



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

Clinical Policy Engagement and Consultation Panel Annual Report

2015-2016

Date: April 2016

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1. Introduction

- 1.1 The Clinical Policy Engagement and Consultation Panel exists to support Northern, Eastern and Western (NEW) Devon and South Devon and Torbay Clinical Commissioning Groups (CCGs) to determine the need for any further engagement or formal public consultation on clinical policy recommendations made by the Clinical Policy Committee.
- 1.2 Through the Clinical Policy Committee the CCGs in Devon work together to carry out their responsibilities for making local decisions about the funding of medicines and treatments in the NHS.
- 1.3 The Clinical Policy Committee involves doctors making recommendations to the CCG executive groups on specific treatments after considering the clinical evidence published in medical literature, cost effectiveness and an estimate of budget impact.
- 1.4 Following a Clinical Policy Committee recommendation 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 proposed policy recommendation.
- 1.5 This process and any resulting engagement or consultation precedes the CCGs' executive decision-making groups taking a final decision on whether to accept the clinical policy recommendation and implement this across Devon.

2. Background and development

Context

- 2.1 It was identified that there was a need for a clear and consistent process for the consideration of public interest issues in relation to clinical policy recommendations to determine the need for any further engagement or formal consultation to be carried out prior to a final decision being taken by the CCGs.
- 2.2 This was in light of the high public profile raised by NEW Devon CCG's Urgent and Necessary measures which had not progressed through the Clinical Policy Committee. Reflection and discussion with NHS England identified that the Clinical Policy Committee would be the appropriate forum for clinical recommendations to be made before CCG executive decision making. A formalised approach to consider the wider public interest issues would provide additional checks to

proposals. This was considered important given the increasingly difficult local financial context.

Scoping and development

- 2.3 Following an initial scoping meeting involving Clinical Policy Committee lay members and representatives from clinical effectiveness, communications, engagement and patient liaison across Devon, the suggestion for a lay-member led panel emerged.
- 2.4 The suggested panel process was piloted in June 2015. There was a keenness that the panel process did not recreate the discussions that had already taken place at the Clinical Policy Committee but that it provided a separate opportunity to reflect on the policy recommendation and consider the public interest issues. This consideration would follow a clear process and guidelines to ensure that it is robust and consistent. The recommendations of the pilot panel were submitted, along with the clinical policy recommendation, to the CCGs executive groups for final decision making.
- 2.5 Following the pilot, there was discussion with colleagues from communications, governance, patient safety and quality, and lay representatives in order to reflect on, refine and further develop the process.
- 2.6 The panel subsequently met again in August 2015 and Terms of Reference were prepared and agreed by the CCGs.
- 2.7 The panel has engaged with the Scrutiny Committees across Devon to ensure they are informed of the Clinical Policy Engagement and Consultation Panel, which supports the Clinical Policy Committee, and have had an opportunity to review and comment on the process.

3. The Process

Panel process and meeting arrangements

- 3.1 The Clinical Policy Engagement and Consultation Panel applies a systematic process to capturing themes which are in the public interest to produce a rounded identification of the key drivers to engage or consult on a particular issue.
- 3.2 There are three proposed levels of determination arising from the group consideration of a clinical policy recommendation:
 - 1) No further engagement or formal consultation is required at this stage;

- 2) There should be further engagement via the virtual patient reference group;
 - 3) Formal public consultation should be carried out.
- 3.3 The recommendations made by the panel in respect of any further engagement or formal public consultation required are reported to the CCGs' executive groups.
 - 3.4 The panel comprises eight members from across both CCGs in Devon as follows:
 - Lay Members of the Clinical Policy Committee (x2)
 - Governing Body Lay Members with responsibility for Patients and Public issues (x2)
 - Engagement and communications representatives (x2)
 - Head of Clinical Effectiveness
 - Clinical Effectiveness Governance Manager
 - 3.5 The panel is chaired by a lay member and the lay members comprise the voting members, with the other members holding no vote and assisting in an advisory capacity.
 - 3.6 Secretariat support for the group is provided by the Clinical Effectiveness Team, NEW Devon CCG.
 - 3.7 In addition to an initial scoping/planning meeting, five meetings were convened by the Clinical Policy Engagement and Consultation Panel in 2015-16.

