Derbyshire CPAG Bulletin



Clinical Policy Advisory Group (CPAG)

CLINICAL POLICIES updated 1) PROCEDURES OF LIMITED CLINICAL VALUE POLICY

The Evidence Based Interventions (EBI) guidance is to assist CCG's in fulfilling their duties relating to securing continuous improvements in the quality of services for patients and in outcomes, particularly regarding appropriate clinical interventions. The objective of this guidance is to support CCGs in their decision-making, to address unwarranted variation, and to provide national advice to make local clinical decision-making more appropriate.

In line with the group's principle of adopting NHS Evidence Based Interventions policies, where they are felt to be more restrictive than the

current Derby & Derbyshire policies, the following have been updated:

Derby and Derbyshire CCG Adoption	Key Changes	
of NHS EBI Policies		
Adult Snoring Surgery (in the absence	Amended to adopt NHS EBI wording	
of obstructive sleep apnoea)		
Dilation and Curettage for Heavy	Amended to adopt NHS EBI wording	
Menstrual Bleeding in Women		
Knee Arthroscopy for Patients with	Amended to adopt NHS EBI wording	
Osteoarthritis	Addition of 'mechanical' to clarify the type of knee locking	
Injections for Non-specific Low Back	Amended to adopt NHS EBI wording	
Pain Without Sciatica	Removal 'osteoarthritis' from exclusion criteria	
	Sacroloilac joint dysfunction added to exclusion criteria	
Breast Reduction Surgery	Amended to adopt NHS EBI wording	
	 Reviewed to pay due regard to NHS Evidence Based Interventions criteria 	
Removal of Benign Skin Lesions	Amended to adopt NHS EBI wording	
	Clarification of pain level as 'significant'	
	Statement added to acknowledge other polices for lipomas on the body, anal skin tags	
	and congenital pigmented lesions on the face	
Haemorrhoid Surgery	Amended to adopt NHS EBI wording	
Trigger Finger Release	Amended to adopt NHS EBI wording	
Varicose Vein Surgery	Amended to adopt NHS EBI wording	
	Clarification that DDCCG do not commission surgery for symptomatic varicose veins	

CLINICAL POLICIES updated Summary of policies

The following clinical policies were updated:

Policy	Key Changes
Circumcision	 Policy update: Clarification of penile malignancy in children being an 'extremely rare condition'. Megaprepuce included in policy criteria. Hooded foreskin without hypospadias, dysmorphobia and any existing condition that will not benefit from circumcision alone added to exclusion criteria. Paraphimosis and Physiological phimosis/ non-retractile healthy foreskin in boys added to exclusion criteria.
Microsuction of Ear Wax	Policy update: Amendment to clarify that patients who are already in the system for follow up appointments who are considered to have had inappropriate referrals to ENT Department should be discharged. Re-issue communication statement to ensure GPs are aware of process for referral.
Continuous Blood	Policy update:
Glucose Monitoring	 Adult inclusion criteria amended by grouping of episodes of severe hypoglycaemia OR frequency of asymptomatic hypoglycaemia. Previously this was an 'and'. The 18 HFS-W questions used as the assessment tool to help define extreme fear of hypoglycaemia. Transition from child to adult services section altered to include the adult criteria and the risk of hypoglycaemia when stopping CGM as part of the necessary assessment. Statement added on barriers to accessing structured education sessions to be considered and addressed added under exclusion criteria for children. This includes liaison with other services involved in working with and supporting the family.

Policy	Key Changes
Individual Funding Request (IFR) Policy	Policy update: Wording updated to reflect the new organisation
Defining the Boundaries between NHS and Private Healthcare	Policy update: Clarification on who is responsible for actioning results of investigations requested through a private care provided by non-secondary care Consultants

NICE INTERVENTIONAL PROCEDURES GUIDANCE, DIAGNOSTIC PROCEDURES, AND MEDICAL TECHNOLOGIES GUIDANCE (IPGS, DTG, MTGS)

The Derby and Derbyshire CCG do not commission and will not fund any procedure or technology assessed by NICE under their IPG, MTG and DTG 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

The following NICE programme outputs were considered by the group:

IPG/MTG	Description and date of release
IPG644 (special arrangement)	Special Arrangement - Radically emitting laser fibre treatment of an anal fistula (March 2019)
MTG17	The Debrisoft monofilament debridement pad for use in acute or chronic wounds (March 2014 updated March 2019)
IPG645 (standard)	Standard Endoscopic ablation for an annual fistula

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

EAST MIDLANDS AFFILIATED COMMISSIONING COMMITTEE POLICY UPDATES

We are currently awaiting East Midlands Affiliated Commissioning Committee update on Gamete Storage/ Cryopreservation.

CPAG WEBSITE DEVELOPMENT

The Clinical Policies Website went live from 1st April 2019 and will be regularly updated with new information/policies.

http://www.derbyshiremedicinesmanagement.nhs.uk/

TERMS OF REFERENCE (TOR)

The following ToR were updated:

Terms of Reference	Key Changes
Clinical Policy Advisory Group	Policy update: Derbyshire Affiliated Clinical Commissioning Policy Committee re-named as 'Clinical Policy Advisory Group'. Clarification of 'NHS Derby and Derbyshire CCG GP' to now read as 'any practising GP across Derbyshire'.
Individual Funding Request Policy	Policy update: Wording updated to reflect the new organisation. Decision made for monthly IFR reports to be brought to and discussed in Clinical Policy Advisory Group meetings.