

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 a literature review of the latest evidence as well as stakeholder engagement with Specialists/Consultants/Clinicians.

DDICB Clinical / Governance Policies

Clinical Policy	Key Changes
Update to 'Removal of Benign Skin Lesions Policy' following the Removal of National EBI related Guidance*	<p>The Academy of Medical Royal Colleges (AOMRC) Clinical Governance group have taken the decision to remove the national EBI guidance* for the 'Removal of Benign Skin Lesions' (please see CPAG Bulletin July 2024 for further information).</p> <p>Removal of benign skin lesions means treating asymptomatic lumps, bumps or tags on the skin that are not suspicious of cancer. Treatment carries a small risk of infection, bleeding or scarring and is not usually offered by the NHS if it is just to improve appearance. In certain cases, treatment (surgical excision or cryotherapy) may be offered if certain criteria are met.</p> <p>Local stakeholders (which include dermatologists), agree with the current 'DDICB Removal of Benign Skin Lesions policy' criteria; as a result, the policy will remain unchanged and will be adopted locally.</p> <p>Following this decision, the 'DDICB Removal of Benign Skin Lesions Policy' has been updated to reflect the retirement of the EBI Guidance.</p> <p>The following minor amendments have been made:</p> <ul style="list-style-type: none"> • all references to NHS EBI have been removed • reference to the cancer 2ww has been replaced with "Urgent suspected cancer pathway (USC)". <p>*Post meeting note: AOMRC have confirmed the guidance will now be updated to reflect the latest evidence. Publication expected end of September 2024.</p>

MISCELLANEOUS INFORMATION

Statement	Summary
CPAG Meetings - New Ways of Working	<p>CPAG has reviewed its operating model to assess new ways of working given the recent advances in digital technologies. CPAG agreed that the decisions and outputs will be recorded as follows:</p> <ul style="list-style-type: none"> • CPAG Bulletin (published) – a summary of the key outputs from CPAG meetings • CPAG Decision and Justification Log – which will include a brief outline of the meeting discussion and the decision/justification (published) • CPAG Action Log (unpublished) – a timetable of the actions required from CPAG meetings
Stakeholder Engagement Process Review	<p>To improve the stakeholder engagement process CPAG have actively engaged with the Head of Engagement and the Clinical and Professional Leadership Group (CPLG).</p> <p>When updating Clinical Policies CPAG undertakes stakeholder engagement with Specialists/Consultants/Clinicians.</p> <p>An update will be tabled at the CPAG meeting in October 2024.</p>
Outcome of Clinical Risk Scoring	<p>CPAG agreed to prioritise the following Clinical Policies for review, after a risk categorisation exercise undertaken by CPAG clinicians, Public Health representatives and the Clinical Policies and Evidence Based Medicine team:</p> <ul style="list-style-type: none"> • Cataract Surgery Policy • Dupuytren's Contracture Policy – pending a National update <p>Clinical concerns were raised that the extension of DDICB Clinical Policies for a further 12 months has created a significant backlog and how best to manage this risk.</p> <p>Clinical Policies will be prioritised for review by (clinical) risk in addition to date once full capacity is restored.</p>

<p><u>Review Date Extension of Clinical Policies</u></p>	<p>A pause in staff recruitment across the ICB, has resulted in reduced capacity within the Clinical Policies Team including the temporary loss of the Policy writer. As a result, CPAG agreed to extend the review period for clinical policies due for review in the next 6 months that are aligned to the suggested risk profiling (please see 'Outcome of Clinical Risk Scoring' above), in the temporary absence of a policy writer.</p> <p>This will be a rolling process which will be repeated until capacity is restored.</p> <p>Assurances have been provided from the relevant clinicians and GP members of Clinical Policy Advisory Group (CPAG) to determine whether it is safe to extend the review date of these policies by 12 months.</p> <p>Stakeholders provided specific assurance that:</p> <ul style="list-style-type: none"> Information within the existing policies does not infringe on patient safety No new or significant evidence published since the policies were last reviewed that would need to be reflected within the policies <p>The table below provides a breakdown of the policies due for review in the next 6 months that were extended at the August 2024 CPAG meeting:</p> <table border="1" data-bbox="338 533 1501 869"> <thead> <tr> <th>Clinical Policy</th> <th>Last Updated</th> <th>Review Date</th> <th>Revised Extension Date</th> </tr> </thead> <tbody> <tr> <td>Arthroscopic Shoulder Decompression for Subacromial Shoulder Pain Policy</td> <td>December 2021</td> <td>November 2024</td> <td>November 2025</td> </tr> <tr> <td>Breast Asymmetry Surgery Policy</td> <td>February 2022</td> <td>November 2024</td> <td>November 2025</td> </tr> <tr> <td>Laser treatment for Myopia Position Statement</td> <td>December 2020</td> <td>November 2024</td> <td>November 2025</td> </tr> <tr> <td>Reversal of Male and Female Sterilisation Position Statement</td> <td>December 2020</td> <td>November 2024</td> <td>November 2025</td> </tr> </tbody> </table>	Clinical Policy	Last Updated	Review Date	Revised Extension Date	Arthroscopic Shoulder Decompression for Subacromial Shoulder Pain Policy	December 2021	November 2024	November 2025	Breast Asymmetry Surgery Policy	February 2022	November 2024	November 2025	Laser treatment for Myopia Position Statement	December 2020	November 2024	November 2025	Reversal of Male and Female Sterilisation Position Statement	December 2020	November 2024	November 2025
Clinical Policy	Last Updated	Review Date	Revised Extension Date																		
Arthroscopic Shoulder Decompression for Subacromial Shoulder Pain Policy	December 2021	November 2024	November 2025																		
Breast Asymmetry Surgery Policy	February 2022	November 2024	November 2025																		
Laser treatment for Myopia Position Statement	December 2020	November 2024	November 2025																		
Reversal of Male and Female Sterilisation Position Statement	December 2020	November 2024	November 2025																		
<p><u>Individual Funding Requests (IFR) Screening Cases</u></p>	<p>CPAG reviewed the IFR Screening cases for June 2024 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 June 2024:

IPG/MTG/DTG/HTE/MIB	Description	Outcome
IPG789 (Replaces IPG332)	Minimally invasive percutaneous surgical techniques with internal fixation for correcting hallux valgus	NICE recommends standard arrangements – not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
MIB324	Flow transcranial direct current stimulation for treating depression May 2024: This medtech innovation briefing has been withdrawn. This is because the evidence for the technology has changed since it was published. NHS England no longer fund NICE to produce or maintain medtech innovation briefings, so these are no longer being reviewed.	NICE have withdrawn this guidance

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