Clinical Policy Recommendation Committee Minutes

Wednesday 17th April 2024
Microsoft Teams

Present:

Name	Job Title	Organisation
Dr Glen Allaway	Chair	NHS Devon
Dr Kay Brennan	Voting Member	NHS Devon
Dr Andrew Craig	Voting Member	NHS Devon
Dr Lucy Harris	Voting Member	NHS Devon
Dr Claire Hooper	Voting Member	NHS Devon
Barbara Jones	Head of Contracting	NHS Devon
Mac Merrett	Lay Public Member	
Chris Roome	Head of Clinical Effectiveness	NHS Devon
Mark Taylor	Lay Public Member	
Dr Ben Titford	Voting Member	NHS Devon
John Trevains	Deputy Chief Nursing Officer	NHS Devon

Guests:

Matt Howard	Clinical Evidence Manager	NHS Devon
Amy Rice	Clinical Effectiveness Pharmacist – Commissioning Projects Lead	NHS Devon

In attendance:

Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NHS Devon
Rebecca Owen	Clinical Effectiveness Governance Manager	NHS Devon

1. Welcome and announcements

Welcome to new members:

The Chair welcomed attendees to the meeting. Two new members had joined the group:

- Ben Titford, Voting Member, and
- John Trevains, Deputy Chief Nursing Officer, NHS Devon

The committee introduced themselves to the new members.

Apologies:

Name	Job Title	Organisation
Richard Croker	Deputy Director for Medicines Optimisation	NHS Devon
Paul Foster	Clinical Director of Pharmacy and Prescribing	T&SD
Emily Youngman	Public Health Representative	Devon County Council

Confirmation of voting members and Declarations of interest

The five voting members present were identified.

Declarations of Interest were collected. There were no Declarations of Interest to report.

DRUG/ TECHNOLOGY TO BE CONSIDERED	PHARMACEUTICAL COMPANY/ MANUFACTURER/ SERVICE PROVIDER
Tonsillectomy for quinsy	Providers of private adeno/tonsillectomy
Radiofrequency ablation for Barrett's oesophagus	Providers of treatment options for patients with Barrett's oesophagus
Alogliptin (Vipidia®) **for type 2 diabetes** Alternative DPP-4 inhibitors: **Linagliptin** (Trajenta®), **Saxagliptin** (Onglyza®) **Sitagliptin** (Januvia®), **Vildagliptin** (Galvus®) Other oral antidiabetic medication	Takeda UK Ltd Boehringer Ingelheim Limited, AstraZeneca UK Ltd, Merck Sharp & Dohme (UK) Limited, Novartis Pharmaceuticals UK Ltd Various manufacturers
Dulaglutide (Trulicity®), **Semaglutide** (Ozempic®) **and Oral semaglutide** (Rybelsus®) **for type 2 diabetes** Alternative GLP-1 receptor agonists: **Exenatide** (Byetta®), **Liraglutide** (Victoza®) Other antidiabetic medication	Eli Lilly and Company Limited, Novo Nordisk Limited AstraZeneca UK Limited, Novo Nordisk Limited Various manufacturers
Insulin degludec (Tresiba®) **for use in patients with type 1 and 2 diabetes** Alternative long-acting insulin: **Insulin detemir** (Levemir®) **Insulin glargine** (Abasaglar®, Lantus®, Toujeo®) Other antidiabetic medication	Novo Nordisk Limited Novo Nordisk Limited Eli Lilly and Company Ltd, Sanofi Various manufacturers

Notification of Any Other Business

No other items of business were noted.

2. Minutes of the meeting held on Wednesday 6th September 2023 and matters/actions arising

The minutes of the meeting held on 6th September 2023 were approved.

