

Clinical Policy Advisory Group (CPAG)

CPAG DECISION MAKING DURING THE COVID PANDEMIC

CPAG DECISION MAKING DURING THE COVID PANDEMIC – UPDATED JANUARY 2021

Due to the CCG moving to Business Continuity level 4, to support the Covid-19 vaccination roll out and the resulting reduction in capacity, it was agreed at the CPAG meeting held on the 21st January 2021 that future meetings would be stepped down. Any decisions that do require CPAG approval will be circulated to all members and will have a two-day working turnaround for any comments. The TOR have been updated to reflect the reduced function and activity of CPAG

The interim arrangements can be found on the Derby and Derbyshire CCG (DDCCG) Clinical Policies

website: http://www.derbyshiremedicinesmanagement.nhs.uk/assets/Clinical-policies/CPAG/CPAG_TOR/interim_cpag_tor.pdf

PRIOR APPROVAL UPDATED

Prior Approval (PA) is an assurance mechanism used by DDCCG to ensure that the clinical criteria listed within the Procedures of Limited Clinical Value (PLCV) policies are met. Through CPAG, DDCCG has collaborated with stakeholders to remove any unnecessary administration burden.

A useful summary can be found on the DDCCG Clinical Policies website: <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. **No updates this month.**

CLINICAL POLICIES UPDATED: SUMMARY OF POLICIES

Clinical Policy	Key Changes
Male Breast Reduction for Gynaecomastia	<p>Some men have one or both breasts that are abnormally large. Known as gynaecomastia, this condition can be caused by a hormone imbalance or from being very overweight, which can increase levels of oestrogen and cause breast tissue to grow. Breast reduction surgery is an option for men with gynaecomastia. It may also be used to tighten the breast area after significant weight loss that has caused the skin to sag. The policy has been updated as follows:</p> <ul style="list-style-type: none"> Urgent referral criteria removed as DDCCG clinical policies focus on restrictive criteria and do not routinely include urgent referral criteria The following sentence has been removed from the policy '(e.g. withdrawal of causative agents)' from the criteria 'Non-surgical treatments have been tried for at least 6 months and been unsuccessful (e.g. withdrawal of causative agents)' <p>The policy can be accessed using the following link http://www.derbyshiremedicinesmanagement.nhs.uk/assets/Clinical-Policies/Clinical_Policies/Cosmetic/cosmetic/male_breast_reduction_policy_for_gynaecomastia.pdf</p>

CPAG WEBSITE DEVELOPMENT & ELECTRONIC REFERRAL SERVICE TEMPLATES

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

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 January

IPG/MTG/DTG/MIB	Description	Outcome
IPG687	Free-functioning gracilis transfer to restore upper limb function in brachial plexus injury	Normal - Not commissioned without the provider submitting a robust, evidenced

		based business case to the commissioner and subsequent approval
IPG688	Cytoreduction surgery with hyperthermic intraoperative peritoneal chemotherapy for peritoneal carcinomatosis	Special – not commissioned
IPG689	Transcervical ultrasound-guided radiofrequency ablation for symptomatic uterine fibroids	Special – not commissioned.
IPG690	Extracorporeal whole liver perfusion for acute liver failure	Research only – not commissioned
MTG56	Alpha-Stim AID for anxiety disorders	Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
MTG57	Danis stent for acute oesophageal variceal bleeding	Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
DG43	QAngio XA 3D QFR and CAAS vFFR imaging software for assessing coronary stenosis during invasive coronary angiography	This guidance replaces MIB146 Not commissioned
MIB254	Butterfly iQ+ for diagnostic ultrasound imaging	Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
MIB255	Sonata system for diagnostic imaging and treatment of symptomatic uterine fibroids	Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
TA688	Selective internal radiation therapies for treating hepatocellular carcinoma	This guidance replaces MIB62 and MIB63 - funded by NHSE

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.

MISCELLANEOUS INFORMATION

Update - Evidence-based Interventions List 2 Guidance	<p>The finalised version of the Evidence-Based Interventions List 2 Guidance was published in November 2020 by the Academy of Medical Royal Colleges.</p> <p>In March 2021 CPAG members agreed that stakeholder feedback from our main providers was necessary to provide assurance of alignment to the EBI 2 recommendations.</p> <p>The Clinical Policy team have engaged with our main providers to confirm assurance that our provider's practices are aligned to the EBI 2 recommendations for all 31 interventions. It has been assumed that the lack of response from stakeholders is due to the reduced capacity to co-ordinate a response within the Trusts due to the current demand of Covid-19 related activity.</p> <p>CPAG has agreed that stakeholder engagement will be put on be put on hold until the DDCCG is operating at business continuity level 2.</p> <p>The DDCCG Contracting Team has also confirmed that the EBI 2 guidance has been included within the NHS Standard Contract for 2021/2022.</p>
Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain	<p>A new NICE guideline was released in April 2021. https://www.nice.org.uk/guidance/ng193/resources/chronic-pain-primary-and-secondary-in-over-16s-assessment-of-all-chronic-pain-and-management-of-chronic-primary-pain-pdf-66142080468421</p> <p>The guideline covers assessing all chronic pain (chronic primary pain, chronic secondary pain, or both) and managing chronic primary pain in people aged 16 years and over. Chronic primary pain is pain with no clear underlying cause or pain (or its impact) which is out of proportion to any observable injury or disease.</p> <p>Acupuncture for chronic primary pain</p> <p>Consider a single course of acupuncture or dry needling, within a traditional Chinese or Western acupuncture system, for people aged 16 years and over to manage chronic primary pain, but only if the course:</p> <ul style="list-style-type: none"> ○ is delivered in a community setting and ○ is delivered by a band 7 (equivalent or lower) healthcare professional with appropriate training and ○ is made up of no more than 5 hours of healthcare professional time (the number and length of sessions can be adapted within these boundaries) or ○ is delivered by another healthcare professional and/or in another setting for equivalent or lower cost. <p>CPAG members support the current position statement (see link below) and are aware that as there is currently no service within Derbyshire a review of the economic model is needed.</p> <p>http://www.derbyshiremedicinesmanagement.nhs.uk/clinical-policies-home/clinical-policies/miscellaneous</p> <p>In addition, the guideline has been shared with Planned Care and Long-term conditions to consider the wider recommendations and service implications.</p>