

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
<p>Complex and Specialised Obesity Surgery Policy (Partial review following stakeholder query)</p>	<p>NHS Derby and Derbyshire ICB has deemed that complex and specialised obesity surgery should not routinely be commissioned unless the criteria within the policy are met.</p> <p>CPAG agreed to adopt the former NHS England commissioning policy for Complex and Specialised Obesity Surgery, to ensure consistency and continuity of patient services and to undertake a formal review and stakeholder engagement exercise once the proposed Evidence Based Interventions 3 (EBI3) are published.</p> <p>Defining the Boundaries between NHS and Private Healthcare Policy useful information section has been updated to include the following link to the NHS website: https://www.nhs.uk/using-the-nhs/healthcare-abroad/going-abroad-for-treatment/going-abroad-for-medical-treatment/. This provides information for those people who are thinking of going abroad for treatment.</p> <p><u>Summary of policy and management</u> Bariatric surgery is a treatment for appropriate, selected patients with severe and complex obesity that has not responded to all other non-invasive therapies. Within these patient groups bariatric surgery has been shown to be highly cost effective. Bariatric surgery is recommended by NICE as a first-line option for adults with a BMI of more than 50kg/m², in whom surgical intervention is considered appropriate. However, it will be required that these patients also fulfil the criteria within the policy. The final decision on whether an operation is indicated should be made by the specialist hospital bariatric MDT. For all bariatric surgery candidates, an individual risk benefit evaluation will be undertaken by the Bariatric Surgery MDT. Any new/novel bariatric surgery procedures outside of this policy will not be routinely commissioned.</p>
<p>Intrauterine Insemination (IUI) Policy (Partial review following enquiry)</p>	<p>The following minor amendment has been made to the policy:</p> <ul style="list-style-type: none"> • Inclusion of single women without a partner who are unable to evidence infertility. <p><u>Summary of policy and management</u> This policy is not a fertility treatment policy. The intention of this policy is to aid couples who are unable to have regular intercourse demonstrate infertility. The NHS treatment pathway for infertility starts once infertility is confirmed. Derby and Derbyshire ICB (DDICB) has restricted the access of Intrauterine Insemination (IUI).</p> <ul style="list-style-type: none"> • DDICB will fund 6 cycles of IUI for the patient groups listed below ONLY once the patient has self-funded the initial 6 cycles of IUI and have been unsuccessful in achieving a pregnancy, despite evidence of normal ovulation, tubal patency and semen analysis. <ul style="list-style-type: none"> ○ For the purpose of access to NHS services, donor or partner insemination should be undertaken in a clinical setting with an initial clinical assessment and appropriate investigations. • IUI should be considered as an alternative to vaginal sexual intercourse in the following groups of patients: <ul style="list-style-type: none"> ○ People who are unable to, or would find it very difficult to, have vaginal intercourse because of a clinically diagnosed physical disability or psychosexual problem who are using partner or donor sperm: ○ People with conditions that require specific consideration in relation to methods of conception (for example, after sperm washing where the man is HIV positive). ○ People in a same-sex relationship where one of the partners has an intact uterus. ○ Single women without a partner. • DDICB will fund the initial 6 IUI cycles where the male partner is HIV positive AND the couple is clinically indicated to receive IUI following a successful sperm washing procedure. This is because IUI in these circumstances is regarded as a harm reduction measure <ul style="list-style-type: none"> ○ In these circumstances the initial 6 cycles of IUI will be funded. ○ Where achieving a pregnancy has been unsuccessful after the initial 6 cycles of IUI, DDICB will fund another 6 cycles of IUI. ○ Sperm washing should be offered where the man is: <ul style="list-style-type: none"> ▪ not compliant with highly active antiretroviral treatment (HAART), OR ▪ his plasma viral load is ≥50 copies/ml. <p>IUI is a form of fertility treatment where better-quality sperm are separated from slower/non-moving or abnormally shaped sperm and then inserted into the uterine cavity around the time of ovulation. IUI can be carried out in a natural cycle, without the use of drugs, or the ovaries can be stimulated with oral antioestrogens or gonadotrophins.</p>

