

Clinical Policy Advisory Group (CPAG)

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.

In line with the group's principle of adopting NHS Evidence Based Interventions (EBI) policies, where they are felt to be more restrictive than the current Derby & Derbyshire policies, the following have been updated:

Derby and Derbyshire CCG	Key Changes
Meibomian Cysts	<p>A meibomian cyst is a fluid-filled swelling on eyelid. These cysts often spontaneously resolve without the need of surgery. Therefore restrictions, listed within the policy, have been applied to the surgical removal of meibomian cysts.</p> <p>Changes made to the policy, during the review process, include the following:</p> <ul style="list-style-type: none"> • Re-formatted and re-worded to reflect the new organisation • Addition of 'intra-lesion steroid injection' as part of the treatment recommendation suggested by NICE CKS and NHS EBI policy • Removal of 'topical antibiotics' as a management option under 'Rationale for Recommendations' – not advised by NICE CKS • Replaced with 'gentle massage of the meibomian cyst' – as recommended by NICE CKS • Addition of 'Surgery carries a small risk of infection, bleeding and scarring, and there is a remote but serious risk to the eye and vision from any procedure on the eyelids' under 'Rationale for Recommendations'
Grommets	<p>Grommets are temporary tubes placed in the eardrum to help manage otitis media with effusion (OME). Grommets help drain away fluid and allow air to pass through the eardrum. OME is often self-limiting but can occasionally persist and require treatment. Therefore restrictions, listed within the policy, have been applied to the insertion of grommets.</p> <p>Changes made to the policy, during the review process, include the following:</p> <ul style="list-style-type: none"> • Re-formatted and re-worded to reflect the new organisation • Rationale behind recommendation added

CLINICAL POLICIES UPDATED SUMMARY OF POLICIES

The following clinical policies were updated:

Clinical Policy	Key Changes
Intrauterine Insemination (IUI)	<p>IUI is a form of fertility treatment where better quality sperm are separated and then inserted into the uterus around the time of ovulation. IUI should be considered as an alternative to vaginal sexual intercourse for patient groups listed within the policy, provided that they meet the policy criteria.</p> <p>Changes made to the policy, during the review process, include the following:</p> <ul style="list-style-type: none"> • Re-formatted and re-worded to reflect the new organisation • Removal of IVF-related information • Addition of 'sole use of e-cigarettes' to be regarded as non-smoking included under 'Assessment Criteria for IUI Referral' section • Additional clarification within the commissioning statement and eligibility criteria that the initial 6 cycles of IUI will be funded by the CCG when the male partner is HIV+ because IUI in these circumstances is regarded as a harm reduction measure • Removal of men's age and BMI from 'Assessment Criteria for IUI Referral' in line with Derby and Derbyshire CCG's IVF policy

EAST MIDLANDS AFFILIATED COMMISSIONING COMMITTEE POLICY UPDATES 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/>

GOVERNANCE POLICIES AND COMMISSIONING STATEMENTS UPDATED SUMMARY

Policy/Commissioning Statement	Key Changes
Consultant to Consultant Referral Policy	<p>The consultant to consultant policy outlines situations when consultant to consultant referral without patient choice may be appropriate and when patients should be referred back to their own GP.</p> <p>Changes made to the policy, during the review process, include the following:</p> <ul style="list-style-type: none"> • Policy re-formatted and re-worded to reflect the new organisation. • Addition of rationale behind recommendations and situations in which Consultant to Consultant referral would be appropriate • Page 4 – clarification that appointments can be rebooked without having to go through the GP referral process again for Did Not Attend (DNAs) that are not the patient's fault • Page 4 - 'consultants will work towards a two week standard for returning clinic correspondence to the GP' changed to 7 days as per NHS Standard Contract • Page 4 – under 'Situations in which Referral Back to GP would be appropriate' 4th bullet point: replaced 'DNA is not the patient's fault' to 'DNA is not under the direct control of the patient' • Addition of a statement under 'Recommendation' regarding NHS outpatient appointment in a private setting

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
IPG658 - Standard	Endovascular insertion of an intrasaccular wiremesh blood-flow disruption device for intracranial aneurysms	Require a robust business case in order to be considered
IPG659 – Research	Low-energy contact X-ray brachytherapy (the Papillon technique) for locally advanced rectal cancer	Do not commission research IPGs
IPG660 – Research	Implant insertion for prominent ears	Do not commission research IPGs
IPG661 – Research	High-intensity focused ultrasound for glaucoma	Do not commission research IPGs
IPG662 – Standard	Bioprosthetic plug insertion for anal fistula	Require a robust business case in order to be considered.
MTG25 (updated from July 2015)	The 3M Tegaderm CHG IV securement dressing for central venous and arterial catheter insertion sites	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 by the following:

- NHS England Innovation and Technology Tariff (ITT)
- Innovation and Technology Payment
- Evidence Generation Fund

Unless the provider has submitted robust evidence based business case to the commissioner and this has been subsequently approved.

In line with the CCG's commissioning statements, if the provider intends to continue to use the technology or innovation after the funding for the National Programme has ended, a business should be submitted and approved by the CCG.

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