

## Clinical Policy Advisory Group (CPAG)

### PRIOR APPROVAL UPDATED

Prior Approval (PA) is an assurance mechanism used by Derby and Derbyshire CCG (DCCG) to ensure the requirements within the Procedures of Limited Clinical Value (PLCV) policy are met. Through CPAG, DCCG has collaborated with stakeholders to remove any unnecessary administration burden.

As a result the following procedures no longer require prior approval:

- Carpal Tunnel Syndrome
- Hyperhidrosis
- Cholecystectomy
- Inguinal Hernia

A useful summary can be found at <http://www.derbyshiremedicinesmanagement.nhs.uk/clinical-policies-home/clinical-policies/plcv>

### CLINICAL 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 right patients.

Derby and Derbyshire CCG	Key Changes
Carpal Tunnel Syndrome Policy	<ul style="list-style-type: none"> <li>• Removal of prior approval requirement from the policy – see above</li> <li>• Policy re-formatted and re-worded to reflect the new organisation</li> <li>• Clarification of recommendations</li> <li>• Addition of 'Background Information', 'Rationale for Recommendation' and 'Useful Resources'</li> <li>• Removal of 'Symptoms occur in the presence of a tumour or fracture, or onset of symptoms was after injury' from referral for surgical treatment criteria and moved to the policy's exclusion criteria; urgent referral renamed as 'immediate' referral.</li> </ul>

The *Adult Snoring Surgery (In the Absence of Obstructive Sleep Apnoea) Policy* has been aligned to the table listing clinical procedures that are not routinely commissioned by DCCG

### CLINICAL POLICIES UPDATED SUMMARY OF POLICIES

The following clinical policies were updated:

Clinical Policy	Key Changes
InVitro Fertilisation (IVF) Intracytoplasmic Sperm Injection (ICSI) within Tertiary Infertility Services Policy	<p>IVF – Policy restricts the number of IVF cycles to one cycle per patient for those who meet the criteria stated in the policy.</p> <p>IUI –</p> <ul style="list-style-type: none"> <li>• Minor update – policy cross referenced with IUI policy through the addition of the following statement                             <ul style="list-style-type: none"> <li>○ 5.4. The option of IUI can be discussed as part of the assessment and treatment of an underlying fertility problem where the patient has social, cultural or religious objections to IVF. See the Intrauterine Insemination Policy</li> </ul> </li> </ul>
Hyperhidrosis	<ul style="list-style-type: none"> <li>• Remove Prior Approval (PA) for the management of hyperhidrosis – see above</li> <li>• Status to be reviewed once the pathway group is operational</li> </ul>
Cholecystectomy	<ul style="list-style-type: none"> <li>• Remove PA for the referral for assessment and treatment of symptomatic gallbladder stones – see above</li> <li>• CPAG advised - Planned Care to review activity as part of the overall priorities and consider additional restrictive criteria if appropriate.</li> </ul>
Inguinal Hernia	<ul style="list-style-type: none"> <li>• Remove PA for the treatment of inguinal hernias - see above</li> <li>• Although Prior Approval has been removed activity will continue to be monitored annually</li> </ul>

### CPAG WEBSITE DEVELOPMENT & ELECTRONIC REFERRAL SERVICE TEMPLATES

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

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

The Electronic Referral Service (ERS) PLCV referral form templates are being reviewed and updated to accurately reflect the current policies and are now available on the Clinical policies website. We actively encourage feedback which should be sent to the PLCV inbox at [PLCV.priorapproval@nhs.net](mailto:PLCV.priorapproval@nhs.net)

## GOVERNANCE ARRANGEMENTS, POLICIES AND COMMISSIONING STATEMENTS UPDATED SUMMARY

Statement	Key Changes
<p>Ethical and Legal Policy for Decision Making – Benchmarking Report</p>	<p>Following the <b>Ethical Decision Making Individual Funding Request (IFR): Report to Clinical Commissioning Groups following the Freedom of Information Request submitted to CCGs in June 2018</b> DDCCG have completed a benchmarking report comparing Derby and Derbyshire's IFR data against national dataset.</p> <p>An IFR is a process that is in place for considering funding for individuals who seek NHS commissioned services outside established commissioning policies. There are mainly two types of funding requests:</p> <ul style="list-style-type: none"> <li>• funding for treatments for medical conditions where the CCG has no established commissioning policy</li> <li>• funding for treatments for medical conditions where the CCG has an established commissioning policy for that condition but where the requested individual treatment is not in the CCG policy or does not meet the criteria set out in the policy.</li> </ul> <p>More information on IFRs can be found on the DDCCG's Clinical Policies website:  <a href="http://www.derbyshiremedicinesmanagement.nhs.uk/clinical-policies-home/governance-policies">http://www.derbyshiremedicinesmanagement.nhs.uk/clinical-policies-home/governance-policies</a></p> <p>The purpose of the comparison report is to help demonstrate how well DDCCG are performing in terms of IFRs through comparison with national data.</p> <p>CPAG recognise the difficulty in carrying out a benchmarking review. Based on the data available CPAG concluded that DDCCG have the following:</p> <ul style="list-style-type: none"> <li>• Robust &amp; transparent clinical policies in place.</li> <li>• Potential service developments are recognised by the IFR Panel and policies developed</li> <li>• Robust &amp; transparent IFR policy including appeal process</li> <li>• Do not fund "rule of rescue or experimental treatments"</li> <li>• Effective screening process – cases which do not meet the rarity or "clinical exceptionality" test are screened out and only those that have a reasonable chance of being funded go to IFR panel</li> <li>• Effective panel process and robust decision making framework followed</li> </ul> <p>The outcomes of the exercise have assured CPAG that DDCCG's IFR process is robust.</p>

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

The DDCCG do 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 considered by the group:

IPG/MTG/DTG/MIB	Description	Outcome
IPG 664 - Research	Irreversible electroporation for primary liver cancer	Do not commission research IPG's
DG 37	Point-of-care creatinine devices to assess kidney function before CT imaging with intravenous contrast	Require a robust business case in order to be considered
DG 38	Rapid tests for group A streptococcal infections in people with a sore throat MIB (for advise only)	Not recommended for routine adoption
MIB196	Temporarily withdrawn	N/A
MIB197	Leukomed Sorbact for preventing surgical site infection	Require a robust business case in order to be considered
MIB198	AmnioSense for unexplained vaginal wetness in pregnancy	Require a robust business case in order to be considered

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

## NHS ENGLAND INNOVATION AND TECHNOLOGY PAYMENTS (ITP)

The DDCCG have no statutory duty to fund the additional costs associated with the implementation of NHS England's Innovation and Technology Payment innovations

There were no NHS England ITP and ITT outputs considered by the group in December.