

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

**Clinical Policy Committee (CPC)  
Minutes**

**Wednesday 10<sup>th</sup> June 2015, 9.30 am to 12.30 pm  
Committee Suite, County Hall, Exeter**

**Present:**

|                        |                                                |                            |
|------------------------|------------------------------------------------|----------------------------|
| Dr Jo Roberts* (Chair) | GP Clinical Commissioner                       | South Devon & Torbay CCG   |
| Dr Mick Braddick*      | GP Clinical Commissioner                       | NEW Devon CCG              |
| Jono Broad             | Lay Member                                     |                            |
| Rob Cowdry             | Contracts Governance Manager                   | NEW Devon CCG              |
| Dr Andrew Craig*       | GP Clinical Commissioner                       | NEW Devon CCG              |
| Dr Tawfique Daneshmend | Consultant Gastroenterologist & Hepatologist   | RD&E NHS FT                |
| Paul Foster            | Chief Pharmacist                               | SDHC NHS FT                |
| Andrew Kingsley        | Patient Safety and Quality                     | NEW Devon CCG              |
| Dr Peter Leman*        | GP Clinical Commissioner                       | NEW Devon CCG              |
| Dr Phil Melliush*      | GP Clinical Commissioner                       | South Devon and Torbay CCG |
| Mac Merrett            | Lay Member                                     |                            |
| Samantha Morton        | Head of Contracting and Procurement            | South Devon and Torbay CCG |
| Chris Roome*           | Head of Clinical Effectiveness                 | NEW Devon CCG              |
| Dr Alison Round*       | GP Clinical Commissioner                       | NEW Devon CCG              |
| Tracey Polak           | Assistant Director/Consultant of Public Health | Devon County Council       |
| Dr Ben Waterfall*      | GP Clinical Commissioner                       | NEW Devon CCG              |

**Guests:**

|                   |                                           |                            |
|-------------------|-------------------------------------------|----------------------------|
| Mr Stuart Andrews | Consultant Colorectal and General Surgeon | SDHC NHS FT                |
| Simon Bell        | Chief Finance Officer                     | South Devon and Torbay CCG |
| Mr David Birchley | Consultant Surgeon                        | RD&E NHS FT                |
| Matt Howard       | Clinical Evidence Manager                 | NEW Devon CCG              |
| Hilary Pearce     | Clinical Effectiveness Pharmacist         | NEW Devon CCG              |
| Bethan Rogers     | Clinical Evidence Pharmacist              | NEW Devon CCG              |
| Rob Turner        | GP                                        | NEW Devon CCG              |
| Mr John Thompson  | Consultant Surgeon                        | RD&E NHS FT                |

**In attendance:**

|               |                                                   |               |
|---------------|---------------------------------------------------|---------------|
| Fiona Dyroff  | Clinical Effectiveness Governance Support Officer | NEW Devon CCG |
| Rebecca Heayn | Clinical Effectiveness Governance Manager         | NEW Devon CCG |

\* Denotes voting members

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## 1. Welcome and introductions

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Attendees were welcomed to the meeting.

### Apologies

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|--------------------|-------------------------------------------------------------------|---------------|
| Richard Croker     | Head of Medicines Optimisation<br>Northern and Eastern Localities | NEW Devon CCG |
| Miles Earl         | Contract Accountant                                               | NEW Devon CCG |
| Andrew Gunatilleke | Consultant in Pain Management and Anaesthesia                     | SDHC NHS FT   |
| Darunee Whiting    | GP Clinical Commissioner                                          | NEW Devon CCG |

### Notification of Any Other Business

Members were asked if they had any items of AOB to discuss.

### Confirmation of voting members and Declarations of Interest

The eight voting members present were identified.

Darunee Whiting had deputised voting to Chris Roome.

Declaration of interest forms were collected. The chair reviewed the Declaration of Interest forms. Declarations of Interest are recorded in the minutes.

| DRUG/TECHNOLOGY TO BE CONSIDERED                                               | PHARMACEUTICAL COMPANY /<br>MANUFACTURER / SERVICE PROVIDER     |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <b>Referral for the Surgical Management of Abdominal Wall Hernia in Adults</b> | As a provider of private treatments for patients with hernia    |
| <b>Cataract surgery</b>                                                        | As a provider of private treatments for patients with cataracts |

| NAME OF ATTENDEE | ROLE                                                                     |                                                                                                                          |
|------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| Fiona Dyroff     | Clinical Effectiveness Governance Support Officer                        | Family member referred for cataract surgery.                                                                             |
| Rebecca Heayn    | Clinical Effectiveness Governance Manager                                | Family member has had a cataract operation within the past 3 years and has been referred for a second for the other eye. |
| Jo Roberts       | GP Clinical Commissioner<br><br>Clinical Lead South Devon and Torbay CCG | Father due to have cataract surgery.                                                                                     |
| John Thompson    | Consultant Surgeon                                                       | Provider of a small number of private hernia repairs – approximately 30 per year.                                        |

