

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
Surgical Treatment of Sleep Apnoea	<p>The DDICB policy on surgical treatment for sleep apnoea remains unchanged, as no significant new evidence or national guidance has emerged since it was last reviewed in June 2022.</p> <p>The following minor amendments have been made to the policy:</p> <ul style="list-style-type: none"> Replacement of 'procedures of limited clinical value' wording with 'evidence-based interventions' and removal of associated colour coding of criteria that is required to be met by primary and secondary care. Addition of the section on personalised care, encompassing shared decision-making, supported self-management and the use of decision support tools. This update is in line with the NHS Long Term Plan priorities, which supports the system-wide move towards personalised, patient-centred care. <p>Sleep apnoea happens when the airways become too narrow whilst sleeping – the most common type is obstructive sleep apnoea (OSA). This causes breathing to stop and start whilst sleeping.</p> <p>There are two types of breathing interruption characteristic of OSA:</p> <ul style="list-style-type: none"> Apnoea – where the muscles and soft tissues in the throat relax and collapse sufficiently to cause a total blockage of the airway; it's called an apnoea when the airflow is blocked for 10 seconds or more. Hypopnoea – a partial blockage of the airway that results in an airflow reduction of greater than 50% for 10 seconds or more <p>As such it is also referred to as obstructive sleep apnoea/hypopnoea syndrome (OSAHS).</p>
Repair of Minimally Symptomatic Inguinal Hernia	<p>Following review, the DDICB policy of the repair of minimally symptomatic inguinal hernia is unchanged. DDICB's criteria are consistent with national guidance, and our clinical stakeholders support the policy's referral criteria and recommendations.</p> <p>The following minor amendments have been made to the policy:</p> <ul style="list-style-type: none"> Replacement of 'procedures of limited clinical value' wording with 'evidence-based interventions' Section 4 has been renamed 'Personalised Care' and expanded to include supported self-management and personalised care, aligning with NHS Long Term Plan priorities for personalised, patient-centred care. <p>An inguinal hernia (IH) is a protrusion in the peritoneum, usually consisting of intestine or intra-abdominal fat. The protrusion occurs as a result of weakness within the lower abdominal/groin area wall of muscle. IH presents as a lump, which can be asymptomatic for around one third of patients. Some patients can experience discomfort, which can restrict daily activities including the ability to work. IH can occasionally be life threatening if the protruding bowel becomes obstructed and strangulated.</p>

GOVERNANCE POLICIES & MISCELLANEOUS INFORMATION

Clinical Policy Assurance

Derby and Derbyshire ICB conducted a high-level comparison to assess variation in clinical policies across all ICBs.

CPAG approved a mapping exercise and work plan to compare DDICB's cosmetic policies with those of a national comparator.

The work plan has been prioritised and divided into three phases, with outcomes to be reviewed over time and reported to CPAG

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 – Cosmetics – Phase 1 Outcome

Following the completion of Phase 1 review CPAG agreed that no further action was required for the following:

Procedure	Rationale
Reconstructive Breast Surgery	DDICB's breast policies exclude cancer treatment. The ICBs implant removal and replacement funding criteria are aligned.
Dermabrasion	Dermabrasion for post-acne scarring and rhinophyma is not routinely commissioned as per the DDICB Position Statement this includes laser resurfacing for scar-causing skin conditions .
Aesthetic operations on umbilicus	Implementing a local policy is unwarranted at this time, as DDICB has not received any complaints, queries, or IFRs.
Ectropion and entropion	The criteria for surgical intervention are detailed in the DDICB Blepharoplasty Policy .
Tooth whitening and dental Veneers	Dental policies are managed by the regional Pharmacy, Optometry, and Dental (POD) team.

Individual Funding Requests (IFR) Screening Cases

CPAG reviewed the IFR Screening cases for April 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 April 2025:

IPG/MTG/DTG/HTE/MIB	Description	Outcome
IPG800 (Replaces IPG744)	Balloon disimpaction of the baby's head at emergency caesarean during the second stage of labour	Further research is needed DDICB do not commission
HTE21	Robot-assisted surgery for soft tissue procedures: early value assessment	Standard arrangements Requires a robust, evidenced based business case to the commissioner which is subsequently approved prior to being undertaken
HTE22	Robot-assisted surgery for orthopaedic procedures: early value assessment	
HTE23	Slide sheets for moving or repositioning a person: late-stage assessment	

IPG744 – withdrawn guidance - Balloon disimpaction of the baby's head at emergency caesarean during the second stage of labour

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