

## 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
<a href="#">Hypertrophic and Keloid Scar Reduction Policy</a> (Full routine review)	<p>The DDICB policy on Hypertrophic and Keloid Scar Reduction remains unchanged, with no new evidence or national guidance has emerged since it was last reviewed in September 2022.</p> <p>The following minor amendments have been made to the policy:</p> <ul style="list-style-type: none"> <li>Policy name updated to specify covered scar types</li> <li>Terminology changed from 'procedures of limited clinical value' to 'evidence based interventions'</li> <li>New Section 4 on Personalised Care, covering shared decision making, supported self-management and decision support tools in line with NHS Long Term Plan priorities</li> </ul> <p>Damage through the full thickness of the skin undergoes a healing process that involves the formation of a scar. Scars can become slightly thick and raised. This is called a hypertrophic scar. Occasionally scars can overgrow the original area of trauma and become larger than the original wound. These types of scars are called Keloid Scars.</p> <p>Hypertrophic scars do not grow beyond the boundary of the original wound but can become thicker. This type of scar can continue to thicken for up to six months after the initial trauma to the skin. Hypertrophic scars are initially red and raised but eventually become paler and flatter after several years. Unlike hypertrophic scars keloid scars can develop after very minor skin damage and sometimes spontaneously without any trauma. Keloid scars continue to grow to become raised, tender and itchy even after the wound has healed.</p>
<a href="#">Psychological Interventions for Irritable Bowel Syndrome (IBS)</a> (New Position Statement)	<p>Following a policy assurance exercise against comparator ICBs, CPAG agreed to a new 'Not routinely commissioned' position statement for psychological therapies where Irritable Bowel Syndrome (IBS) is the primary diagnosis, due to low quality evidence.</p> <p>Background</p> <ul style="list-style-type: none"> <li>IBS is a common condition that affects the digestive system, with symptoms including abdominal pain, bloating, diarrhoea and constipation.</li> <li>The exact cause is unknown but may relate to altered gut motility, hypersensitivity, infection, stress, or family history.</li> <li>Psychological Interventions for IBS include cognitive behavioural therapy (CBT), hypnotherapy and/or psychotherapy; however, current evidence for their effectiveness is weak.</li> </ul>

### GOVERNANCE POLICIES & MISCELLANEOUS INFORMATION

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

IPG/MTG/DTG/HTE/MIB	Description	Outcome
IPG806	<a href="#">Pulsed-field ablation for atrial fibrillation</a>	<b>Standard arrangements</b> – Requires a robust, evidenced based business case to the commissioner which is subsequently approved prior to being undertaken
HTE28 - LSA	<a href="#">Intermittent urethral catheters for chronic incomplete bladder emptying in adults: late stage assessment</a>	<b>Standard arrangements</b> – Requires a robust, evidenced based business case to the commissioner which is subsequently approved prior to being undertaken. As there is not enough evidence to determine whether price variation is justified between different intermittent urethral catheters for chronic incomplete bladder emptying in adults.
HTE29 - LSA	<a href="#">One-piece closed bags for colostomies: late-stage assessment</a>	<b>Standard arrangements</b> – Requires a robust, evidenced based business case to the commissioner which is subsequently approved prior to being undertaken. As there is not enough evidence to determine whether price variation is justified between different one-piece closed bags for adults with a colostomy.
HTE30 - EVA	<a href="#">Digital front door technologies to gather service user information for NHS Talking Therapies for anxiety and depression assessments: early value assessment</a>	<b>Standard arrangements</b> – Requires a robust, evidenced based business case to the commissioner which is subsequently approved prior to being undertaken including how the evidence outlined in the <a href="#">evidence generation plan for Limbic Access and Wysa Digital Referral Assistant</a> is being generated

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.