

## Clinical Policy Advisory Group (CPAG)

### CLINICAL & GOVERNANCE 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.

Clinical Policy	Key Changes
<p><a href="#">Therapeutic Use of Ultrasound in Hip and Knee Osteoarthritis Position Statement</a> (Full routine review)</p>	<p>NHS Derby and Derbyshire ICB will not routinely commission the Therapeutic use of Ultrasound for Hip and Knee Osteoarthritis.</p> <p>As no new significant robust evidence has been published since the position statement was last reviewed in November 2020 to support a change in commissioning stance no amendments have been made to the current Statement.</p> <p>No issues were highlighted in regard to protected characteristics (EIA).</p> <p><u>Public Patient Involvement (PPI) Assessment</u> No PPI assessment required as there has been no change to the current Position Statement</p> <p><u>Summary of policy and management</u> Osteoarthritis (OA) is a disease of the joints where the joint loses cartilage and the bone grows to try and repair the damage but ends up growing abnormally, making things worse. For example, the bone can become misshapen and make the joint painful and unstable. This can affect physical function or the ability to use the joint. Therapeutic ultrasound is the use of sound waves to try and relieve pain or disability (<a href="#">Therapeutic ultrasound for osteoarthritis, Cochrane</a>). The literature is uncertain about the magnitude of effects on pain relief or the ability to use the knee due to the low quality of the evidence. No studies that addressed the benefits of therapeutic ultrasound in people with hip osteoarthritis.</p>
<p><a href="#">Continuous Glucose Monitoring Policy</a> (Extension to policy review date)</p>	<p>NHS Derby &amp; Derbyshire ICB has deemed Continuous Glucose Monitoring to be not routinely commissioned unless specific criteria are met.</p> <p>The 12-month extension of the review of the Continuous Glucose monitoring (CGM) policy has come to an end. It has been agreed by CPAG that the policy will be extended by a further 6 months as discussions with the Derbyshire Diabetes Group regarding the updated NICE Guidelines are ongoing.</p> <p>To avoid duplication, if within the 6-month extension an agreed local policy/pathway is produced, the CGM policy is to be withdrawn</p> <p><u>Background</u></p> <ul style="list-style-type: none"> <li>• NICE updated its recommendations in March 2022, regarding CGM, likely to result in broader access to CGM devices.</li> <li>• The diabetes groups across the system have been working to understand implications in order to agree local policies and pathways for the access to FreeStyle Libre and real-time CGM</li> <li>• The Joint Area Prescribing Committee produced an <a href="#">interim position statement</a> (April 2022)</li> <li>• CPAG previously agreed the extension of the policy review by 12 months whilst there are ongoing discussions with the diabetes groups regarding the updated NICE guidelines to maximise benefits, prioritise diabetes patients with the greatest clinical need, and allow all patients access to the best possible treatment for their clinical circumstances.</li> </ul>
<p><a href="#">Hip Arthroscopy Position Statement</a> (Full routine review)</p>	<p>NHS Derby and Derbyshire ICB will not routinely commission Hip Arthroscopy surgery.</p> <p>As no new significant robust evidence has been published since the position statement was last reviewed in 2017 to support a change in commissioning stance no amendments have been made to the current Statement.</p> <p>No issues were highlighted in regard to protected characteristics (EIA).</p> <p><u>Public Patient Involvement (PPI) Assessment</u> The outcome of the PPI Assessment is to inform – via the CPAG Bulletin</p> <p><u>Summary of policy and management</u> Hip arthroscopy is a 'keyhole' procedure which allows a surgeon to visualise the hip joint and perform surgery. Typically, the surgery is performed because of pain, clicking, "giving way and locking", discomfort, stiffness or walking or running difficulty.</p> <p>Hip arthroscopy surgery allows a surgeon to explore the joint and help find out the cause of your symptoms. The surgeon can remove or repair any loose or damaged tissue around the joint such as a damaged cartilage (gristle) or a torn labrum. Typically, the surgery is performed to treat one or more of the following problems:</p> <ul style="list-style-type: none"> <li>• Femoroacetabular impingement Syndrome (FAIS)</li> <li>• Acetabular labral tears</li> </ul>

