NHS
Derby and Derbyshire
Clinical Commissioning Group

Minutes
Clinical Policy Advisory Group

Thursday 21st November 2019
9.30 – 12.00 Room 2, Cardinal Square, Derby

CONFIRMED

Present:	**Initial**	**Title**
Steve Hulme (Chair)	SH	Director of Medicines Management & Clinical Policies (DDCCG)
Dr. Ruth Gooch	RG	GP Clinical Lead (DDCCG)
Dr. Buk Dhadda	BD	GP Clinical Lead / Governing Body Member (DDCCG)
Dr Carolyn Emslie	CE	GP & Prescribing Lead (DDCCG)
Robyn Dewis	RD	Consultant in Public Health Medicine (Derby City Council)
Helen Moss	HM	Individual Decisions & Project Manager (DDCCG)
Adam Reynolds	AR	Assistant Director of Contracting (DDCCG)
Parminder Jutla	PJ	Medicines Management and Clinical Policy Guidelines, Formulary and Policy Manager (DDCCG)
Niki Bridge	NB	Assistant Director of Finance (DDCCG)
Slak Dhadli	SD	Assistant Director of Clinical Policies (DDCCG)
Helen Bembridge	HB	Individual Funding Request Senior Administrator (DDCCG) – Note taker
Chris Howlett	CH	Senior Quality Manager
Tom Goodwin	TG	Head of Medicines Management and Clinical Policies and Decisions (DDCCG)

Ref:	**Item**	**Action**
1	**Declaration of Interest**	
CPAG /19/45	The Chair reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings that may conflict with the business of the CCG. Declarations made by members of CPAG are listed in the CCG's Register of Interests. The Register is available either via the Secretary to the Governing Body or the CCG's website. There are no declarations of conflicts of interest for today's meeting. **Action:** CCG corporate process to be presented at the December meeting - agree this will be collated annually in April 2020.	HB
2	**Welcome, Introductions, Apologies, Quoracy**	
CPAG /19/46	SH welcomed everyone to the meeting and a round of introductions followed. Apologies noted for Amanda Bradley and Anne Hayes.	
3	**Minutes and Key Messages from the last meeting**	
CPAG	Page 1 - Helen Dilllistone to Helen Wilson	

/19/47	Page 2 - Remove - such as patient details Page 2 - Matters Arising/Summary paragraph 3 – BD explained that it may be useful to use quality and performance's format for information that will be in the public domain and not that members should be asked if there is anything that should not be in the public domain for quality and performance purposes. Page 4 - The CCG is to consider the funding / commissioning of cough assist devices Page 5 - Amend to 'CPAG concluded that prioritisation....' Page 13 - Alter the dates to 2020 **Action**: Submit to CLCC for ratification	 PJ
4	**Matters Arising/Summary**	
CPAG /19/48	**4a. CPAG Appeal Process** An options paper for a CPAG appeal process was presented. This is for clinicians who disagree with the commissioning decisions made by CPAG and wish to appeal the decision made by CPAG. CPAG members agreed the principle of stakeholder engagement when reviewing clinical policies. Stakeholders are always asked for comments/feedback on the policy being reviewed or drafted. PJ asked CPAG to discuss the proposals and decide which option they would prefer as an appeals process. SD advised this will be aligned to JAPC where an appeal can be made against process i.e. quoracy/due process to enable CPAG to be transparent. Prior to the appeal process, BD stated we must be clear on how a decision is reached and how we communicate this to stakeholders. Currently the Clinical Policies team pick up queries and where appropriate take these queries to CPAG. Best efforts are made to clarify and resolve queries within the initial reviewing stage. SH agreed that there is a need for a clinical policies appeal process and that option 1 is the most appropriate option. SH advised that CPAG needs to run the preferred appeal process past the medical director and the Corporate Team. NB agreed an appeals process would be of benefit and is an advantage to have the medical director to be involved. NB explained that it will be of benefit for the medical director to be aware of what is happening with stakeholders and policies. SH advised that there are governance risks and policy decisions can be escalated to Judicial Review if due process is not followed. Therefore CPAG need to be mindful that the proposed appeal process has corporate input. CPAG agree that the appeal process is the final point of escalation within the CCG once. CPAG agreed: Option1 – Appeal to be assessed by the CCG Medical Director and CPAG Chair - subject to actions below and the addition that the appeal should be supported by the trust Medical Director. **Action:** - Confirm agreement to process with DDCCG Medical Director - Discussion with corporate to ensure alignment.	 TG/ PJ TG

