

## 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://www.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 CPAG conducts a literature review of the latest evidence and engages with Specialists, Consultants and Clinicians.

### DDICB CLINICAL POLICY UPDATES

#### Get It Right First Time (GIRFT) & Evidence Based Interventions Benchmarking

To strengthen DDICB commissioning position CPAG approved the adoption of nine [National Evidence Base Interventions](#) (EBI) as local policies that were previous part of an overarching statement.

NHS England, through the [GIRFT](#) programme, has highlighted variation in ICB policies for Evidence-Based Interventions (EBI) and set out a plan to address this through benchmarking against Cheshire & Merseyside ICB and ensuring robust compliance for the top 20 policies. Eleven of which are already included in DDICB's policy portfolio.

DDICB's policies align with or are more restrictive than the National EBI programme which includes 62 items (tests, treatments and procedures)

- 30 are covered by local DDICB policies
- 25 have been reviewed by CPAG and categorised as pathways that sit within an [overarching position statement](#) to confirm that local provider's clinical practices are aligned and integration into care pathways.

The adopted policies are as follows:

#### General Surgery

- [Appropriate colonoscopy in the management of hereditary colorectal cancer](#)
- [Repeat colonoscopy](#)

#### Vascular

- [Asymptomatic carotid artery stenosis screening](#)

#### Urology

- [Cystoscopy for men with uncomplicated lower urinary tract symptoms](#)
- [Surgical removal of kidney stones](#)

#### Orthopaedics

- [Knee MRI when symptoms are suggestive of osteoarthritis](#)
- [Knee MRI for suspected meniscal tears](#)
- [MRI scan of the hip for arthritis](#)
- [Scans for shoulder pain and guided injections for shoulder pain](#)

#### Evidence Based Interventions – September 2024 Updates

In September 2024, the Academy of Medical Royal Colleges reviewed the Evidence Based Interventions (EBI) Guidance, updating nine areas covered by DDICB clinical policies.

Following on from the [January meeting](#), CPAG agreed updates to the policies below. A final section of proposals will be presented at the CPAG meeting in May 2025.

[The Evidence-based interventions programme](#) was developed in 2018 to help ensure a national approach to quality improvement and that best practice is spread across the healthcare system.

Clinical Policy	Summary of Key Changes
<a href="#">Surgical Haemorrhoidectomy</a>	<p>CPAG agreed to maintain the current local DDICB policy as it aligned to the EBI Guidance for Haemorrhoid Surgery and is more descriptive.</p> <p>A summary of the key changes are as follows:</p> <ul style="list-style-type: none"> <li>• Updated the list of alternative surgical treatment interventions available locally.</li> </ul> <p>Haemorrhoids also known as piles are swollen veins in the anal canal. This common problem can be painful but is usually not serious. Most haemorrhoids can be treated conservatively, and surgical treatment is only indicated for recurrent haemorrhoids, persistent bleeding and those who fail conservative treatment.</p>
<a href="#">Fusion Surgery for Mechanical Axial Low Back Pain</a>	<p>CPAG agreed to update the local position statement in line with the National guidance while including the current inclusion and exclusion criteria.</p> <p>A summary of the key changes are as follows:</p>

	<ul style="list-style-type: none"> <li>Terminology updated from 'non-specific, mechanical back pain' to 'isolated back pain' where no identifiable cause exists.</li> <li>Primary Care Management now includes reassurance, advice on continuing activity with modification, weight loss, analgesia and screening for high-risk patients (e.g. STaRT Back).</li> </ul> <p>Spinal fusion is surgical procedure where two spinal vertebrae are fused together using bone grafts and/or surgical implants to eliminate movement and stabilise the joint.</p>
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**Clinical Policy assurance**  
The assurance of clinical policies is critical to delivering high-quality, evidence-based healthcare.

CPAG recently undertook an exercise to compare DDICB clinical policies with those of five other ICBs to identify discrepancies and potential opportunities for improvement. As a result, the following new policies and position statements have been approved by CPAG, as listed below.

