Derbyshire CPAG Bulletin



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)

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

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 the January & March meetings, CPAG concluded its review with updates to the policies listed in the table below.

The Evidence-based interventions programme was developed in 2018 to help ensure a national approach to quality improvement and

The Evidence-based interventions programme was developed in 2018 to help ensure a national approach to quality improvement and			
that best practice recommendations are spread across the healthcare system.			
Clinical Policy	Summary of Key Changes The DDICP policy on verices a vision interventions is unchanged.		
Varicose Veins Interventions Policy	The DDICB policy on varicose veins interventions is unchanged. For most people, varicose veins do not present a serious health problem. They may have an unpleasant appearance but should not affect circulation or cause long-term health problems. Most varicose veins do not require any treatment.		
interventions Policy			
	Varicose veins are swollen and enlarged veins that usually occur on legs and feet. In the UK varicose veins occur in around 15–20% of adults. They may be blue or dark purple and are often lumpy, bulging or twisted in appearance. Symptoms include: • Aching, heavy and uncomfortable legs		
	Swollen feet and ankles		
	Burning or throbbing legs		
	Muscle cramp in legs particularly at night		
	Dry, itchy and thin skin over the affected vein		
	CPAG agreed to maintain the current local DDICB policy criteria based on affordability and ability to This decision is aligned with the DDICB Ethical Framework for Decision Making , which takes into consi several factors such as clinical effectiveness, cost-effectiveness, and overall healthcare needs.		
	The following minor updates have been made to the policy: • Section 3: Rationale for Recommendation updated to include that DDICB has prioritised commissioning of invasive treatments for severe or refractory cases on the grounds of affordability and ability to benefit.		
Surgical Treatment of	CPAG agreed to maintain the current local DDICB policy criteria based on the following:		
<u>Dupuytren's</u> <u>Contracture Policy</u>	 Lack of consensus amongst national guidelines, which are based on a mix of clinician consensus and low-quality evidence 		
	 Lack of robust evidence published since the last policy review in 2021 to support a change in criteria Decision was made in line with the <u>DDICB Ethical Framework for Decision Making</u> 		
	The following minor updates have been made to the policy:		
	 Policy name updated to include clinical intervention, in line with other DDICB clinical policies. Updated wording to reflect EBI terminology 		
	 Section 3. Rationale for Recommendation updated to reflect the lack of robust evidence base supporting The British Society for Surgery of the Hand (BSSH) and Academy of Medical Royal Colleges (AOMRC) guidance. Section 4. Shared Decision-Making replaced with 'Personalised Care' and associated information 		
	Geotion 4. Onaieu Decision-Making replaceu with Fersonaliseu Care and associated information		
	Dupuytren's contracture is a progressive and lifelong genetic contracture caused by fibrous bands in the palm of the hand which draw the finger(s) (and sometimes the thumb) into the palm and prevent them from		

straightening fully. The aim of treatment is to straighten the finger to improve hand function but none of the interventions are curative. Overall prevalence in the UK is about 4%, increasing to about 20% in those aged

over 65 years. The incidence is highest in men older than 50 years and in women older than 60 years.

GOVERNANCE POLICIES & MISCELLANEOUS INFORMATION			
Statement	Summary		
Pre-election Period Guidance	The six weeks leading up to the Derby City and Derbyshire Council elections on 4th May are designated as the pre-election period. During this time, public bodies including the NHS face restrictions on communication and use of public resources to avoid influencing election campaigns. This includes pausing policy announcements, major procurement decisions, and participation in politically sensitive events.		
Continuous Glucose Monitoring (CGM) Policy	CPAG agreed to withdraw the policy as it has been superseded by a <u>briefing</u> and <u>position statement</u> available on the Medicines Management website.		
withdrawn	The decision is made in agreement with the Diabetes Working Group and the pharmacy team who plan to update and merge both documents under the Joint Area Prescribing Committee.		
	A CGM is a device worn on the skin, comprising a sensor inserted under the skin to measure glucose levels in interstitial fluid. The sensor is connected to a transmitter, which sends the information via a wireless radiofrequency signal to a receiver, or more commonly, a smartphone application.		
Derby and Derbyshire CPAG Policy Specification 2025-	The CPAG Policy Specification forms part of the healthcare services contract that the ICB has with provider organisations. The purpose of the specification is to outline the role and responsibilities of our providers in ensuring that there is:		
<u>2026</u>	 Transparent and collaborative approach to safe and effective commissioning of procedures Seamless care of patients between NHS organisations High quality treatment 		
	The Specification is part of DDICB contracting arrangement and updated annually. In addition, following the publication of the draft NHS Standard Contract for 2025/26 the CPAG Clinical Policy Specification has been updated to ensure alignment.		
	As a result, minor amendments have been made to the following sections of the Clinical Policy Specification for 2025/26:		
	 Evidence Based Interventions – added 'DDICB is currently developing a set of benchmarking tools to assure policy compliance' 		
	 Prior Approval – confirmed there are currently no schemes in operation for EBI. Clarified process for establishing unwarranted variation and provider challenge. 		
	 MedTech Funding Mandate - <u>AposHealth</u> for knee Arthritis added Stakeholder Engagement – links to <u>CPAG Terms of Reference</u> and <u>Stakeholder Engagement map</u> added 		
	Individual Funding Request (IFR) - link to Experimental & <u>Unproven Treatment policy</u> added		
Individual Funding Requests (IFR) Screening Cases	CPAG reviewed the IFR Screening cases for March 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 <u>Interventional Procedure Guidance</u> (IPG), <u>Medical Technologies Guidance</u> (MTG), <u>Diagnostic Technology Guidance</u> (DTG), <u>Medtech Innovation Briefings</u> (MIB) or <u>Health Technology Evaluations</u> (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 March 2025:

IPG/MTG/DTG/HTE/MIB	Description	Outcome
IPG801	Alcohol-mediated perivascular renal sympathetic denervation for resistant hypertension	Research – DDICB do not commission More research is needed on alcohol-mediated perivascular renal sympathetic denervation for treating resistant hypertension before it can be used in the NHS.

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