## 2. Minutes of the meeting held on 29<sup>th</sup> April 2015 and matters/actions arising

### Annual report 2014 -15

Following the discussion at the meeting held on 29<sup>th</sup> April 2015, a query was raised with regard to chairing of the meeting in the event of the Chair of the committee not being available.

It was agreed that this could be any permanent member of the committee who was available for a pre meeting and easily contactable.

| <b>Summary of actions</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
|                           | <b>Action</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Lead</b>   |
| 15/01                     | <p><i>NICE CG164 familial breast cancer: Recommendation and summary of clinical discussion to be taken to the CCGs' executive groups.</i></p> <p><i>It is planned that the final recommendations will be submitted to NEW Devon CCG and South Devon and Torbay CCG Executive Group meetings in April 2015.</i></p> <p><i>This had been delayed pending a subsequent response from NICE to the earlier queries raised. Nothing further has been received. Final recommendation to be submitted to the CCG Executive Groups next meeting (May/June 2015) for approval.</i></p> <p>The recommendation has been submitted to the CCGs' Executive Groups. Subsequently the recommendation has been approved by South Devon and Torbay CCG and is pending, along with the QEIA for NEW Devon CCG.</p> | Rebecca Heayn |
| 15/09                     | <p><i>Commissioning policy for Lixisenatide for the treatment of type 2 diabetes to be published.</i></p> <p><i>The decision has been taken to the North and East Formulary Interface Group and is due to be taken to the South and West Formulary Interface Group. Once formulary discussions are complete, the policy will be published.</i></p> <p>The policy has been discussed at both the Formulary Interface Groups. Sign off of the QEIA is awaited.</p>                                                                                                                                                                                                                                                                                                                                | Rebecca Heayn |
| 15/11                     | <p>Policy for Cataract surgery to be revised and shared with specialists prior to its return to Clinical Policy Committee for a recommendation to the CCGs' Executive Committees.</p> <p>This item was included on the meeting agenda.</p> <p>Action complete.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               |
| 15/12                     | <p>Recommendation and QEIA for Brimonidine for the symptomatic treatment of facial erythema of rosacea in adult patients to be submitted to CCGs executive groups for approval.</p> <p>This has been approved by the CCGs' Executive Groups, sign off of the QEIA is awaited.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Rebecca Heayn |
| 15/13                     | <p><i>Recommendation and QEIA for the Assessment and removal of benign skin and subcutaneous lesions to be submitted to the CCGs' Executive Groups for approval.</i></p> <p>Further clarification of the referral pathway is required.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Rebecca Heayn |

|       |                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 15/14 | Governing bodies of NEW Devon CCG and South Devon and Torbay CCG to be asked to ratify and endorse the annual report of the Clinical Policy Committee.<br><br>The annual report has been submitted to and signed off by the Governing bodies of the CCGs'<br><br>Action complete.                                                                                                                                              |            |
| 15/15 | Annual report to be published following ratification.<br><br>Action complete.                                                                                                                                                                                                                                                                                                                                                  |            |
| 15/16 | <i>Letter to be written to Clinical and Medical Directors of local trusts with regard to clinician engagement in the process of policy development and at CPC meetings.</i><br><br>A letter had been drafted. At a subsequent meeting between Jo Roberts, Ali Round and Chris Roome it had been felt the issue of engagement was relevant to a wider group of clinicians including GPs. A more generic letter will be drafted. | Jo Roberts |

### 3. The Specialist Management of Abdominal Wall Hernias in Adults

The proposed commissioning policy aims to ensure equitable management of patients with abdominal wall hernias across Devon. Bethan Rogers, Clinical Evidence Pharmacist, NEW Devon CCG presented a draft policy. Rob Turner, GP NEW Devon CCG, Mr Stuart Andrews, Consultant Colorectal and General Surgeon at South Devon Healthcare NHS Foundation Trust and Mr David Birchley, Consultant Surgeon and Mr John Thompson, Consultant Surgeon at Royal Devon and Exeter NHS Foundation Trust took part in the discussion.

