

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.

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

MISCELLANEOUS INFORMATION

Statement	Summary									
Hip Arthroscopy Position Statement - Evidence Review	<p>The position statement remains unchanged, NHS Derby & Derbyshire ICB will not routinely commission hip arthroscopy surgery.</p> <p>Following the ratification of the Hip Arthroscopy Position Statement in November 2023. CPAG were asked to consider additional evidence on the impact of arthroscopy, for young adult hip patients with femoracetabular impingement.</p> <p>Upon evaluation, there has been no new substantial robust evidence that has been published since the position statement was last reviewed in November 2023 that would support a change in the position statements commissioning stance. In line with CPAG operating process new evidence will be considered at the next scheduled position statement review date in October 2026.</p>									
Glossop Transition for Clinical Policies Update	<p>A decision was taken by the Government in July 2021 to amend the Derbyshire Integrated Care System (ICS) boundary to align Glossop within the Derbyshire ICS from the Greater Manchester ICS.</p> <p>For existing clinical policies, the Clinical Policies department have agreed to follow a framework agreed with the Engagement Team at DDICB.</p> <p>The work programme is managed via an internal ICB Glossop Transition Group meeting which is usually held on a monthly basis.</p> <p>Due to reduced capacity within the Clinical Policies Team including the loss of the Policy writer, a temporary measure has been put in place to extend the review period for policies due for review in the next 6 months for a further 12 months. CPAG are assured the existing policy is safe and no new significant evidence has been published since the policy was last reviewed.</p> <p>The Clinical Policies and Decisions Team have engaged with the Medical Director at Derby and Derbyshire Local Medical Committee (LMC) and a Glossop clinical representative to review the extended policies to assess variation (please see table below).</p> <p>As agreed with DDICB Engagement Team, the Public Patient Involvement (PPI) process will not be required where the following apply:</p> <ul style="list-style-type: none"> • Policies where DDICB and Greater Manchester are aligned • Greater Manchester do not have an existing policy • There is National guidance e.g. Evidence Based Interventions (EBI) programme • Broadly aligned with very minor differences <table border="1" data-bbox="339 1608 1520 2190"> <thead> <tr> <th data-bbox="339 1608 949 1686"><u>Speciality</u></th> <th data-bbox="949 1608 1520 1686"><u>DDICB policies – review dates extended by 12 months</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="339 1686 949 2190" rowspan="6">Not Routinely Commissioned - Cosmetic Procedures</td> <td data-bbox="949 1686 1520 1771">Cranial banding</td> </tr> <tr> <td data-bbox="949 1771 1520 1859">Resurfacing by laser for skin conditions causing scarring – including post-acne and post traumatic scarring</td> </tr> <tr> <td data-bbox="949 1859 1520 1944">Hair transplantation</td> </tr> <tr> <td data-bbox="949 1944 1520 2029">Hair Depilation (Removal) for Excessive Hair Growth (Hirsutism)</td> </tr> <tr> <td data-bbox="949 2029 1520 2114">Excess skin removal on thigh, leg, hip, buttock, forearm or other area (with the exception of Apronectomy where criteria are met)</td> </tr> <tr> <td data-bbox="949 2114 1520 2190">Phalloplasty</td> </tr> </tbody> </table>	<u>Speciality</u>	<u>DDICB policies – review dates extended by 12 months</u>	Not Routinely Commissioned - Cosmetic Procedures	Cranial banding	Resurfacing by laser for skin conditions causing scarring – including post-acne and post traumatic scarring	Hair transplantation	Hair Depilation (Removal) for Excessive Hair Growth (Hirsutism)	Excess skin removal on thigh, leg, hip, buttock, forearm or other area (with the exception of Apronectomy where criteria are met)	Phalloplasty
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	Labiaplasty, Vaginoplasty and hymen reconstruction
	Botulinum Toxin - When Used to Improve Cosmetic Appearance
	Laser treatment for facial hyperpigmentation
Commissioned with Restrictions - Cosmetic Procedures	Earlobe repair
	Cheek implants
	Chin implants
	Collagen implant
	Fat grafts
	Nipple inversion
	Face lifts
	Lipectomy/Liposuction
	Breast Asymmetry Surgery Policy
	Surgical Removal of Epidermoid and Pilar Cysts Policy
	Surgical Removal of Lipoma/Lipomata Policy
	Laser Treatment Policy for Skin Conditions
	Treatment of Congenital Pigmented Lesions on the Face Policy
Cardiology - not routinely commissioned	Exercise ECG for Coronary Heart Disease (Position Statement)
Ear Nose & Throat (ENT) - commissioned with restrictions	Surgical Intervention for Chronic Rhinosinusitis Policy
Gynaecology & Fertility - not routinely commissioned	Dilatation and Curettage (D&C) for Heavy Menstrual Bleeding in Women Policy
	Reversal of Male and Female Sterilisation (Position Statement)
Gynaecology & Fertility - commissioned with restrictions	Hysterectomy for Menorrhagia Policy
	Fitting/Removal of Intra-Uterine Contraceptive Devices and Levonorgestrel Intrauterine Systems in Secondary Care Policy
Miscellaneous - not routinely commissioned	Acupuncture (Position Statement)
Neurology - commissioned with restrictions	Lyca body suits for postural management of cerebral palsy and other musculoskeletal/neurological conditions Policy
Ophthalmology - not routinely commissioned	Oraya Therapy (Position Statement)
	Laser treatment for Myopia (short-sightedness)