Terms of reference

- 3.8 The terms of reference of the Clinical Policy Engagement and Consultation Panel are included in **Appendix 1**.
- 3.9 The terms of reference and outputs of the panel are made publicly accessible via the NEW Devon CCG website, on behalf of both CCGs in Devon, at: <http://www.newdevonccg.nhs.uk/information-for-patients/medicines-and-treatments/local-decision-making/clinical-policy-committee-/clinical-policy-engagement-and-consultation-panel/101713>

Clinical policy patient support information

- 3.10 As part of the panel process, an output is a recommendation for post-decision support communication to accompany publication of the

clinical policy. This support information follows a clear and consistent format and is agreed by an editorial sub-group, comprising clinical effectiveness, communications and patient safety and quality/engagement representatives.

- 3.11 These have been produced where there has been an identified need to provide clarity for patients, the public and staff about why and how a decision has been taken in respect of commissioning a particular treatment and what it will mean for patients.
- 3.12 The process also ensures that the Patient Advice/Experience and Communications teams of the CCGs are fully aware of the intended publication of a clinical policy and supporting patient information to enable them to be prepared and best able to respond to any patient or public queries.
- 3.13 A flowchart of the clinical policy engagement/consultation and communication process is shown in **Appendix 2**.

4. Governance arrangements

Quorum and attendance

- 4.1 The quorum of the panel consists of five of the members being present to include a minimum of two voting members, one of whom should be a Clinical Policy Committee lay member.
- 4.2 A register of meeting attendance is shown in **Appendix 3**.

Declaration of Interests

- 4.3 All members of the panel are expected to complete a declaration of interest. A register is maintained by the Clinical Effectiveness Governance Manager. The panel notes whether any additions or amendments to this have been advised at each meeting or whether there are any specific interests to declare related to the particular items for discussion at that meeting.
- 4.4 The register of interests is publicly accessible via the NEW Devon CCG website, on behalf of both CCGs in Devon. This is also included in **Appendix 4**.

Assurance Reporting

- 4.5 The group reports to the Executive Committee of NEW Devon CCG and the Commissioning and Finance Committee of South Devon and Torbay CCG.
- 4.6 The minutes of meetings are shared and regular updates given to the Clinical Policy Committee as a standing agenda item.

5. Panel recommendations

- 5.1 Five meetings of the Clinical Policy Engagement and Consultation Panel were convened in 2015-16, considering and making recommendations to the CCGs' executive groups on a total of 13 clinical policy recommendations:
- The specialist management of abdominal wall hernia in adults
 - Cataract surgery
 - Botulinum toxin for the management of overactive bladder
 - Botulinum toxin for the treatment of chronic anal fissure
 - The referral and specialist management of haemorrhoids in adults
 - Fluticasone furoate and vilanterol trifenate (Relvar[®] Ellipta[®]) combination inhaler for asthma
 - Fluticasone furoate and vilanterol trifenate (Relvar[®] Ellipta[®]) combination inhaler for chronic obstructive pulmonary disease
 - Assessment and removal of benign skin and subcutaneous lesions
 - Assisted conception – policy wording amendments for clarification
 - Budesonide prolonged release tablets (Cortiment[®]) for ulcerative colitis
 - Clindamycin 1%/Tretinoin 0.025% w/w gel (Treclin[®]) for the topical treatment of acne vulgaris
 - Alogliptin (Vipidia[®]) for type 2 diabetes mellitus
 - Tadalafil (Cialis[®]) 5mg tablets for the treatment of the signs and symptoms of benign prostatic hyperplasia in adult males
- 5.2 On the recommendation of the Panel, additional patient-focused policy information was produced to accompany and support communication of the following policies to provide clarity about why and how the decision was taken and what it will mean for patients:
- The specialist management of abdominal wall hernia in adults
 - Cataract surgery

- The referral and specialist management of haemorrhoids in adults
- Assessment and removal of benign skin and subcutaneous lesions

6. Reflective practice

6.1 The Clinical Policy Engagement and Consultation Panel has emerged as a result of scoping and discussion across both CCGs in the early part of 2015, and has been a fully operational group since being piloted in June 2015. Consequently there has been a significant degree of refinement of the processes and operation of the panel as a result of both reflective practice and feedback from others.

6.2 The panel continues to be receptive to further development and enhancement of processes. It also seeks to maintain an awareness of the broader local health context, and other CCG processes, issues and priorities.