Clinical Policy	Summary of Key Changes
<a href="#">Cosmetic Policies</a>	<p>CPAG agreed to update the <a href="#">Not Routinely Comissioned Cosmetic Procedures</a> Position Statement to include:</p> <ul style="list-style-type: none"> <li>Removal of Supernumerary Nipples</li> <li>Surgical Treatment of Rhinophyma (bulbous, red Nose)</li> </ul> <p>Additionally, Calf Augmentation will be added to the "<a href="#">Commissioned with restrictions cosmetics procedures</a>" Position Statement</p> <p>The Derby and Derbyshire ICB Cosmetic Policies define procedures that are primarily cosmetic, offering limited health benefits compared to other interventions. These policies specify procedures that are not routinely commissioned, and which are commissioned with restrictions to ensure funding allocated only to clinically effective interventions.</p>
<p><b>New Position Statement</b></p> <p><a href="#">Diastasis Recti Surgical Repair Not Commissioned Position Statement</a></p>	<p>To address a potential commissioning gap, CPAG agreed a <b>new</b> 'Not routinely commissioned' position statement based on the lack of high-level robust evidence.</p> <p>Conservative management remains the primary approach to treating the underlying condition.</p> <p>The statement should be read in conjunction with the following DDICB policy where two conditions exist concurrently: <a href="#">Repair of Minimally Symptomatic Inguinal Hernia Policy</a></p> <p>Diastasis Recti' refers to the separation of the rectus abdominis (six-pack) muscles due to overstretching of the linea alba (connective tissue). This separation can occur above, below, or around the belly button, or along the muscle's entire length. Pregnancy is the most common cause. In about 70% of cases the linea alba 'bounces back' after birth, while in 30%, it remains separated.</p>
<p><b>New Position Statement</b></p> <p><a href="#">Asymptomatic/non-Functional Surgical Correction of Adult Strabismus Position Statement</a></p>	<p>CPAG agreed a <b>new</b> 'Not Routinely Commissioned' position statement for the Surgical Correction of Adult Strabismus in asymptomatic/ nonfunctional cases based on a lack of robust high-level evidence of effectiveness. This aligns to the <a href="#">Royal College of Ophthalmologists Commissioning Guidance: Strabismus surgery for adults in the UK: indication, evidence base and benefits – August 2017</a></p> <p>Non-functional strabismus is defined as not affecting vision or require an abnormal head posture for visual alignment.</p> <p>Strabismus (squint), is a misalignment of the eyes, present from birth or developing later. While often idiopathic, it is more common in individuals with a family history, refractive errors, or certain syndromic/neurological conditions. Some cases stem from identifiable orbital, neurological, or muscular pathologies. Strabismus can be constant or intermittent, with the most common types being:</p> <ul style="list-style-type: none"> <li><b>Horizontal:</b> <i>Esotropia</i> (eye turns in) and <i>Exotropia</i> (eye turns out).</li> <li><b>Vertical:</b> <i>Hypertropia</i> (eye turns up) and <i>Hypotropia</i> (eye turns down).</li> <li><b>Torsional:</b> Eye rotation (less common)</li> </ul> <p>Non-surgical management includes prism lenses, eye exercise and botulinum toxin procedures in a small percentage but many cases will require surgery to achieve significant improvement.</p>
<p><b>New Position Statement</b></p> <p><a href="#">Trophic Electrical Stimulation (TES) for Facial Palsy Position Statement</a></p>	<p>CPAG agreed to strengthen the DDICB commissioning stance by issuing a <b>new</b> 'Not routinely commissioned' position statement as there is insufficient robust evidence supporting this intervention.</p> <p>Trophic Electrical Stimulation (TES) is a therapeutic technique using electrical currents to stimulate nerves, muscles, or tissues, promoting healing and functional improvement—particularly in cases of nerve or muscle damage. The term "trophic" refers to nourishing and supporting tissue growth and regeneration.</p> <p>Facial palsy is weakness of the facial muscles due to temporary or permanent facial nerve damage. This can impair movement of the eyes, mouth, or other areas. Prognosis varies depending on the cause (e.g., head injury, stroke, tumours, infection, congenital conditions).</p> <p>Bell's palsy is a type of facial palsy characterised by sudden-onset (within 72 hours), idiopathic, unilateral facial nerve weakness or paralysis.</p>

## GOVERNANCE POLICIES & MISCELLANEOUS INFORMATION

Statement	Summary
Individual Funding Requests (IFR) Screening Cases	CPAG reviewed the IFR Screening cases for January 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 January 2025:

IPG/MTG/DTG/HTE/MIB	Description	Outcome
IPG798	<a href="#">Transperineal laser ablation for treating lower urinary tract symptoms of benign prostatic hyperplasia</a>	<b>Special arrangements</b> (1.1 - 1.3 see specific technology for recommendation) <b>DDICB do not commission</b>  <b>Further research</b> (1.4 - 1.5 see specific technology For recommendation) <b>DDICB do not commission</b>
IPG799	<a href="#">Electrically stimulated intravesical therapy for interstitial cystitis or overactive bladder in adults</a>	<b>Further research, DDICB do not commission</b>
HTE8 - Update	<a href="#">Digitally enabled therapies for adults with depression: early value assessment</a>	As of January 2025, Deprexis (Ethypharm Digital Therapy) technology is no longer available in the UK.
HTE20	<a href="#">Artificial intelligence technologies to help detect fractures on X-rays in urgent care: early value assessment</a>	<b>Standard arrangements</b> (1.1 - 1.3 see specific technology for recommendation), <b>Requires a robust, evidenced based business case to the commissioner which is subsequently approved prior to being undertaken</b>  <b>Further research</b> (1.4 - 1.5 see specific technology for recommendation) <b>DDICB do not commission</b>

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