Summary of actions			
	Action	**Lead**	**Status**
23/03	Focal hyperidrosis – Policy recommendation and QEIA to be prepared and subsequently progressed to final ICB approval and communication. 06/09/2023 The policy has been approved by the ICB and is pending confirmation from DRSS colleagues of any referral implications before publication and communication.		This policy was published and communicated on 16/11/2023. Complete
23/04	Clinical Policy Recommendation Committee Annual Report 2022-23 to be submitted to the Strategy and Transformation SLT on behalf of NHS Devon ICB for information and assurance, and the risk posed by ongoing membership challenges to be escalated. 28/06/23 This action is progressing within the context of changes to organisational structures within NHS Devon. 06/09/23 The Annual Report has been shared with Nigel Acheson for information and advice on any onward reporting within the ICB.		Complete
23/05	Lurasidone for schizophrenia in adults – policy recommendation and QEIA to be prepared and subsequently progressed to final ICB approval and communication. 06/09/23 The policy has been approved by the ICB and is due for publication and communication following FIG discussion.		This policy was published and communicated on 29/09/2023. Complete.

23/06	Lurasidone for schizophrenia in children and adolescents - policy recommendation and QEIA to be prepared and subsequently progressed to final ICB approval and communication. <u>06/09/23</u> The policy has been approved by the ICB and is due for publication and communication following FIG discussion.		This policy was published and communicated on 29/09/2023. Complete.
23/07	Breast Implant Removal and Replacement - policy recommendation and QEIA to be prepared and subsequently progressed to final ICB approval and communication.		This policy was published and communicated on 29/02/2024. Complete.
23/08	Penile circumcision – attempt to obtain activity data for other areas for reassurance.		Devon ICB is not an outlier. Fourteen ICBs have lower rates of activity than Devon ICB. Complete.
23/09	Penile circumcision - policy recommendation and QEIA to be prepared and subsequently progressed to final ICB approval and communication.		This policy was published and communicated on 29/02/2024. Complete
23/10	Botulinum Toxin for urinary incontinence due to detrusor overactivity – publish updated policy.		This policy was published and communicated on 06/09/2023. Complete

3. Tonsillectomy for quinsy

Tonsillectomy is a surgical option for the prevention of recurrent episodes of tonsillitis and associated complications including quinsy.

Amy Rice, Clinical Effectiveness Pharmacist presented a paper.

Within NHS Devon, tonsillectomy is routinely commissioned following quinsy but a lack of specificity in the commissioning policy wording means that patients can be referred for tonsillectomy after only one episode of quinsy. Such referrals are being returned by ENT surgeons who feel that operative management is only indicated following recurrent episodes of quinsy. A review of activity data for Devon confirms that tonsillectomy is not performed following

every case of quinsy, with only 10 tonsillectomies for quinsy performed, during the 2022 to 2023 financial year.

A minor amendment to the tonsillectomy commissioning policy is proposed, to restrict tonsillectomy following quinsy to patients who have experienced recurrent episodes. Criteria for tonsillectomy following other presentations remain unchanged. The proposed amendment will bring the policy in line with the EBI guideline for tonsillectomy which states that the procedure should be funded for recurrent cases of quinsy. The update is not expected to result in an increase in activity and will help to reduce the number of referrals which are subsequently returned. Changes are supported by both DRSS and ENT surgeons at all three providers.

The committee considered issues pertinent to the proposed minor amendment to the commissioning policy for tonsillectomy for quinsy, including:

- the policy amendment had been proposed as referrals through DRSS are being pushed back by ENT consultants if they feel that a patient does not need a tonsillectomy, including when the patient has had more than one episode of quinsy several years apart;

- clarification of the definition of 'recurrent' quinsy. It was confirmed that 'recurrent' indicated more than once.

ACTION: Amy Rice to amend the draft commissioning policy to clarify the definition of 'recurrent'.

- most patients with quinsy will be seen by ENT during the acute admission. Tonsillectomy is not indicated for acute management, but ENT surgeons could decide at that point whether elective tonsillectomy (at a later date) is indicated to prevent further episodes. ENT surgeons indicate that it would only be considered for patients who have experienced recurrent episodes of quinsy.

The committee voted unanimously in favour of recommending the acceptance of the minor amendment to the tonsillectomy commissioning policy.

ACTION: Policy recommendation and QEIA to be prepared and subsequently progressed to final ICB approval and communication.

4. Review of commissioning policy for Radiofrequency ablation for Barrett's oesophagus

Barrett's oesophagus is a condition in which changes occur to the cells lining the lower part of the oesophagus, usually as a result of the abnormal backflow of stomach acid. These cells can develop an abnormality called dysplasia which may progress to become cancer. Most patients with Barrett's oesophagus do not develop cancer of the oesophagus, but because the risk is increased, people with this condition usually have checks on a regular schedule.

