

## 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 (local and nationally adopted) CPAG conducts a literature review of the latest evidence and engages with Specialists, Consultants and Clinicians.

### DDICB CLINICAL POLICY UPDATES

Clinical Policy	Summary of Key Changes
<a href="#">Vasectomy Policy</a>	<p>Vasectomy Services are routinely commissioned in Primary Care. This Policy applies specifically to procedures carried out in the Acute In-Patient setting, where the outlined criteria within the policy must be met.</p> <p>There have been no major changes to the policy, however at the request of stakeholders, the following minor change has been made to the criterion:</p> <p style="padding-left: 40px;">'Ongoing scrotal skin infections or dermatitis that is not responding to treatment'</p> <p>has been clarified from the policy. This criterion was deemed to determine whether the procedure should be performed at all, rather than its suitability for delivery in a community setting — which is the policy's intended focus.</p> <p>Instead, the following guidance has been included:</p> <p style="padding-left: 40px;">Advice: Patients with ongoing scrotal skin infections or dermatitis should delay the vasectomy procedure until the condition has fully resolved.</p> <p>Other minor amendments:</p> <ul style="list-style-type: none"> <li>Replaced 'procedures of limited clinical value' with 'evidence-based interventions'</li> <li>Addition of 'Section 4 Personalised Care', which expands on, shared decision-making, supported self-management and decision support tools, aligning with NHS Long Term Plan priorities for personalised, patient-centred care.</li> <li>Removed 'Appendix 3 – Non-Acute Settings Offering Vasectomy Services' and the associated link to the Procurement Register (now inactive).</li> </ul> <p>A vasectomy is a surgical procedure performed on males in which the vas deferens (tubes that carry sperm from the testicles to the seminal vesicles) are cut, tied, cauterized (burned or seared) or otherwise interrupted. The semen no longer contains sperm after the tubes are cut, so conception cannot occur. The testicles continue to produce sperm, which are naturally absorbed by the body.</p>

### GOVERNANCE POLICIES & MISCELLANEOUS INFORMATION

Statement	Summary
<a href="#">Clinician Stakeholder Engagement Process for the Review of Existing Clinical Policies</a>	<p>CPAG approved the process for stakeholder engagement for the review of existing clinical policies.</p> <p>Clinician engagement builds ownership, boosts compliance, and strengthens patient safety. The flowchart outlines a transparent process with clear timelines, responsibilities, and escalation points for engaging stakeholders during policy reviews.</p> <p>Key amendments to the document:</p> <ul style="list-style-type: none"> <li>Aligned with the updated ICB governance arrangements (e.g. Strategic Commissioning &amp; Integration Committee)</li> <li>Clarified that CPAG may nominate additional clinician stakeholders as needed,</li> <li>Added the rationale for sharing the rolling six-month planner - to support early identification of appropriate clinician stakeholders.</li> </ul> <p>The process builds upon the existing clinical policies operating model where Clinical policies are written and reviewed with appropriately identified stakeholders. Under 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>

Individual Funding Requests (IFR) Screening Cases	CPAG reviewed the IFR Screening cases for June and are assured that no areas for service development have been identified.
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## 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 June 2025:

IPG/MTG/DTG/HTE/MIB	Description	Outcome
HTE27 LSA	<a href="#">Topical antimicrobial dressings for locally infected leg ulcers: late-stage assessment</a>	<b>Standard arrangements</b> – Requires a robust, evidenced based business case to the commissioner which is subsequently approved prior to being undertaken. As there is not enough evidence to determine whether price variations are justified between different antimicrobial agents in topical antimicrobial dressings for locally infected leg ulcers.
IPG803	<a href="#">Laparoscopic insertion of an inactive implant for gastro oesophageal reflux disease</a>	<b>Special Arrangements – In people with ineffective oesophageal motility (IOM)</b> <b>DDICB do not commission</b>  <b>Further Research – In people without IOM</b> <b>DDICB do not commission</b>
IPG804	<a href="#">Targeted muscle reinnervation for managing limb amputation pain</a>	<b>Special Arrangements - Secondary procedure to treat problematic pain after limb amputation</b> <b>DDICB do not commission</b>  <b>Further Research - Primary procedure to prevent problematic pain after limb amputation</b> <b>DDICB do not commission</b>
IPG805	<a href="#">Transcatheter aortic valve implantation (TAVI) for native aortic valve regurgitation</a>	<b>Special Arrangements - to treat native aortic valve regurgitation when surgical aortic valve replacement (SAVR) is not suitable or is high risk</b> <b>DDICB do not commission</b>  <b>Further Research - for native aortic valve regurgitation when SAVR is suitable and is not high risk</b> <b>DDICB do not commission</b>

LSA – [Late Stage Assessment](#)- LSA guidance evaluates categories of technologies that are already in widespread use within the NHS. It assesses whether price variations between technologies in a category are justified by differences in innovation, clinical effectiveness and patient benefits. This will support NHS commissioners, procurement teams, patients and healthcare professionals to choose technologies that maximise clinical effectiveness and value for money.

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