

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.

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

GOVERNANCE POLICIES & MISCELLANEOUS INFORMATION

Statement	Summary
CPAG Appeals Process & Statement on the requirements to trigger a policy update outside of the planned review period	<p>The CPAG appeal process has been updated to align with the new ICB reporting structure and to clarify submission criteria.</p> <p>The revised process outlines specific requirements for triggering a policy review outside of the planned review cycle. Derby and Derbyshire ICB maintains that such out-of-cycle reviews should be exceptional, only prompted by substantial new evidence—typically, but not limited to, Cochrane reviews or new National guidance.</p> <p>When submitting evidence-based practice work, authors should prioritise high-level secondary sources such as systematic reviews and clinical guidelines. Evidence must be critically appraised for reliability, relevance, and applicability by assessing study methodology, design, and outcomes. Select evidence appropriate to the clinical question (e.g., RCTs for interventions, cohort studies for prognosis), and focus on the study's validity, the significance of its results, and its clinical relevance to the patient population and practice setting.</p>
Position Statement on Specialist Opinion Referrals to Secondary Care under NHS Derby and Derbyshire Clinical Policies	<p>To ensure timely, expert care and maintain a strong partnership between primary and secondary care, CPAG approved a statement affirming that NHS Derby and Derbyshire ICB supports General Practice in referring patients to secondary care when a specialist opinion is needed.</p> <p>It is important to provide all relevant clinical information to support any referral to secondary care. The secondary care clinician can then make an informed decision on the procedure in line with DDICB Clinical Policies.</p> <p>This approach enables primary care providers to refer patients without unnecessary delays and ensures secondary care providers have the information required for informed decisions. The statement aligns with the operating framework, clinical policy specifications, and guidance issued following the removal of the prior approval process.</p>

Clinical Policy Assurance

Derby and Derbyshire ICB led a high-level comparative review to examine variations in clinical policies across ICBs. All ICBs were invited to contribute, with many actively participating. Following this, cosmetic procedures were identified for further local review.

In June, CPAG approved a mapping exercise and work plan to compare DDICB's cosmetic policies with those of a national comparator, recognised for its comprehensive policy suite. The work plan has been prioritised and divided into three phases, with outcomes to be reviewed over time and reported to CPAG – see table below for detail.

The review of Phase 1 was completed in [June 2025](#).

Phase	No of policies	Period of review	DDICB Position	National Comparator Position
1	5	May-June	No policy	Restrictions/not commissioned
2	14	June – October	Commissioned with restrictions	Not commissioned
3	5	October – November	Commissioned with restriction	Commission with restrictions

Statement	Summary
Clinical Policies Assurance – Phase 2 Outcome	<p>Following the Phase 2 review, CPAG agreed that no further action was required for 13 of the 14 policies reviewed, with the exception of the Pinnaplasty policy.</p> <p>The reviewed policies were largely aligned with the East Midlands commissioning policy, with any differences based on medical conditions rather than cosmetic reasons.</p> <p>Activity data supported the conclusion that current policies are effective in limiting unnecessary procedures.</p> <p>The Pinnaplasty policy was flagged for further review due to the absence of specific clinical criteria.</p> <p>Phase 2 focused on 14 procedures where DDICB maintains restrictive policies while the comparator holds a "do not commission" stance. These included breast enlargement, breast reduction for gynecomastia, breast uplift, nipple inversion, brow lift, facelift, fat grafts, liposuction, abdominoplasty, rhinoplasty, pinnaplasty, laser treatments, scar reduction, and congenital pigmented facial lesions.</p>
Individual Funding Requests (IFR) Screening Cases	<p>CPAG reviewed the IFR Screening cases for May 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 [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 May 2025:

IPG/MTG/DTG/HTE/MIB	Description	Outcome
HTE24	Artificial intelligence (AI) technologies for assessing and triaging skin lesions referred to the urgent suspected skin cancer	Standard arrangements Requires a robust, evidenced based business case to the commissioner which is subsequently approved prior to being undertaken
HTE25	Digital therapy for chronic tic disorders and Tourette syndrome: early value assessment	
HTE26 (LSA)	Drug-eluting stents for treating coronary artery disease: late-stage assessment	

LSA – [Late Stage Assessment](#)

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