As part of routine management of clinical commissioning policies, it has been identified that since the existing policy for radiofrequency ablation for Barrett's oesophagus was published in 2011 there have been changes to NICE guidance in this area.

Rebecca Owen, Clinical Effectiveness Governance Manager presented a paper.

The existing policy states that radiofrequency ablation may be offered as an option to patients with high-grade dysplasia as an alternative to oesophagectomy in suitable patients or for patients

in whom this is not an option. This is in accordance with NICE CG106 (Barrett's oesophagus) and IPG344 (Epithelial radiofrequency ablation for Barrett's oesophagus).

The existing commissioning policy reflects the NICE guidance at the time of publication when radiofrequency ablation was a relatively new treatment modality with particular advantages likely in certain groups. However, given the advances in understanding of the natural history of the disease, which have resulted in updated national guideline recommendations the policy is now out of date.

CG106 has subsequently been updated and replaced by NG231 (Barrett's oesophagus and stage 1 oesophageal adenocarcinoma) due to new evidence on endoscopic treatments for people with Barrett's oesophagus with dysplasia, particularly those with low-grade dysplasia. IPG496 (Endoscopic radiofrequency ablation for Barrett's oesophagus with low-grade dysplasia or no dysplasia) has also been published and partially updates IPG344, with endoscopic radiofrequency ablation now supported under normal arrangements in patients with Barrett's oesophagus with low-grade dysplasia.

Local gastroenterology specialists have confirmed that radiofrequency ablation is undertaken in Devon in line with current NICE guideline recommendations. This is also consistent with the British Society of Gastroenterology guidelines.

It is therefore proposed that the existing policy is withdrawn, with the use of radiofrequency ablation for Barrett's oesophagus supported in Devon in line with NICE recommendations, which are confirmed to be current practice.

The Committee considered issues pertinent to the proposed withdrawal of the ICB's commissioning policy for radiofrequency ablation for Barrett's oesophagus. No areas of concern were noted.

The Committee voted unanimously in favour of the withdrawal of the ICB's commissioning policy for radiofrequency ablation for Barrett's oesophagus.

ACTION: Policy recommendation and QEIA to be prepared and subsequently progressed to final ICB approval and communication.

5. Review of commissioning policies for drug treatments for diabetes

As part of the routine management of clinical commissioning policies in Devon, several policies have been identified for specific drug treatments for patients with diabetes. Many of these were published to support the managed entry of new drugs in Devon and ensured a robust and relevant approach at the time. However, the therapeutic area has evolved since these policies were formed with many becoming established in practice and supported by subsequently updated NICE guidance.

A review of the existing policies has taken place to establish their ongoing relevance, whether the rationale for the original decisions is still applicable, and the existence (and impact) of any subsequently published NICE guidance.

Rebecca Owen, Clinical Effectiveness Governance Manager presented a paper.

Alogliptin for type 2 diabetes

Alogliptin is a DPP-4 inhibitor indicated in adults aged 18 years and older with type 2 diabetes to improve glycaemic control in combination with other glucose lowering medicinal products including insulin, when these, together with diet and exercise, do not provide adequate glycaemic control.

NHS Devon has had a policy in place since 2016 accepting its use for the treatment of adults with type 2 diabetes. This policy was formed following an application from the Medicines Optimisation team and supported by secondary care clinicians, which identified alogliptin as a means of reducing the cost of antidiabetic therapy at that time without adversely affecting quality of patient care.

Subsequently alogliptin has become a well-established treatment choice in Devon for patients with type 2 diabetes and a specific commissioning policy is no longer considered to be needed. Therefore, it is proposed that the commissioning policy be retired.

The committee voted unanimously in favour of recommending acceptance of the proposal to retire the commissioning policy for alogliptin for type 2 diabetes.

The Devon Formulary will continue to support guidance for prescribers whilst being responsive to relevant changes amongst this class of therapy, for example patent changes, licence variations and safety updates.