	Ophthalmology - commissioned with restrictions	Cataract Surgery Policy
	Orthopaedics - not routinely commissioned	Arthroscopic Surgery for Degenerate Meniscal Tears (Position Statement)
	Orthopaedics - commissioned with restrictions	Lumbar Radiofrequency Facet Joint Denervation Policy
		Spinal Decompression for Sciatica Policy

Outcome of the Public Patient Involvement (PPI) process where variation identified.

The outcomes of the PPI Assessment process for the following clinical policies/position statements are:

DDICB policies – review dates extended by 12 months	Variation Identified	Outcome of PPI process
Cataract Surgery Policy	Second eye criteria	Acceptance of policy variation from lead commissioner
Breast Asymmetry Surgery Policy	BMI & measurement tools	Inform (via the CPAG bulletin)
Oraya Therapy Position Statement	No specific policy identified. However, recognition of border difference with Sheffield commissioners	Inform (via the CPAG bulletin)

<p><u>Close down of Prior Approvals - EBI (formerly PLCV) and Cosmetics Referral Assessment Service</u></p>	<p>Following the publication of the new Derby & Derbyshire Integrated Care Board (DDICB) organisational structures, it has been confirmed that the Prior Approval services for Evidence Based Interventions (EBI) (formally Procedures of Limited Clinical Value) and Cosmetics Referral Assessment Service will no longer be a necessary function of DDICB.</p> <p>This is a legacy assurance function which reflects historic contracting arrangements and is now considered embedded practice linked to clinical policies and contract standards. As referral management is a collaboration between providers, the cessation of this function does not impact patient care pathways.</p> <p>Derbyshire providers continue to be engaged in the ongoing review, development and implementation of clinical policies.</p> <p>The changes to the process for referral are outlined below:</p> <p>Primary care referrals</p> <ul style="list-style-type: none"> There is no longer a requirement for the clinician to obtain "Prior Approval" from the DDICB Service before referring a patient into secondary care. Referrals are to be sent directly to the appropriate service on the NHS e-Referral Service. <p>Secondary care</p> <ul style="list-style-type: none"> These treatments will no longer require Prior Approval (Blueteq). It will remain the responsibility of the clinicians involved in the patient's care to check the policy criteria and the patient's eligibility for treatment. <p>The above arrangement plans were operationalised on Monday 18th March 2024. The service is no longer available on the e-Referral Service and Prior Approval forms have been disabled on the Blueteq system.</p> <p>A letter of communication and FAQ which covers salient points can be accessed on the Derbyshire Medicines Management and Clinical Policies website using the following link: https://www.derbyshiremedicinesmanagement.nhs.uk/clinical-policies-home</p> <p>A close down report has been completed, which was noted by CPAG.</p>
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<p><u>Review Date Extension of CPAG Terms of Reference</u></p>	<p>Due to the ICB re-structure and a pause in recruitment across the ICB, CPAG agreed to extend the review date for the CPAG Terms of Reference (ToR) for a further 6 months.</p> <p>The following minor amendment has been made to the CPAG Terms of Reference to reflect the ICB re-structure:</p> <ul style="list-style-type: none"> ICB Pharmacy Team representative added to core membership.
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<p><u>Individual Funding Requests (IFR) Terms of Reference Review Date</u></p>	<p>The Individual Funding Request (IFR) Terms of Reference (ToR) are currently reviewed on a yearly basis. CPAG agreed to extend the review timescale to 3 years, to align to the review date of the IFR Policy and Standard Operating Procedures (SOP), unless any significant changes are required within this timeframe.</p> <p>The IFR Terms of Reference include the following panels:</p> <ul style="list-style-type: none"> IFR Screening Pair IFR Panel IFR Review Panel
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<p><u>Individual Funding Requests (IFR) Screening Cases</u></p>	<p>CPAG reviewed the IFR Screening cases for February 2024 and are assured that no areas for service development have been identified.</p>
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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 February 2024:

IPG/MTG/DTG/HTE/MIB	Description	Outcome
IPG783	Endoscopic sleeve gastroplasty for obesity	NICE recommends standard arrangements – not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
HTE8 (update)	Digitally enabled therapies for adults with depression: early value assessment Update Information: February 2024: The technology Beating the Blues has been removed from recommendation 1.1 because it is no longer available to the NHS. This is because the company for the technology, 365 Health Solutions, is no longer trading.	NICE does not recommend – company no longer trading, DDICB do not commission

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