

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/ClinicalPolicies)

Research studies show that some interventions are unsafe, not clinically effective, or effective only under specific circumstances. The Evidence Based Interventions (EBI) policy aims to clarify the commissioning intentions of the Derby and Derbyshire Integrated Care Board (DDICB). DDICB will only fund clinically effective, cost effective, safe and affordable treatments that are delivered to the appropriate patient cohorts. When updating Clinical Policies CPAG conducts a literature review of the latest evidence and engages with Specialists, Consultants and Clinicians.

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

GOVERNANCE POLICIES & MISCELLANEOUS INFORMATION

Statement	Summary
Pre-election Period Guidance	<p>The six weeks before the Derby City and Derbyshire Council elections on May 4 are known as the pre-election period. During this time, specific restrictions are placed on the use of public resources and the communication activities of public bodies including the NHS, civil servants and local government officials. The Pre-Election Period is designed to avoid the actions of public bodies distracting from or having influence on election campaigns. During the Pre-Election Period, there should be no new announcements of policy or strategy or on large and/or contentious procurement contracts, and no participation by NHS representatives in debates and events that may be politically controversial, whether at national or local level. These restrictions apply in all cases other than where postponement would be detrimental to the effective running of the local NHS, or wasteful of public money.</p> <p>As a result, CPAG took place with a reduced agenda.</p>
Defining the Boundaries between NHS and Private Healthcare	<p>This document defines the boundaries between NHS and private healthcare within DDICB. The recommendations apply to any patient for whom the ICB is the responsible commissioner for their NHS care.</p> <p>A concise summary is as follows:</p> <ul style="list-style-type: none"> • Entitlement to NHS Care: Other than as stated within the policy, a patient's entitlement to access NHS care should not be affected by a decision by a patient to fund part or all of their healthcare needs privately. • Joint NHS and Private Funding: Co-funding (mix of NHS and private funding for a single treatment episode) is prohibited. • NHS Continuation of Funding of Care that was Commenced Privately: <ul style="list-style-type: none"> ○ DDICB will not fund treatments commence privately that it does not routinely commission. ○ Individual Funding Requests can be made for exceptional clinical circumstances. ○ Patients transitioning from private to NHS care face standard waiting times. <p>As further reference a list of useful resources and definitions are included.</p> <p>For more specific advice relating to drugs and devices please refer to local Guidance on Prescribing in Primary Care.</p> <p>The following minor amendments have been made to the policy:</p> <ul style="list-style-type: none"> • Section on patients going abroad for medical treatment has been added to Appendix 1 – Definitions • References to Individual Funding Requests (IFR) updated to reflect that applications should be submitted by clinicians responsible for the patients care • Clarification provided that NHS and private care should be kept separate • Clarification that General Practice is not obliged to arrange tests or investigations requested by private providers unless they are deemed to be clinically necessary for the patient's care under the NHS.
Glossop Transition for Clinical Policies	<p>CPAG noted the assurance provided and the completion of the Glossop transition work programme for Clinical Policies to assess if the legal duty to inform, involve, or consult individuals is triggered.</p> <p>A summary of the programme outputs are as follows:</p> <ul style="list-style-type: none"> • 88 DDICB Clinical Policies reviewed and compared with Glossop (Greater Manchester) policies. • Of these, 19 policies with significant differences were referred for Patient and Public Involvement assessment: <ul style="list-style-type: none"> ○ 14 policies assessed as "Inform" (to be communicated via the CPAG Bulletin). ○ 5 policies assessed as "legal duties do not apply" (no further action required). • The remaining 69 policies are either aligned or have minor differences. <p>The approach taken offered a timely and manageable solution for comparing DDICB policies with those of</p>

	Greater Manchester (GM) to assess variations and ensure appropriate Patient and Public Involvement duties. Following the Government's decision in July 2021 to align Glossop with the Derbyshire Integrated Care System (ICS), a process was agreed at the July 2023 CPAG meeting and ratified by the Population Health & Strategic Commissioning Committee to review and compare DDICB policies with those of GM.
Individual Funding Requests (IFR) Screening Cases	CPAG reviewed the IFR Screening cases for February 2025 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 [Interventional Procedure Guidance](#) (IPG), [Medical Technologies Guidance](#) (MTG), [Diagnostic Technology Guidance](#) (DTG), [Medtech Innovation Briefings](#) (MIB) or [Health Technology Evaluations](#) (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 February 2025:

IPG/MTG/DTG/HTE/MIB	Description	Outcome
IPG802 (Replaces IPG673)	Intravascular lithotripsy to treat calcified coronary arteries during percutaneous coronary intervention	Standard arrangements Requires a robust, evidenced based business case to the commissioner which is subsequently approved prior to being undertaken
HTE12 - Update	Artificial intelligence-derived software to analyse chest X-rays for suspected lung cancer in primary care referrals: early value assessment	February 2025: The technology Red dot has been removed from the recommendations because it is no longer available in the UK.
HTE19 - Update	Digital technologies to support self-management of COPD: early value assessment	February 2025: Lenus COPD Support Service has been removed from recommendation 1.1 because it is no longer available to the NHS. This is because the company for the technology, Lenus Health, is no longer trading.

IPG673 – Withdrawn Guidance - Intravascular lithotripsy for calcified coronary arteries during percutaneous coronary intervention

DDICB continues to monitor and implement IPGs with our main providers.