

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
Blepharoplasty Policy (Full routine review)	<p>NHS Derby and Derbyshire ICB has deemed that blepharoplasty should not routinely be commissioned unless the criteria within the policy are met.</p> <p>The following minor amendments have been made to the policy:</p> <ul style="list-style-type: none"> Policy criteria has been re-worded for further clarity Link to the NHSDICB Meibomian Cyst (Chalazion) Policy added <p>There has been no new significant robust evidence or new national guidance that has been published since the policy was last reviewed in October 2020 that requires a change reflecting in the policy's criteria or commissioning stance.</p> <p><u>Summary of policy and management</u> Blepharoplasty is a surgical procedure that involves the removal of excess skin, fat or muscle from the eyelids. The aim of the procedure is to improve hooded or drooping eyelids. The procedure usually involves an incision along the natural creases of the upper lids or just below the lashes in the lower lids, which are extended into the crow's feet at the corner of the eyes. Excess fat, skin and sagging muscle is then removed and the incision is stitched up. The procedure can be carried out under local or general anesthetic.</p>
Hypnotherapy Position Statement (Full routine review)	<p>NHS Derby and Derbyshire ICB will not routinely commission the use of hypnotherapy as a stand-alone treatment.</p> <p>There has not been publication of substantial robust evidence since the position statement was published in October 2020 to support the use of hypnotherapy as a stand-alone treatment.</p>
Gamete Storage Policy Feedback (Partial review following stakeholder query)	<p>NHS Derby and Derbyshire ICB has agreed that Gamete Storage should be commissioned only when the eligibility criteria listed within the policy are met.</p> <p>The following minor amendments have been made to the policy following feedback received from Public Health and to clarify equity for those undertaking surgery:</p> <ul style="list-style-type: none"> Paragraph relating to women undergoing Gynecological surgery has been re-worded Inclusion of Glossary to help explain the terminology used within the policy. <p>Stakeholder feedback was also received in response to the CPAG decision made in March 2023, not to remove the criteria "patient has no living children" to be eligible for Gamete storage. CPAG agreed no change to the policy and to await the outcome of an East Midlands review which is currently taking place to look at the ethical consideration relating to exclusion of those that have a living child for all fertility policies.</p> <p><u>Summary of policy and management</u> This policy relates to the preservation of gametes (oocytes and semen) and embryos, in post-pubertal patients, in advance of chemotherapy or radiotherapy treatment for cancer or conditions requiring male urological or female gynecological surgery that carries a high risk of infertility. Adverse effects associated with a number of medical treatments can impact on fertility, either by direct injury or via systemically administered agents. In some cases, the individual's fertility will return after the treatment is completed but in other cases fertility never returns or is severely impaired. Technological advances mean that cryopreservation of semen, oocytes, embryos and ovarian/testicular tissue offers opportunities to preserve fertility prior to the start of treatment. Cryopreservation is a technique that freezes an individual's eggs or sperm for use in future fertility treatment.</p>
InVitro Fertilisation (IVF) Intracytoplasmic Sperm Injection (ICSI) within Tertiary Infertility Services Policy (Partial review following enquiry)	<p>NHS Derby and Derbyshire ICB, 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.</p> <p>Following a response to an MP letter regarding access to IVF, for couples who have already self-funded treatment, the following minor amendment has been made to the policy to clarify eligibility criteria wording for number of cycles provided by DDICB:</p> <ul style="list-style-type: none"> The recommendation section of the policy has been updated with a separate box for "Number of Cycles" added to "Eligibility criteria" table. All other references to "number of cycles" within this section have been removed. <p><u>Summary of policy and management</u> 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</p>

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 ICB policy), this should be taken as an indication for consideration of IVF.

