Derbyshire CPAG Bulletin

March 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 or governance policies approved and ratified this month.

MISCELLANEOUS INFORMATION

Statement

Summary

Review Date Extension of Clinical Policies

A pause in staff recruitment across the ICB, has resulted in reduced capacity within the Clinical Policies Team including the loss of the Policy writer. As a result, CPAG agreed, a temporary measure be 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 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.

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

The table below provides a breakdown of the policies due for review in the next 6 months that were extended at the March 2024 CPAG meeting:

Clinical Policy	Last Updated	Review Date	Revised Extension Date
Fitting/Removal of Intra-Uterine Contraceptive Devices and Levonorgestrel Intrauterine Systems in Secondary Care	August 2021	July 2024	July 2025
Oraya Therapy	August 2021	July 2024	July 2025
Dilatation and Curettage (D&C)	September 2021	August 2024	August 2025
Lycra Body Suits for Postural Management of Cerebral Palsy and other Musculoskeletal/Neurological Conditions	September 2021	August 2024	August 2025
Congenital Pigmented Lesions on the Face	February 2022	August 2024	August 2025
Laser Treatment	February 2022	August 2024	August 2025
Cataract Surgery	September 2021	August 2024	August 2025

Evidence Based Interventions (EBI) List 4 (Urology)

The Evidence-Based Interventions (EBI) Programme, now in its fourth phase, began in 2018. It's aims then, as it is now, is to capture that evolution and to ensure healthcare providers focus only on interventions which we know to be effective, based on the best available medical evidence.

The EBI List 4 guidance (published January 2024) focuses on urology and sets out 3 interventions:

- PSA Testing for men aged 80 years and above
- Investigation and onward referral of women with recurrent urinary tract infections (rUTIs) Patient information
- Transurethral resection of bladder tumour (TURBT) single post instillation of mitomycin C (SPI-MMC)

A stakeholder engagement exercise undertaken with our main providers confirmed assurance that the system is aligned to the EBI recommendations.

All 3 interventions are included in an Overarching Position Statement for EBI4.

Close down of Prior Approvals - EBI (formerly PLCV) and Cosmetics Referral Assessment Service

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.
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.

Derbyshire providers continue to be engaged in the ongoing review, development and implementation of

	clinical policies. The changes to the process for referral are outlined below: **Primary care referrals** • 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. **Secondary care** • 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. The above arrangement plans are expected to be operationalised by **Monday 18th March 2024** when the service will no longer be available on the e-Referral Service and Prior Approval forms will be disabled on the Blueteq system. Referrals submitted prior to this date, already in the system, will be processed in line with the current operating model. 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
Individual Funding Requests (IFR) Screening Cases	CPAG reviewed the IFR Screening cases for January 2024 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 January 2024:

IPG/MTG/DTG/HTE/MIB	Description	Outcome
IPG780	Intravascular lithotripsy for calcified arteries in peripheral arterial disease	NICE recommends special arrangements, DDICB do not commission
IPG781	Pharyngeal electrical stimulation for neurogenic dysphagia	NICE recommends special arrangements (1.1, 1.2, 1.3, 1.4, 1.5), DDICB do not commission **For people with neurogenic dysphagia who have a tracheostomy after stroke** NICE recommends further research (1.6, 1.7, 1.8), DDICB do not commission **For people with neurogenic dysphagia after stroke who do not have a tracheostomy, and people with other causes of neurogenic dysphagia**
IPG782 *(1.1 to 1.2 see specific technology for recommendation)*	Temperature control to improve neurological outcomes after cardiac arrest	NICE recommends standard arrangements (1.1, 1.2) – not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval **To Prevent Fever**
IPG782 *(1.3 to 1.5 see specific technology for recommendation)*	Temperature control to improve neurological outcomes after cardiac arrest	NICE recommends further research (1.3, 1.4, 1.5), DDICB do not commission **To induce therapeutic hypothermia**
DG51 (update)	Devices for remote monitoring of Parkinson's disease Update Information: **January 2024:** The evidence generation plan gives further information on the	NICE recommends standard arrangements – not commissioned without the provider submitting a robust,

	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.	evidenced based business case to the commissioner and subsequent approval
DG57 *(1.1 to 1.2 see specific technology for recommendation)*	Artificial intelligence (AI)-derived software to help clinical decision making in stroke **Can be used in the NHS with evidence generation:** 1.1 The following artificial intelligence (AI)-derived software can be used in the NHS while more evidence is generated, to support review and reporting of CT brain scans for people who have had a suspected stroke: • e-Stroke • RapidAI These technologies can only be used once they have appropriate Digital Technology Assessment Criteria (DTAC) approval. 1.2 The software should only be used with healthcare professional review and centres should maintain existing scan reporting protocols to reduce the risk of incorrect results. Centres should ensure that images shared between different stroke centres can be remotely reviewed to help with decision making by healthcare professionals at a different site.	NICE recommends standard arrangements (1.1, 1.2) – not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
DG57 *(1.3 to 1.5 see specific technology for recommendation)*	Artificial intelligence (AI)-derived software to help clinical decision making in stroke **Can only be used in research:** 1.3 More research is needed on the following AI-derived software to support review and reporting of CT brain scans for people who have had a suspected stroke: • Accipio • Aidoc • BioMind • BrainScan CT • Cercare Perfusion • CINA Head • CT Perfusion 4D • icobrain ct • Neuro Solution • qER. 1.4 Access to the technologies in section 1.3 should be through company or research funding (non-core NHS funding). **Evidence generation and more research:** 1.5 Evidence generation and more research is needed on: • the impact of the addition of AI-derived software on a healthcare professional's ability to identify people for whom thrombolysis and thrombectomy is suitable (see section 3.7) • how often the software is unable to analyse CT brain scans, with reasons for this (see section 3.12) • the impact of using the software on time to thrombolysis or thrombectomy (see section 3.9) • the impact of using the software on how many people have thrombolysis or thrombectomy (see section 3.10).	NICE recommends further research (1.3, 1.4, 1.5), DDICB do not commission

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