Derbyshire CPAG Bulletin

June 2022

Clinical Policy Advisory Group (CPAG)

CLINICAL & GOVERNACE 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 appropriate cohort of patients.

Clinical Policy	Key Changes
Tonsillectomy and Adenoidectomy Policy (Partial review and update following a stakeholder query)	Derby and Derbyshire CCG, in line with its principles for procedures of limited clinical value, has deemed that tonsillectomy and adenoidectomy should not routinely be commissioned unless the criteria within the policy are met. The following minor amendment has been made to the policy: • Addition to policy exception criteria "Those assessed to be at significant risk of choking/airway obstruction whilst eating" Tonsils are lymphatic tissue found on each side of the throat that forms part of the immune system in young children. As children get older the tonsils usually shrink and the immune system can fight infections without them. Tonsillitis is the inflammation of the tonsils, which is often caused by a viral infection but can also be caused by bacteria. Tonsillitis is usually self-limiting and often resolves within three to four days. However, some can experience recurrent severe episodes of tonsillitis and the surgical removal of the tonsils may be the most appropriate management option for these patients. The surgical removal of tonsils is also known as tonsillectomy. Adenoids are small glands at the back of the nose, above the roof of the mouth. In younger children adenoids form part of the immune system. A child's adenoids can become swollen or enlarged following a bacterial or viral infection, or an allergic reaction. Swollen adenoids often cause mild discomfort and treatment is not needed. As children get older the adenoids shrink and the immune system can fight infections without them. Some children can experience severe discomfort, which can interfere with daily life. Swollen adenoids can block the nose, which can affect breathing and can cause snoring at night. They can also block the Eustachian tubes causing hearing loss and ear infections. Recurrent and severe inflammation of the adenoids can occasionally be managed through the surgical removal of the adenoids, which is also known as an adenoidectomy.
Repair of minimally symptomatic Inguinal Hernia Policy (Full routine review and minor amendment to policy following stakeholder query)	Derby and Derbyshire CCG, in line with its principles for procedures of limited clinical value has deemed that Surgical Treatment for the Repair of Minimally Symptomatic Inguinal Hernia (IH) should not routinely be commissioned. The following minor amendment has been made to the policy: • Clarification of 1st referral criteria to state "Overt or suspected symptomatic (Primary or Recurrent) Inguinal Hernia There has been no new significant robust evidence or new national guidance that has been published since the policy was last reviewed in October 2019 that requires a change reflecting in the policy's criteria or commissioning stance. An inguinal hernia (IH) is a protrusion in the peritoneum, usually consisting of intestine or intra-abdominal fat. The protrusion occurs as a result of weakness within the lower abdominal/groin area wall of muscle. IH presents as a lump, which can be asymptomatic for around one third of patients. Some patients can experience discomfort, which can restrict daily activities including the ability to work. IH can occasionally be life threatening if the protruding bowel becomes obstructed and strangulated.
InVitro Fertilisation (IVF) Intracytoplasmic Sperm Injection (ICSI) within Tertiary Infertility Services Policy (Full routine review)	Derby and Derbyshire CCG, in line with its principles for procedures of limited clinical value has deemed that IVF and ICSI should not routinely be commissioned unless the criteria within the policy are met. The following minor amendments have been made to the policy: • Appendix 3. Reference to pre-2017 surcharging to non-EEA citizens removed. This has been amended to state "**IVF IS EXCLUDED"** from the list of NHS treatments overseas visitors access, even if a surcharge is paid • A criterion to define Premature Ovarian Failure has been lowered from FSH of >40 UI/L to an FSH of >30 UI/L in line with NICE Guidance There has been no new significant robust evidence or new national guidance that has been published since the policy was last reviewed in June 2019 that requires a substantial change reflecting in the policy's criteria or commissioning stance. In vitro fertilisation (IVF) is one of the main methods used to help people conceive. Treatment begins with stimulation of the ovaries and includes collecting eggs and sperm, fertilising the eggs outside the woman's body, and placing 1 or 2 of the embryos into the womb.

