

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.

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

MISCELLANEOUS INFORMATION

Statement	Summary						
<p>Evidence Based Interventions List 3 (EBI3) Guidance - Updated Policies and New Policy</p>	<p>The EBI 3 Document published in May 2023 sets out 10 interventions.</p> <p>EBI is part of the NHS Standard Contract, which is mandated by NHS England for use by commissioners for all contracts for healthcare services other than primary care. It should be noted that EBI recommendations are guidance and not a statutory requirement.</p> <p>It is expected that where treatment criteria are met, the procedures or pathways, would be routinely funded without any need to apply for prior approval. Clinical acumen and discretion should remain central to the diagnosis and treatment process.</p> <p>CPAG agreed the following actions for the 10 interventions:</p> <ul style="list-style-type: none"> • 3 interventions are covered by pre-existing DDICB policies that require updating <ul style="list-style-type: none"> ◦ Breast Prosthesis (Implant) Removal Policy – CPAG Approved August 2023 ◦ Complex and Specialised Obesity Surgery Policy ◦ Circumcision Policy • 1 intervention requires the development of a new DDICB policy <ul style="list-style-type: none"> ◦ Angioplasty for PCI (percutaneous coronary intervention) instable angina • 6 interventions are classed as pathways and require no further action by the Clinical Policies Department (CPD). These will be forwarded to the appropriate teams. <p>Interventions that have been agreed as not requiring a policy will be covered under an overarching position statement (see below).</p> <p>The EBI3 Interventions have been reviewed in sections and engagement taken place with stakeholders to provide assurance that Derby & Derbyshire providers are aligned.</p> <p><u>Updated/New DDICB Policies</u></p> <table border="1" data-bbox="336 1424 1485 2199"> <thead> <tr> <th data-bbox="336 1424 855 1458">DDICB Updated Policy</th> <th data-bbox="855 1424 1198 1458">EBI 3 Intervention</th> <th data-bbox="1198 1424 1485 1458">Date Policy Updated</th> </tr> </thead> <tbody> <tr> <td data-bbox="336 1458 855 2199"> <p>Circumcision Policy separated into 2 policies:</p> <ul style="list-style-type: none"> • Circumcision in Adults AND • Circumcision in Children <p>Circumcision in Adults Policy</p> <p>The following minor amendments have been made to the policy:</p> <ul style="list-style-type: none"> • Minor changes to criteria wording in line with EBI3 recommendations: <ul style="list-style-type: none"> ◦ Clarified policy applies to adults aged 16 years and over ◦ Use of umbrella term 'pathological phimosis' ◦ Traumatic foreskin injury criteria updated with 'Acquired trauma where reconstruction is not feasible, for example, following zipper trauma or dorsal slit for paraphimosis' • Section 5. References updated to include EBI3 reference. <p>Circumcision in Children Policy</p> <p>The following amendments have been made to the policy:</p> </td> <td data-bbox="855 1458 1198 2199"> <p>Penile circumcision in under 16 years of age</p> </td> <td data-bbox="1198 1458 1485 2199"> <p>September 2023</p> <p>No issues were highlighted in regard to protected characteristics (EIA)</p> </td> </tr> </tbody> </table>	DDICB Updated Policy	EBI 3 Intervention	Date Policy Updated	<p>Circumcision Policy separated into 2 policies:</p> <ul style="list-style-type: none"> • Circumcision in Adults AND • Circumcision in Children <p>Circumcision in Adults Policy</p> <p>The following minor amendments have been made to the policy:</p> <ul style="list-style-type: none"> • Minor changes to criteria wording in line with EBI3 recommendations: <ul style="list-style-type: none"> ◦ Clarified policy applies to adults aged 16 years and over ◦ Use of umbrella term 'pathological phimosis' ◦ Traumatic foreskin injury criteria updated with 'Acquired trauma where reconstruction is not feasible, for example, following zipper trauma or dorsal slit for paraphimosis' • Section 5. References updated to include EBI3 reference. <p>Circumcision in Children Policy</p> <p>The following amendments have been made to the policy:</p>	<p>Penile circumcision in under 16 years of age</p>	<p>September 2023</p> <p>No issues were highlighted in regard to protected characteristics (EIA)</p>
DDICB Updated Policy	EBI 3 Intervention	Date Policy Updated					
<p>Circumcision Policy separated into 2 policies:</p> <ul style="list-style-type: none"> • Circumcision in Adults AND • Circumcision in Children <p>Circumcision in Adults Policy</p> <p>The following minor amendments have been made to the policy:</p> <ul style="list-style-type: none"> • Minor changes to criteria wording in line with EBI3 recommendations: <ul style="list-style-type: none"> ◦ Clarified policy applies to adults aged 16 years and over ◦ Use of umbrella term 'pathological phimosis' ◦ Traumatic foreskin injury criteria updated with 'Acquired trauma where reconstruction is not feasible, for example, following zipper trauma or dorsal slit for paraphimosis' • Section 5. References updated to include EBI3 reference. <p>Circumcision in Children Policy</p> <p>The following amendments have been made to the policy:</p>	<p>Penile circumcision in under 16 years of age</p>	<p>September 2023</p> <p>No issues were highlighted in regard to protected characteristics (EIA)</p>					

