Derbyshire CPAG Bulletin

March 2022

Clinical Policy Advisory Group (CPAG)

CPAG DECISION MAKING DURING THE COVID PANDEMIC

CPAG DECISION MAKING DURING THE COVID-19 PANDEMIC – UPDATED MAY 2021

Following a recent review, and in light of the successful COVID-19 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-19 pandemic.

CLINICAL & GOVERNANCE 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
Varicose Vein Interventions Policy	DDCCG, in line with its principles for procedures of limited clinical value has deemed that surgery for varicose vein interventions should not routinely be commissioned unless specific criterions within the policy are met. The following minor amendments have been made to the policy: DDCCG does not commission the treatment of symptomatic veins: • Veins found in association with troublesome lower limb symptoms (typically pain, aching, discomfort, swelling, heaviness and itching) • Reference to symptomatic veins have been removed from policy to remove ambiguity. No new significant or robust evidence has been published since the policy was last reviewed and updated in May 2019 that would support a major update of the policy. Varicose veins are swollen and enlarged veins that usually occur on legs and feet. In the UK varicose veins occur in around 15–20% of adults. They may be blue or dark purple and are often lumpy, bulging or twisted in appearance. Symptoms include: • Aching, heavy and uncomfortable legs • Swollen feet and ankles • Burning or throbbing legs • Muscle cramp in legs particularly at night • Dry, itchy and thin skin over the affected vein
Defining the Boundaries between NHS and Private Healthcare	The following minor amendment has been made to the policy: • Reference to DDCCG Guidance on Prescribing in Primary Care has been added to document The Clinical Policies and Decisions team have provided assurance aligning medicines and procedures. This document defines the boundaries between NHS and Private Healthcare within DDCCG. The policy recommendations set out in this document apply to any patient in circumstances where the CCG is the responsible commissioner for their NHS care.

MISCELLANEOUS INFORMATION

Statement	Summary
Evidence Based Interventions 3	The Evidence-based Interventions (EBI) programme is an initiative led by the Academy of Medical Royal Colleges (AOMRC) to improve the quality of care The EBI3 document sets out 17 new interventions for consultation. Unlike previous phases which focused on reducing or stopping tests, treatments and procedures, List 3 takes a more holistic approach and proposes that some interventions should be increased in certain circumstances, where there is unwarranted variation. Publication date for final guidance is expected in May 2022. The Clinical Policies and Decisions team members have engaged, responded and attended several consultation events organised by (AOMRC), which were completed in March 2022 prior to the 31st March 2022 deadline. The following general themes have been identified from the consultation: • EBI is proposing to cease/decrease activity for some interventions whilst increasing activity for other interventions. Increasing activity is a fundamental change for EBI 3 whereas previous EBI versions was focussed on reducing activity. • A further aim is to reduce unwarranted variations to access across the UK. This includes variation in referral pathways i.e., what are the thresholds for consideration for referral for an intervention • Criteria definition continues by various working groups - includes requests for inclusion and exclusion criteria • Pathway or Policy: Some of the EBI interventions are pathways not policies. • Some of the interventions recommended the IFR route – this was queried by stakeholders as not aligned to the criteria of exceptionality • Relevance of the Evidence/Data was questioned as some research which is >10 years old is influencing current guidelines

- Focus on shared decision making within EBI interventions

CPAG specifically responded to the bariatrics consultation as lowering of thresholds presents a significant risk and challenge both financially and around the current backlog and demand for services.
Once the final EBI3 documents are published, CPAG will assess the case for change for each intervention.

EBI Category (EBI3)	Proposed Policies/ Procedures/ Pathways
Breast Surgery	• Male gynaecomastia reduction surgery • Breast prosthesis removal • Corrective surgery for congenital breast asymmetry
Ophthalmology	• Optical coherence tomography (OCT) use in diabetic retinopathy referral • Shared decision making for cataract surgery • Glaucoma referral criteria
ENT	• Thyroid nodule referral and investigation
Vascular	• Asymptomatic carotid artery stenosis screening • Management of abdominal aortic aneurysms (AAAs)
Gastrointestinal Surgery	• Referral for bariatric surgery
Plastics	• Abdominoplasty or apronectomy • Liposuction • Diastasis recti repair
Cardiology	• Angioplasty for PCI (percutaneous coronary intervention) in stable angina
Urology	• Non-visible haematuria • Needle biopsy of prostate • Penile circumcision

Divarication of the Recti

Following a stakeholder email, CPAG were requested to consider a policy on Divarication of Recti Repair.
CPAG noted the EBI 3 criteria and will assess with a view to adopting when published, expected in May 2022. In the meantime, requests will be processed through the clinician led Cosmetic Advisory Service.

Divarication or (Diastasis Recti or Abdominal Opening) is the widening of the space between the left and right abdominal muscles.

Non Complex Audiology

As part of a due diligence exercise CPAG were asked to review the evidence base for restrictive criteria for defining "hearing Loss"

CPAG has reviewed the evidence and agreed that there have been no new significant updates to the evidence base for clinical restrictive criteria since this was last reviewed in July 2020.