Promotion of clinical policy patient support information

6.3 The panel has considered and sought to address matters arising from its discussions and its output. This has included feedback following the production of clinical policy patient support information that this may require further promotion with GPs.

6.4 The panel had acknowledged the importance of clinical support in communicating commissioning policy positions to patients. However an instance had arisen with regard to a policy where patients were not being sufficiently aware of the criteria before meeting with specialists; the use of the policy support information at the time of referral could have prevented this. The policy patient support information had been submitted to a GP education session on the topic in order to raise awareness of its use in helping to communicate with patients, explain the criteria for treatment and to clarify their expectations.

6.5 Reflecting on this, the panel suggested routes to enable the effective communication of targeted messages to clinicians. This could include links with Planned Care News and with the formulary and referral website to ensure clinician awareness and the accessibility of support tools. It was also suggested that the communications team could link with Devon Local Medical Committee to include details in the circulation of their monthly newsletters.

Membership

- 6.6 Following the departure of Alex Aylward at the end of his tenure as Lay Member, Patients and Public for NEW Devon CCG on 31 March 2016, the panel considered the need for continued committed membership to ensure effective functioning. This would involve discussion with the new Lay Member, Patients and Public for NEW Devon CCG, taking over the role from Alex, and extending an invitation for them to join the group.
- 6.7 During development, the aspiration to have further lay members on the panel was expressed. This is an area which if pursued during the coming year could strengthen the panel membership and its resilience in order to adequately assure the CCGs of fulfilment of its approved and established function.

7. Conclusion

- 7.1 Through the Clinical Policy Engagement and Consultation Panel the CCGs in Devon are supported in determining the need for any further engagement or formal public consultation on clinical policy recommendations made by the Clinical Policy Committee.
- 7.2 Five meetings of the Clinical Policy Engagement and Consultation Panel were convened in 2015-16, considering and making recommendations to the CCGs on a total of 13 clinical policy recommendations.
- 7.3 This first annual report outlines both the development of the process and the subsequent operation of the panel, including the governance arrangements. The panel sits within the context of the wider engagement processes of the respective CCGs. It is considered to be a well-recorded and successfully working process which is a good example of a joint CCG approach to engagement activity.
- 7.4 This annual report will be submitted to the Clinical Policy Committee for information and to the CCGs, who will be asked to accept and ratify this annual report to endorse the role of the Clinical Policy Engagement and Consultation Panel. Following ratification the report will be made publicly available via the NEW Devon CCG website on behalf of both CCGs in Devon.



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

Clinical Policy Engagement and Consultation Panel

Terms of Reference

1. Purpose of the Group

- 1.1 The Clinical Policy Engagement and Consultation Panel exists to support Northern, Eastern and Western (NEW) Devon and South Devon and Torbay Clinical Commissioning Groups (CCGs) to determine the need for any further engagement or formal public consultation on clinical policy recommendations made by the Devon-wide Clinical Policy Committee.

2. Functions

- 2.1 Following a Clinical Policy Committee recommendation the lay member led panel will routinely consider the wider public interest issues to determine the need for any further engagement or formal public consultation on the proposed policy recommendation.
- 2.2 This process and any resulting engagement or consultation will precede the CCGs' executive decision-making groups taking a final decision on whether to accept the clinical policy recommendation.

3. Membership

- 3.1 The group will comprise eight (8) members from across both CCGs in Devon as follows:
- Lay Members of the Clinical Policy Committee (x2)
 - Governing Body Lay Members, Patients and Public (x2)
 - Engagement and communications representatives (x2)
 - Head of Clinical Effectiveness
 - Clinical Effectiveness Governance Manager
- 3.2 The group will be chaired by a lay member.

- 3.3 The lay members will comprise the voting members of the group, with other non-voting members assisting in an advisory capacity. The chair will not vote unless the voting is split.
- 3.4 Secretariat support for the group will be provided by the Clinical Effectiveness team.