	<ul style="list-style-type: none"> Criteria aligned to EBI3 recommendations <ul style="list-style-type: none"> Clarified that the policy applies to children aged under 16 years. Use of umbrella term 'pathological phimosis' Traumatic foreskin injury criteria updated with 'Acquired trauma where reconstruction is not feasible, for example, following zipper trauma or dorsal slit for paraphimosis' Criteria 'persistent phimosis in children approaching puberty, following an attempted trial of non-operative interventions e.g. a six-week course of high-dose topical steroid. A prescription of this would not normally exceed three months and should have achieved maximal therapeutic benefit within this time. A topical steroid such as Betamethasone (0.025-0.1%) is commonly prescribed' added to policy in line with EBI3 recommendations. <p>The following non-funded indications for circumcision have been removed:</p> <ul style="list-style-type: none"> Paraphimosis – Reduction (with/without anaesthetic is preferred). Following reduction, the foreskin will continue to develop normally <ul style="list-style-type: none"> Physiological phimosis/non-retractile healthy foreskin – most cases resolve with advancing age with no intervention <ul style="list-style-type: none"> Section 5. References include EBI3 reference. 		
--	---	--	--

DDICB New Policy	EBI 3 Intervention	Date Policy Updated
<p>Angioplasty for Percutaneous Coronary Intervention (PCI) in Stable Angina Policy</p> <ul style="list-style-type: none"> Policy to be aligned to EBI3 criteria, with the exception of the criteria 'The patient is participating in clinical research in stable coronary artery disease' 	<p>Angioplasty for PCI (percutaneous coronary intervention) in stable angina</p>	<p>September 2023</p> <p>No issues were highlighted in regard to protected characteristics (EIA).</p>

[Complex and Specialised Obesity Surgery Policy](#) - CPAG agreed to maintain the current DDICB policy pending additional assurance.

<p>Evidence Based Interventions List 3 (EBI3) Guidance - Pathways & Overarching Position Statement</p>	<p>The EBI 3 Document published in May 2023 sets out 10 interventions.</p> <p>The following 6 interventions are classed as pathways:</p> <ol style="list-style-type: none"> Asymptomatic Carotid Artery Stenosis Screening Needle Biopsy of Prostate Non visible Haematuria Glaucoma Referral criteria Optical coherence tomography (OCT) use in Diabetic Retinopathy Referral Shared Decision-making for Cataracts <p>CPAG agreed that they require no further action by the Clinical Policies Department (CPD). The appropriate teams within DDICB will be informed that assurance of system compliance has been provided.</p> <p>CPAG agreed the Overarching Position Statement which covers Interventions that have been agreed as not requiring a policy.</p>
--	--

<p>Evidence Based Interventions List 3 (EBI3) Guidance Additional Areas - Urology</p>	<p>There is currently an EBI engagement process for three urological conditions to be added to the EBI suite of clinical best practice guidance.</p> <p>The three urological conditions are:</p> <ul style="list-style-type: none"> Transurethral Resection of Bladder Tumour (TURBT) Single Post Instillation of Mitomycin C (SPI-MMC) Investigation and onward referral of women with recurrent Urinary Tract Infections (rUTIs) PSA Testing for men aged 80 years and above <p>This has been shared with Urology and Pathology leads within the main Provider Trusts.</p>
---	---

