Derbyshire CPAG Bulletin

February 2024

Clinical Policy Advisory Group (CPAG)

CLINICAL & GOVERNACE 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 policies approved and ratified this month.

Governance Policy	Key Changes
Experimental and Unproven Treatments Policy (Full routine review)	NHS Derby and Derbyshire ICB will not routinely commission treatments which are judged to be experimental or not of proven effectiveness unless they are funded in the context of good quality studies. The following minor amendments have been made to the policy: • Wording updated within the policy to provide further clarity, under sections 2.7, 2.9 and 4 • Additional link to "Joined Up Care Derbyshire's (JUCD's) Ethical Framework" to section 5, 'Useful Resources' • Addition of link to "Understanding NHS Jargon" to section 5, 'Useful Resources' No issues were highlighted in regard to protected characteristics (EIA). Summary of policy and management Experimental and unproven treatments are medical treatments or proposed treatments where there is no established body of evidence as to how the treatments are clinically effective. They may include the following: • The treatment is still undergoing clinical trials and/or is a drug yet to undergo a phase III clinical trial for the indication in question • The evidence is not available for public scrutiny • There are no relevant articles published in the peer-reviewed journals available on the treatment for the indication in question • The treatment does not have approval from the relevant government body • The treatment does not conform to an established clinical practice in the view of the majority of medical practitioners in the relevant field. • The treatment is being used in a way other than that previously studied or for which it has been granted approval by the relevant government body. • The treatment is rarely used, novel, or unknown and there is a lack of evidence of safety and efficacy. • There is some evidence to support a case for clinical effectiveness but the overall quantity and quality of that evidence is such that DDICB does not have confidence in the evidence base and/or there is too great a measure of uncertainty over whether the claims made for a treatment can be justified.

Clinical Policy Specification 2024-25
(Full routine review)
	Following the publication of the draft NHS Standard Contract for 2024/25 the CPAG Clinical Policy Specification has been updated to ensure alignment.
	
	The following amendments have been made to the Clinical Policy Specification 2024/25:
	• Addition of reference to fourth tranche of Urological conditions published in early 2024, under Evidence Based Interventions Guidance (National Policies) section
	• Medtech Funding Mandate Products updated with:
	  ○ Reference to Academic Health Science Networks has been replaced with Health Innovation Network (HIN)
	  ○ Statement on the role of CPAG has been added together with reference to the checklist document
	  ○ Statement on financial implications has been added
	  ○ Inclusion of proposed new technology – NICE MTG76 – AposHealth for Knee Arthritis

MISCELLANEOUS INFORMATION

Statement	Summary
Review Date Extension of Clinical Policies	Due to a pause in staff recruitment across the ICB, which has resulted in reduced capacity within the Clinical Policies Team including the loss of the Policy writer, a temporary measure has been implemented to extend the review period for policies due for review in the next 6 months for a further 12 months. This process started in September 2023 and will be a rolling process which will be repeated until capacity is restored. Assurances has 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. Stakeholders provided specific assurance that: • 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 CPAG noted the assurance provided from the policies extended by 12 months at the December 2023 CPAG

	meeting are clinically safe and align to the current evidence base, in agreement with appropriate stakeholders. Clinical Policy / Last Updated / Review Date / Revised Extension Date Surgical Removal of Epidermoid and Pilar Cysts — February 2022 — June 2024 — June 2025 Surgical Removal of Lipoma/ lipomata — September 2021 — June 2024 — June 2025
Tonsillectomy and Adenoidectomy Policy (Partial review following stakeholder query)	Following a small number of IFR requests that have been received for the consideration of Tonsillectomy for tonsil stones (tonsolliths), the following statement has been added to the Tonsillectomy and Adenoidectomy policy, to provide clarity and to reduce the number of IFRs being received for this condition: "Tonsillectomy is not routinely commissioned for tonsillar crypts/stones: conversative management in the treatment of choice".
Assurance for Stakeholder Engagement for Clinical Policies	The Clinical Policies and Decisions team provided assurance on the local system engagement process that had taken place regarding the National Evidence Based Interventions List 3. As part of these discussions the team agreed in conjunction with the Project Management Office (DDICB) to include programme and clinical leads as part of the engagement process for the future review of Clinical Policies.
Innovative Devices Access Pathway (IDAP)	The Innovative Devices Access Pathway (IDAP) pilot is an initiative to bring new technologies and solutions to the National Health Service (NHS) to help with medical needs that are not currently being met. The aim of IDAP is to enable and improve patient access to innovative and transformative medical devices by providing an integrated and enhanced regulatory and access pathway to developers.
Individual Funding Requests (IFR) Screening Cases	CPAG reviewed the IFR Screening cases for November and December 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 November and December 2023:

