

## Clinical Policy Advisory Group (CPAG)

### CLINICAL & GOVERNANCE POLICIES UPDATED EVIDENCE BASED INTERVENTIONS AND LOCAL POLICIES

CPAG is a strategic, local decision-making committee, with responsibility for promoting appropriate, safe, rational, and cost-effective clinical policies to be used across Derby & Derbyshire. The outputs of CPAG including Clinical policies are available at the following link [Clinical Policies \(derbyshiremedicinesmanagement.nhs.uk\)](https://derbyshiremedicinesmanagement.nhs.uk)

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.

**There were no local clinical policies approved and ratified at the October meeting.**

### GOVERNANCE POLICIES & MISCELLANEOUS INFORMATION

Statement	Summary
<a href="#">CPAG Terms of Reference update</a>	<p>The CPAG Terms of Reference has been updated with the following additions:</p> <ul style="list-style-type: none"> <li>• Chairmanship - the Chair will be a core member of the Clinical Policies Advisory Group.</li> <li>• Membership of CPAG – Job titles and Positions updated to reflect the ICB structure, addition of a Pharmacy representative.</li> <li>• Stakeholder map – Updated to reference Health Innovation East Midlands and the removal of Prior approval.</li> <li>• A series of minor updates to reflect updated references e.g. Evidence Based Interventions &amp; Decisions and Justification logs.</li> </ul>
<a href="#">Clinical Policies Engagement Plan</a>	<p>CPAG approved the process for stakeholder engagement for the review of existing clinical policies.</p> <p>The flowchart outlines a transparent process for stakeholder engagement for the review of existing Clinical Policies with timelines, responsibilities, and escalation points.</p> <p>In addition, to ensure timely updates and engagement a rolling six-month forward planner will be circulated to the Trust Medical Directors via the CPAG Provider leads to allow for identification of appropriate clinician stakeholders.</p> <p>The process builds upon the existing clinical policies operating model where Clinical policies are written and reviewed with appropriately identified stakeholders. Within CPAG Terms of Reference the Provider leads will be responsible for the maintenance and the identification of stakeholders with a 6 monthly review. In addition, CPAG may identify other appropriate stakeholders.</p>
<a href="#">Ethical Framework Decision Making Framework</a>	<p>CPAG approved the following updates to the Ethical Decision-Making Framework:</p> <ul style="list-style-type: none"> <li>• Strengthening sections on the Legal Duty to involve patients, carers and public.</li> <li>• Clarified that the decision-making criteria and factors must be relevant to the affected stakeholders to ensure consistent demonstration of values and principles.</li> <li>• Additional references added.</li> </ul> <p>The framework has been developed to support corporate committees of the ICB in their decision-making processes. The Framework contains the details of the following principles for decision making: Consistency, Evidence of clinical and cost effectiveness, Equity, Health Care need and capacity to benefit, Cost of treatment and opportunity costs, Needs of the community, Policy driver/Strategic Fit &amp; Exceptional Need.</p> <p>The Chair is responsible for ensuring that decisions made in CPAG meetings align with the framework's principles. This means that every decision should be assessed and validated against these guiding principles to ensure fairness, consistency, and alignment with the ICB's goals and responsibilities. The framework's presence on the agenda helps keep it at the forefront of discussions, guiding committee members to make decisions that are strategically aligned and evidence based.</p> <p>As this is a corporate document it will be agreed and ratified in line with the ICB Corporate Policy Management Framework.</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 3 years for clinical policies due for review in the next 6 months that are 'low clinical risk'.</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.</p> <p>Stakeholders provided specific assurance that:</p> <ul style="list-style-type: none"> <li>• Information within the existing policies does not infringe on patient safety</li> <li>• No new or significant evidence published since the policies were last reviewed that would need to be reflected within the policies</li> </ul> <p>The table below provides a breakdown of the policies due for review in the next 6 months that were extended at the October 2024 CPAG meeting:</p> <table border="1" data-bbox="336 488 1501 994"> <thead> <tr> <th>Clinical Policy</th> <th>Last Updated</th> <th>Review Date</th> <th>Revised Extension Date</th> </tr> </thead> <tbody> <tr> <td><a href="#">Surgical Haemorrhoidectomy Policy</a></td> <td>July 2024</td> <td>January 2025</td> <td>January 2028</td> </tr> <tr> <td><a href="#">Adult Snoring Surgery in the Absence of Obstructive Sleep Apnoea Policy</a></td> <td>February 2022</td> <td>January 2025</td> <td>January 2028</td> </tr> <tr> <td><a href="#">Cough Assist (Mechanical Insufflation and Exsufflation MI-E) Policy</a></td> <td>February 2022</td> <td>January 2025</td> <td>January 2028</td> </tr> <tr> <td><a href="#">Hip and Knee Replacement Policy</a></td> <td>July 2024</td> <td>January 2025</td> <td>January 2028</td> </tr> <tr> <td><a href="#">Breast Reduction Surgery Policy</a></td> <td>November 2023</td> <td>January 2025</td> <td>January 2028</td> </tr> <tr> <td><a href="#">Removal of Benign Skin Lesions Policy</a></td> <td>August 2025</td> <td>January 2025</td> <td>January 2028</td> </tr> </tbody> </table>	Clinical Policy	Last Updated	Review Date	Revised Extension Date	<a href="#">Surgical Haemorrhoidectomy Policy</a>	July 2024	January 2025	January 2028	<a href="#">Adult Snoring Surgery in the Absence of Obstructive Sleep Apnoea Policy</a>	February 2022	January 2025	January 2028	<a href="#">Cough Assist (Mechanical Insufflation and Exsufflation MI-E) Policy</a>	February 2022	January 2025	January 2028	<a href="#">Hip and Knee Replacement Policy</a>	July 2024	January 2025	January 2028	<a href="#">Breast Reduction Surgery Policy</a>	November 2023	January 2025	January 2028	<a href="#">Removal of Benign Skin Lesions Policy</a>	August 2025	January 2025	January 2028
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<p><u>Policy Withdrawals:</u></p> <p><u>Hip and Knee Revision Policy</u></p> <p><u>Hip Resurfacing Policy</u></p>	<p>CPAG agreed to the withdrawal of the Hip and Knee revision and the Hip resurfacing Policies. This followed advice from NHS England's Acute Specialised Commissioning Team that these procedures are commissioned on a regional basis.</p> <p>Whilst there are no policies, there is a service specification and links to Quality Improvement programmes e.g. Get It Right First Time (GIRFT).</p> <p>The Acute Specialised Commissioning Team operate on behalf of the ICB through the joint committees as part of delegated commissioning arrangements.</p> <p>Further information on Specialised orthopaedics can be found as the following link: <a href="#">NHS commissioning » Specialised orthopaedics (england.nhs.uk)</a></p>																												
<p><u>Individual Funding Requests (IFR) Screening Cases</u></p>	<p>CPAG reviewed the IFR Screening cases for August 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

\*MIBs – from April 2023 NICE no longer produce or maintains Medtech Innovation Briefings (MIBs) on behalf of NHS England

The following NICE programme outputs were noted by the group for the month of August 2024:

IPG/MTG/DTG/HTE/MIB	Description	Outcome
IPG790	<a href="#">Phrenic nerve pacing for congenital central hypoventilation syndrome</a>	NICE recommends standard arrangements – not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
IPG792	<a href="#">Phrenic nerve pacing for ventilator-dependent high cervical spinal cord injury</a>	
IPG791	<a href="#">Caval valve implantation for tricuspid regurgitation</a>	NICE recommends further research, DDICB do not commission

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