

## Clinical Policy Advisory Group (CPAG)

### 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 Integrated Care Board (ICB). The ICB will only fund treatment for clinically effective interventions that are then delivered to the appropriate cohort of patients. When updating Clinical Policies CPAG undertakes Stakeholder engagement with Specialists/Consultants.

Clinical Policy	Key Changes
<a href="#">Carpal Tunnel Syndrome Policy</a> (Full routine review)	<p>Derby and Derbyshire Integrated Care Board (ICB), in line with its principles for procedures of limited clinical value has deemed that Carpal Tunnel Syndrome should not routinely be commissioned unless the criteria within the policy are met.</p> <p>There has been no new significant robust evidence or new national guidance that has been published since the policy was last reviewed in December 2019 that requires a change reflecting in the policy's criteria or commissioning stance.</p> <p>Carpal tunnel syndrome (CTS) is a collection of symptoms and signs that arise as a result of compression of the median nerve in the carpal tunnel within the wrist. The cause of this compression is not known but you are more at risk if you are overweight, pregnant, have a parent or sibling with CTS, undertake activities with high hand/wrist repetition rate, hypothyroidism and diabetes mellitus. CTS is more common in women than men and the associated symptoms can affect daily activities and sleep with symptoms being worse at night.</p> <p><b>Non-surgical treatment for mild* to moderate** symptoms in Primary Care.</b> Such treatment includes:</p> <ul style="list-style-type: none"> <li>• Physiotherapy</li> <li>• Neutral wrist splints</li> <li>• Single steroid plus local anaesthetic injection</li> </ul> <p><b>Referral for surgical treatment should be made via the MSK CATS service where one or more of the following criteria are met:</b></p> <ul style="list-style-type: none"> <li>• Daily symptoms such as frequent night waking or daily symptoms measured objectively via the following:                         <ul style="list-style-type: none"> <li>◦ Scoring 5 on the Boston Carpal Tunnel Questionnaire</li> <li>◦ Scoring 3 or 4 on the Levine Self-assessment Questionnaire or Boston Carpal Tunnel Questionnaire</li> </ul> <b>AND</b> receive no relief from neutral wrist splinting or other evidence-based treatment after up to 12 weeks                     </li> <li>• Persistent symptoms causing functional impairment not responding to nonsurgical treatment.</li> </ul>
<a href="#">Hyperhidrosis Policy</a> (Full routine review)	<p>The Derby &amp; Derbyshire policy for Hyperhidrosis has been reviewed by the Clinical Policy Advisory Group (CPAG) and the decision has been taken to remove it from the Derbyshire Medicines Management website, as CPAG acknowledge that this is a pathway.</p> <p>The Dermatology Expert Advisory Forum (EAF) will be informed to categorise and prioritise areas accordingly. For further information, please see link to Clinical Knowledge Summaries (CKS) <a href="https://cks.nice.org.uk/topics/hyperhidrosis/">https://cks.nice.org.uk/topics/hyperhidrosis/</a></p>
Governance Policy	Key Changes
<a href="#">Consultant to Consultant Referral Policy</a> (Full routine review)	<p>The Derby &amp; Derbyshire policy for Consultant to Consultant Referral has been reviewed by the Clinical Policy Advisory Group (CPAG) and the decision has been taken to remove it from the Derbyshire Medicines Management website, as it is no longer valid for the following reasons:</p> <ul style="list-style-type: none"> <li>• the document was developed in response to the previous tariff-based funding mechanisms, and principles are now covered in the final draft of the <a href="#">Consensus on Primary and Secondary Care Interface</a> document</li> <li>• the document essentially describes how primary and secondary care should behave and act professionally with each other and in patients' interests. It does not specify where the clinicians sit (i.e. Private, NHS or outside of Derbyshire)</li> </ul>