IPG/MTG/DTG/HTE/MIB	Description	Outcome
IPG775 (Replaces NICE IPG558)	Biodegradable subacromial spacer insertion for rotator cuff tears	NICE recommends further research, DDICB do not commission
IPG776 (Replaces NICE IPG564)	Extracorporeal carbon dioxide removal for acute respiratory failure	NICE does not recommend (1.1), DDICB do not commission NICE recommends further research (1.2, 1.3, 1.4, 1.5), DDICB do not commission
IPG777 (Replaces NICE IPG388)	Percutaneous transarterial carotid artery stent placement for asymptomatic extracranial carotid stenosis	NICE recommends special arrangements, DDICB do not commission
IPG778	Percutaneous thrombectomy for intermediate-risk or high-risk pulmonary embolism	NICE recommends special arrangements (1.1, 1.2, 1.3), DDICB do not commission NICE recommends further research (1.4, 1.5), DDICB do not commission
IPG779	Middle meningeal artery embolisation for chronic subdural haematomas	NICE recommends further research, DDICB do not commission
HTE8 (update)	Digitally enabled therapies for adults with depression: early value assessment Update information: **December 2023:** The evidence generation plan 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.	NICE recommends standard arrangements – not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
HTE9 (update)	Digitally enabled therapies for adults with anxiety disorders: early value assessment Update information: **December 2023:** The evidence generation plan gives further information on	NICE recommends standard arrangements – not commissioned without the provider submitting a robust, evidenced based business

	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.	case to the commissioner and subsequent approval
HTE15 *(1.1 to 1.3 see specific technology for recommendation)*	Virtual reality technologies for treating agoraphobia or agoraphobic avoidance: early value assessment Recommendations: **Can be used in the NHS with evidence generation** 1.1 gameChangeVR (a virtual reality [VR] technology) can be used in the NHS while more evidence is generated, to treat severe agoraphobic avoidance in people with psychosis aged 16 and over. It should be used with the support of a mental health professional. 1.2 The company must confirm that agreements are in place to generate the evidence (as outlined in NICE's evidence generation plan) and contact NICE annually to confirm that evidence is being generated and analysed as planned. NICE may withdraw the guidance if these conditions are not met. 1.3 At the end of the evidence generation period (3 years, or sooner if enough evidence is available), the company should submit the evidence to NICE in a form that can be used for decision making. NICE will review the evidence and assess if the technology can be routinely adopted in the NHS.	NICE recommends standard arrangements (1.1, 1.2, 1.3) – not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
HTE15 *(1.4 to 1.6 see specific technology for recommendation)*	Virtual reality technologies for treating agoraphobia or agoraphobic avoidance: early value assessment **Can only be used in research** 1.4 More research is needed on the following VR technologies: • Amelia Virtual Care to treat agoraphobia • gameChangeVR to treat mild to moderate agoraphobic avoidance in people with psychosis • XR Therapeutics to treat agoraphobia. 1.5 Access to the technologies for the indications in section 1.4 should be through company, research, or non-core NHS funding, and clinical and financial risks should be appropriately managed. The technologies can only be used once they have appropriate regulatory approval. **Evidence generation and research** 1.6 More evidence generation and research are needed on: • clinical effectiveness, including long-term benefits and who may benefit most from using VR technologies • rates of relapse or worsening of symptoms, including use and effectiveness of extra VR therapy sessions • adverse effects • resource use, including maintenance and lifespan of the hardware, and mental health professional grade and time needed to deliver treatment or support.	NICE recommends further research (1.4, 1.5, 1.6), DDICB do not commission
MIB324	Flow transcranial direct current stimulation for treating depression	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.