Derbyshire CPAG Bulletin

September 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 Integrated Care Board (ICB). The ICB will only fund treatment for clinically effective interventions that are then delivered to the appropriate cohort of patients.

Clinical Policy	Key Changes
Injections for Non-specific Low Back Pain without Sciatica Policy (Full routine review)	Derby and Derbyshire ICB, in line with its principles for procedures of limited clinical value has deemed that Injections for Non-specific Low Back Pain without Sciatica should not routinely be commissioned. There has been no new significant robust evidence or new national guidance that has been published since the policy was last reviewed in February 2020 that requires a change reflecting in the policy's criteria or commissioning stance. About 8 in 10 people have one or more bouts of low back pain. Non-specific low back pain is the most common type of back pain. The lower back is commonly defined as the area between the bottom of the rib cage and the buttock creases. About 19 in 20 cases of sudden-onset (acute) low back pain are classed as non-specific. Non-specific low back pain is tension, soreness and/or stiffness in the lower back region for which it is not possible to identify a specific cause of the pain. Lower back pain can be managed conservatively – options include painkillers and physiotherapy. This policy may be read in conjunction with other DDICB Policies and Position Statements which can be found at: http://www.derbyshiremedicinesmanagement.nhs.uk/clinical-policies-home/clinical-policies/orthopedics
Scar Reduction Policy (Full routine review)	Derby and Derbyshire ICB, in line with its principles for procedures of limited clinical value has deemed the repair of, or injection/application of topical treatment for keloid scars and hypertrophic scars should not routinely be commissioned unless the criteria within the policy are met. The following amendment has been made to the policy: • Addition of the criterion to allow the removal of scars as the result of trauma inflicted against the will of the patient (e.g. Abuse, Rape) There has been no new significant robust evidence or new national guidance that has been published since the policy was last reviewed in January 2020 that requires a change reflecting in the policy's criteria or commissioning stance. Damage through the full thickness of the skin undergoes a healing process that involves the formation of a scar. Scars can become slightly thick and raised. This is called a hypertrophic scar. Occasionally scars can overgrow the original area of trauma and become larger than the original wound. These types of scars are called Keloid Scars. Hypertrophic scars do not grow beyond the boundary of the original wound but can become thicker. This type of scar can continue to thicken for up to six months after the initial trauma to the skin. Hypertrophic scars are initially red and raised but eventually become paler and flatter after several years. Unlike hypertrophic scars keloid scars can develop after very minor skin damage and sometimes spontaneously without any trauma. Keloid scars continue to grow to become raised, tender and itchy even after the wound has healed.

MISCELLANEOUS INFORMATION

Statement	Summary
NHS Wig Provision	CPAG are assured that Wig provision through the University Hospitals of Derby and Burton NHS Foundation Trust (UHDBFT) and Chesterfield Royal Hospital NHS Foundation Trust (CRHFT) Oncology and Dermatology departments are aligned to NHS guidelines, for medical conditions which result in hair loss.

Women's Health Strategy for England	The Department of Health and Social Care (DHSC) published the Women's Health Strategy for England, in July 2022. The strategy sets out an approach to priority areas related to specific conditions or areas of health where the call for evidence highlighted particular issues or opportunities. The 10-year ambitions relating to fertility: • Over the life of this strategy, DHSC will work with NHS England to address the current geographical variation in access to NHS-funded fertility services across England • Female same-sex couples are able to access NHS-funded fertility services in a more equitable way • There is an end to non-clinical eligibility criteria, through an assessment of current criteria and updated commissioning guidance • There is improved evidence-based information about privately funded fertility treatment 'add-ons' so patients are better able to make informed choice To ensure DHSC can monitor the effectiveness of this work, they will develop a delivery plan for the commitments set out in this strategy. The delivery plan will be underpinned by an implementation framework. The implementation of this strategy will be overseen by a cross-government delivery board reporting to Department of Health and Social Care Ministers. CPAG welcomes the paper outlining the DHSC 10 year ambitions. CPAG will review its policies when these ambitions are realised by nationally commissioned funded policies. As a result, the Communication Department are to set up a page on the Joined Up Care Derbyshire (JUCD) website, specifically for information relating to IVF.
National Evidence Based Interventions 3 – review process	The National Evidence-Based Interventions Programme, now in its third phase (List 3) began in 2018. It's aims then, as it is now, is to capture that evolution and to ensure healthcare providers focus only on interventions which are known to be effective, based on the best available medical evidence. EBI List 3 Guidance is due for publication in September 2022. The interventions will be split into the following three sections and a stakeholder engagement exercise will be undertaken for all 17 interventions to assure alignment. • Section 1: 5 interventions that are covered by pre-existing DDICB policies/position statements that require updating • Section 2: 4 interventions require the development of new DDICB clinical policies • Section 3: 8 interventions that are pathways and require no further action by the Clinical Policies Team. These interventions will be forwarded on to the appropriate teams for actioning and included in an overarching position statement All 17 Interventions will be included in an Overarching Position Statement for EBI3.
Clinical Policies Appeal Process & Statement on the requirements to trigger a policy update outside of the planned review period	The CPAG appeal process has been updated and aligned with the Derbyshire Joint Area Prescribing Committee (JAPC) process with the inclusion of the following: • Substantial new evidence defined but not exclusive to Cochrane reviews or National guidance as examples. The emergence of new evidence since the review does not constitute an appeal. This would be defined as a resubmission/update and will inform the work plan of CPAG. For requirements to trigger a policy update outside of the planned review period, a CPAG position statement has been added: • Policy updates outside of the planned review period should not routinely be required. • Exception – Substantial new evidence defined but not exclusive to Cochrane reviews or National guidance • Link to relevant documents have been included Guidance on evidence assessment for Individuals & Leadership/Professional groups has been added to the policy, which advises what the expectation is prior to the information being presented to CPAG.
Terms of Reference for IFR Screening Pair	CPAG similar to NHSE have a Screening Pair Policy outlining roles and responsibilities. CPAG used this opportunity to devise a separate Terms of Reference for the IFR Screening Pair, which are aligned to the NHS England IFR Policy. The Terms of Reference for the IFR Screening Pair will widen those that screen to add resilience for timely decisions.

