Clinical Policy Advisory Group (CPAG)

CLINICAL & GOVERNACE POLICIES UPDATED
EVIDENCE BASED INTERVENTIONS AND LOCAL 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 Evidence Based Interventions (EBI) 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. When updating Clinical Policies CPAG undertakes Stakeholder engagement with Specialists/Consultants/Clinicians.

There were no local clinical policies approved and ratified this month.

MISCELLANEOUS INFORMATION

Statement: Review Date Extension of Clinical Policies

Summary

Due to a pause in staff recruitment across the ICB, which has resulted in reduced capacity within the Clinical Policies Team including the loss of the Policy writer, a temporary measure has been implemented to extend the review period for policies due for review in the next 6 months for a further 12 months. This will be a rolling process which will be repeated until capacity is restored.

Assurances has been provided from the relevant clinicians and GP members of Clinical Policy Advisory Group (CPAG) to determine whether it is safe to extend the review date of these policies by 12 months.

Stakeholders provided specific assurance that:

- Information within the existing policies does not infringe on patient safety
- No new or significant evidence published since the policies were last reviewed that would need to be reflected within the policies

The table provides a breakdown of the policies due for review in the next 6 months that were extended at the December meeting:

Clinical Policy	Last Updated	Review Date	Revised Extension Date
Surgical Removal of Epidermoid and Pilar Cysts	February 2022	June 2024	June 2025
Surgical Removal of Lipoma/ lipomata	September 2021	June 2024	June 2025

CPAG noted the assurance provided from the policies extended by 12 months at the November 2023 CPAG meeting are clinically safe and align to the current evidence base, in agreement with appropriate stakeholders.

Clinical Policy	Last Updated	Review Date	Revised Extension Date
Position Statement for Not Routinely Commissioned Cosmetic Procedures	October 2020	Sept 2023	Sept 2024
Position Statement for cosmetic procedures commissioned with restrictions	October 2020	Sept 2023	Sept 2024
Reversal of Male and female sterilisation	December 2020	Nov 2023	Nov 2024
Laser Treatment for Myopia	December 2020	Nov 2023	Nov 2024
Breast Asymmetry Surgery	December 2022	November 2023	Nov 2024
Acupuncture	January 2021	Dec 2023	Dec 2024
Hysterectomy for Menorrhagia	May 2021	February 2024	February 2025
Exercise ECG for Coronary Heart Disease	May 2021	April 2024	April 2025
Surgical intervention for Chronic Rhinosinusitis	May 2021	April 2024	April 2025
Arthroscopic Surgery for Degenerative Meniscal Tears	May 2021	April 2024	April 2025
Lumbar Radiofrequency Facet Joint Denervation	May 2021	April 2024	April 2025
Spinal Decompression for Sciatica	June 2021	May 2024	May 2025

Review of Brow Lift/Blepharoplasty Policy (Partial review following stakeholder query)	A partial review of the Brow Lift and Blepharoplasty policies has been undertaken, following a query raised by a stakeholder to clarify the policies wording in patients with age-related problems impacting on field of vision. CPAG clinicians confirmed that we do commission surgery for age related changes when causing functional problems but not surgery solely for cosmetic reasons. CPAG supported a change in wording to provide clarity and reinforce the current position through consensus agreement. The following minor amendments have been made to the Brow Lift policy: • Policy criteria has been amended to state that "Brow lift should not be routinely commissioned unless criteria A OR B is met" instead of "criteria A and B is met" The following minor amendments have been made to the Blepharoplasty policy: • Dermatochalasis (excess upper eyelid skin, including where change is age related) has been added to Criteria 2. A statement has been added to both policies to clarify "This procedure is not commissioned as a cosmetic intervention (at any age) without accompanying functional impact". CPAG were assured there was no financial impact as this is existing activity already approved through the Cosmetic Referral Assessment Service.
Review of BMI Criteria Related to Removal of Excess Skin/Tissue Review	CPAG agreed to the addition of the following statement which has been added to the Breast Reduction Surgery and Breast Reduction Surgery for Gynaecomastia (Male) policies: "The BMI requirement is fixed and does not relate to the weight of the tissue to be removed." This was in response to several Individual Funding Requests asking for the weight of excess skin/tissue to be considered as part of the BMI criteria for specific policies i.e., breast reduction. CPAG were assured by regional colleagues that the weight of excess tissue had previously been considered on an East Midlands wide basis when the policy was originally implemented, and a subsequent audit demonstrated very little difference in weight loss post operation. Any proposed change to the policy would require an approved business case to account for the potential increase in activity.

MedTech Funding Mandate Guidance 24/25 - Proposal	The MedTech Funding Mandate is an NHS Long Term Plan commitment to implement selected NICE approved cost-saving devices, diagnostics and digital products to NHS patients more quickly. It consists of a policy document ensuring ICB funding for selected products, so healthcare providers can make these available to NHS patients. It is implemented within the NHS and supported by the Health Innovation Networks (HIN).
	
