

Clinical Policy Advisory Group (CPAG)

CPAG DECISION MAKING DURING THE COVID PANDEMIC

CPAG DECISION MAKING DURING THE COVID-19 PANDEMIC – UPDATED MAY 2021

Following a recent review, and in light of the successful COVID-19 vaccination programme, it has been agreed that CPAG meetings, commencing 15th July 2021, will be held on a three-monthly basis via MS Teams. These will be for items that require an in-depth discussion. For those monthly meetings which fall in-between we will continue to circulate routine papers for virtual agreement. This arrangement will continue to be monitored in accordance with the CCGs Business Continuity levels and the COVID-19 pandemic.

CLINICAL POLICIES UPDATED PROCEDURES OF LIMITED CLINICAL VALUE POLICIES

Research evidence shows that some interventions are not clinically effective or only effective when they are performed in specific circumstances. The purpose of the Procedures of Limited Clinical Value (PLCV) policy is to clarify the commissioning intentions of the Clinical Commissioning Group (CCG). The CCG will only fund treatment for clinically effective interventions that are then delivered to the appropriate cohort of patients.

| Clinical Policy | Key Changes |
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| Arthroscopic Shoulder Decompression for Subacromial Shoulder Pain Policy | <p>DDCCG, in line with its principles for procedures of limited clinical value has deemed that Arthroscopic Shoulder Decompression for Subacromial Shoulder Pain should not routinely be commissioned.</p> <p>As the DDCCG Arthroscopic Shoulder Decompression for Subacromial Shoulder Pain Policy is aligned with National Guidance, and as no new significant evidence has been published since the policy was last reviewed in June 2019, the clinical criteria remain unchanged.</p> <p>Arthroscopic subacromial decompression is a surgical procedure that involves the decompression of the sub-acromial space in the shoulder by removing bone spurs and soft tissue arthroscopically. 'Pure subacromial shoulder impingement' means subacromial pain not caused by associated diagnoses such as rotator cuff tears, acromio-clavicular joint pain or calcific tendinopathy. Non-operative treatments, such as physiotherapy and exercise programmes, are effective and safe in many cases.</p> |
| Laser Treatment Policy for Skin Conditions | <p>The following changes have been made to the policy:</p> <ul style="list-style-type: none"> • Laser Therapy is recommended as the treatment of choice for port wine stains in children • Laser or surgical treatment for infantile haemangiomas is not routinely commissioned except in the following circumstances: <ul style="list-style-type: none"> ○ Treatment of residual redness after natural resolution or medical treatment has failed to clear it. ○ Ulceration not responding to medical therapy. <p>Laser treatment is used to treat many skin conditions and congenital defects, including vascular and pigmented lesions and the removal of tattoos and scars.</p> |
| Circumcision Policy | <p>DDCCG, in line with its principles for procedures of limited clinical value has deemed that the circumcision of adults and children should not routinely be commissioned unless the criteria within this policy are met.</p> <p>As the DDCCG Circumcision Policy is aligned with National Guidance, and as no new significant evidence has been published since the policy was last reviewed in March 2019, the clinical criteria remain unchanged. This policy covers male children and adults. Circumcision in children should not be considered on an 'on request' basis and is not indicated in a normal foreskin.</p> <p>Male circumcision is a surgical procedure to remove the foreskin - it is mostly done in babies and young children but can be done at any age.</p> |
| Non-Standard MRI Scans Policy | <p>DDCCG, in line with its principles for procedures of limited clinical value has deemed that Non-Standard MRI Scans should not routinely be commissioned.</p> <p>Magnetic resonance imaging (MRI) is a type of scan that uses strong magnetic fields and radio waves to produce detailed images of the inside of the body. Increasing rates of obesity in the general population, and the increasing availability of different types of scanner, coupled with an increase in general MRI demand, has led to an increase in requests for non-conventional MRI scans. It is therefore the aim of the policy to target use of non-conventional MRI scans to those patients who will derive the most benefit.</p> <p>The following minor amendments have been made to the policy:</p> <ul style="list-style-type: none"> • Addition of Appendix 3 – type of scanner • Sections on Claustrophobia, Obesity, Other Clinical Guidelines has been moved to Appendix 4,5,6, respectively • Removal of section which lists providers of Open MRI Scanners <p>As the DDCCG Non-Standard MRI Scans Policy is aligned with National Guidance, and as no new significant evidence has been published since the policy was last reviewed in March 2021, the clinical criteria remain unchanged.</p> |