MedTech Funding Mandate 22-23 Technology Signalling (MTFM)

The Policy mandates Integrate Care Systems in England to adopt the technologies defined when there is a provider desire to do. As detailed in the MTFM policy guidance, to be considered for the MTFM 2022/23 policy, technologies needed to be:

- Effective: demonstrated through positive NICE Medical Technology Guidance (MTG) or Diagnostic Guidance (DG), published by 30th June 2021.
- Cost-saving within three years of implementation: as demonstrated by NICE modelling and published in a NICE resource impact template.
- Affordable to the NHS: the NICE budget impact analysis total costs should not exceed £20 million in any of the first three years

The technologies that will be supported by the policy in 2022/23 are categorised into two themes

1. Treatment for Benign prostatic hyperplasia (BPH)
- Four less invasive innovations which allow patients with BPH to be treated as day cases
- Providers will not be expected to implement all four technologies, instead, each would be expected to work with its AHSN and the Getting It Right First Time (GIRFT) Urology Area Networks to understand its technology needs and the potential uptake locally

2. Improving the patient experience during procedure
- Innovative alternatives to otherwise more invasive and costly procedures

The proposed National Tariff Payment System clarifies the funding arrangements as follows:
- Aligned payment and incentive arrangements, items on the tariff's innovative products list would be funded by the commissioner on a cost and volume basis through the High Cost Tarif- Excluded Devices (HCTED) programme. Any additional cost of implementation should be factored into the fixed element.

Theme	Technology	Description	NICE guidance
Benign prostatic hyperplasia	**UroLift**	The UroLift system lifts and holds the enlarged prostate tissue away from the urethra, relieving the compression of this organ. It can be performed under local anaesthesia in an outpatient setting or ambulatory care centre, and the patient can return home the same day without a catheter.	MTG58
	GreenLight XPS	The GreenLight XPS vaporises prostatic tissue with a laser. The laser fibre is passed through a cystoscope to photoselectively vaporise the enlarged prostate tissue, leaving a clear urethral channel. GreenLight XPS can be done as a day case procedure, reduces the risk of complications, and allows a quicker return to normal activity.	MTG29

		Rezum	Rezum is a minimally invasive procedure that uses water vapour (steam) to treat BPH. The technology delivers targeted, controlled doses of stored thermal energy in water vapour directly to the region of the prostate gland with the obstructive tissue causing lower urinary tract symptoms (LUTS). Rezum effectively alleviates BPH and patients can be treated as outpatients.	MTG49
		PLASMA system	PLASMA is a bipolar electrosurgery system for transurethral resection and haemostasis of the prostate. The system uses electrodes to cut out (resect) prostate tissue and stop any local bleeding afterwards (haemostasis), which avoids the risk of transurethral resection syndrome and reduces the need for blood transfusion. This procedure can be done as a day case.	MTG53
	Improving the patient experience during procedures	**XprESS multisinus dilation system**	The XprESS multi-sinus dilation system is a sterile, singleuse device for treating chronic sinusitis. Dilation of the XprESS balloon remodels the bony sinus outflow tract by displacing adjacent bone and paranasal sinus structures. This has the potential to reduce the tissue lost compared to traditional functional endoscopic sinus surgery (FESS) procedures.	MTG30
		Thopaz+ portable digital system	Thopaz+ is a portable digital chest drain system that provides regulated negative pressure close to the patient's chest and continuously monitors and records air leak and fluid drainage. The system comprises an inbuilt, regulated suction pump with a digital display, rechargeable battery, tubing that connects to any standard chest drain catheter and a Thopaz+ disposable fluid collection canister. Sensors in the system turn the pump on and off to ensure the pressure level set by the healthcare professional is precisely maintained.	MTG37
		Spectra Optia	The Spectra Optia Apheresis System is an apheresis and cell collection platform for the treatment of sickle cell disease. In a typical exchange procedure, Spectra Optia separates and removes sickle red blood cells from the patient's blood using continuous flow and centrifugation. These are replaced with healthy red blood cells according to the user-defined software protocol.	MTG28
Clinical Policies Specification	The Clinical Policies specification for 2022/23 has been updated, CPAG are assured that the CCG is aligned to the NHS National Contract Technical specification section on "managing Activity and Referrals". The following updates have been made to the specification: • Link to the NHS standard contract has been added • Section on Evidence Based intervention has been added together with link to Overarching Position Statement • Medtech Funding Mandate Policy section has been updated with information on the technologies that will be supported for 2022/23, together with a link to the MedTech section on the Clinical Policies website.			

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 February 2022:

IPG/MTG/DTG/MIB	Description	Outcome
IPG715	Stereotactic radiosurgery for trigeminal neuralgia (replaces NICE IPG85 stereotactic radiosurgery for trigeminal neuralgia using the gamma knife)	Standard arrangements – requires the provider to submit a robust, evidence-based business case to the commissioner
IPG716	Microwave ablation for primary or metastatic cancer in the lung (replaces NICE IPG469 microwave ablation for treating primary lung cancer and metastases in the lung)	Special arrangements – DDCCG do not commission
DG45	PredictSURE IBD and IBDX to guide treatment of Crohn's disease	NICE recommends further research – DDCCG do not commission
DG46	EarlyCDT Lung for assessing risk of lung cancer in solid lung nodules	NICE recommends further research – DDCCG do not commission
MIB283	GaitSmart assessment and vGym personalised exercise rehabilitation programme for people with gait and mobility issues	Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
MIB284	AposHealth for knee osteoarthritis	
MIB285	d-Nav insulin management app for type 2 diabetes	

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