4. Meetings and Conduct of Business

- 4.1 The group will meet approximately two weeks following Clinical Policy Committee meetings to consider the recommendations made.
- 4.2 Meetings may be attended in person or via teleconferencing.
- 4.3 The quorum will consist of five (5) of the members being present to include a minimum of two (2) voting members, one of whom will be a Clinical Policy Committee lay member able to bring the benefit of summarising the committee discussions which led to the recommendation.
- 4.4 Papers will be shared with the group prior to each meeting. Minutes will be taken and circulated to the group following the meeting.
- 4.5 The recommendations made by the group in respect of any further engagement or formal public consultation required will be reported to the CCGs' executive groups.
- 4.6 The terms of reference and outputs of the group will be made publicly accessible via the NEW Devon CCG website, on behalf of both CCGs in Devon.

Declarations of Interest

- 4.7 All members of the group will be expected to complete a declaration of interest. An annual register will be maintained by the Clinical Effectiveness Governance Manager. The group will note at each meeting whether any additions/amendments to this have been advised or whether there are any specific interests to declare related to the particular items for discussion at that meeting.

Process

- 4.8 There are three proposed levels of determination arising from the group consideration of a clinical policy recommendation:
 - 1) No further engagement or formal consultation is required at this stage;
 - 2) There should be further engagement via the virtual patient reference group;
 - 3) Formal public consultation should be carried out.