MISCELLANEOUS INFORMATION

Statement	Summary
<u>Publication of Evidence Based Interventions List 3 (EBI3) Guidance</u>	<p>The <u>Evidence Based Interventions List 3 (EBI3) guidance</u> has been published (May 2023).</p> <p>The EBI programme began in 2018 to ensure a national approach to quality improvement and align best practice across the healthcare system. EBI3 builds on EB1 and 2 which remain valid. This is a national initiative led by the Academy of Medical Royal Colleges to improve the quality of care. It's aims are to ensure healthcare providers focus only on interventions which are known to be effective, based on the best available medical evidence.</p> <p>The EBI programme also actively seeks to reduce geographic health inequalities.</p> <p>The EBI 3 Document sets out 10 interventions. A stakeholder engagement exercise will be undertaken with the main providers for all 10 interventions to confirm assurances that the system is aligned to the EBI recommendations. This process was agreed at CPAG in September 2022.</p> <p>All 10 interventions are to be included in an Overarching Statement for EBI3.</p> <p>Clinical coding for List 3 is being explored. It is a national view that tracking the implementation of the guidance will not be possible in the short term while this coding is being developed.</p>
<u>Evidence Based Interventions (EBI)/Procedures of Limited Clinical Value (PLCV) Benchmarking Report</u>	<p>As part of the wider ICB recovery plan, it has been identified that there are potential system efficiency savings for activity carried out by providers for Evidence Based Interventions (EBI).</p> <p>A report has been produced by the ICB Business Informatics (BI) Department using the Model Hospital system data to benchmark the EBI category 1 and the higher risk areas for EBI category 2 activity for Derbyshire ICB to both regional and national recommended peers. The data from the Model Hospital is taken from a national dashboard.</p> <p>CPAG agreed that the Prior Approval process and the Cosmetic referral Assessment Service (CAS) remain a valuable assurance tool for Procedures of Limited Clinical Value (PLCV)/EBI.</p>
<u>CPAG Stakeholder Engagement Process</u>	<p>CPAG has reviewed the process for stakeholder feedback and agreed the proposed changes in the operating model for stakeholder engagement, which includes a two-stage verification process and strengthening the role of CPAG provider members. As a result, CPAG were assured (as stated in all communications) that if no response is received after the agreed timeframe, the coversheet will reflect the positive engagement, considered to be agreement with the current policy.</p>
<u>Assisted Fertility Policy Review for East Midlands ICBs</u>	<p>A collaborate approach to the commissioning of fertility services has been agreed across the five East Midlands ICBs and will be undertaken by Solutions for Public Health (SPH) with Nottingham ICB acting as Lead commissioner.</p> <p>Taking a collaborate approach minimises inequity of access based on geography and also supports providers with service delivery across a wide geographical area.</p> <p>The scope of the project has been outlined and the final report is due to be submitted on the 28th September 2023 (subject to key dependencies).</p>
<u>Glossop Transition for Clinical Policies, Non-Clinical Significant Variation Policies and Procedures of Limited Clinical Value (PLCV)/Cosmetic referral Assessment Service (CAS)</u>	<p>As part of the internal Glossop transition plan, the Medicines Management department have been asked to undertake a programme of work to align five identified areas.</p> <p>CPAG agreed the preferred options for IVF and non-significant variation policies and Procedures of Limited Clinical Value/Cosmetic referral Assessment Service.</p> <p>A paper will be tabled at the next Population Health and Strategic Commissioning Committee (PHSCC) meeting, to ratify the preferred options.</p> <p>PPI forms are to be completed for all future policy reviews to assess whether the legal duty is triggered, to inform, involve or consult/engage with individuals.</p> <p>The CPD team are to engage with Glossop stakeholders via the General Practice Provider Board.</p>
<u>Update to Procedures of Limited Clinical Value (PLCV) Prior Approval Policy template for e-RS</u>	<p>Following a stakeholder query, the Procedures of Limited Clinical Value (PLCV) templates for the Electronic Referral Service (e-RS) have been amended to make it clearer that they are to be used for referrals using the e-RS service and not for an opinion from secondary care.</p>
<u>Individual Funding Requests (IFR) Screening Cases</u>	<p>CPAG reviewed the IFR Screening cases for May 2023 and are assured that no areas for service development have been identified.</p>

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 May 2023:

IPG/MTG/DTG/HTE/MIB	Description	Outcome
IPG762	Intramuscular diaphragm stimulation for ventilator-dependent chronic respiratory failure from high spinal cord injuries	NICE recommends special arrangements, DDICB do not commission
DG52	Automated ankle brachial pressure index measurement devices to detect peripheral arterial disease in people with leg ulcers	NICE recommends further research, DDICB do not commission
DG53	MRI fusion biopsy systems for diagnosing prostate cancer	NICE recommends further research, DDICB do not commission
HTE7	<p>Point-of-care tests for urinary tract infections to improve antimicrobial prescribing: early value assessment</p> <p>1.1 The following point-of-care tests are not recommended for early routine use for suspected urinary tract infections (UTIs) in primary or community care settings in the NHS while further evidence is generated:</p> <ul style="list-style-type: none"> • Astrego PA-100 analyser with the PA AST panel U-0501 (Sysmex Astrego) • Uriscreen (Savyon Diagnostics). <p>They show promise in guiding antimicrobial prescribing, and further research and completion of ongoing studies would allow the risks and benefits of early routine use in the NHS to be understood.</p> <p>1.3 The following culture-based point-of-care tests are not recommended for early routine use in NHS primary or community care settings for suspected UTIs:</p> <ul style="list-style-type: none"> • Diaslide, DipStreak and ChromoStreak (Novamed) • Flexicult Human (SSI Diagnostica) • Uricult, Uricult trio and Uricult plus (Aidian). <p>They are not expected to give results quickly enough to improve antimicrobial prescribing in these settings.</p> <p>1.2 Further research is recommended on how:</p> <ul style="list-style-type: none"> • accurate the tests are in detecting and identifying bacteria and testing for antibiotic susceptibility (depending on the test's functions; see section 4.1) • the tests affect antibiotic prescribing (see section 4.2). 	<p>NICE does not recommend (1.1, 1.3), DDICB do not commission</p> <p>NICE recommends further research (1.2), DDICB do not commission</p>
HTE8	<p>Digitally enabled therapies for adults with depression: early value assessment</p> <p>1.1 Three digitally enabled therapies can be used as treatment options for adults with depression while further evidence is generated on their clinical and cost effectiveness. The therapies should be used with support from a trained practitioner or therapist in NHS Talking Therapies for anxiety and depression services. These technologies can be used once they have Digital Technology Assessment Criteria (DTAC) approval and an NHS Talking Therapies for anxiety and depression digitally enabled therapies assessment from NHS England. The technologies are:</p> <ul style="list-style-type: none"> • Beating the Blues (365 Health Solutions) • Deprexis (Ethypharm Digital Therapy) • Space from Depression (SilverCloud). <p>1.2 Further evidence should be generated on:</p> <ul style="list-style-type: none"> • rates of recovery • rates of reliable recovery • rates of reliable improvement • rates of reliable deterioration • rates and reasons for stopping treatment • rates of relapse • adverse effects and stepping up of care • patient experience • health-related quality of life • resource use during and after treatment, including the average number of treatment sessions and level of guidance provided (defined by healthcare 	<p>NICE recommends standard arrangements (1.1, 1.2) – not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval</p> <p>NICE recommends further research (1.3), DDICB do not commission</p>