	The proposed MedTech Funding Mandate (MTFM) Guidance update 24/25 is to include the following:
	• All current technologies will continue to be funded on cumulative basis
	
	Proposed New technology
	
	NICE MTG76 – AposHealth for Knee Arthritis
	
	• AposHealth (AposHealth, previously AposTherapy) is a non-invasive device worn on the feet. The device consists of a pair of AposHealth shoes with 2 curved pods (pertupods) on the heel and forefoot of each shoe. The pertupods are securely attached to tracks on the bottom of the shoe with screws. Positioning of the pertupods is done by trained healthcare professionals and can be aided by gait analysis software or hardware.
	• AposHealth costs £875 (excluding VAT) per treatment programme for both knees. The treatment programme includes:
	  ○ AposHealth shoes and unlimited parts
	  ○ access for healthcare professionals to standardised outcome measures on the AposHealth clinical tracking system
	  ○ training for healthcare professionals (typically consisting of 6 hours of theory training, and 5 to 10 observed calibrations delivered as part of routine service provision).
	• Has 3 year and 5-year NHS outcomes
	
	A National working group has been established which includes NHS England, NHS Supply Chain, NICE, Apos Health, Health Innovation Network. This proposal has been shared with our Local Innovation Network.
	
	The product is available through NHS Supply chain.

Individual Funding Requests (IFR) Screening Cases	CPAG reviewed the IFR Screening cases for October 2023 and are assured that no areas for service development have been identified.

NICE INTERVENTIONS, DIAGNOSTICS, MEDICAL AND HEALTH TECHNOLOGIES AND INNOVATION PROGRAMMES

The DDICB does not commission and will not fund any procedure or technology assessed by NICE under their IPG, MTG, DTG, MIB or HTE 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

- OR the NICE HTE has made a recommendation for use while evidence is being generated

The following NICE programme outputs were noted by the group for the month of October 2023:

IPG/MTG/DTG/HTE/MIB	Description	Outcome
IPG773	Percutaneous deep venous arterialisation for chronic limb-threatening ischaemia	NICE recommends special arrangements, DDICB do not commission
IPG774	Vaginal transluminal endoscopic hysterectomy and adnexal surgery for benign gynaecological conditions	NICE recommends special arrangements, DDICB do not commission
HTE13	Virtual ward platform technologies for acute respiratory infections 1.1 Virtual ward platform technologies can be used in the NHS while more evidence is generated to monitor people over 16 with acute respiratory infection in their usual place of residence. They can be used for people who have been: • referred for hospital admission or • admitted to hospital and their condition is stable or improving but needs ongoing monitoring. These technologies can only be used once they have appropriate regulatory approval, including CE mark, and Digital Technology Assessment Criteria (DTAC) approval.	NICE recommends standard arrangements – not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
HTE14 *(1.1 to 1.3 see specific technology for recommendation)*	Digital technologies for delivering specialist weight-management services to manage weight-management medicine: early value assessment **Can be used in the NHS with evidence generation** 1.1 Five digital weight-management technologies can be used in the NHS while more evidence is generated, to deliver specialist weight-management services for adults who are eligible for weight-management medicine. The technologies are: • Gro Health W8Buddy (DDM Health), for prescribing and monitoring weight-management medicine • Liva (Liva), for tracking weight-management medicine • Oviva (Oviva), for prescribing and monitoring weight-management medicine • Roczen (Reset Health), for prescribing and monitoring weight-management medicine • Second Nature (Second Nature), for prescribing and monitoring weight-management medicine. These technologies can only be used once they have appropriate Digital Technology Assessment Criteria (DTAC) approval. 1.2 The companies must confirm that agreements are in place to generate the evidence (as outlined in NICE's evidence generation plan) and contact NICE annually to confirm that evidence is being generated and analysed as planned. NICE may withdraw the guidance if these conditions are not met. 1.3 At the end of the evidence generation period (4 years), the companies should submit the evidence to NICE in a form that can be used for decision making. NICE will review the evidence and assess if the technologies can be routinely adopted in the NHS.	NICE recommends standard arrangements (1.1, 1.2, 1.3) – not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
HTE14 (1.4 to 1.6 *see specific technology for recommendation)*	Digital technologies for delivering specialist weight-management services to manage weight-management medicine: early value assessment **Can only be used in research** 1.4 More research is needed on using the following digital weight-management technologies: • CheqUp (CheqUp Health) • Juniper (Juniper Technologies UK) • Wellbeing Way (Xyla Health and Wellbeing). 1.5 Access to the technologies in section 1.4 should be through company, research, or non-core NHS funding, and clinical and financial risks should be appropriately managed. **Evidence generation and research** 1.6 More evidence generation and research are needed on: • change in weight • adherence and completion rates, including reasons for stopping a programme • how the technologies monitor and report adverse events • health-related quality-of-life and psychological outcomes • impact on resource use, including the number and type of healthcare appointments and cost of the medicine.	NICE recommends further research (1.4, 1.5, 1.6), DDICB do not commission

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