4b. CPAG Terms of Reference (ToR) and nominated Vice Chair

At the October meeting SH agreed to chair CPAG for 12 months.
The terms of reference (paper 5aii) state the CPAG requires a Chair and Vice Chair.

CPAG agreed that Contracting and Planned Care are core members of CPAG and that clarity regarding the review and development of pathways and guidance are outside of the CPAG ToR.

NB agreed to be vice chair. CPAG agreed that it was appropriate to have this level of representation from Finance.

Action

Update ToR as follows:	PJ
- Contracting and Planned Care to be added as core Members	PJ
- Update Representative from Finance to Assistant Chief Finance Office	PJ
- Send to CLCC	

4c. IUI Policy – Response to Stakeholders

Following the review and ratification of the IUI Policy, clinicians within the UHDB Fertility Unit have expressed that they have queries with the final version of the policy.

The clinicians initially sent a letter highlighting all of their queries during the review process and these concerns were addressed. However since the ratification of the policy the clinicians have requested for their concerns to be raised higher within the organisation.

The clinicians have also asked for 'Consultant Gynaecologist, Fertility Unit Lead and IVF consultant, UHDB' to be removed from the policy's list of consultees as they want no association with the policy due to the policy:

- Not reflecting any of their suggestions
- Containing factual errors
- Having disparity with the IVF policy

The matter has been discussed with the Chair of CPAG and the following was discussed with CPAG members:

- CPAG require assurance that there is a response to each of the concerns raised by the clinician
- Further clarification of the intention of the IUI policy
- Formal response from the Chair of CPAG and Assistant Director of Medicines Management/ Clinical Policies & Decisions & NICE Medicines and Prescribing Associate.

CPAG looked at each of the queries raised by UHDB Fertility clinicians in turn and answered each in the form of a covering letter that will be sent to the clinicians and medical director.

CPAG have highlighted the implementation of the policy as a contracting issue that requires follow up by Contracting.

	There was discussion on combining the fertility policies into one policy/document. CPAG agreed that the fertility policies should remain separate. CPAG agreed the content of the letter and the actions below **Actions:** IUI policy clarification - Add additional statement to the policy - Send to CLCC for ratification IUI letter response - Social - Clarify with NICE what is meant by Social - add to letter - Add to letter that the approach to consultation follows both National and local process - IUI success rates – Clarify with NICE to confirm whether these figures are based on unstimulated IUI in couples with unconfirmed infertility - Add to the letter the information regarding the Appeal process - see action above - Amend - 'Hopefully' to 'We Trust' in last paragraph - Letter to be sent out Contracting - Contracting to ensure the intentions of the DDCCG policy are transacted by the activity from providers.	 PJ PJ PJ PJ PJ PJ SH AR
5.	**Workplan/Action Tracker**	
CPAG /19/49	CPAG noted the progress made on the action tracker.	
6.	**Bulletin**	
CPAG /19/50	CPAG approved the Bulletin **Action**: Submit to CLCC and then ratified Bulletin to be uploaded onto the Clinical Policies website and circulated to GP Practices.	 PJ
7.	**Clinical Policies Reviewed**	
CPAG /19/51	**7a. Carpel Tunnel Syndrome** During the review of PLCV policies requiring Prior Approval (PA), contracting identified that the policy's recommendations were unclear and confusing. The recommendations have been clarified. PJ noted that this is not a clinical review of the policy but is a clarification of recommendations made within the policy. CPAG are asked to discuss whether the following surgical treatment referral criteria '*Symptoms occur in the presence of a tumour or fracture, or onset of symptoms was after injury'* should be removed from the policy. CPAG discussed the proposal and agreed the sentence should be removed from the Policy as patients with these conditions would be managed in secondary care. **Actions:** - Agreed to the removal of the criteria - Send to EQIA panel - Send to CLCC for ratification	 PJ PJ PJ

