



Northern, Eastern and Western Devon  
Clinical Commissioning Group

South Devon and Torbay  
Clinical Commissioning Group

# **Clinical Policy Engagement and Consultation Panel Annual Report**

## **2017-2018**

Date: April 2018



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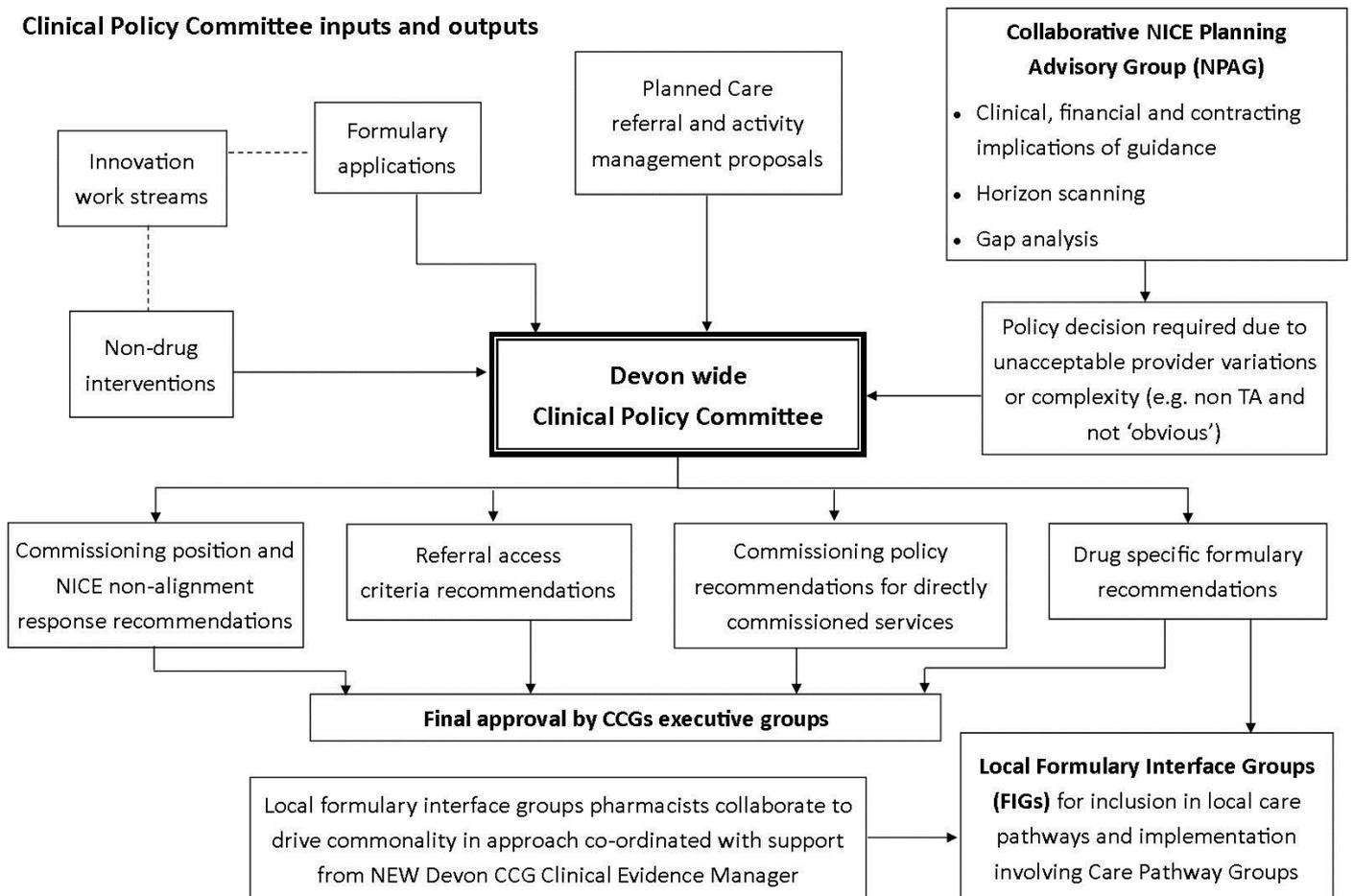
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## 1. Introduction

- 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 The work programme of the Clinical Policy Committee is proactive and responsive to a number of sources as shown in figure 1, below.

**Figure 1: Clinical Policy Committee inputs and outputs**

### Clinical Policy Committee inputs and outputs



- 1.5 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.
- 1.6 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.