Currently no commissioning policies are in place across Devon for the specialist or surgical management of hernias. Standardised data suggests that NEW Devon and South Devon and Torbay CCGs are outliers amongst the South of England Commissioning Region with 30% higher rates of hernia repair. The committee were asked to make a recommendation to the executive group of NEW Devon CCG and to the Executive Group of South Devon and Torbay CCG on whether the proposed commissioning policy should be accepted for use.

The policy is based on the interim NHS England Commissioning policy and is largely supported by guidance from the Royal College of Surgeons and the British Hernia Society. It was developed in conjunction with Planned Care GP leads and has been circulated for comment to all surgeons across NEW Devon and South Devon and Torbay who indicated that they would like to be involved in its development. Additional comments on the final draft from local surgeons were tabled at the meeting.

The policy can be considered in three sections, lifestyle management, groin hernias and umbilical and incisional hernias. Although it does not form part of the referral criteria, the policy advises that GPs should encourage patients to lose weight and stop smoking prior to surgical hernia repair. Evidence from two large Swedish registry studies suggests that patients with a BMI >30 and patients who smoke have an increased risk of postoperative complications. Literature also suggests that obese patients may have an increased risk of developing an umbilical or incision hernia and as such an increased risk of recurrence following surgical repair.

Initial comments from Planned Care GPs and one local surgeon raised concerns surrounding the diagnostic uncertainty in groin hernias. As such the proposed policy recommends that all groin hernias (with the exception of asymptomatic inguinal hernias in patients who do not wish to undergo surgery) should be referred for specialist assessment. This is due to the risk of incarceration and strangulation associated with femoral hernias.

The surgical repair of asymptomatic or minimally symptomatic inguinal hernias in men will not be commissioned. This is supported by two randomised control trials (RCT) one undertaken in the

USA and one in the UK. These found that pain was not significantly different between the watchful waiting and surgical repair groups at 1 or 2 years. The outcomes of 2 long-term follow-up studies were also reported. Both found that the rate of acute hernia presentation was low but that 43 to 54% of patients crossed over to surgery after 5 years. Women have a higher mortality risk compared to men, due to a greater risk of emergency procedure irrespective of hernia anatomy and as a result are eligible for elective surgery regardless of symptoms. The proposed referral criteria for umbilical and incisional hernias are based on the NHS England Commissioning Policy. No concerns or objections relating to these criteria have been raised by specialists during consultation.

A single cost-effective analysis undertaken in conjunction with the USA RCT was identified. This found that watchful waiting of inguinal hernias in men was cost-effective at 2 years. However it was not possible to directly use the ICER generated or conclusions drawn as main cost differences were due to USA in-patient care. The financial impact of the proposal is difficult to estimate because of the range of criteria for referral and access to surgery as well as differences in management. The Clinical Effectiveness Team thus estimated a range of financial impact. A 10% reduction in the number of elective inguinal hernia repairs across Devon would save approximately £184,000 annually. With an additional £122,000 estimated following a reduction in elective incisional hernia repairs. Standardised data also suggests that if the rate of hernia surgery for NEW Devon CCG was equivalent to the national rate, the reduction in procedures would result in an estimated cost saving of approximately £294,000 per annum.

The committee discussed a number of issues pertinent to the development of this policy:

- There was general agreement with the policy. The surgeons felt that the policy was in line with their current practice and therefore did not expect a significant reduction in the number of operations they undertook.
- Identification of patients for treatment was discussed together with the risks and quality of life implications of not treating. It was noted that the definition of functional impairment had been worked up involving primary care doctors in both CCGs and was designed to be applicable to a wide range of surgical policies. The Individual Patient Funding Panel Chair was involved in this as panel decisions often involve a consideration of functional abilities.
- The reason why more abdominal hernia repairs are undertaken in Devon than in other parts of the South of England Commissioning Region had not been identified. A number of possibilities for this were suggested. The possibility of work being undertaken in the future to try to understand the issues was raised.
- The possible role of DRSS as an arbitrator was discussed; however some members of the committee did not feel that this would be appropriate.

The committee voted 5 to 3 in favour of recommending acceptance of the proposed policy. Those voting against cited concern over the definition of pain and impairment.

**ACTION: Policy recommendation and QEIA to be prepared. The need for any wider consultation to be determined by the lay-member led panel process being piloted. Pending outcome (and any consultation where required) recommendation to be submitted to the CCGs' executive groups for approval.**

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#### 4. Cataract surgery

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The policy for cataract surgery was discussed at the CPC meeting which took place on 29<sup>th</sup> April 2015. During the meeting it was agreed that a further consultation for specialists would take place over whether a criterion for factors which increase the risk of intraoperative or postoperative complications should be included in the policy. If approved, patients meeting this criterion would not have to meet other criteria for surgery.