### MISCELLANEOUS INFORMATION

Statement	Summary
<a href="#">Sleepio App</a>	<p>NICE recently published Medical Technology Guidance (MTG70) for <a href="#">Sleepio for treatment of insomnia and insomnia symptoms</a>.</p> <p>Following this, several queries have been received from GP practices and Medicines Management colleagues enquiring as to whether the ICB commissions the Sleepio App following enquiries from patients. Although NICE guidance states that Sleepio can be 'prescribed', it is not currently available within Derbyshire as it is a NICE MTG (Medical Technologies Guidance). The current DDICB policy states that MTGs should not normally be funded unless the NICE MTG states "the case for adoption within the NHS as described is supported by the evidence and the provider has submitted a robust evidence-based business case to the commissioner and this has been subsequently approved"</p> <p>CPAG reviewed the commissioning process for the Sleepio (App) in accordance with the Derby and Derbyshire current <a href="#">NICE MTG policy</a>, and have clarified with the local Mental Health Commissioners that in addition to or alongside Silvercloud they also offer CBT-I together with other interventions, depending on the individual's presentation.</p>

	The DDICB policy remains unchanged, and all future requests for NICE Technology Guidance should be directed to the appropriate commissioners for consideration, prioritisation and approval.
<a href="#">CPAG Terms of Reference</a>	<p>As of 1st July 2022, the CCG will transition and become NHS Derby &amp; Derbyshire Integrated Care Board (DDICB).</p> <p>The following CPAG documentation has been updated to reflect the new organisation, NHS Derby &amp; Derbyshire ICB:</p> <ul style="list-style-type: none"> <li>• CPAG Terms of Reference</li> <li>• CPAG Stakeholder Map</li> </ul> <p>The CPAG ToR have been updated to align to the new operating model (bimonthly meetings held via MS teams) and reflect the delegated authority from the Population Health and Strategic Commissioning Committee (PHSCC). All references to Covid have now been removed.</p> <p>The updated documents will be uploaded to the Clinical Policies website, which has also been amended to reflect the change of name from CCG to ICB.</p>
<a href="#">IFR Updates – Documents and Training</a>	<p>As of 1st July 2022, the CCG will transition and become NHS Derby &amp; Derbyshire Integrated Care Board (DDICB). To ensure alignment with the new organisation, the following IFR documentation has been updated to reflect this:</p> <ul style="list-style-type: none"> <li>• IFR Terms of Reference</li> <li>• IFR Policy</li> <li>• IFR Treatment Request Form</li> <li>• IFR Guidance for Clinicians</li> <li>• IFR Standard Operating Procedure (SOP)</li> </ul> <p>The updated documents will be uploaded to the Clinical Policies website, which has also been amended to reflect the change of name from CCG to ICB.</p> <p><b>IFR Training</b> An IFR Training session has taken place to ensure that all new members have undertaken mandatory induction training which covers both the legal and ethical framework for IFR decision making, as documented in the IFR policy. Existing panel members also attended the session to maintain the appropriate skills and expertise required for the panel to function effectively.</p>

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

The DDICB 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 June 2022:

IPG/MTG/DTG/MIB	Description	Outcome
IPG727	<a href="#">Synthetic cartilage implant insertion for first metatarsophalangeal joint osteoarthritis (hallux rigidus)</a>	NICE recommends special arrangements/further research – DDICB do not commission
IPG728	<a href="#">Vertebral body tethering for idiopathic scoliosis in children and young people</a>	NICE recommends further research – DDICB do not commission
IPG729	<a href="#">Nerve graft for corneal denervation</a>	NICE recommends special arrangements – DDICB do not commission
MTG36 (update)	<p><a href="#">Peristeen Plus transanal irrigation system for managing bowel dysfunction</a></p> <p><b>June 2022:</b> Updated guidance to reflect 2021 costs and revise cost-saving estimates. These are marked <b>[2022]</b>. Details of the changes are explained in the <a href="#">review decision</a>.</p>	NICE recommends standard arrangements – not commissioned unless the provider submits a robust, evidence-based business case to the commissioner which is subsequently approved prior to being undertaken
MTG37 (update)	<p><a href="#">Thopaz+ portable digital system for managing chest drains</a></p> <p><b>June 2022:</b> Updated guidance to reflect 2021 costs and revise cost-saving estimates. These are marked <b>[2022]</b>. Details of the changes are explained in the <a href="#">review decision</a>.</p>	NICE recommends standard arrangements – not commissioned unless the provider submits a robust, evidence-based business case to the commissioner which is subsequently approved prior to being undertaken

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