	<p>professional grade and time)</p> <ul style="list-style-type: none"> • baseline data, including the demographics and symptom severity of the people using the technology, and their risk classification. <p>1.3 The following technologies should only be used as part of a research study that has been approved by an ethics committee, once they have appropriate regulatory approval:</p> <ul style="list-style-type: none"> • Iona Mind (Iona Mind) • Minddistrict (Minddistrict) • Wysa (Wysa). <p>Find out more in the research only recommendations section of the guidance.</p>	
HTE9	<p>Digitally enabled therapies for adults with anxiety disorders: early value assessment</p> <p>1.1 Six digitally enabled therapies can be used as treatment options for adults with anxiety disorders while further evidence is generated on their clinical and cost effectiveness, once they have appropriate approval.</p> <p>The following technologies can only be used once they have Digital Technology Assessment Criteria (DTAC) approval and an NHS Talking Therapies for anxiety and depression digitally enabled therapies assessment from NHS England:</p> <ul style="list-style-type: none"> • Beating the Blues (365 Health Solutions) for generalised anxiety symptoms or unspecified anxiety disorder • iCT PTSD (OxCADAT) for post-traumatic stress disorder (PTSD) • iCT SAD (OxCADAT) for social anxiety disorder • Space from Anxiety (SilverCloud) for generalised anxiety symptoms or unspecified anxiety disorder. <p>The following technologies can only be used once they have CE or UK Conformity Assessed (UKCA) mark approval, DTAC approval and an NHS Talking Therapies for anxiety and depression digitally enabled therapies assessment:</p> <ul style="list-style-type: none"> • Perspectives (Koa Health) for body dysmorphic disorder (BDD) • Spring (Cardiff University) for PTSD. Low intensity interventions should be supported by a psychological wellbeing practitioner and high intensity interventions by a high intensity therapist in NHS Talking Therapies for anxiety and depression services. <p>1.2 Further evidence should be generated on:</p> <ul style="list-style-type: none"> • rates of recovery • rates of reliable recovery • rates of reliable improvement • rates of reliable deterioration • rates and reasons for stopping treatment • rates of relapse • adverse effects and stepping up of care • patient experience • health-related quality of life • resource use during and after treatment, including the average number of treatment sessions and level of guidance provided (defined by healthcare professional grade and time) • baseline data including the demographics and symptom severity of the people using the technology and their risk classification. <p>1.3 The following technologies should only be used as part of a research study that has been approved by an ethics committee, once they have appropriate regulatory approval:</p> <ul style="list-style-type: none"> • Cerina (NoSuffering), Iona Mind (Iona Mind), Minddistrict (Minddistrict), Resony (RCube Health) 	<p>NICE recommends standard arrangements (1.1, 1.2) – not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval</p> <p>NICE recommends further research (1.3), DDICB do not commission</p>

	<p>and Wysa (Wysa) for generalised anxiety disorder (GAD) or generalised anxiety symptoms</p> <ul style="list-style-type: none">• Cerina, Minddistrict and Space from OCD (SilverCloud) for obsessive compulsive disorder (OCD)• Minddistrict and SilverCloud programmes for health anxiety, panic disorder with or without agoraphobia, social anxiety disorder and phobias. <p>Find out more in the research only recommendations section of this guidance.</p>	
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Our ICB continues to monitor and implement IPGs with our main providers.