Mr Quinn, Consultant Ophthalmologist at the Royal Devon and Exeter NHS Foundation Trust requested that pseudoexfoliation syndrome be considered for inclusion in the policy as a sole qualifying criterion for cataract surgery. None of the ophthalmologists from the remaining acute trusts proposed other additions to the policy. A member of the Clinical Effectiveness Team, NEW Devon CCG presented the CPC paper. Mr Quinn was asked to attend the meeting to support his proposal but was unable to do so.

Mr Quinn was asked to provide a summary of the evidence supporting the inclusion of pseudoexfoliation syndrome to the policy. He provided the abstracts for five papers and commentary. These included a review, an analysis of the National Cataract Dataset, two prospective studies from India and Pakistan and a case report of a patient with pseudoexfoliation syndrome who did not develop intraoperative or post-operative complications of surgery. The abstracts were included in the meeting papers with Mr Quinn's commentary and comments from the Clinical Effectiveness Team. Written comments from specialists from the other acute trusts across Devon were submitted to the committee.

Using data from the UK National Cataract Dataset, it was estimated that pseudoexfoliation syndrome would be present in 29 out of almost 2400 procedures per year in South Devon and Torbay CCG and 99 out of approximately 8250 procedures per year in NEW Devon CCG.

The Committee were asked to consider whether this evidence supports the addition of a criterion to the policy which would allow routine commissioning of cataract surgery in patients with pseudoexfoliation syndrome. If approved, patients meeting this criterion would not have to meet other criteria for surgery.

The committee considered issues pertinent to the proposed addition to the draft policy for cataract surgery with regard to patients with pseudoexfoliation syndrome.

- Cataract surgery is not routinely recommended until the cataract causes visual impairment which results in difficulties in everyday life.
- The quality of evidence submitted to support mitigation of surgical complications by conducting surgery at levels of visual acuity that has not declined to 6/12.
- The committee did not feel that the evidence supported the proposal.

The Committee voted unanimously that pseudoexfoliation syndrome should not be specifically included in the policy as a sole qualifying criterion for cataract. The proposed policy is recommended without this addition.

**ACTION: Policy recommendation and QEIA to be prepared. The need for any wider public consultation to be determined by the lay-member led panel process being piloted 24 June. Pending outcome (and any consultation where required) recommendation to be submitted to CCGs executive groups for approval.**

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## 5. Update from NICE Planning, Quality and Assurance Group (NPAG)

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The committee received a verbal summary of the NPAG meeting which had taken place on Tuesday 19<sup>th</sup> May 2015. It was noted that fourteen pieces of NICE Guidance had been considered. Four of these were Technology Appraisals and have been added to the formularies. Of these three are CCG commissioned and one NHS England commissioned.

One piece of Public Health Guidance had been considered. This was Vitamin D: increasing supplement use among at-risk groups (PH56). The public health representative on NPAG is looking at means of provision of vitamin D supplementation in Devon. Further information is expected to be published by the Scientific Advisory Committee on Nutrition.

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## 6. Any other Business

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There was no other business to report.

| <b>Summary of actions</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
|                           | <b>Action</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Lead</b>   |
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| 15/13                     | <p>Recommendation and QEIA for the Assessment and removal of benign skin and subcutaneous lesions to be submitted to the CCGs' Executive Groups for approval.</p> <p>Further clarification of the referral pathway is required.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Rebecca Heayn |
| 15/16                     | <p>Letter to be written to Clinical and Medical Directors of local trusts with regard clinician engagement in the process of policy development and at CPC meetings.</p> <p>A letter had been drafted. At a subsequent meeting between Jo Roberts, Ali Round and Chris Roome it had been felt the issue of engagement was relevant to a wider group of clinicians including GPs. A more generic letter will be drafted.</p>                                                                                                                                                                                                                                                                                                                                                | Jo Roberts    |
| 15/17                     | <p>The Specialist Management of Abdominal Wall Hernias in Adults: Policy Recommendation and QEIA to be prepared and subsequently progressed to final CCG approval and communication.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Rebecca Heayn |
| 15/18                     | <p>Cataract Surgery: Policy Recommendation and QEIA to be prepared and subsequently progressed to final CCG approval and communication.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Rebecca Heayn |