	- The Blueteq form and E-Referral Form should be amended accordingly.	HM/HB
8.	**Governance Policies**	
CPAG /19/52	**8a. Gamete Storage – risk log** The current Gamete Storage policy does not include provision for gamete storage for transgender patients. Under the Equality Act – Transgender is a protected characteristic and as such should be treated equally. TG updated CPAG on the progress to date regarding addressing the risk with Gamete storage • As advised by the corporate communications team a full consultation is not required – suggested an engagement exercise • As such, HM will be meeting with members of the LGBT community in November to discuss • At October's meeting CPAG approved adding in the protected characteristic to the policy • CLCC have ratified this decision (supported by Execs, Risk Group and EQIA) CPAG agreed this can now be closed down and removed from the Risk Log. **Action:** - Risk to be closed down from CPAG register - Inform DDCCG risk committee	 TG TG
9.	**Contracting and Blueteq queries**	
CPAG /19/53	**9a. Contracting Issues PLCV, IPG and Blueteq (prior approval)** **<u>1. The PLCV Challenge Process</u>** The Derbyshire wide PLCV policy was first produced in 2007 and recently put into operation in 17/18 using a system where restricted procedures require Prior Approval (PA) using the Blueteq system. Monthly monitoring reports have been issued to providers to validate any current activity that is being carried out and should not be funded under the terms of the PLCV policy. AR advised CPAG that the CCG are bound by applicable notice for policies with Prior Approval. As we are not the lead commissioners for Sheffield they do not have to be bound by the rules of Derby and Derbyshire CCG. Sheffield have agreed to adhere to our policy, however they want one document rather than being directed to pages on a website where the policies change regularly. There are currently numerous monthly amendments to the individual policies. Previously the original policy document was reviewed periodically and any changes to the policy would be revised with a rollout to GP Practices and Providers. AR explained that providers do not have the capacity to keep checking a website to find out whether a policy has changed or not. SD/PJ agreed to draft a policy specification covering current policies and processes covering PLCV. This is to brought back to December's CPAG. AR stated we need to outline the principles. As we are an associate, we legally need to comply with the lead commissioner. This may	

	require a separate specification document. CPAG agreed to the production of a specification **Actions**: - Clinical Policy Specification to be created with input from Finance and Contracting. The specification to be embedded in the contract and a reference to be made to the policy/procedures as well as the update schedule. - Gallstone policy to be updated and presented at December's CPAG - Hermia Blueteq Form to be updated and presented at December's CPAG **2. The IPG Challenge Process at Sheffield** The Derbyshire wide IPG policy, ratified on 1st August 2018, recommends that IPGs should not be performed unless categorised as "standard" by NICE and the provider has submitted a business case. The original QIPP project surrounding this policy started reporting from July 2018. As part of the project monthly monitoring reports have been issued to providers to validate any current activity which is being carried out and should not be funded under the terms of the IPG policy. Unfortunately the granularity of the coding available to the CCG has not been specific enough and there has been a risk that the values in challenge are not an accurate reflection of the IPG activity. Contracting queried whether there is an ongoing requirement for challenges. This is based on the discussion above and that as a commissioner we are unlikely to incur additional costs as the HRG code covers the overarching procedure and not the specifics of the technique / device / technology used. Assurance as to whether the provider intends to use the technology can be obtained through dialogue with the provider rather than the current approach of challenging on codes. Governance issues and safety concerns can be raised directly with the providers. **Actions**: - As above, a clinical policy specification is to be created with input from finance and contracting - This is to be embedded in the contract and reference the policy and the procedures as well as the update schedule. - A separate specification may be required for Associate providers - This document should reference minor and major change - implementation period, challenge process – The overall aim is to improve contractual strength in this area **3. Blueteq and Prior Approval** The policies team have engaged with contracting as providers have raised concerns regarding the content of Blueteq PLCV approval forms. • Gallstones and Hernia forms were discussed. However we are aware that there are other Blueteq forms that are incorrect/ unclear based on queries received directly from clinicians and spot checks. • The main issue is that the criteria on the form are not in line with the criteria listed within the policy, making it difficult to establish what the form's intentions are.	PJ/ TG HM HM PJ/TG PJ/TG PJ/TG