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## **2. The Process**

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### **Panel process and meeting arrangements**

- 2.1 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.
- 2.2 This includes whether the reason for introducing the policy is plausible and if the output addresses this intent, and if the effects on individual patients and carers, and the wider consequences on society and the opportunity cost have all been considered. There is also discussion of knowledge of public concern in relation to the disease and the specific intervention and what information on the treatment and condition is available to the public via NHS Choices.
- 2.3 A copy of the discussion/ notes aid used when considering the public interest issues is given in **Appendix 1**.
- 2.4 There are broadly three levels of determination arising from the panel's consideration of a clinical policy recommendation:
  - 1) No further engagement or formal consultation is required at this stage;
  - 2) Information/ action recommended to support publication and communication of the policy;
  - 3) Formal public consultation should be carried out.
- 2.5 The recommendations made by the panel in respect of any further engagement or formal public consultation required are reported to the CCGs' executive groups.

- 2.6 The panel comprises eight members from across both CCGs in Devon as follows:
- Lay Public Members of the Clinical Policy Committee (x2)
  - Governing Body Lay Members who champion patient and public involvement (x2)
  - Engagement and communications representatives (x2)
  - Head of Clinical Effectiveness
  - Clinical Effectiveness Governance Manager
- 2.7 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.
- 2.8 Secretariat support for the group is provided by the Clinical Effectiveness Team, NEW Devon CCG.

### **Terms of reference**

- 2.9 The terms of reference of the Clinical Policy Engagement and Consultation Panel are included in **Appendix 2**.
- 2.10 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>
- 2.11 A flowchart of the clinical policy engagement/consultation and communication process is shown in **Appendix 3**.

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## **3. Governance arrangements**

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### **Quorum and attendance**

- 3.1 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 public member.
- 3.2 A register of meeting attendance for 2017-18 is shown in **Appendix 4**.

## **Membership**

- 3.3 The panel welcomed Mark Taylor as the new Clinical Policy Committee lay public member from 1 April 2017.
- 3.4 To facilitate regular attendance to support the panel, it was proposed by Jenny McNeill in February 2018 that she share her role with Jon Taylor. It was acknowledged that the regular attendance and support of the panel advisory members is helpful in enabling the panel to maintain an awareness of the broader local health context, and other CCG processes, issues and priorities.

## **Declaration of Interests**

- 3.5 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.
- 3.6 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 5**.

## **Reporting arrangements**

- 3.7 With the closer working arrangements between NEW Devon CCG and South Devon and Torbay CCG over the past year, a number of committees have been aligned to work as committees in common. This has resulted in Clinical Policy Committee recommendations now being submitted for commissioning approval to a single executive group for both CCGs, rather than the previous separate committees in NEW Devon CCG and South Devon and Torbay CCG respectively.
- 3.8 The CCGs similarly now operate an Engagement Committee in common, replacing the previous Engagement Committee for South Devon and Torbay CCG and the Patient and Public Engagement Committee for NEW Devon CCG.
- 3.9 It is proposed that the panel Terms of Reference are updated to reflect these changes in reporting arrangements.
- 3.10 The minutes of meetings are shared and regular updates given to the Clinical Policy Committee as a standing agenda item.

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## **4. Panel recommendations**

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4.1 Five meetings of the Clinical Policy Engagement and Consultation Panel were convened in 2017-18, considering and making recommendations to the CCGs' executive groups on a total of 9 clinical policy recommendations as detailed below:

- 1) Sodium oxybate for narcolepsy with cataplexy
- 2) Lecicarbon A suppositories for constipation
- 3) Safinamide (Xadago<sup>®</sup>) for mid- to late-stage fluctuating Parkinson's Disease
- 4) Tiotropium bromide monohydrate and olodaterol hydrochloride (Spiolto<sup>®</sup> Respimat<sup>®</sup>) combination inhaler for chronic obstructive pulmonary disease (COPD)
- 5) Cryopreservation to preserve fertility
- 6) Proposed changes to the commissioning policy for Assisted Conception
- 7) Azelastine hydrochloride and fluticasone propionate (Dymista<sup>®</sup>) for allergic rhinitis
- 8) FreeStyle Libre device for interstitial glucose monitoring in diabetes
- 9) Management of Meibomian cysts (chalazia)

4.2 On discussion of the clinical policy recommendations listed above, the Panel were satisfied that the public interest issues had been fully considered and that further engagement or formal public consultation activity would not yield additional insights.

4.3 However the panel made some recommendations in relation to specific policy proposals to support the communication and implementation of these across Devon:

### **Cryopreservation to preserve fertility**

The panel noted that there would be a patient group receiving an ongoing service for which NHS funding would cease at a defined future date depending on their current age. For some this will be entitlement to NHS funding for a longer storage period whilst for others this would now cease sooner than they may have expected.