ACTION: Policy recommendation and QEIA to be prepared and subsequently progressed to final ICB approval and communication.

Dulaglutide, Semaglutide and Oral Semaglutide for type 2 diabetes

Dulaglutide, semaglutide and oral semaglutide are GLP-1 receptor agonists indicated for the treatment of insufficiently controlled type 2 diabetes as an adjunct to diet and exercise, as monotherapy when metformin is considered inappropriate due to intolerance or contraindications, and in addition to other medicinal products for the treatment of diabetes.

NHS Devon has several commissioning policies in place:

- In 2016, the use of dulaglutide for the treatment of type 2 diabetes was accepted for use in line with NICE guideline NG28 (Type 2 diabetes in adults).

- In 2019, the use of semaglutide was accepted in Devon for patients with type 2 diabetes as described for GLP-1s in NICE guideline NG28.

- In 2021, the use of oral semaglutide was accepted in Devon for patients with type 2 diabetes who are suitable for treatment with a GLP-1, as described in NICE guideline NG28, but for whom injectable therapy is not suitable.

In March 2022, NICE changed a recommendation in guideline NG28 from 'consider combination therapy with metformin, a sulfonylurea and a GLP-1 mimetic' to 'consider triple therapy by switching one drug for a GLP-1 mimetic' to reflect that people might be taking an SGLT2 inhibitor.

The existing NHS Devon policies remain consistent with NICE, and the Devon Formulary has been updated in respect of the new pathway. During the formulary review it was noted that NICE has not significantly changed the place in the pathway of GLP-1 mimetics and therefore this update was unlikely to represent a significant change in practice.

It is also noted that at the time dulaglutide was considered it was a recently licensed long-acting GLP-1 licensed in the treatment of type 2 diabetes in adults. In May 2023, the licence was extended to children and young people aged 10 years and above. This is reflected in an update to NICE guideline NG18 (Diabetes (type 1 and type 2) in children and young people) which now includes new recommendations which refer to dulaglutide. It is proposed not to undertake a review to reflect the licence change to include children as recommendations on this are picked up in NG18.

Furthermore, there is currently a concern regarding GLP-1s and their use in weight loss, in addition to their use for the treatment of diabetes. It is considered helpful to retain specific policy positions relating to GLP-1s for the treatment of diabetes at this time to provide clear statements to help primary care manage potential pressure related to the use of these drugs in weight loss.

The separate policy for oral semaglutide also provides helpful clarity/distinction in the Devon Formulary. NICE does not distinguish between injectable and oral semaglutide; however the specific policy position clarifies the clinical position that this is only supported in patients for whom injectable therapy is not suitable due to the bioavailability issues with oral semaglutide.

The committee considered issues pertinent to the retention of NHS Devon's commissioning policy for dulaglutide, semaglutide and oral semaglutide. Including:

- stock availability issues for a range of GLP-1 products, including those licensed for the treatment of diabetes and the treatment of weight management;
- it was recognised that there is significant patient interest in these products beyond their licensed and recommended use; retaining a policy helps provide clarity to patients and clinicians of the circumstances in which they are supported.

The Committee voted unanimously in favour of recommending the retention of the commissioning policies for dulaglutide, semaglutide and oral semaglutide for type 2 diabetes at this time.

Insulin Degludec for use in patients with type 1 and type 2 diabetes

Insulin degludec is an established product indicated for the treatment of diabetes in adults, adolescents and children from the age of 1 year. NHS Devon has had policies in place since 2018, under which:

- the use of insulin degludec is accepted in Devon for patients with type 1 diabetes who, despite optimised treatment with another long-acting insulin analogue meet certain criteria.

- the use of insulin degludec is not accepted in Devon for patients with type 2 diabetes.

<u>Type 1 diabetes</u>

NICE guideline NG17 (Type 1 diabetes in adults) contains guidance on long-acting insulin, which has been updated since the NHS Devon policy position was agreed. The update to the NICE guideline recommendations on degludec are in closer alignment with Devon policy.

The updates recognise the proven reduction in nocturnal hypoglycaemia episodes that degludec can bring and recommends that it is considered for those experiencing nocturnal hypoglycaemia. NICE has also added a consideration of degludec for people who need support from a carer/healthcare professional to administer injections as the flexibility in dose timing of degludec is helpful in this regard.