	For example – Hernia form: Criteria listed reads as recommendations. Blueteq and PA forms are being reviewed systematically AND/OR's will be picked up outside of the meeting. As a result of the above, contracting suspended the challenge process relating to Gallstones and Hernia **Actions:** - Paper to be presented at December CPAG to assure there is a robust and transparent process for Blueteq and PA referral forms - including stakeholder engagement - All future PLCV policies to be presented with referral letter template and Blueteq forms when approved **9b. Contractual and Operational aspects of all policies requiring prior approval.** As established at previous CPAG meetings 'the policy is the contract'. The current policies state that the policy requires prior approval. FRG have asked to be assured on the control the CCG has over PLCV. There have been separate conversations regarding both Burton Hospital and Second Eye Cataracts. PJ updated CPAG on the progress regarding the contracting and operational aspects of prior approval for the Procedures of Limited Clinical Value. Process / Operational Clarify in each policy that this procedure requires prior approval the chosen method for this is via the Blueteq system Contracting will provide the wording which is to be added to the contract to make use of the Blueteq system for policies mandatory where the CCG has stipulated **Actions:** - CPAG agreed to the update wording on the policies. - Upload policies to website - Paper to return to CPAG - To clarify that Prior Approval assurance is being replaced with MSK CATS assurance via internal audit - Update website with additional information regarding approval criteria and referral letter templates - Communicate changes to medical secretaries	HM HM/PJ PJ PJ PJ/TG HM HM
10.	**IFR – for information**	
CPAG /19/54	**10a. Screening Feedback October 19** Panel noted the cases screened by the IFR Screening Pair and Panel Decisions **10b. IFR Training and Panel update.** HM informed CPAG that the training will be rearranged in the new year. Due to illness, the	

	facilitator Andrew O'Shaughnessy cancelled on the day of the event where attendees had already arrived and taken time to travel from all over Derbyshire and Nottinghamshire therefore, Andrew has agreed to reduce the cost of the training session which will then be split between Derby and Nottinghamshire CCG's. NB added her interest from Finance. **Action:** Update CPAG on the date for the rearranged training	HM
11.	**East Midlands Affiliated Commissioning Committee**	
CPAG /19/55	No update this month	
12.	**CLCC updates**	
CPAG /19/56	**12a. papers ratified at November CLCC Meeting** - **Vasectomy Policy** - **Inguinal Hernia** - **Gamete Storage** - **IVF** - **August CPAG Bulletin** **12b. Hydroxychloroquine** RD provided a verbal update - Options are currently being presented to providers **Actions:** - Add as an agenda item for CPAG in four months - Costings and screening to be presented alongside the agreed policy	RD
13.	**IPG updates since last meeting**	
CPAG /19/57	The following IPGs were noted by CPAG - IPG658 (Standard) Endovascular insertion of an intrasaccular wire mesh blood-flow disruption device for intracranial aneurysms - IPG659 (Research only) Low-energy contact X-ray brachytherapy (the Papillon technique) for locally advanced rectal cancer - IPG660 (Research only) Implant insertion for prominent ears - IPG661 (Research only) High-intensity focused ultrasound for glaucoma - IPG662 (Standard) Bioprosthetic plug insertion for anal fistula - IPG663 (Research only) Midcarpal hemiarthroplasty for wrist arthritis The following MTGs were noted by CPAG: MTG25 (updated from July 2015) The 3M Tegaderm CHG IV securement dressing for central venous and arterial catheter insertion sites MTG12 (updated from Jan 2013) EXOGEN ultrasound bone healing system for long bone fractures with non-union or delayed healing The following MIBs were noted by CPAG MIB188 Endo-SPONGE for colorectal anastomotic leakage MIB189 The V.A.C. Veraflo Therapy system for infected wounds MIB190 SuperNO2VA for the relief of upper airway obstruction in people with obstructive sleep apnoea MIB191 UroShield for preventing catheter-associated urinary tract infections MIB192 InterDry for intertrigo MIB193 Alpha-Stim AID for anxiety MIB194 superDimension Navigation System to help diagnostic sampling of peripheral lung lesions	

