Derbyshire CPAG Bulletin

April 2022

Clinical Policy Advisory Group (CPAG)

CPAG DECISION MAKING DURING THE COVID PANDEMIC

CPAG DECISION MAKING DURING THE COVID-19 PANDEMIC – UPDATED MAY 2021

Following a recent review, and in light of the successful COVID-19 vaccination programme, it has been agreed that CPAG meetings, commencing 15th July 2021, will be held on a three-monthly basis via MS Teams. These will be for items that require an in-depth discussion. For those monthly meetings which fall in-between we will continue to circulate routine papers for virtual agreement. This arrangement will continue to be monitored in accordance with the CCGs Business Continuity levels and the COVID-19 pandemic.

CLINICAL & GOVERNANCE POLICIES UPDATED
PROCEDURES OF LIMITED CLINICAL VALUE POLICIES

Research evidence shows that some interventions are not clinically effective or only effective when they are performed in specific circumstances. The purpose of the Procedures of Limited Clinical Value (PLCV) policy is to clarify the commissioning intentions of the Clinical Commissioning Group (CCG). The CCG will only fund treatment for clinically effective interventions that are then delivered to the appropriate cohort of patients.

Clinical Policy	Key Changes
Diagnostic Knee Arthroscopy Policy *NEW POLICY*	Derby and Derbyshire CCG, in line with its principles for procedures of limited clinical value has deemed that Diagnostic Knee Arthroscopy should not routinely be commissioned unless the criteria within the policy are met. Diagnostic Knee Arthroscopy has changed from a "do not commission" Position Statement into a restrictive policy following stakeholder engagement, as there are circumstances where it is appropriate to scope a knee to clarify diagnosis and plan intervention. Diagnostic Knee Arthroscopy will only be funded in patients: • With clear history of mechanical symptoms e.g. locking that have not responded to at least 3 months of non-surgical treatment **AND** • Where a detailed understanding of the degree of compartment damage within the knee is required, above that demonstrated by imaging, when considering patients for certain surgical interventions (e.g. high tibial osteotomy) A Diagnostic Knee Arthroscopy is a surgical procedure that allows for the inspection of the knee joint without making a large incision through the skin and soft tissues. It is used to diagnose problems in the knee joint. It has been used extensively in the past to diagnose knee problems, but this is no longer appropriate due to the invasive nature of the procedure and the increasing access to less invasive diagnostic methods such as MRI.
Arthroscopic Knee Washout for patients with Osteoarthritis Policy	Derby and Derbyshire CCG, in line with its principles for procedures of limited clinical value has deemed that Arthroscopic Knee Washout for Patients with Osteoarthritis should not routinely be commissioned unless the criteria within the policy are met. The following minor amendment has been made to the policy: • cross-reference to the DDCCG Diagnostic Knee Arthroscopy Policy There has been no new significant robust evidence or new national guidance that has been published since the policy was last reviewed in July 2019 that requires a change reflecting in the policy's criteria or commissioning stance. Osteoarthritis of the knee can cause pain, stiffness, swelling and difficulty in walking. Arthroscopic washout of the knee is an operation where an arthroscope (camera) is inserted into the knee along with fluid. Occasionally loose debris drains out with the fluid, or debridement, (surgical removal of damaged cartilage) is performed, but the procedure does not improve symptoms or function of the knee joint.

Intrauterine Insemination (IUI) Policy	This policy is not a fertility treatment policy. The intention of this policy is to aid couples who are unable to have regular intercourse demonstrate infertility. The NHS treatment pathway for infertility starts once infertility is confirmed. Derby and Derbyshire CCG (DDCCG) has restricted the access of Intrauterine Insemination (IUI).
	