	This policy reflects the NICE guidelines that access to high level treatments including IVF should be offered to women up to the age of 42. In women aged 36 or over, assessment should be considered after 6 months of unprotected regular intercourse since, the chance of successful conception is lower and the window of opportunity for intervention is less. For women aged up to 42 years who have not conceived after 2 years of regular unprotected intercourse or a course of artificial insemination (in line with local CCG policy), this should be taken as an indication for consideration of IVF.
Surgical Treatment of Sleep Apnoea Policy (Full routine review)	Derby and Derbyshire CCG, in line with its principles for procedures of limited clinical value has deemed that the Surgical Treatment of Sleep Apnoea should not routinely be commissioned unless the criteria within the policy are met. The following minor amendments have been made to the policy: • Referral Criteria 1 has been separated into the 3 separate Criteria. • The Criterion "Referral has been made to a weight management service where the patient is overweight or obese (BMI over 25kg/m^2)" has been replaced with "BMI is less than 35kg/m^2". in line with NICE NG202 • Reference to SIGN 73 has been removed as this guideline was withdrawn by the publisher. Sleep apnoea happens if your airways become too narrow while you sleep – the most common type is obstructive sleep apnoea (OSA). This causes your breathing to stop and start while you sleep. There are two types of breathing interruption characteristic of OSA: • Apnoea – where the muscles and soft tissues in the throat relax and collapse sufficiently to cause a total blockage of the airway; it's called an apnoea when the airflow is blocked for 10 seconds or more • Hypopnoea – a partial blockage of the airway that results in an airflow reduction of greater than 50% for 10 seconds or more As such it is also referred to as obstructive sleep apnoea/hypopnoea syndrome (OSAHS)
Vasectomy Policy (Full routine review)	Vasectomy Services are routinely commissioned in Primary Care. Those procedures that take place within the Acute In-Patient setting should meet the criteria within the policy. The following minor amendments have been made to the policy: • References to legacy SLAs for North and Southern Derbyshire CCGs have been removed • Addition of the following statement to Anticoagulant Therapy criteria: ○ In line with principles of shared decision making - patients with Deep Vein Thrombosis/Pulmonary Embolism to discuss the option to delay until anticoagulant course has been completed There has been no new significant robust evidence or new national guidance that has been published since the policy was last reviewed in October 2019 that requires a change reflecting in the policy's criteria or commissioning stance. A vasectomy is a surgical procedure performed on males in which the vas deferens (tubes that carry sperm from the testicles to the seminal vesicles) are cut, tied, cauterized (burned or seared) or otherwise interrupted. The semen no longer contains sperm after the tubes are cut, so conception cannot occur. The testicles continue to produce sperm, but they die and are absorbed by the body.

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 2022:

IPG/MTG/DTG/MIB	Description	Outcome
IPG724	Personalised external aortic root support (PEARS) using mesh to prevent aortic root expansion and aortic dissection in people with Marfan syndrome	Special arrangements – DDCCG do not commission
IPG725	Endoanchoring systems in endovascular aortic aneurysm repair	Special arrangements – DDCCG do not commission • For people with unfavourable aneurysm morphology needing an endovascular aortic aneurysm repair (EVAR) as a primary procedure, or for people with an existing EVAR who need a secondary procedure, evidence on the safety of using endoanchoring systems is adequate. Evidence on efficacy is limited in quantity and quality. Therefore, for these people, this procedure should only be used with special arrangements for clinical governance, consent, and audit or research Further research – DDCCG do not commission • For people with favourable aneurysm morphology

		needing an EVAR as a primary procedure, evidence on the safety of using endoanchoring systems is adequate However, evidence on efficacy is inadequate in quantity and quality. Therefore, for these people, this procedure should only be used in the context of research
IPG726	Supercapsular percutaneously assisted total hip arthroplasty for osteoarthritis	Special arrangements – DDCCG do not commission
MTG70	Sleepio to treat insomnia and insomnia symptoms	Standard arrangements – not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval • Sleepio is recommended as a cost saving option for treating insomnia and insomnia symptoms in primary care for people who would otherwise be offered sleep hygiene or sleeping pills • For people who may be at higher risk of other sleep disorder conditions, such as in pregnancy, or in people with comorbidities, a medical assessment should be done before referral to Sleepio Further research – DDCCG do not commission • More research or data collection is recommended on Sleepio for people who are eligible for face-to-face cognitive behavioural therapy for insomnia (CBT-I) in primary care. This is because there is limited clinical evidence to show how effective Sleepio is compared with face-to-face CBT-I
MIB293	Bladder EpiCheck for detecting bladder cancer recurrence	Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
MIB294	AMBLor for identifying low-risk non-ulcerated early-stage cutaneous melanomas	
MIB295	ViewSite Brain Access System (VBAS) for the surgical management of deep brain lesions	
MIB296	Granulox for managing chronic non-healing wounds	

Our CCG continues to monitor and implement IPGs with our main providers.