

## 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 15<sup>th</sup> 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](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
<a href="#">Removal of Benign Skin Lesions Policy</a>	<p>Removal of benign skin lesions means treating asymptomatic lumps, bumps or tags on the skin that are not suspicious of cancer. Treatment carries a small risk of infection, bleeding or scarring and is not usually offered by the NHS if it is to improve appearance. In certain cases, treatment (surgical excision or cryotherapy) may be offered if criteria are met.</p> <p>The following minor amendment has been made to the policy</p> <ul style="list-style-type: none"> <li>Removal of word "painful" from reference to "Anal Skin Tags" under Section 3 – Recommendations as this is already covered within the policy criteria</li> </ul>
<a href="#">Surgical Removal of Lipoma/Lipomata Policy</a>	<p>A lipoma is a common benign (non-cancerous) tumour mainly composed of adipose tissue (fat). Lipomas are usually found in the subcutaneous tissue and less commonly in internal organs. They can occur in almost any part of the body and the lesions are solitary or multiple and usually of no significance.</p> <p>The following minor amendment has been made to the policy:</p> <ul style="list-style-type: none"> <li>Removal of 2ww criteria in line with CCPAG principles that urgent criteria is outside of the remit of the policy and covered under a separate pathway</li> </ul>
<a href="#">Surgical Removal of Epidermoid and Pilar Cyst Policy</a>	<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 amendment has been made to the policy:</p> <ul style="list-style-type: none"> <li>Clarification has been provided in the policy that Epidermoid and Pilar cysts have previously been known as "sebaceous cysts"</li> </ul>
<a href="#">Treatment of Congenital Pigmented Lesions on the Face</a>	<p>Congenital pigmented lesions are coloured marks on the skin that are present at birth or soon afterwards. Most are harmless and disappear without treatment, but some may need to be treated. These lesions are also known as pigmented birthmarks.</p> <p>The following minor change have been made to the policy:</p> <ul style="list-style-type: none"> <li>Policy criteria has been reworded and reformatted for clarity</li> </ul>

### 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](mailto: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. All sections have now been completed.

<b>Section 1:</b>	5 interventions require the development of new DDCCG clinical policies	Completed
<b>Section 2:</b>	7 interventions that are covered by pre-existing DDCCG policies/position statements that require updating	Completed
<b>Section 3:</b>	19 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	Completed
<b>EBI Overarching Position Statement</b>	Overarching Position Statement for all 31 EBI interventions	Completed

### **Evidence Based Interventions (EBI2) Guidance – Section 3.3. – Pathways**

This section has now been reviewed and assurances have been received from providers stating that their practices are compliant with EBI2 with the exception of "Diagnostic coronary angiography for low risk, stable chest pain". This has been passed to the appropriate commissioning team to prioritise and allocate resources accordingly. No further action is required by CPAG as these interventions form part of a clinical pathway, and will be forwarded to the appropriate teams e.g. planned care, long term conditions for actioning.

<b>Section 3.3. – Interventions that form part of a pathway</b>	<b>Cardiology</b> <a href="#">-Diagnostic Coronary Angiogram for low-risk stable chest pain</a>
	<b>Anaesthetics</b> - <a href="#">Pre-operative chest x-ray</a> - <a href="#">Pre-operative ECG</a>
	<b>Pathology</b> - <a href="#">PSA test</a> - <a href="#">Troponin Test</a> - <a href="#">Liver function, creatinine kinase and lipid level tests – (Lipid lowering therapy)</a>
	Haematology - <a href="#">Blood Transfusion</a>

### [Evidence Based Interventions \(EBI2\) Overarching Position Statement](#)

Following engagement with stakeholders for all 31 interventions we are assured of system compliance for 30 out of the 31 EBI2 interventions. Details of the system assurance has been added to an Overarching Position statement.

Planned Care, Long term Conditions, Primary Care and Contracting have been informed of the work that CPAG has carried out with our providers to provide assurance that their practices are aligned to EBI2 and to consider the implications for existing and future pathways relating to the interventions to ensure consistency throughout the wider system for efficient implementation in line with the CCGs priorities.

### **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 August

<b>IPG/MTG/DTG/MIB</b>	<b>Description</b>	<b>Outcome</b>
IPG703	Laparoscopic removal of uterine fibroids with power morcellation	Special Arrangement – do not commission
IPG704 – this replaces IPG522	Hysteroscopic mechanical tissue removal (hysteroscopic morcellation) for uterine fibroids	Special Arrangement – do not commission
IPG702	Magnetic resonance therapy for knee osteoarthritis	Research – do not commission
MIB269	Immunoscore for predicting risk of colon cancer relapse	Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
MIB270	Mmp profiler for prognostic risk classification in multiple myeloma	Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
MIB271	Patient Status Engine for wireless monitoring of vital signs	Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
MIB272	Melatonin for treating sleep disorder in adults who are blind	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.