Derbyshire CPAG Bulletin

October 2025

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	
Clinical Policy	**Summary of Key Changes**
Low Back Pain Disc Replacement Position Statement (Full routine review)	The DDICB policy on disc replacement for low back pain remains unchanged, with no new evidence or national guidance emerging since it was last reviewed in October 2022. Disc replacement involves replacing intervertebral units with artificial discs (single disc or several levels) that can act as a functional prosthetic replacement. The pain relief stems from removal of the painful disc. Its indication and rationale are to treat spinal pain. There is limited and inconsistent evidence supporting the benefits of disc replacement compared with other surgical interventions. The potential harms associated with disc replacement outweigh its possible benefits. Current evidence on motion preservation and adjacent level degeneration is also limited, and the reported risks of disc replacement often outweigh these potential advantages. NHS Derby and Derbyshire ICB have deemed that disc replacement should not routinely be commissioned for people with low back pain.
Low Back Pain Imaging Position Statement (Full routine review)	The DDICB policy on low back pain imaging remains unchanged, with no new evidence or national guidance emerging since it was last reviewed in October 2022. Imaging rarely changes the initial management or outcomes of people with back pain. This is because imaging findings, such as disc or joint degeneration, are common and often unrelated to symptoms. Many of these findings also appear in people without back pain. When non-specialist clinicians request imaging without suspicion of serious pathology, it can cause unnecessary anxiety and lead to further referrals for findings that are not clinically relevant. Unnecessary imaging can trigger additional, unwarranted investigations or treatments, including surgery, which increases the risk of harm and costs. Most patients without red flag symptoms or suspected serious pathology recover from low back pain within six weeks. NHS Derby and Derbyshire ICB have deemed that imaging should not routinely be commissioned for people with low back pain with or without sciatica unless the result is likely to change management.

GOVERNANCE POLICIES & MISCELLANEOUS INFORMATION	
Statement	**Summary**
CPAG Terms of Reference update	The CPAG Terms of Reference has been updated with the following: • Governance arrangements aligned following the renaming of the Population Health and Strategic Commissioning Committee includes updated Stakeholder Map. • Links to documents available on the Joined Up Care Derbyshire website. • Clarified the NICE outputs considered include Health Technology Assessments (HTAs) and Early Value Assessments (EVAs).
Individual Funding Requests (IFR) Screening Cases	CPAG reviewed the IFR Screening cases for August 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 August 2025:

IPG/MTG/DTG/HTE/MIB	Description	Outcome
IPG 793	Single-step scaffold insertion for repairing symptomatic chondral knee defects	**Standard arrangements** - Requires a robust, evidenced based business case to the commissioner which is subsequently approved prior to being undertaken.
HTE 31 – LSA	Transcatheter heart valves for transcatheter aortic valve implantation (TAVI) to treat aortic stenosis: late-stage assessment	**Standard arrangements. To note:** • There is insufficient evidence to justify price differences between transcatheter heart valves for TAVI in adults with aortic stenosis. • NHS trusts should offer a range of valves to ensure clinical suitability, and where more than one is appropriate, the least expensive option should be used. • Details of everyone having the procedure should be entered into the UK TAVI registry.
HTE 32 – LSA	Compression products for treating venous leg ulcers: late-stage assessment	**Standard arrangements – To note:** • Price variation for compression wraps over other compression products is not justified unless they are the only suitable option. • Price variation for compression hosiery over bandaging is justified when clinically appropriate and aligned with patient preferences. • NHS providers must offer a range of compression products to ensure appropriate choices are available for all patients with venous leg ulcers. • Product selection should be a shared decision between the healthcare professional and the patient, considering how the choice affects daily activities, treatment adherence, physical and mental wellbeing, and support from carers.
HTE 33 - LSA	Bed frames for adults in acute medical or surgical hospital wards: late-stage assessment	**Standard arrangements – To note:** • There is insufficient evidence to justify price differences for optional features such as weighing scales, bed exit alarms, turn assistance, power drive, and connectivity. • Procure hospital bed frames for acute medical and surgical wards with standard features including anti-migration design, low height adjustment, ergonomic brakes, and steering assistance. • Select bed frames based on patient safety, staff usability, compatibility with existing equipment, life-cycle costs, and sustainability. • If multiple suitable models are available, choose the least expensive option.

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.