	• DDCCG will fund 6 cycles of IUI for the patient groups listed below ONLY once the patient has self-funded the initial 6 cycles of IUI and have been unsuccessful in achieving a pregnancy, despite evidence of normal ovulation, tubal patency and semen analysis.
	  ○ For the purpose of access to NHS services, donor or partner insemination should be undertaken in a clinical setting with an initial clinical assessment and appropriate investigations.
	
	• IUI should be considered as an alternative to vaginal sexual intercourse in the following groups of patients:
	  ○ People who are unable to, or would find it very difficult to, have vaginal intercourse because of a clinically diagnosed physical disability or psychosexual problem who are using partner or donor sperm:
	  ○ People with conditions that require specific consideration in relation to methods of conception (for example, after sperm washing where the man is HIV positive).
	  ○ People in a same-sex relationship where one of the partners has an intact uterus.

	• DDCCG will fund the initial 6 IUI cycles where the male partner is HIV positive AND the couple is clinically indicated to receive IUI following a successful sperm washing procedure. This is because IUI in these circumstances is regarded as a harm reduction measure
	  ○ In these circumstances the initial 6 cycles of IUI will be funded.
	  ○ Where achieving a pregnancy has been unsuccessful after the initial 6 cycles of IUI, DDCCG will fund another 6 cycles of IUI.
	  ○ Sperm washing should be offered where the man is:
	  ▪ not compliant with highly active antiretroviral treatment (HAART), OR
	  ▪ his plasma viral load is ≥50 copies/ml.
	
	• IVF will only be considered once couples who fall into the groups of patients listed above are unsuccessful in achieving a pregnancy after completing 12 cycles of IUI.
	
	• Where, after 12 cycles of IUI, a pregnancy has not been achieved the couple will be considered for IVF. See IVF ISCI within Tertiary Infertility Services Policy
	
	The following minor amendment has been made to the policy:
	• Removal of typo semanalysis to semen analysis in Eligibility Criteria
	• Update of 'Rationale for Recommendation' to include NICE recommendation
	• Addition of links to cross-referenced policies
	
	There has been no new significant evidence or new national guidance that has been published since the policy was last reviewed in July 2019 that requires a change reflecting in the policy's criteria or commissioning stance.
	
	IUI is a form of fertility treatment where better-quality sperm are separated from slower/non-moving or abnormally shaped sperm and then inserted into the uterine cavity around the time of ovulation. IUI can be carried out in a natural cycle, without the use of drugs, or the ovaries can be stimulated with oral antioestrogens or gonadotrophins.

Meibomian Cyst (Chalazion) Policy	Derby and Derbyshire CCG, in line with its principles for procedures of limited clinical value has deemed the Incision and Curettage OR Intra-Lesion Steroid Injection of a Meibomian Cyst should not be routinely commissioned unless TWO OR MORE of the criteria within the policy are met. The following amendment has been made to the policy: • Derby and Derbyshire CCG, in line with its principles for procedures of limited clinical value has deemed the "**incision and curettage of chalazia should routinely be commissioned only if the patient meets two or more of the following criteria"** has been re-worded to say" **Incision and Curettage OR Intra-Lesion Steroid Injection of a Meibomian Cyst should not be routinely commissioned unless TWO OR MORE of the following criteria have been met (noting the clinical criteria remaining unchanged).** There has been no new significant evidence or new national guidance that has been published since the policy was last reviewed in November 2019 that requires a change reflecting in the policy's criteria or commissioning stance. A meibomian cyst (chalazion) is a sterile, inflammatory granuloma caused by the obstruction of the meibomian gland. The gland normally produces lipid secretions which provide the lipid layer of the tear film. However, the obstruction of the gland duct causes the gland to enlarge and rupture, releasing the accumulated lipid contents into the surrounding eyelid soft tissue. This triggers an inflammatory reaction against the lipid content, which subsides with time. Eventually, the meibomian cyst often becomes painless and non-tender. A meibomian cyst may develop acutely with an oedematous, erythematous eyelid or arise insidiously as a firm, painless nodule. Most meibomian cysts resolve spontaneously or with conservative management, although this may take weeks or months.
Continuous Glucose Monitoring (CGM) Policy	The Continuous Glucose Monitoring (CGM) policy will be extended for six months whilst there are ongoing discussions with the Derbyshire Diabetes Group regarding the updated NICE Guidelines. NICE have recently updated three guidelines NG17, NG18 and NG28 with the recommendations likely to result in broader access to isCGM and rtCGM devices. Whilst NICE Guidelines are not mandatory, the Derbyshire Diabetes Group across the system are currently working to understand implications in order to agree local policies and pathways for access to the intermittent CGM and real-time CGM.

