

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.

DDICB CLINICAL POLICY UPDATES

Clinical Policy	Summary of Key Changes
Breast Reduction Surgery Policy Breast Asymmetry Surgery Policy (Partial updates)	<p>To clarify the ICBs position where 3D breast scanning is not available the following updates have been made:</p> <ul style="list-style-type: none"> Breast Reduction Surgery <ul style="list-style-type: none"> Where a 3D scan is not available the commissioner defaults to the NHSE EBI position of "breast reduction planned to be 500gms (already included in current policy criteria) or more per breast or at least 4 cup sizes Breast Asymmetry Surgery <ul style="list-style-type: none"> Where a 3D scan is not available the commissioner defaults to the NHSE EBI position of a difference of 150 - 200gms size as measured by a specialist. <p>The current DDICB Breast Reduction Policy and Breast Asymmetry policies are based on the East Midlands Cosmetic policy and require 3D breast scanning to be undertaken to meet the policy criterion.</p> <p>Breast reduction surgery (also known as Reduction Mammoplasty) aims to reduce the size of the breasts, by taking away fat, breast tissue and skin, usually to relieve symptoms of pain, rashes and infections. The nipples are lifted and the breasts are reshaped to form smaller breasts.</p> <p>Breast asymmetry is when the position, size, volume or shape of the one breast is different to the other. It is a common characteristic for women, and in most cases will not cause any problems.</p>

GOVERNANCE POLICIES & MISCELLANEOUS INFORMATION

Statement	Summary
Individual Funding Requests (IFR) Screening Cases	CPAG reviewed the IFR Screening cases for September 2025 and are assured that no areas for service development have been identified.

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.

Reviews for Phases 1 and 2 were completed in [June](#) and [July 2025](#), respectively.

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

Following the phase 3 review, CPAG agreed that no further action was required for four of the five policies reviewed, with the exception of the [Blepharoplasty policy](#). Which will be reviewed at a subsequent CPAG meeting.

Phase 3, focused on five procedures where both the National comparator and DDICB commission with restrictions. These included [breast reduction surgery](#), [breast prosthesis \(implant\) removal](#), [breast implant revision/replacement](#), [benign skin lesions removal](#) and

[blepharoplasty](#).

The reviewed policies were largely aligned with the East Midlands Cosmetic policies with minor differences identified. To reduce unwarranted variation, DDICB has adopted [Evidence Based Interventions](#) while retaining local policy criteria where these provide greater clarity.

NICE Late-Stage Assessments (LSA)

- CPAG agreed that Late-Stage Assessments (LSA) are exempt from the DDICB policy requiring business case submissions for the for [NICE Interventions, Diagnostics, Medical and Health Technologies and Innovation Programmes](#)
- [LSA guidance reviews](#) technologies already in widespread NHS use. It assesses whether price variations between technologies in a category are justified by differences in innovation, clinical effectiveness and patient benefits. This supports commissioners, procurement teams, clinicians and patients in choosing technologies that maximise clinical effectiveness and value for money.
- NHS providers should offer a range of clinically appropriate options, ensuring:
 - Decisions are based on patient needs, preferences, and cost-effectiveness.
 - Where multiple suitable products exist, the least expensive option should be used

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 September 2025:

IPG/MTG/DTG/HTE/MIB	Description	Outcome
HTE18 – Update information: September 2025: Removed Active+me REMOTE from recommendation 1.4 because it is no longer available to the NHS. This is because the company for the technology, Aseptika Ltd, is no longer trading.	Digital technologies to deliver pulmonary rehabilitation programmes for adults with COPD: early value assessment	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 Recommendations 1.4 – 1.6 (see specific technology for details) Further research, DDICB do not commission
HTE19 – Update Information September 2025: NICE Removed Active+me REMOTE from recommendation 1.1 because it is no longer available to the NHS. This is because the company for the technology, Aseptika Ltd, is no longer trading	Digital technologies to support self-management of COPD: early value assessment	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 Recommendations (1.4 – 1.6 see specific technology details) Further research, DDICB do not commission

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.