For children and young people, NICE guideline NG18 (Diabetes (type 1 and type 2) in children and young people) is less explicit and specifies regimens rather than treatments. Insulin glargine is first line in the Devon Formulary, with insulin degludec amber (specialist input).

Insulin degludec had previously been considered three times for local policy positions as part of managing the entry of new drugs into practice through policy positions. The updated NICE guideline has established those areas in which degludec has advantages and is broadly reflective of the Devon policy position. It is recommended that future recommendations on this product should be guided by national policy direction through NICE guidelines as is the general case for established treatments.

Insulin degludec is now an established therapy in the Devon Formulary. The Formulary will continue to support prescribing by evolving guidance for prescribers as needed.

The committee considered issues pertinent to the proposal to retire NHS Devon's commissioning policy for insulin degludec for type 1 diabetes.

The committee voted unanimously in favour of recommending that the commissioning policy for insulin degludec for type 1 diabetes be retired.

ACTION: Policy recommendation and QEIA to be prepared and subsequently progressed to final ICB approval and communication.

Type 2 diabetes

The existing policy position provides clarity that the use of insulin degludec in patients with type 2 diabetes is not supported in Devon. It is considered pragmatic to retain this specific policy position to mitigate any risk of wider use which could be associated with withdrawing an explicit 'do not use' policy.

The committee considered issues pertinent to NHS Devon's commissioning policy for insulin degludec in patients with type 2 diabetes. No areas of concern were noted.

The committee voted unanimously in favour of recommending that the commissioning policy for insulin degludec for type 2 diabetes be retained.

6. Update from the NICE Planning Advisory Group (NPAG)

The committee received an update from the NPAG meetings held in October 2023, November 2023 and January 2024.

Across the three meetings the group considered:

- 14 ICB commissioned Technology Appraisals
- 14 NHS England commissioned Technology Appraisals
- 2 NHS England commissioned Highly Specialised Technologies
- 10 NICE Guidelines
- 6 Health Technology Evaluations
- 12 Interventional Procedures Guidelines
- 2 Diagnostic Guidelines
- 3 Medical Technologies Guidelines
- 1 Clinical Guideline

It was noted that there can be significant variability of output from NICE. However, it is not necessarily the volume of output that leads to budget and service implications, but the specific technologies concerned. Of note in this respect were:

- Semaglutide (Wegovy) for weight management.
- Rimegepant for treating migraine.
- Daridorexant for long term insomnia
- Tirzepatide for type diabetes
- Empagliflozin for heart failure with preserved ejection fraction which is also indicated for Chronic Kidney Disease.
- Hybrid closed loop systems in type 1 diabetes

An update from the NPAG meeting held on 12 March 2024 will be provided at the next CPRC meeting.

7. Update from the Clinical Policy Engagement and Consultation Panel

The committee received an update from the Clinical Policy Engagement and Consultation Panel meeting which took place via Microsoft teams on 28th September 2023.

The Clinical Policy and Engagement Panel (CPEC) considered two items:
- Breast Implant Removal and Replacement
- Circumcision

The panel saw no reason for further engagement or consultation actions on either of the items discussed.

8. Clinical Policy Recommendation Committee Annual Report 2023-24

The annual report gives an account of the activity and governance of the Clinical Policy Recommendation Committee in 2023-24.

Through the Committee the ICB discharges its responsibilities for making local decisions about the funding of medicines and treatments in the NHS, making recommendations for ratification 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 is following discussion of the clinical effectiveness, cost effectiveness and budgetary impact issues.

In year, three meetings of the Committee were convened via Teams. Evidence assessments were considered resulting in eight new or updated commissioning policy recommendations.

The items considered resulted from a range of inputs, including updated NICE guidance, Academy of Medical Royal Colleges (AoMRC) Evidence Based Interventions guidance, acknowledged changes in clinical practice, and requests from local clinicians and NHS colleagues for treatments to be considered to provide clarity on their availability for patients in Devon.

The Committee continues to be supported by two lay public advisory members, to ensure the public interest of the local population is represented in discussion and decision making.