- Damaged ligaments around the hip
- Hip joint infection
- Swelling of the lining of the hip (synovitis)
- Investigation following hip replacement or hip resurfacing procedures ([Royal Orthopaedic Hospital - Hip Arthroscopy \(roh.nhs.uk\)](http://Royal Orthopaedic Hospital - Hip Arthroscopy (roh.nhs.uk)))

### MISCELLANEOUS INFORMATION

Statement	Summary																																																				
<a href="#">Review Date Extension of Clinical Policies</a>	<p>Due to a pause in recruitment across the ICB, which has resulted in reduced capacity within the Clinical Policies Team including the loss of the Policy writer, it is proposed to implement a temporary measure 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 in December 2023.</p> <p>It is proposed to seek assurances from the relevant clinicians and GP members of CPAG to determine whether it is safe to extend the review date of these policies by 12 months.</p> <p>Stakeholder engagement with clinicians will provide assurance that:</p> <ul style="list-style-type: none"> <li>• Information within the existing policies infringes on patient safety</li> <li>• Has any new or significant evidence been published since the policies were last reviewed that would need to be reflected within the policies</li> </ul> <p>The table provides a breakdown of the policies due for review in the next 6 months</p> <table border="1"> <thead> <tr> <th>Clinical Policy</th> <th>Last Updated</th> <th>Review Date</th> <th>Proposed Extension Date</th> </tr> </thead> <tbody> <tr> <td><a href="#">Position Statement for Not Routinely Commissioned Cosmetic Procedures</a></td> <td>October 2020</td> <td>Sept 2023</td> <td>Sept 2024</td> </tr> <tr> <td><a href="#">Position Statement for cosmetic procedures commissioned with restrictions</a></td> <td>October 2020</td> <td>Sept 2023</td> <td>Sept 2024</td> </tr> <tr> <td><a href="#">Reversal of Male and female sterilisation</a></td> <td>December 2020</td> <td>Nov 2023</td> <td>Nov 2024</td> </tr> <tr> <td><a href="#">Laser Treatment for Myopia</a></td> <td>December 2020</td> <td>Nov 2023</td> <td>Nov 2024</td> </tr> <tr> <td><a href="#">Breast Asymmetry Surgery</a></td> <td>December 2022</td> <td>December 2022 CPAG agreed to extend for further 12 months Until November 2023 to allow the policy review to include EB13 recommendations</td> <td>Nov 2024</td> </tr> <tr> <td><a href="#">Acupuncture</a></td> <td>January 2021</td> <td>Dec 2023</td> <td>Dec 2024</td> </tr> <tr> <td><a href="#">Hysterectomy for Menorrhagia</a></td> <td>May 2021</td> <td>February 2024</td> <td>February 2025</td> </tr> <tr> <td><a href="#">Exercise ECG for Coronary Heart Disease</a></td> <td>May 2021</td> <td>April 2024</td> <td>April 2025</td> </tr> <tr> <td><a href="#">Surgical intervention for Chronic Rhinosinusitis</a></td> <td>May 2021</td> <td>April 2024</td> <td>April 2025</td> </tr> <tr> <td><a href="#">Arthroscopic Surgery for Degenerative Meniscal Tears</a></td> <td>May 2021</td> <td>April 2024</td> <td>April 2025</td> </tr> <tr> <td><a href="#">Lumbar Radiofrequency Facet Joint Denervation</a></td> <td>May 2021</td> <td>April 2024</td> <td>April 2025</td> </tr> <tr> <td><a href="#">Spinal Decompression for Sciatica</a></td> <td>June 2021</td> <td>May 2024</td> <td>May 2025</td> </tr> </tbody> </table>	Clinical Policy	Last Updated	Review Date	Proposed Extension Date	<a href="#">Position Statement for Not Routinely Commissioned Cosmetic Procedures</a>	October 2020	Sept 2023	Sept 2024	<a href="#">Position Statement for cosmetic procedures commissioned with restrictions</a>	October 2020	Sept 2023	Sept 2024	<a href="#">Reversal of Male and female sterilisation</a>	December 2020	Nov 2023	Nov 2024	<a href="#">Laser Treatment for Myopia</a>	December 2020	Nov 2023	Nov 2024	<a href="#">Breast Asymmetry Surgery</a>	December 2022	December 2022 CPAG agreed to extend for further 12 months Until November 2023 to allow the policy review to include EB13 recommendations	Nov 2024	<a href="#">Acupuncture</a>	January 2021	Dec 2023	Dec 2024	<a href="#">Hysterectomy for Menorrhagia</a>	May 2021	February 2024	February 2025	<a href="#">Exercise ECG for Coronary Heart Disease</a>	May 2021	April 2024	April 2025	<a href="#">Surgical intervention for Chronic Rhinosinusitis</a>	May 2021	April 2024	April 2025	<a href="#">Arthroscopic Surgery for Degenerative Meniscal Tears</a>	May 2021	April 2024	April 2025	<a href="#">Lumbar Radiofrequency Facet Joint Denervation</a>	May 2021	April 2024	April 2025	<a href="#">Spinal Decompression for Sciatica</a>	June 2021	May 2024	May 2025
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<a href="#">MedTech Funding Mandate DDICB Checklist for Service/Innovation Manager</a>	<p>All Integrated Care System (ICS) MedTech proposals are to be reviewed by CPAG to provide assurance that internal governance is undertaken, and a system wide implementation plan exists.</p> <p>Whilst the <a href="#">MedTech Funding Mandate Policy</a> mandates ICBs to fund the technologies where clinically appropriate, it does not take account of additional costs which have not been accounted for within the system.</p> <p>The MedTech Mandate checklist has been expanded to include additional assurance for the implementation of first-time technologies – agreed with ICB departments to support the systemwide implementation in conjunction with Health Innovation East Midlands.</p>																																																				
<a href="#">Individual Funding Requests (IFR) Screening Cases</a>	CPAG reviewed the IFR Screening cases for September 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 September 2023:

IPG/MTG/DTG/HTE/MIB	Description	Outcome
IPG770	<a href="#">Transurethral water-jet ablation for lower urinary tract symptoms caused by benign prostatic hyperplasia</a>	NICE recommends standard arrangements – not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
IPG771	<a href="#">Cryotherapy for chronic rhinitis</a>	NICE recommends further research, DDICB do not commission
IPG772	<a href="#">Removal, preservation and reimplantation of ovarian tissue for restoring fertility after gonadotoxic treatment</a>	NICE recommends standard arrangements – not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
HTE3 (update)	<p><a href="#">Guided self-help digital cognitive behavioural therapy for children and young people with mild to moderate symptoms of anxiety or low mood: early value assessment</a></p> <p><a href="#">Update Information</a>  <b>September 2023:</b> The <a href="#">evidence generation plan</a> gives further information on the prioritised evidence gaps and outcomes, ongoing studies and potential real-world data sources. It includes how the evidence gaps could be resolved through real-world evidence studies</p>	NICE recommends standard arrangements – not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
HTE10	<a href="#">KardiaMobile 6L for measuring cardiac QT interval in adults having antipsychotic medication</a>	NICE recommends standard arrangements – not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
HTE11	<a href="#">Artificial intelligence technologies to aid contouring for radiotherapy treatment planning: early value assessment</a>	NICE recommends standard arrangements – not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
HTE12	<a href="#">Artificial intelligence-derived software to analyse chest X-rays for suspected lung cancer in primary care referrals: early value assessment</a>	NICE recommends further research, DDICB do not commission

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