeal. Please contact the secretariat via d-icb.clinicaleffectiveness@nhs.net for an appeal submission form.

Reapplications will not be accepted within 12 months of the original decision unless the applicant can establish material changes in circumstances.

Decision of the appeals panel

If the appeal is rejected the original policy decision will stand.

If the appeal is upheld the application will be referred back to a future meeting of the Clinical Policy Recommendation Committee for reconsideration of the original application and the findings of the appeals panel.

Decisions of the appeals panel will be communicated to the appellant by the Chair of the appeals panel.

If the appellant is unhappy with the decision of the appeals panel, they will have the opportunity to make a complaint in line with the NHS Devon ICB standard complaints procedure.

Reconsideration of applications by the committee

Where an appeal is upheld and the original application referred back to the Clinical Policy Recommendation Committee for reconsideration, the appellant will be invited to:

- submit any supporting evidence or documentation to the secretariat for circulation to committee members prior to the meeting at which the appeal is scheduled
- attend the meeting at which the appeal is scheduled for the part of the meeting pertaining to the appeal
- present any data or points of argument that they wish during the meeting

In line with standard operating procedures, the appellant will be required to complete a declaration of interests form prior to attendance at the committee meeting.

The outcome of the committee's reconsideration will be communicated to the appellant and, following approval by the ICB, to the local health community as per the Clinical Policy Recommendation Committee communication framework.

Complaints

Complaints about the operation of the Clinical Policy Recommendation Committee will be dealt with in line with the standard complaints procedure of NHS Devon ICB.

An appeal decision cannot be overturned through the complaints process.

References

National Institute for Health and Clinical Excellence. Developing and updating local formularies: Good practice guidance. December 2012.

National Institute for Health and Clinical Excellence. Guide to the technology appraisal appeal process. August 2010.

NHS South West. Cancer Drugs Fund Appeals and Complaints process. 2011.

North East Treatment Advisory Group. Process for appealing recommendations made by the North East Treatment Advisory Group. June 2012.