NICE INTERVENTIONAL PROCEDURES GUIDANCE, DIAGNOSTIC PROCEDURES, MEDICAL TECHNOLOGIES GUIDANCE AND MEDTECH INNOVATION BRIEFINGS (IPGS, DTG, MTGS, MIBS)

The DDICB 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 July 2022:

IPG/MTG/DTG/MIB	Description	Outcome
IPG730	Transcatheter tricuspid valve annuloplasty for tricuspid regurgitation	Special arrangements/further research – DDICB do not commission

IPG731	Transcatheter tricuspid valve leaflet repair for tricuspid regurgitation	Special arrangements/further research – DDICB do not commission
DG49	PLGF-based testing to help diagnose suspected preterm pre-eclampsia	Standard arrangements (1.1, 1.2) – not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval 1.1 The following placental growth factor (PLGF)-based tests, used with standard clinical assessment, are recommended to help decide on care (to help rule in or rule out pre-eclampsia) for people with suspected preterm (between 20 weeks and 36 weeks and 6 days of pregnancy) pre-eclampsia: • DELFIA Xpress PLGF 1-2-3 • DELFIA Xpress sFlt-1/PLGF 1-2-3 ratio • Elecsys immunoassay sFlt-1/PLGF ratio • Triage PLGF Test. Not all manufacturers indicate their tests for use across the full range of 20 weeks to 36 weeks and 6 days of pregnancy. The tests should be used according to their indications for use (see section 2). 1.2 PLGF-based testing may particularly benefit groups at higher risk of severe adverse pregnancy outcomes, such as people from African, Caribbean and Asian family backgrounds. Further research (1.3, 1.5, 1.6), DDICB do not commission 1.3 Further research is recommended into how well the tests work when people are pregnant with more than 1 baby. 1.5 Use a PLGF-based test once per episode of suspected preterm pre-eclampsia. Further research is recommended on repeat testing. 1.6 BRAHMS sFlt-1 Kryptor/BRAHMS PLGF plus Kryptor PE ratio is not recommended for routine use in the NHS. Further research is needed to show the accuracy of this test when using specified thresholds. Not recommended (1.4), DDICB do not commission 1.4 Do not use PLGF-based tests to make decisions about whether to offer a planned early birth to people with preterm pre-eclampsia. The NICE guideline on hypertension in pregnancy has recommendations on timing of birth.
MTG8 (update)	MiraQ for assessing graft flow during coronary artery bypass graft surgery **July 2022**: Updated guidance in July 2022 to reflect new evidence and updated costs. These updates are marked **[2022]**. Details of the changes are explained in the review decision from June 2022.	Standard arrangements – not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
MTG9 (update)	PeritX peritoneal catheter drainage system for vacuum-assisted drainage of treatment-resistant, recurrent malignant ascites **July 2022**: Updated guidance to reflect 2020 costs and revise cost-saving estimates. These are marked **[2022]**. Details of the changes are explained in the review decision from June 2022.	Standard arrangements – not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
MIB299	RespiraSense for continuously monitoring respiratory rate	Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
MIB300	Lenus COPD Support Service for remotely managing chronic obstructive pulmonary disease	
MIB301	Cyanoacrylate glue for hernia mesh fixation	
MIB302	ProciseDx point-of-care platform for inflammatory bowel disease	

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