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| Photodynamic Therapy for Management of Central Serous Chorioretinopathy (CSCR) Policy | <p>DDCCG, in line with its principles for procedures of limited clinical value has deemed that Photodynamic Therapy for the Management of Central Serous Chorioretinopathy (CSCR) should not routinely be commissioned.</p> <p>As the DDCCG Photodynamic Therapy for Management of Central Serous Chorioretinopathy (CSCR) Policy is aligned with National Guidance, and as no new significant evidence has been published since the policy was last reviewed in March 2019, the clinical criteria remain unchanged.</p> <p>Central serous chorioretinopathy (CSCR) is characterized by a serous detachment of the neurosensory retina in the macular region. CSCR can be defined as Acute or Chronic. Acute tends to resolve spontaneously within 3-6 months whilst Chronic is present for longer than 3-6 months. Photodynamic therapy (PDT) is a treatment that involves light-sensitive medicine (verteporfin) and a light source to destroy abnormal cells.</p> |
| Trigger Finger Release in Adults Policy | <p>Derby and Derbyshire CCG, in line with its principles for procedures of limited clinical value, has deemed surgery for trigger finger release should not routinely be commissioned unless specific criteria are met.</p> <p>As the DDCCG Trigger Finger Release in Adults Policy is aligned with National Guidance, and as no new significant evidence has been published since the policy was last reviewed in November 2019, the clinical criteria remain unchanged.</p> <p>Trigger finger is a painful condition in which a finger or thumb clicks or locks as it is bent towards the palm. Trigger digit occurs when the tendons which bend the thumb/finger into the palm intermittently jam in the tight tunnel (flexor sheath) through which they run. It may occur in one or several fingers and causes the finger to "lock" in the palm of the hand.</p> |
| Removal of Benign Skin Lesions Policy | <p>Derby and Derbyshire CCG (DDCCG) in line with its principles for procedures of limited clinical value has deemed the removal of benign skin lesions should not routinely be commissioned.</p> <p>The following minor amendment has been made to the policy: Removal of criterion "which become inflamed on a regular basis" from the skin tags criteria in Section 3 – Recommendations, as it is repeated in the second list of criteria.</p> <p>Removal of benign skin lesions means treating asymptomatic lumps, bumps or tags on the skin that are not suspicious of cancer.</p> |
| Surgical Removal of Epidermoid and Pilar Cysts Policy | <p>Derby and Derbyshire CCG has deemed that the surgical removal of epidermoid/pilar (sebaceous) cysts should not routinely be commissioned, unless certain criteria are met.</p> <p>The following minor amendment has been made to the policy:</p> <ul style="list-style-type: none"> Removal of TYPO - extra word on in criteria 2 of recommendation |
| Treatment of Congenital Pigmented Lesions on the Face Policy | <p>Derby and Derbyshire CCG has deemed that the treatment of congenital pigmented lesions of the face should not routinely be commissioned unless ALL of the criteria in the policy are met.</p> <p>The following minor amendment has been made to the policy: The wording "Clinician should consider Gillick competence as part of the assessment process" has been added as a footnote to the criteria"</p> <p>Congenital pigmented lesions are coloured marks on the skin that are present at birth or soon afterwards. Most are harmless and disappear without treatment, but some may need to be treated. These lesions are also known as pigmented birthmarks.</p> |

MISCELLANEOUS INFORMATION

| Statement | Summary |
|---|---|
| Update to Glossop Transition for Clinical Policies | <p>The NHS Planning Guidance released on 24th December 2021 has confirmed that the target date for the establishment of the new Integrated Care Board (ICB) will now be 1st July 2022. This replaces the previous target date of 1st April 2022, subject to confirmation with NHSE this may affect the Glossop transition.</p> <p>Discussion with Glossop and Derby & Derbyshire CCGs respectively are ongoing regarding the risk of equitable commissioning.</p> <p>Clarity on seeking legal advice is being sought on the common principles that apply.</p> |
| Interim and Full CPAG Terms of Reference (ToR) | <p>The Interim and Full CPAG Terms of Reference (ToR) have been reviewed and approved for a further year.</p> <p>Due to the current Covid-19 pandemic interim CPAG ToR have been devised to ensure that there is continuity of CPAG meetings during these extraordinary times. The increased pressures that are currently being experienced by the CCG and providers has necessitated the need to temporarily modify existing arrangements for the running of CPAG meetings and the work-up behind the review/production of clinical policies taking into consideration that the CCG is currently operating at Business Level 4, the core membership, reporting mechanisms and Governance and system wide stakeholder engagement.</p> |
| East Midlands Affiliated Commissioning Committee (EMACC) Update | <p>East Midlands Affiliated Commissioning Committee (EMACC) is a joint committee made up of individual CCGs from across the East Midlands region which enables the CCGs to work collaboratively on the development and maintenance of new and existing policies which CCGs have responsibility for commissioning.</p> <p>Due to the implementation of Integrated Care Boards (ICBs) it has been suggested that whilst there may be opportunities for wider regional collaboration across ICBs, this will be arranged on an ad hoc basis. EMACC will inform all East Midland CCGs of this decision. EMACC is intending to complete the work on the Gamete Storage Policy, subject to the involvement of others across the region.</p> |

NICE INTERVENTIONAL PROCEDURES GUIDANCE, DIAGNOSTIC PROCEDURES, MEDICAL TECHNOLOGIES GUIDANCE AND MEDTECH INNOVATION BRIEFINGS (IPGS, DTG, MTGS, MIBS)

The DDCCG does not commission and will not fund any procedure or technology assessed by NICE under their IPG, MTG, DTG and MIB 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.

The following NICE programme outputs were noted by the group for the month of November 2021

| IPG/MTG/DTG/MIB | Description | Outcome |
|------------------------|---|--|
| IPG711 | Percutaneous implantation of pulmonary artery pressure sensors for monitoring treatment of chronic heart failure | Standard arrangements – requires the provider to submit a robust, evidence-based business case to the commissioner |
| IPG712 | Coronary sinus narrowing device implantation for refractory angina | Special arrangements – DDCCG do not commission |
| DG44 | SeHCAT (tauroselcholic [75 selenium] acid) for diagnosing bile acid diarrhoea | NICE recommends further research – DDCCG do not commission |
| MTG61 | Synergo for non-muscle-invasive bladder cancer | |
| MIB277 | 24/7 EEG SubQ for epilepsy | Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval |
| MIB278 | clonoSEQ for minimal residual disease assessment in multiple myeloma, acute lymphoblastic leukaemia and chronic lymphocytic leukaemia | |
| MIB279 | CerebAir for continuous EEG monitoring in intensive care | |
| MIB280 | Paige Prostate for prostate cancer | |

Our CCG continues to monitor and implement IPGs with our main providers.