It was therefore recommended that patients who currently have cryopreserved material are informed of the revisions to the policy so that they can understand how this may affect them. The CCGs should engage with the fertility centres in order to identify and communicate

with those individuals affected. This should accompany communication/publication of the revised cryopreservation to preserve fertility policy.

### **FreeStyle Libre device for interstitial glucose monitoring in diabetes**

The panel felt that due to high levels of interest in the FreeStyle Libre Device from the diabetes community, a letter should be drafted for specialists who run secondary care diabetes clinics clearly explaining the policy position, the reasons for it and where patients can access information on the policy from the CCG.

This information should also be made available to the CCGs' patient advice and engagement teams to provide the explanation being given to patients who are not eligible for the device due to not meeting the criteria.

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## **5. Conclusion**

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- 5.1 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.
- 5.2 The panel sits within the context of the wider engagement processes of the respective CCGs.
- 5.3 Five meetings of the Clinical Policy Engagement and Consultation Panel were convened in 2017-18, considering and making recommendations to the CCGs on a total of 9 clinical policy recommendations.
- 5.4 It is proposed that the Terms of Reference are updated to reflect the changes in committee structures, and hence the reporting arrangements of the panel.
- 5.5 This annual report will be submitted to the CCGs for acceptance and assurance via the CCGs' Engagement Committee, and to the Clinical Policy Committee for information. The report will then be made publicly available via the NEW Devon CCG website on behalf of both CCGs in Devon.



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## Clinical Policy Engagement and Consultation Panel

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### Capturing the public interest issues – discussion/ notes aid

Clinical policy recommendation considered: \_\_\_\_\_

Theme	Notes
1) Is the reason for introducing the policy plausible?	
2) Does the policy output address this intent?	
3) Have the effects of the policy on individual patients and carers been considered?	
4) Have the wider consequences on society been considered?	
5) Has the opportunity cost been considered?	
6) Is there knowledge of public concern in relation to: <ul style="list-style-type: none"> <li>a) the disease?</li> <li>b) the specific intervention?</li> </ul>	
7) What information on the treatment and condition is available to patients via NHS Choices?	





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## **Clinical Policy Engagement and Consultation Panel**

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### **Terms of Reference**

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#### **1. Purpose of the Group**

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- 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.

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#### **2. Functions**

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- 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.

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#### **3. Membership**

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- 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.

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#### **4. Meetings and Conduct of Business**

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- 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.

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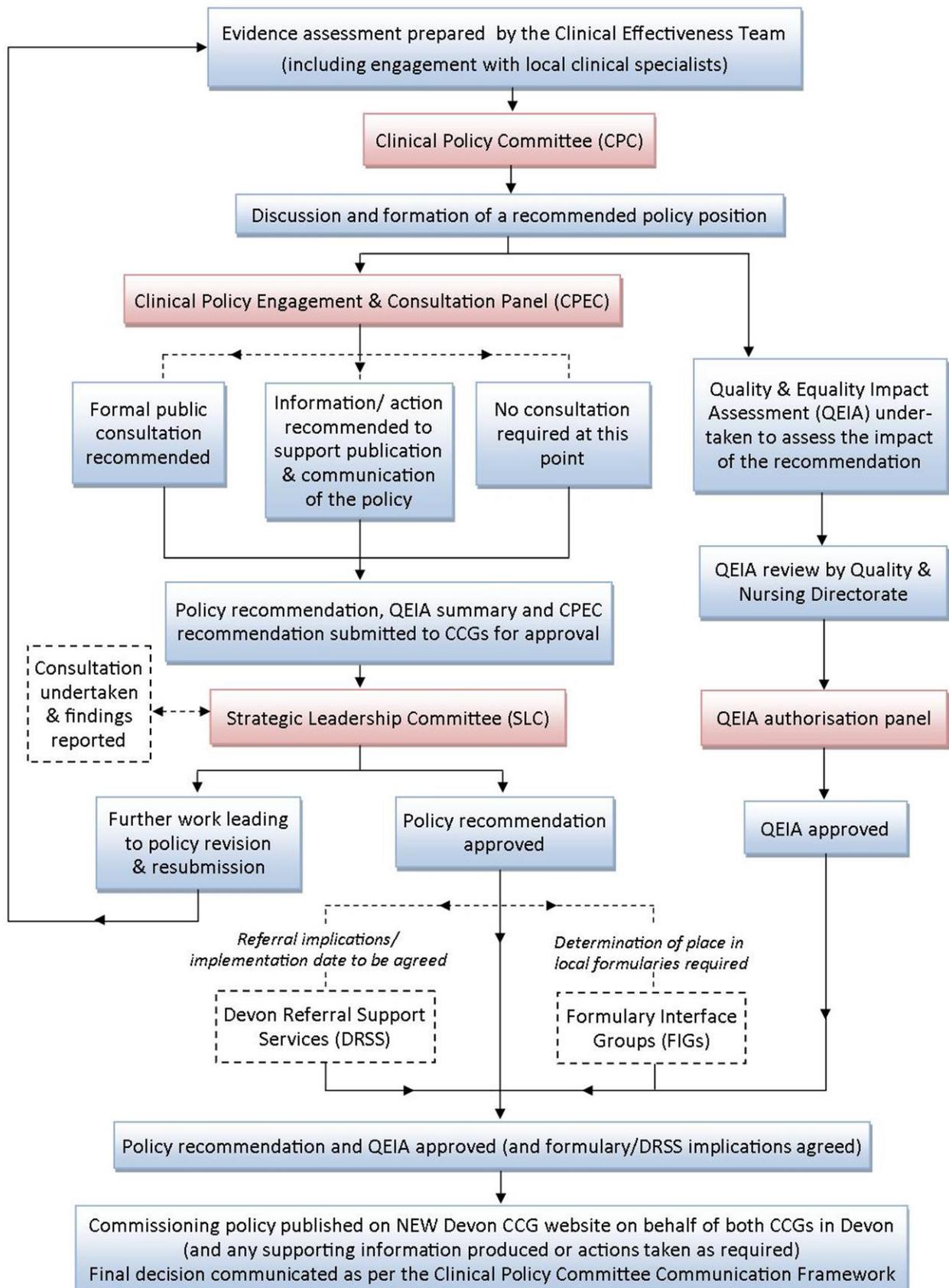
## **5. Governance/ Reporting arrangements**