<p>Tonsillectomy and Adenoidectomy Policy (Full routine review)</p>	<p>NHS Derby and Derbyshire ICB, in line with its principles for procedures of limited clinical value, has deemed that tonsillectomy and adenoidectomy should not routinely be commissioned unless the criteria within the policy are met.</p> <p>The following amendments have been made to the policy:</p> <ul style="list-style-type: none"> • Alignment with national guidance for clinical prediction tools • Update to references and the information for patients under the 'Useful Resources' section of the policy • Addition of the following exclusion criteria, in line with EBI recommendations: <ul style="list-style-type: none"> ○ Acute and chronic renal disease resulting from acute bacterial tonsillitis ○ As part of the treatment of severe guttate ○ Metabolic disorders where periods of reduced oral intake could be dangerous to health ○ PFAPA (Periodic fever, Aphthous stomatitis, Pharyngitis, Cervical adenitis) ○ Severe immune deficiency that would make episodes of recurrent tonsillitis dangerous • Prior Approval form and Blueteq form have been updated to reflect the minor amendments within the policy <p><u>Summary of policy and management</u></p> <p><u>Tonsillectomy</u> Tonsils are lymphatic tissue found on each side of the throat that forms part of the immune system in young children. As children get older the tonsils usually shrink and the immune system can fight infections without them. Tonsillitis is the inflammation of the tonsils, which is often caused by a viral infection but can also be caused by bacteria. Tonsillitis is usually self-limiting and often resolves within three to four days. However, some can experience recurrent severe episodes of tonsillitis and the surgical removal of the tonsils may be the most appropriate management option for these patients. The surgical removal of tonsils is also known as tonsillectomy.</p> <p><u>Adenoidectomy</u> Adenoids are small glands at the back of the nose, above the roof of the mouth. In younger children adenoids form part of the immune system. A child's adenoids can become swollen or enlarged following a bacterial or viral infection, or an allergic reaction. Swollen adenoids often cause mild discomfort and treatment is not needed. As children get older the adenoids shrink and the immune system can fight infections without them. Some children can experience severe discomfort, which can interfere with daily life. Swollen adenoids can block the nose, which can affect breathing and can cause snoring at night. They can also block the Eustachian tubes causing hearing loss and ear infections. Recurrent and severe inflammation of the adenoids can occasionally be managed through the surgical removal of the adenoids, which is also known as an adenoidectomy.</p>
<p>Brow Lift Policy (Full routine review)</p>	<p>NHS Derby and Derbyshire ICB has deemed that brow lift should not routinely be commissioned, unless the criteria within the policy are met.</p> <p>There has been no new significant robust evidence or new national guidance that has been published since the policy was last reviewed in September 2020 that requires a change reflecting in the policy's criteria or commissioning stance.</p> <p><u>Summary of policy and management</u> A brow lift is a surgical procedure that involves the elevation and repositioning of the skin and soft tissue around the upper area of the face. The procedure uses the same surgical principles and techniques as craniofacial surgery, allowing access to the upper face. Brow lifts are often used to correct brow ptosis (droop). Brow ptosis can occur as part of the natural aging process due to the skin and muscle around the upper face area losing elasticity with age. However, in some people, brow ptosis can be caused as a consequence of: Trauma, Congenital or acquired facial paralysis or Medical conditions (such as cutis laxa, neurofibromatosis, pseudoxanthoma elasticum)</p>
<p>Rhinoplasty and Septo-rhinoplasty Policy (Full routine review)</p>	<p>NHS Derby and Derbyshire ICB has deemed that rhinoplasty or septo-rhinoplasty should not routinely be commissioned unless the criteria within the policy are met.</p> <p>There has been no new significant robust evidence or new national guidance that has been published since the policy was last reviewed in August 2020 that requires a change reflecting in the policy's criteria or commissioning stance.</p> <p><u>Summary of policy and management</u> Rhinoplasty is a surgical procedure that involves the changing of shape or size of the nose. The procedure is usually carried out under general anaesthetic. Rhinoplasty can be carried out for medical reasons, such as injury to the nose resulting in a broken/bent nose. Rhinoplasty under these circumstances is considered as being reconstructive. Some people suffer from nasal airway related breathing difficulties and require surgery to straighten the septum at the same time. The combined operation is called septo-rhinoplasty.</p>
<p>Pinnaplasty Policy (Full routine review)</p>	<p>NHS Derby and Derbyshire ICB has deemed that the surgical correction of prominent ears should not routinely be commissioned unless the criteria within the policy are met.</p> <p>There has been no new significant robust evidence or new national guidance that has been published since the policy was last reviewed in July 2020 that requires a change reflecting in the policy's criteria or commissioning stance.</p> <p><u>Summary of policy and management</u> Pinnaplasty surgery is a cosmetic procedure that involves the surgical correction of prominent ears by improving the position or proportion of the ear. Prominent ears are often inherited and occur due to the lack of usual cartilage folds of the ear. Most cases of prominent ears become a problem in early childhood due to psychological distress.</p>