	MIB195 MR-proADM test for use with clinical deterioration scores in cases of suspected infection **Action:** - Contracting to collate activity data from the Trust for the above MTGs, IPGS and MIBs	AR
14.	**Business Cases**	
CPAG /19/58	No update this month	
15.	**QIPP Pipeline**	
CPAG /19/59	It has been identified that Mid-Essex appears to have a comprehensive website consisting of 113 restrictive polices (this also includes a number of NHSE funded treatments) As a result of this CPAG has systematically reviewed this clinical policy portfolio against current Derbyshire polices to identify any potential gaps or policies that could be adopted that have QIPP opportunities. As part of this exercise the review excluded the specific criteria contained within each policy. As a result, CPAG has reviewed to date a total of 113 policies. 105 have been identified as those which: 1) The CCG/NHSE already has a policy in place or 2) Are considered part of a pathway - Hip Joint Injection has been forwarded to MSK CATS to review Policy for Orthotics/Orthoses – work has been picked up by primary care or 3) Covered under IPG policy/work-stream or 4) Agreed at CPAG that a policy is not required HM presented a table to identify/highlight those procedures/pathways for which the CCG does not have a current policy/pathway in place and the actions that are proposed. This was circulated to CPAG. **Actions**: - Ingrowing toenail - Will be picked up by the podiatry review in May 2020 - Inform Joint & Community Commissioning Manager- (Policy option to support if appropriate) - Sleep studies - Planned care currently reviewing - Inform Assistant Director of Planned Care & Cancer (Policy option to support if appropriate) - Toric lens Implants - Astimatism - Add restriction to cataract policy when updated - Inform CLCC that this benchmarking activity has been undertaken and CPAG are assured - Vasectomy – New policy in place.	HM HM HM PJ
16.	**Key messages for CLCC**	
CPAG /19/60	**<u>Key Messages November 2019</u>** - Updated CPAG ToR - Carpal Tunnel – deferred to next CLCC meeting	PJ

	- Intrauterine Insemination Policy
	  o Policy update
	  o Formal response addressing stakeholder's concerns
	- Comparison of Mid-Essex CCG Clinical Policies
	- CPAG October meeting minutes
	- CPAG October Bulletin	

17.	**For information**	
CPAG /19/61	PJ has updated the website	
18.	**Any other Business**	
CPAG /19/62	SD – Cough Assist – Response to Muscular Dystrophy UK Communications are going to make a public announcement to respond to the letter from Muscular Dystrophy UK. The Clinical Policies Team drafted the content of the statement. CPAG are assured there is a robust process in place and an evidenced based decision has been made. CPAG noted concerns about Purdah. **Action:** Email to be circulated to members including the DDCCG response to Muscular Dystrophy UK	PJ

Date of Next meetings

Thursday 19th December 2020 Room 2, Cardinal Square - 09.30 – 12.00
Thursday 16th January 2020 Room 2, Cardinal Square - 09.30 – 12.00
Thursday 20th February 2020 Room 2, Cardinal Square - 09.30 – 12.00
Thursday 19th March 2020 Room 2, Cardinal Square - 09.30 – 12.00
Thursday 16th April 2020 Room 2, Cardinal Square - 09.30 – 12.00
Thursday 21st May 2020 Room 2, Cardinal Square - 09.30 – 12.00
Thursday 18th June 2020 Room 2, Cardinal Square - 09.30 – 12.00
Thursday 16th July 2020 Room 2, Cardinal Square - 09.30 – 12.00
Thursday 20th August 2020 Room 2, Cardinal Square - 09.30 – 12.00
Thursday 17th September 2020 Room 2, Cardinal Square - 09.30 – 12.00
Thursday 15th October 2020 Room 2, Cardinal Square - 09.30 – 12.00
Thursday 19th October 2020 Room 2, Cardinal Square - 09.30 – 12.00
Thursday 17th December 2020 Room 2, Cardinal Square - 09.30 – 12.00