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- 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 (Jan 2018)**





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## Clinical Policy Engagement & Consultation Panel

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### Attendance log

Name	Role	Meetings attended / possible
<b>Voting members</b>		
Mac Merrett	Lay Public Member, Clinical Policy Committee	4 / 5
Mark Taylor	Lay Public Member, Clinical Policy Committee	5 / 5
Chris Peach	Non-Executive Director (Patient and Public Involvement), South Devon and Torbay CCG	4 / 5
Jennie Willmott	Lay Member, Patients and Public, NEW Devon CCG	3 / 5
<b>Advisory and supporting members</b>		
Chris Roome	Head of Clinical Effectiveness, NEW Devon CCG	5 / 5
Rebecca Heayn	Clinical Effectiveness Governance Manager, NEW Devon CCG	4 / 5
Fiona Dyroff	Clinical Effectiveness Governance Support Officer, NEW Devon CCG	1 / 1
Ray Chalmers	Head of Communications and Strategic Engagement, South Devon and Torbay CCG	4 / 5
Jenny McNeill	Associate, NEW Devon CCG	2 / 5
Jon Taylor	Commissioning Transformation Manager – Strategy, NEW Devon CCG	1 / 1





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## Clinical Policy Engagement & Consultation Panel

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### Register of Interest (at 31 March 2017)

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	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 amended 11/10/2016; 07/06/2017	Lay Public Member, Clinical Policy Committee	Chair RD&E Cancer User Group. Vice Chair Peninsular Cancer Group. Sit on various Cancer groups within the Peninsular. Parish Councillor. Representative on the Cancer Alliance.

Name	Declaration date or amendment to declaration	Title	Declaration
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
Jon Taylor	01/02/2018	Commissioning Transformation Manager – Strategy, NEW Devon CCG	Member of Plymouth City Council Director of Four Greens Community Trust
Mark Taylor	03/05/2017	Lay Public Member, Clinical Policy Committee	Albany Medical Clinic (GP Practice Newton Abbot), member of Patient Participation Group.  Foundation Trust member: <ul style="list-style-type: none"> <li>- Royal Devon &amp; Exeter</li> <li>- Torbay and South Devon</li> <li>- Devon Partnership</li> <li>- Royal Brompton and Harefield</li> </ul> Vice-chair Step One Charity (incorporates St Loye's and Community Care Trust SW)
Jennie Willmott	01/04/2016 amended 07/04/2016	Lay Member, Patients Public Engagement, NEW Devon CCG	Lay Member on the North and East Devon Advisory Sub Committee for the Lord Chancellors Advisory Committee on Justices of the Peace for Devon and Cornwall.  Company Secretary to Willmott Technical Services. Member of Devon Healthwatch.