

Clinical Policy Advisory Group (CPAG)

CPAG DECISION MAKING DURING THE COVID PANDEMIC

CPAG DECISION MAKING DURING THE COVID PANDEMIC – UPDATED MAY 2021

Following a recent review, and in light of the successful COVID vaccination programme, it has been agreed that CPAG meetings, commencing 15th July 2021, will be held on a three-monthly basis via MS Teams. These will be for items that require an in-depth discussion. For those monthly meetings which fall in-between we will continue to circulate routine papers for virtual agreement. This arrangement will continue to be monitored in accordance with the CCGs Business continuity levels and the covid pandemic.

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.

Clinical Policy	Key Changes
Removal of Benign Skin Lesions Policy	<p>Removal of benign skin lesions refers to the treatment of asymptomatic lumps, bumps or tags on the skin that are not suspicious of cancer</p> <p>Policy has been updated with the following: -</p> <ul style="list-style-type: none"> • Removal of epidermoid and pilar cysts from the list of benign lesions that can be removed • Surgical Removal of Epidermoid and Pilar Cysts Policy to be added to the list of benign skin lesions that have separate policies • Addition of the link to the Surgical Removal of Epidermoid and Pilar Cysts Policy • Removal of lipoma from the list of benign lesions that can be removed • Addition of the link to the Surgical Removal of Lipoma/Lipomata Policy
Surgical Removal of Lipoma/Lipomata Policy	<p>Lipomas are soft fatty lumps that grow under the skin. Most lipomas are removed surgically by cutting them out.</p> <p>The following minor changes have been made to the policy:</p> <ul style="list-style-type: none"> • Statement under the 'Exceptions' section of the policy previously referred to lipomata. This has now been changed to soft tissue lump, in line with the UK guidelines for the management of soft tissue sarcomas wording. This is because a confirmed diagnosis of lipoma should meet the policy criteria in order for a patient to undergo surgical removal. However, where there is a soft tissue lump that has not been diagnosed as a lipoma and meets the criteria under the 'Exception' section of the policy, the patient will need to be referred to the Sarcoma Clinic via 2WW. • Addition of intervention to policy title to provide clarity • Criteria has been reworded and reformatted for clarity
Surgical Removal of Epidermoid and Pilar Cysts Policy	<p>A skin cyst is a fluid-filled lump just underneath the skin. They are common and harmless and may disappear without treatment. Cysts can range in size from smaller than a pea to a few centimetres across. They grow slowly. Skin cysts do not usually hurt, but can become tender, sore and red if they become infected.</p> <p>The following minor changes have been made to the policy:</p> <ul style="list-style-type: none"> • Addition of intervention to the policy name to provide clarity • Recommendation has been reformatted for further clarity.

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

EVIDENCE BASED INTERVENTIONS LIST2 GUIDANCE – UPDATES TO EXISTING POLICIES & POSITION STATEMENTS

[The evidence-based Interventions programme](#) was published in November 2019 and is an initiative led by the Academy of Royal Colleges to improve the quality of care. It is a joint enterprise between national partners: The Academy of Medical Royal Colleges (AoMRC), NHS Clinical Commissioners (NHSCC), the National Institute for Health and Care Excellence (NICE) and NHS England and Improvement. Created by doctors and patients it is designed to reduce the number of medical or surgical interventions as well as some other tests and treatment which the evidence tells us is inappropriate for some patients in some circumstances and can sometimes do more harm than

good. As well as improving outcomes it also means that we can free up valuable resources so they can be put to better use elsewhere in the NHS.

Extensive stakeholder engagement has taken place with our main providers to confirm assurances that our provider's clinical practices are aligned to the EBI recommendations for all 31 interventions. As EBI2 has been included in the NHS standard contract contracts for 21/22, a plan has been agreed to review the 31 EBI Interventions in the following sections:

Section 1:	5 interventions require the development of new DDCCG clinical policies	Completed
Section 2:	6 interventions that are covered by pre-existing DDCCG policies/position statements that require updating	Completed
Section 3:	20 interventions regarded as pathways requiring no further clinical policies as they form part of a pathway and will be forwarded on to the appropriate teams and included in an overarching position statement This will be provided down into sub section.	3.1 – complete 3.2 – pending 3.3. pending
EBI Overarching Position Statement	Overarching Position Statement for all 31 EBI interventions	Pending

Evidence Based Interventions (EBI2) Guidance – Section 3.1. – Pathways

This section has now been reviewed and assurances received from providers stating that their practices are compliant with EBI2. No further action is required by CPAG as these interventions form part of a clinical pathway.

Section 3.1 – interventions that form part of a pathway	<p>Urology</p> <ul style="list-style-type: none"> • Cystoscopy for men with uncomplicated lower urinary tract symptoms • Surgical removal of Kidney stones <p>Orthopaedics</p> <ul style="list-style-type: none"> • Knee MRI when symptoms are suggestive of Osteoarthritis • Knee MRI for suspected Meniscal Tears • Vertebral augmentation (vertebroplasty or kyphoplasty) for painful osteoporotic vertebral fractures • Shoulder Radiology Scans for shoulder pain and guided injections • MRI of the Hip for arthritis
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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 May

IPG/MTG/DTG/MIB	Description	Outcome
IPG695	Ex-situ machine perfusion for extracorporeal preservation of lungs (ex-vivo lung perfusion) for transplant	Standard - Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
IPG696	Transvaginal laser therapy for stress urinary incontinence	Research only – not commissioned
IPG697	Transvaginal laser therapy for urogenital atrophy	Research only – not commissioned
IPG698	Electrohydraulic lithotripsy for difficult-to-treat bile duct stones	Special – not commissioned
IPG699	Laser lithotripsy for difficult-to-treat bile duct stones	Special – not commissioned
IPG700	Percutaneous insertion of a closure device to repair a paravalvular leak around a replaced mitral or aortic valve	Special – not commissioned
MTG59	Plus Sutures for preventing surgical site infection	Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
MIB261	WoundExpress to manage lower leg wounds	Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
MIB262	RapidAI for analysing CT/MRI brain scans in people with suspected acute stroke	Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
MIB263	Magtrace and Sentimag for locating sentinel lymph nodes	Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
MIB264	SYNE-COV for predicting COVID-19 outcomes	Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval

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.