<p>Renaming of PLCV (Procedures of Limited Clinical Value) Policies</p>	<p>As part of Clinical Policies stakeholder engagement, feedback was received from stakeholders disagreeing with the use and interpretation of the term "PLCV" for ICB Clinical Policies. CPAG members agreed that they would consider renaming to align more closely to the Evidence Based Interventions (EBI) programme.</p> <p>The renaming of PLCV was discussed at the GP Provider Board who agreed to support what was considered the most appropriate option.</p>
---	--

	<p>CPAG agreed on the name 'Evidence Based Interventions' (EBI) based on national direction, however, local policies that have been agreed on other grounds e.g. affordability, cost effectiveness or a combination will be separated from EBI.</p> <p>An implementation process has been agreed.</p>
MedTech Funding Mandate – update to operating model	<p>The MedTech Funding Mandate is an NHS Long Term Plan commitment to get selected NICE approved cost-saving devices, diagnostics and digital products to NHS patients more quickly. It consists of a mandatory 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 Academic Health Science Networks (AHSN's).</p> <p>Following a request from the East Midlands AHSN to the Clinical and Professional Leadership Group (CPLG) asking CPLG to support system wide engagement to review each technology and provide rationale for adoption or non-adoption, CPAG has been given delegated authority for MedTech Funding Mandates. All ICS proposals are to be reviewed by CPAG to provide assurance that internal governance is undertaken and a systemwide implementation plan exists.</p> <p>For assurance purposes, a document has been produced to support system wide engagement, to review each technology and provide rationale for adoption or non-adoption.</p>
Assisted Fertility Policy Review for East Midlands ICBs - Update	<p>A collaborate approach to the commissioning of fertility services has been proposed across the five East Midlands ICBs, with Nottingham ICB acting as Lead Commissioner.</p> <p>Taking this approach minimises inequity of access based on geography and also supports providers with service delivery across a wide geographical area.</p> <p>The final report is to be submitted to the joint Chief Executives (subject to key dependencies).</p> <p>Confirmation has been received from Nottingham ICB, that fertility preservation (gamete storage) is included in the specification.</p> <p>Following the publication of the Women's Health Strategy, Public Health have advised that there is a national workstream looking at IVF, including access for female same sex couples.</p> <p>A national database, which provides data showing how many IVF cycles are funded by the NHS in each area of the country is now available to access via the government website: https://www.gov.uk/government/publications/nhs-funded-ivf-in-england</p> <p>The entry for Derbyshire has been corrected to reflect the Derbyshire position.</p>
DDICB Individual Funding Requests (IFR) Policy and Standard Operating Procedure (SOP) (Full routine review)	<p>The IFR policy was originally agreed on an East Midlands wide basis.</p> <p>As no East Midlands wide review has taken place, the DDICB IFR policy has been updated to align to the NHS England IFR policy, which includes a separate SOP. NHSE updated their policy and SOP in February 2023.</p> <p>IFR's are a statutory function of DDICB.</p>
Individual Funding Requests (IFR) Screening Cases	<p>CPAG reviewed the IFR Screening cases for July 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 July 2023:

IPG/MTG/DTG/HTE/MIB	Description	Outcome
IPG768	Irreversible electroporation for treating prostate cancer	NICE recommends special arrangements, DDICB do not commission
DG55	AI-derived computer-aided detection (CAD) software for detecting and measuring lung nodules in CT scan images	NICE does not recommend, DDICB do not commission NICE recommends further research, DDICB do not commission
MTG64 (update)	KardiaMobile for detecting atrial fibrillation July 2023: This guidance was withdrawn between December 2022 and July 2023. During this time the supply of KardiaMobile to the NHS was paused while the company worked towards meeting the Digital Technology Assessment Criteria (DTAC). This criteria has now been met and accepted by NHS England and supply has resumed.	NICE recommends standard arrangements – 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.