MISCELLANEOUS INFORMATION

Statement	Summary
Individual Funding Requests (IFR) Screening Cases	CPAG reviewed the IFR Screening cases for April 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 April 2023:

IPG/MTG/DTG/HTE/MIB	Description	Outcome
IPG755	Percutaneous thoracic duct embolisation for persistent chyle leak	NICE recommends special arrangements, DDICB do not commission
IPG756	Focal therapy using high-intensity focused ultrasound for localised prostate cancer	NICE recommends special arrangements, DDICB do not commission
IPG757	Maximal cytoreductive surgery for advanced ovarian cancer	NICE recommends standard arrangements – not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
IPG758	Radiofrequency ablation for palliation of painful spinal metastases	NICE recommends special arrangements, DDICB do not commission
IPG759	Radiofrequency ablation as an adjunct to balloon kyphoplasty or percutaneous vertebroplasty for palliation of painful spinal metastases	NICE recommends standard arrangements – not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
IPG760	Daytime intraoral neuromuscular electrical tongue stimulation using a removable device for obstructive sleep apnoea	NICE recommends further research, DDICB do not commission
IPG761	<p>Endoscopic ultrasound-guided biliary drainage for biliary obstruction</p> <p>1.1 Evidence on the safety and efficacy of endoscopic ultrasound-guided biliary drainage (EUS-BD) for biliary obstruction caused by distal malignant disease is adequate to support using this procedure. This is provided that standard arrangements are in place for clinical governance, consent and audit. Find out what standard arrangements mean on the NICE interventional procedures guidance page.</p> <p>1.2 Evidence on the safety and efficacy of EUS-BD for biliary obstruction caused by malignant hilar or benign disease is inadequate in quality and quantity. So, this procedure should be used only in research. Find out what only in research means on the NICE interventional procedures guidance page</p>	<p>NICE recommends standard arrangements (1.1) – not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval</p> <p>NICE recommends further research (1.2), DDICB do not commission</p>
MTG42 (update)	<p>UrgoStart for treating diabetic foot ulcers and leg ulcers</p> <p>In April 2023, NICE updated section 1 to reflect the current format of NICE guidance. They also added some text to the clinical evidence section to summarise new clinical evidence reviewed. NICE's recommendations for UrgoStart remain unchanged.</p> <p>1.1 UrgoStart is recommended as a cost saving option to treat diabetic foot ulcers and venous leg ulcers.</p> <p>1.2 There is not enough evidence to support the case for routine adoption of UrgoStart for non-venous leg ulcers.</p>	<p>NICE recommends standard arrangements (1.1) – not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval</p> <p>NICE does not recommend (1.2), DDICB do not commission</p>
MTG76	<p>AposHealth for knee osteoarthritis</p> <p>1.1 AposHealth is recommended as a cost-saving</p>	NICE recommends standard arrangements (1.1) – not commissioned without the provider submitting a robust, evidenced based business case to the

	<p>option to manage knee osteoarthritis in adults only if:</p> <ul style="list-style-type: none"> • non-surgical standard care has not worked well enough and • their condition meets the referral criteria for total knee replacement surgery but they do not want surgery and • data is collected on the person's quality of life, health resource use and if they have knee replacement surgery in the long term. <p>1.2 Further research is recommended on AposHealth for:</p> <ul style="list-style-type: none"> • people with knee osteoarthritis that meets the referral criteria for total knee replacement surgery but who cannot have surgery because it would be unsafe • people whose condition does not meet the referral criteria for total knee replacement surgery. 	<p>commissioner and subsequent approval</p> <p>NICE recommends further research (1.2), DDICB do not commission</p>
MIB321	<p>Fasciotens for abdominal wall closure</p>	<p>Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval</p>

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