

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
Non-Standard MRI Scanning Policy	A magnetic resonance imaging (MRI) scan is a painless diagnostic procedure that lasts 15 to 90 minutes, depending on the size of the area being scanned and the number of images being taken. https://www.nhs.uk/conditions/mri-scan/what-happens/
Update on Responsibility for prescribing of Level 1 Sedation in primary care for MRI Scans	Following the receipt of further correspondence from the LMC the Non-Standard MRI Scanning policy has been updated and the following statement removed "It is expected that GPs should facilitate the prescription of an anxiolytic e.g. Diazepam well in advance of the scan date", as the purpose of the policy is to provide assurance that the various levels of sedation has been trialled prior to access to Non-Standard MRI. http://www.derbyshiremedicinesmanagement.nhs.uk/clinical-policies-home/clinical-policies/miscellaneous

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
MTG55 This guidance replaces MIB197	Leukomed Sorbact for preventing surgical site infection	Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
MIB247	Faecal microbiota transplant for recurrent or refractory Clostridioides difficile infection	Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval

MIB248	DOAC Dipstick for detecting direct oral anticoagulants	Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
MIB249	CytoSorb for reducing risk of bleeding during cardiac surgery	Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
MIB250	URO17 for detecting bladder cancer	Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
MIB251	moorLDLS-BI for burn depth assessment	Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
MIB252	The STAK tool for preventing and treating knee stiffness	Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
MIB253	PROPEL sinus implants for maintaining sinus patency after surgery	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.

GOVERNANCE POLICIES

Clinical Policy	Key Changes
MedTech Funding Mandate Policy 2021/22	<p>The MedTech Funding Mandate policy will be introduced on the 1 April 2021.</p> <p>In 2021/22 the policy will support devices, diagnostics or digital products that are effective: demonstrated through positive NICE guidance; deliver material savings to the NHS: the benefits of the innovation are over £1 million over five years for the population of England; are cost-saving in-year: NICE modelling demonstrates a net saving in the first 12 months of implementing the technology; are affordable to the NHS: the budget impact should not exceed £20 million, in any of the first three years.</p> <p>The technologies that will be supported by the policy in 2021/22 are:</p> <ol style="list-style-type: none"> 1. Placental growth factor based testing – a blood test to rule out pre-eclampsia in pregnant women 2. SecurAcath – for securing percutaneous catheters 3. HeartFlow – creates a 3D model of a patient's coronary arteries and assesses the extent and location of blockages 4. GammaCore – a handheld device which alleviates the symptoms of severe cluster headaches <p>All other technologies not covered by the MedTech Funding Mandate are not commissioned and require the submission and subsequent approval of a business case as per the Interventional Procedure Policy.</p> <p>For Derby and Derbyshire CCG's position on Innovation and Technology Payments please click on the following link: NHS Derby and Derbyshire Commissioning Statement: NHS England Innovation and Technology Payment Technical Notes</p>
Clinical Policies specification 2021/22	<p>The Clinical Policies Specification has been updated to include reference to the MedTech Funding Mandate Policy and the technologies that will be supported for 21/22</p> <p>http://www.derbyshiremedicinesmanagement.nhs.uk/clinical-policies-home/clinical-policies-advisory-group</p>

MISCELLANEOUS INFORMATION

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>The 31 interventions listed remain the same. However, the names for a significant number of the interventions have changed as well as the criteria. The CPD team has compared each intervention against the criteria of existing clinical policies and engaged with our main providers to confirm assurances that our provider's practices are aligned to the EBI recommendations for all 31 interventions. We are currently awaiting their responses.</p> <p>Once a full response is received, CPAG will review the stakeholder's feedback in detail, which can only be done through discussion with CPAG members once CPAG is running virtually via Microsoft Teams. Therefore, the next part of this process will be carried out once DDCCG is running at Business Continuity level 2.</p>
Orthotics Service Mobilisation Position Statement	<p>Statement had previously been added to the Clinical Policies website due to the first wave of the pandemic as there was no other route for communication.</p> <p>Statement has now been removed from the Clinical Policies Website as service related positions statements are not considered as being within the remit of the function of CPAG</p>