

Clinical Policy Advisory Group (CPAG)

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 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.

Clinical Policy	Key Changes
Spinal Fusion for Mechanical Axial Low Back Pain Position Statement (Full routine review)	<p>NHS Derby and Derbyshire ICB has deemed that spinal fusion should not routinely be commissioned for people with mechanical axial low back pain.</p> <p>In response to feedback, the following amendments have been made to the position statement and accepted by the clinician stakeholders:</p> <ul style="list-style-type: none"> addition of a summary of the spinal fusion procedure: <ul style="list-style-type: none"> Spinal fusion is when two individual spinal vertebrae become joined together by bone formed as a result of corrective surgery. This may involve the use of bone graft and/or surgical implants. The aim of the surgery is to stop motion at that joint in order to stabilise the joint. addition of the definition of 'mechanical', which has been provided by the Academy of Medical Royal Colleges (AOMRC) referencing Evidence-Based Interventions (EBI) List 2 guidance and NICE: <ul style="list-style-type: none"> The term 'mechanical' in the context of low back pain has been defined as pain that is not associated with serious or potentially serious causes. It has also been described in the literature as 'non-specific', 'musculoskeletal' or 'simple' low back pain'. There is no focal pathological lesion that accounts for the pain. addition of rationale section explaining that the indications listed under the exclusion criteria exist due to these specific cohorts of patients being excluded from the evidence review completed by NICE to support their and EB II's recommendations for spinal fusion <ul style="list-style-type: none"> the absence of robust evidence base supporting/challenging the use of spinal fusion for those indications leads to uncertainty of the benefits vs the risks of the procedure. the risk of spinal fusion for the excluded indications remains with the treating clinician addition of the new exceptions section, which clarifies that the exceptions listed are generic to spinal fusions and require management through the usual clinical management pathway statement regarding SIJ and other exclusions have been added back into the NHS DDICB Injections for Nonspecific Low Back Pain without Sciatica Policy <p>There has been no significant evidence updates since the position statement was last reviewed in June 2021.</p> <p>Spinal fusion is not recommended for patients with non-specific, mechanical back pain (EBI 2, November 2020).</p>
Mastopexy (Breast Uplift) Policy (Full routine review)	<p>NHS Derby and Derbyshire ICB has deemed that mastopexy should not routinely be commissioned unless the procedure is for breast reconstruction as part of the management of breast cancer, where a unilateral procedure can be performed.</p> <p>The following minor amendments have been made to the policy:</p> <ul style="list-style-type: none"> Minor change to recommendation wording from 'where one asymmetry procedure should be done' to 'where a unilateral procedure can be performed' for clarity References to the 'Getting it Right First Time (GIRFT) General surgery report: how to improve clinical quality and efficiency, NHS Improvement (2017)' and associated links to the webpage have been replaced with a more relevant and up to date reference to 'Breast Surgery GIRFT Programme National Specialty Report (2021)' Rationale section updated with risks associated with surgery <p>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 to support/challenge the restrictive criteria. This is because the procedure is cosmetic, and the criteria is based on clinician consensus.</p> <p>Mastopexy is a surgical procedure that involves the removal of extra loose skin from the breast to help lift and reshape them. Over time, breast tissue becomes stretched and loses the support of the fibrous ligaments. This is a natural progression commonly seen with age, after pregnancy and breastfeeding, and after weight loss. The procedure can lead to reduced sensation in the breast and nipple.</p>

MISCELLANEOUS INFORMATION

Statement	Summary
Evidence-Based Interventions (EBI) List 3	<p>The Evidence-Based Interventions (EBI) programme, now in its third phase (List 3) began in 2018. It is a national initiative led by the Academy of Medical Royal Colleges to improve the quality of care. Its aim is to ensure healthcare providers focus only on interventions, which we know to be effective based on the best available medical evidence.</p>

	<p>The Evidence-Based Interventions (EBI) List 3 which is currently under consultation and due for publication early 2023 includes the following policies, which CPAG are due to review in the next 12 months:</p> <table border="1"> <tr> <th>Clinical Policy</th> <th>Review Date</th> </tr> <tr> <td>Breast Prosthesis (Implant) Removal</td> <td>February 2023</td> </tr> <tr> <td>Abdominoplasty (Apronectomy, Panniculectomy)</td> <td>December 2023</td> </tr> <tr> <td>Breast Reduction Surgery for Gynaecomastia (male)</td> <td>January 2024</td> </tr> </table> <p>CPAG agreed to extend these policy review dates by 12 months (or sooner), to enable the policy review to include the National EBI 3 recommendations once published.</p>	Clinical Policy	Review Date	Breast Prosthesis (Implant) Removal	February 2023	Abdominoplasty (Apronectomy, Panniculectomy)	December 2023	Breast Reduction Surgery for Gynaecomastia (male)	January 2024
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<u>Individual Funding Requests (IFR) Screening Cases</u>	CPAG reviewed the IFR Screening cases for December 2022 and are assured that no areas for service development have been identified.								

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 December 2022:

IPG/MTG/DTG/MIB	Description	Outcome
MTG75	<p>Memokath 051 Ureter stent for ureteric obstruction</p> <p>1.1 Memokath 051 Ureter stent is recommended as an option to manage ureteric obstruction in adults with:</p> <ul style="list-style-type: none"> • malignant ureteric obstruction and anticipated medium- or long-term survival after adjunctive therapy • benign ureteric obstruction who cannot have or do not want reconstructive surgery • any type of ureteric obstruction, and they cannot have or do not want a double-J stent, or when repeat procedures are particularly high risk. 	NICE recommends standard arrangements – not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
MIB312	<p>PromarkerD for predicting the risk of diabetic kidney disease in people with type 2 diabetes</p>	Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval

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