MISCELLANEOUS INFORMATION	
Statement	**Summary**
OMNI Surgical System	The OMNI system is one of the new innovations in glaucoma which treats two separate procedures simultaneously, Trabeculotomy and Canoplasty. It has been developed by Sight Sciences and only recently received marketing approval by the FDA in 2021. CPAG support the NICE position who recommend the OMNI system enables a combination of two established IPGs. Changes to medical devices are to be approved under a Trusts own Governance Framework for established IPGs that have become common practice.

NICE INTERVENTIONAL PROCEDURES GUIDANCE, DIAGNOSTIC PROCEDURES, MEDICAL TECHNOLOGIES GUIDANCE AND MEDTECH INNOVATION BRIEFINGS (IPGS, DTG, MTGS, MIBS)

The DDCCG does not commission and will not fund any procedure or technology assessed by NICE under their IPG, MTG, DTG and MIB programmes unless:

- the provider has submitted a robust, evidenced based business case to the commissioner and this has been subsequently approved AND

- the NICE IPG states ‘use with standard arrangements for clinical governance, consent and audit’
- OR the NICE MTG states ‘the case for adoption within the NHS as described is supported by the evidence’
- OR the NICE DTG makes a recommendation as an option for use
- OR the NICE MIB has evaluated the innovation.

The following NICE programme outputs were noted by the group for the month of March 2022:

IPG/MTG/DTG/MIB	Description	Outcome
IPG717	Endoscopic full thickness removal of gastrointestinal stromal tumours of the stomach	NICE recommends further research – DDCCG do not commission
IPG718	Intramedullary distraction for lower limb lengthening	Special arrangements – DDCCG do not commission
IPG719	Endoscopic balloon dilation for subglottic or tracheal stenosis	Standard arrangements for babies, children, and young people. Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval Special arrangements for adults, DDCCG do not commission
IPG720	Percutaneous insertion of a cystic duct stent after cholecystostomy for acute calculous cholecystitis	Special arrangements for adults, DDCCG do not commission
IPG721	Liposuction for chronic lipoedema	NICE recommends further research – DDCCG do not commission
DG47	Freelite assays for diagnosing multiple myeloma and related conditions (terminated assessment)	NICE are no longer developing this guidance, DDCCG do not commission
MTG66	3C Patch for treating diabetic foot ulcers	Not recommended, DDCCG do not commission
MTG67	Prontosan for treating acute and chronic wounds	NICE recommends further research – DDCCG do not commission
MTG68	myCOPD for managing chronic obstructive pulmonary disease	NICE recommends further research – DDCCG do not commission
MTG69	UroShield for preventing catheter-associated urinary tract infections	NICE recommends further research – DDCCG do not commission
MIB287	Lumella point-of-care test for assessing pre-eclampsia risk	Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
MIB288	SecurePort IV tissue adhesive for use with percutaneous catheters	
MIB289	YOURmeds for medication support in long-term conditions	
MIB290	Genedrive MT-RNR1 ID System for detecting single nucleotide polymorphism m.1555A>G in newborn babies	
MIB291	icobrain ms for active relapsing–remitting multiple sclerosis	
MIB292	Artificial intelligence for analysing chest X-ray images	

Our CCG continues to monitor and implement IPGs with our main providers.