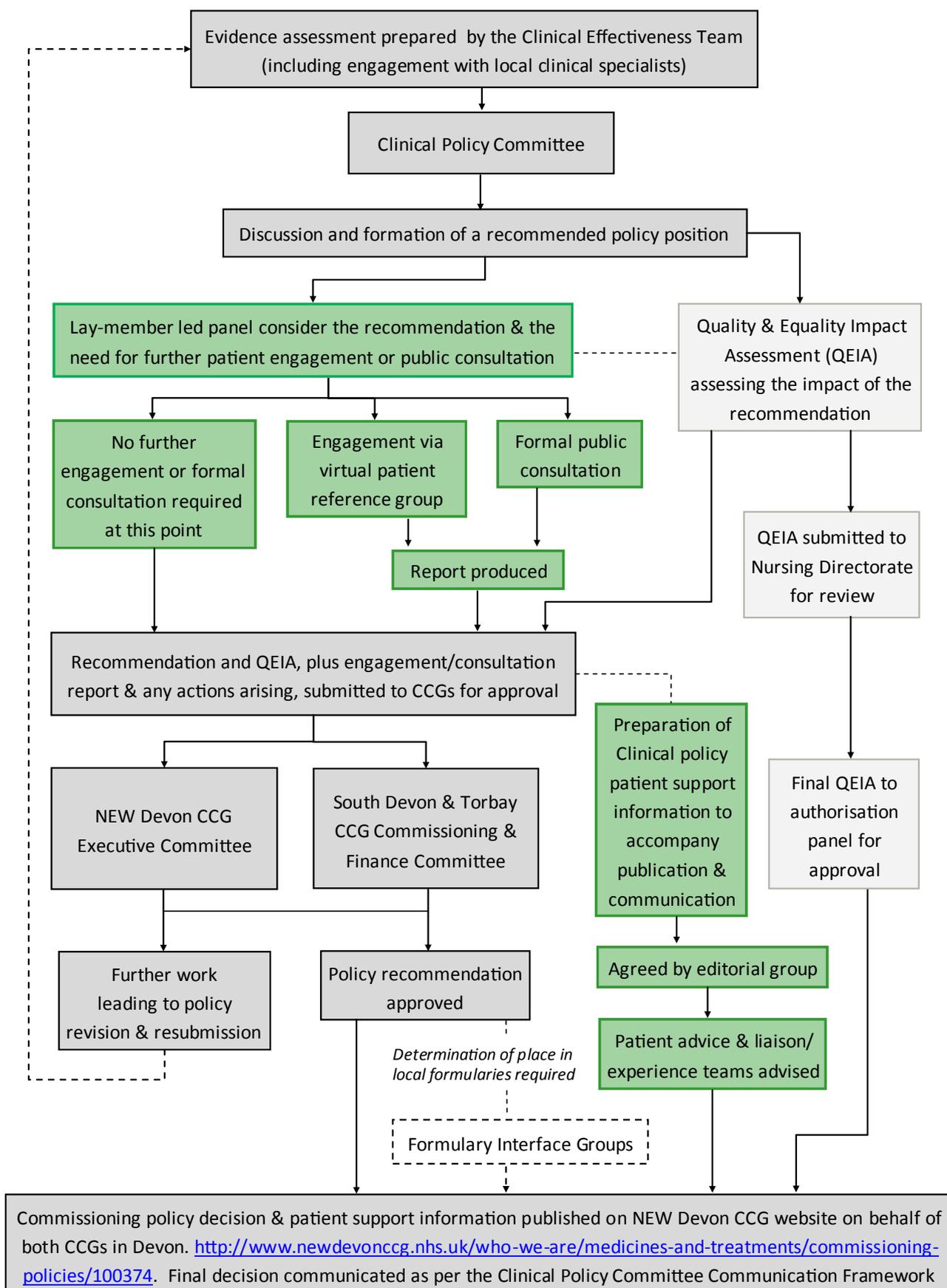
Capturing the public interest issues

- 4.9 The group will apply a systematic process to capturing themes which are in the public interest to produce a rounded identification of the key drivers to engage or consult on a particular issue.

5. Governance/ Reporting arrangements

- 5.1 The group will report to the Executive Committee of NEW Devon CCG and the Quality Committee of South Devon and Torbay CCG.
- 5.2 The Terms of Reference will be reviewed annually.

Clinical policy engagement/consultation and communication process



Clinical Policy Engagement & Consultation Panel

Attendance Register

Name	Role	Meetings attended/ possible
Alex Aylward VOTING MEMBER	Lay Member, Patients and Public, NEW Devon CCG	5 / 5
Jono Broad VOTING MEMBER	Lay Member, Clinical Policy Committee	4 / 5
Ray Chalmers	Head of Communications and Strategic Engagement, South Devon and Torbay CCG <i>(from 28/09/2015)</i>	2 / 3
Sallie Ecroyd	Head of Communications and Strategic Engagement, South Devon and Torbay CCG <i>(until end of August 2015)</i>	2 / 2
Rebecca Heayn	Clinical Effectiveness Governance Manager, NEW Devon CCG	5 / 5
Jenny McNeill	Associate, NEW Devon CCG	4 / 5
Mac Merrett VOTING MEMBER	Lay Member, Clinical Policy Committee	4 / 5
Chris Peach VOTING MEMBER	Non-Executive Director (Patient and Public Involvement), South Devon and Torbay CCG	5 / 5
Chris Roome	Head of Clinical Effectiveness, NEW Devon CCG	5 / 5



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Register of Interest

Name	Declaration date or amendment to declaration	Title	Declaration
Alex Aylward	05/02/2013 amended 07/10/2015	Lay Member, Patients and Public, NEW Devon CCG	Member of Royal Devon and Exeter NHS Foundation Trust Providing pastoral support as part of the Devon LMC pastoral support team
Jono Broad	14/08/2015 amended 31/12/2015	Lay Member, Clinical Policy Committee	Working with the SWAHSN as a patient advisor on medicines optimisation and patient safety. Involved with the NHS Leadership Academy for patient engagement. School Governor for Ashleigh Road Primary School Lecturer for Northern Devon Healthcare Preceptor programme and Essential skills for Support workers programme. Associate Non-Executive Director for Northern Devon Healthcare Trust (<i>from 01/02/2016</i>)

Name	Declaration date or amendment to declaration	Title	Declaration
Ray Chalmers	23/10/2015	Head of Communications and Strategic Engagement, South Devon and Torbay CCG <i>(from 28/09/2015)</i>	Nil
Sallie Ecroyd	20/07/2015	Head of Communications and Strategic Engagement, South Devon and Torbay CCG <i>(until end of August 2015)</i>	Nil
Rebecca Heayn	24/06/2015	Clinical Effectiveness Governance Manager, NEW Devon CCG	Nil
Jenny McNeill	10/08/2015	Associate, NEW Devon CCG	Spouse is manager in Northern Devon Healthcare NHS Trust with main responsibility in managing community specialty services.
Mac Merrett	23/08/2015	Lay Member, Clinical Policy Committee	Chair RD&E Cancer User Group. Vice Chair Peninsular Cancer Group. Member of Citizen Assembly. Sit on various Cancer groups within the Peninsular. Parish Councillor.
Chris Peach	08/07/2015 amended 30/10/2015	Non-Executive Director (Patient and Public Involvement), South Devon and Torbay CCG	Deputy Chairman of South & West Devon Magistrates Bench
Chris Roome	24/06/2015	Head of Clinical Effectiveness, NEW Devon CCG	Nil