Further, the clinical policy engagement and consultation panel continues to support the committee and the ICB by providing a separate opportunity to reflect on the recommendations and consider the public interest issues, to determine the need for any further engagement or formal consultation to be carried out. This occurs prior to a final decision being taken by the ICB.

All policy recommendations also have a Quality and Equality Impact Assessment (QEIA) undertaken as an integral step in the process following the recommendation of the Committee.

During the year, a Devon Investment Process has been agreed for the management and approval of investment across the Devon system to ensure that financial recovery is sustained. There has been consideration and discussion between finance, strategy, and clinical effectiveness colleagues of the application of this process to the ICB's process for clinical commissioning policy development.

The principles of both are consistent with one another, but there has been consideration of the practicalities of building this in as a key stage of the process in a meaningful way for the organisation, i.e. utilising health technology assessment scoping work to outline clinical, cost effectiveness and budget impact considerations. A proposal is being worked up accordingly outlining how routine consideration by the Devon Investment Group will be incorporated into the ICB's processes for clinical policy development, with overall oversight and ratification of the consequences of decisions to progress or not to progress work by the Executive Team.

The Committee secretariat will work with the Devon Investment Process groups to evolve mechanisms through which clinical service developments are prioritised within the Devon health system identifying the need for any commissioning policies to compliment these plans.

At the time of writing the report Susan Masters, Deputy Chief Nursing Officer had stepped down from the Committee in December 2023 on her departure from the ICB.

From April 2024 we are pleased to welcome John Trevains, the new ICB Deputy Chief Nursing Officer as an advisory member of the Committee, replacing Susan.

Two long-standing clinical voting member vacancies and outstanding secondary care advisory member vacancies also remained. The Terms of Reference include scope for both medical and non-medical clinical members, along with provision for additional secondary care advisory members from across the ICS from any clinical speciality (both medical and non-medical). Despite this, there have been significant challenges in filling the outstanding vacancies on the Committee, despite approaches via trust Medical Directors and the Associate Medical Director for Primary Care to facilitate expressions of interest.

These membership issues and the risks they pose to the resilience and quoracy of the Committee, and therefore its ability to fulfil its functions on behalf of the ICB, have been escalated within the ICB via the Chief Medical Officer and the Executive team.

A business case has subsequently been progressed via the ICB's Vacancy Control Panel to support filling clinical voting member vacancies and ensure committee resilience. We are pleased to welcome Dr Ben Titford as a new voting member of the Committee from April 2024.

However challenges remain with filling secondary care advisory member roles on the committee.

The Committee received and accepted the annual report, which will subsequently be submitted within the ICB for information and assurance.

ACTION: Clinical Policy Recommendation Committee Annual Report 2023-24 to be submitted within the ICB for information and assurance.

There was discussion about how best to facilitate secondary care clinicians to join the group.

Members of the group were thanked for their participation in meetings and the work undertaken by the clinical effectiveness team to support the meeting discussions.

9. Any other Business

No other business was discussed.

Summary of actions			
	Action	**Lead**	**Status**
24/01	Tonsillectomy for quinsy – amend draft commissioning policy to clarify the definition of 'recurrent'.	Amy Rice	Pending
24/02	Tonsillectomy for quinsy – policy recommendation and QEIA to be prepared and subsequently progressed to final ICB approval and communication.	Rebecca Owen	Pending
24/03	Review of commissioning policy for radiofrequency ablation for Barrett's oesophagus - policy recommendation and QEIA to be prepared and subsequently progressed to final ICB approval and communication.	Rebecca Owen	Pending
24/04	Review of commissioning policies for drug treatments for diabetes: Alogliptin for type 2 diabetes - policy recommendation and QEIA to be prepared and subsequently progressed to final ICB approval and communication.	Rebecca Owen	Pending
24/05	Review of commissioning policies for drug treatment for diabetes: Insulin degludec for type 1 diabetes - policy recommendation and QEIA to be prepared and subsequently progressed to final ICB approval and communication.	Rebecca Owen	Pending
24/06	Clinical Policy Recommendation Committee Annual Report 2023/24 to be submitted within the ICB for information and assurance.	Rebecca Owen	Pending