

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 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
Breast Enlargement (Augmentation Mammoplasty) Policy (Full routine review)	<p>NHS Derby and Derbyshire ICB does not routinely commission breast enlargement (augmentation mammoplasty) unless the policy criteria are met.</p> <p>No new robust evidence or national guidance has emerged since the policy was last reviewed in January 2023. The restrictive criteria remain appropriate, given that breast augmentation is primarily a cosmetic procedure and the current criteria are based on clinician consensus.</p> <p>Breast augmentation involves inserting an implant to increase breast size or alter shape. Implants have a limited lifespan and typically require replacement during the patient's lifetime.</p>
Use of Imaging in the management of Greater Trochanteric Pain Syndrome (GTPS) Position Statement (Full routine review)	<p>NHS Derby and Derbyshire ICB does not routinely commission imaging for the management of greater trochanteric pain syndrome (GTPS)*.</p> <p>GTPS is a clinical diagnosis, and approximately 90% of cases resolve with conservative management. Imaging (including ultrasound) is not required in primary care as it does not change treatment. Patients who do not respond to conservative measures should be referred to MSK-CATS.</p> <p>No new robust evidence regarding imaging in GTPS has emerged since the position statement was last reviewed in December 2022.</p> <p>GTPS is a regional pain syndrome in which chronic intermittent pain is felt around the greater trochanter (the bony prominence on the lateral aspect of the hip). This is caused by inflammation or physical trauma in muscles, tendons, fascia, or bursae and is more common in women aged 40-60 years.</p>
Vaginal Pessaries Position Statement (Full routine review)	<p>NHS Derby and Derbyshire ICB will commission the initial insertion of a ring pessary in Secondary Care for the non-surgical management of vaginal prolapse. Ongoing pessary management and follow-up should be undertaken in Primary Care when clinically appropriate.</p> <p>This position statement aims to ensure that the majority of pessary fittings occur in Primary Care.</p> <p>No new robust evidence or national guidance has emerged since the policy was last reviewed in January 2023.</p> <p>A vaginal pessary is a non-surgical device used to support pelvic organs and relieve symptoms of pelvic organ prolapse.</p>

GOVERNANCE POLICIES & MISCELLANEOUS INFORMATION

Statement	Summary
NICE Interventions, Diagnostics, Medical and Health Technologies and Innovation Programmes Policy (Partial Update)	<p>NHS Derby and Derbyshire ICB will not routinely fund procedures or technologies assessed by the National Institute for Health and Care Excellence (NICE) unless the criteria set out in the policy are met.</p> <p>Key Policy Amendments</p> <ul style="list-style-type: none"> Clarified that Late-Stage Assessments are exempt from the requirements for a business case as the products are already in use. Updated NICE recommendations incorporated and approach standardised. Removed reference to MIB's, which NICE no longer maintains on behalf of NHS England Reformatted as per DDICB template, including personalised care section and removal of duplicated sections. Removed Health Optimisation for Surgical Interventions statement to align with Clinical Policies Operating Model Updated Appendix 2 (FAQ finance) to expand modelling expectations and governance requirements. <p>NICE produces various guidance types, of these, only technology appraisals guidance (TAs) are legally binding; other guidance, including interventional procedures guidance (IPGs), medical technologies guidance (MTGs), diagnostics guidance (DGs) and Health Technology Evaluations (HTE) are statutory guidance</p>

	<p>designed to support the NHS in fulfilling its duties.</p> <p>This policy ensures a consistent and transparent approach to implementing NICE guidance across Derby and Derbyshire ICB.</p>
Individual Funding Requests (IFR) Screening Cases	CPAG reviewed the IFR Screening cases for October 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 \(DTG\)](#), 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 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 October 2025:

IPG/MTG/DTG/HTE/MIB	Description	Outcome
HTE 34	Artificial intelligence (AI) technologies to aid opportunistic detection of vertebral fragility fractures: early value assessment	<p>Recommendations 1.1 – 1.3 (see specific technology for details) Requires a robust, evidenced based business case to the commissioner which is subsequently approved prior to being undertaken</p> <p>Recommendation 1.4 ((see specific technology for details)) Further research - DDICB do not commission</p>
IPG 807	VA ECMO for severe acute heart failure in adults	<p>Recommendation 1.1 (see specific technology for details) Requires a robust, evidenced based business case to the commissioner which is subsequently approved prior to being undertaken</p> <p>Recommendations 1.2 to 1.3 ((see specific technology for details)) Further research - DDICB do not commission</p>
IPG 808	VA ECMO for extracorporeal cardiopulmonary resuscitation (ECPR) in adults with refractory cardiac arrest	<p>Recommendation 1.1 (see specific technology for details) Requires a robust, evidenced based business case to the commissioner which is subsequently approved prior to being undertaken</p> <p>Recommendations 1.2 to 1.3 ((see specific technology for details)) Further research - DDICB do not commission</p>

EVA – [Early Value Assessment](#) – EVA considers medical technologies that address national unmet needs, contributing to the NHS [Long Term Plan](#). EVAs provide the NHS with guidance about the value of a technology, including a recommendation for use while evidence is generated. Unlike full NICE guidance (DG and MTG), technologies selected for EVA will not be expected to have a complete evidence base before they're recommended for use.

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.