

Clinical Policy Advisory Group (CPAG)

CPAG DECISION MAKING DURING THE COVID PANDEMIC

CPAG DECISION MAKING DURING THE COVID PANDEMIC – UPDATED MAY 2021

Following a recent review, and in light of the successful COVID 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 pandemic.

The TOR have been updated to reflect the reduced function and activity of CPAG. The interim arrangements can be found on the Derby and Derbyshire CCG (DDCCG) Clinical Policies website: http://www.derbyshiremedicinesmanagement.nhs.uk/assets/Clinical-Policies/CPAG/CPAG_TOR/COVID-19_Interim_CPAG_ToR.pdf

PRIOR APPROVAL UPDATED

Prior Approval (PA) is an assurance mechanism used by DDCCG to ensure that the clinical criteria listed within the Procedures of Limited Clinical Value (PLCV) policies are met. Through CPAG, DDCCG has collaborated with stakeholders to remove any unnecessary administration burden. A useful summary can be found on the DDCCG Clinical Policies website:

<http://www.derbyshiremedicinesmanagement.nhs.uk/clinical-policies-home/clinical-policies>

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									
Dilatation and Curettage (D&C) for Heavy Menstrual Bleeding in Women Policy	<p>As the DDCCG Dilatation & Curettage (D&C) policy is aligned to National Guidance and as no significant evidence has been published since the policy was last reviewed and updated in November 2019, the DDCCG position not to commission this procedure remains unchanged.</p> <p>D&C is a minor surgical procedure where the opening of the womb (cervix) is widened (dilated) and the lining of the womb is scraped out (Curettage).</p>									
Ganglion Cysts Policy	<p>Surgery for Ganglion Cysts should not routinely be commissioned unless the Ganglion Cysts are classified as SEVERE and one of the following apply:</p> <ul style="list-style-type: none"> - Severe pain - Restriction of activities of daily living - Concern over the diagnosis <p>As the DDCCG Ganglion Cysts Policy is aligned with National Guidance and no new significant evidence has been published since the policy was last reviewed in 2019 the policy criteria remain unchanged.</p> <p>Ganglion cysts are the commonest type of swelling in the hand and wrist. They contain a thick clear fluid and can arise in a variety of structures. There are four common locations in the hand and wrist - in the middle of the back of the wrist (from the scapholunate ligament), on the front of the wrist at the base of the thumb (from the wrist joint), at the base of a finger on the palmar side (from the tendon sheath), and on the back of an end joint of a finger (from the end joint). Ganglion cysts are harmless, and many disappear spontaneously.</p>									
Dupuytren's Contracture	<p>As the DDCCG Dupuytren's Contracture Policy is aligned with National Guidance and as no new significant evidence has been published since the policy was last reviewed in 2019 the policy criteria remain unchanged.</p> <p>Patients should be referred in the first instance to the musculoskeletal Clinical Assessment and Triage Service (MSKCATS), where further clinical input is required.</p> <p>Onward referral to Secondary Care can be completed by MSK-CATS if deemed necessary. Management of Dupuytren's Contracture will depend on the stage of the disease and the CCG will only fund treatment for Dupuytren's Contracture according to the three stages described below.</p> <table border="1"> <thead> <tr> <th>Severity</th> <th>Symptoms</th> <th>Treatment</th> </tr> </thead> <tbody> <tr> <td>Mild</td> <td> <ul style="list-style-type: none"> • No functional problems • No contracture or mild MCP contracture (<30°) </td> <td> <ul style="list-style-type: none"> • No treatment beyond reassurance and observation </td> </tr> <tr> <td>Moderate</td> <td> <p>Functional problems interfering with daily living and one of the following: Moderate MCP contracture (>30°<60°)</p> <ul style="list-style-type: none"> • Moderate PIP contracture (>30°) • First web contracture </td> <td> <ul style="list-style-type: none"> • Needle fasciotomy for MCPJ contracture • Referral for limited fasciotomy if rapidly progressing </td> </tr> </tbody> </table>	Severity	Symptoms	Treatment	Mild	<ul style="list-style-type: none"> • No functional problems • No contracture or mild MCP contracture (<30°) 	<ul style="list-style-type: none"> • No treatment beyond reassurance and observation 	Moderate	<p>Functional problems interfering with daily living and one of the following: Moderate MCP contracture (>30°<60°)</p> <ul style="list-style-type: none"> • Moderate PIP contracture (>30°) • First web contracture 	<ul style="list-style-type: none"> • Needle fasciotomy for MCPJ contracture • Referral for limited fasciotomy if rapidly progressing
Severity	Symptoms	Treatment								
Mild	<ul style="list-style-type: none"> • No functional problems • No contracture or mild MCP contracture (<30°) 	<ul style="list-style-type: none"> • No treatment beyond reassurance and observation 								
Moderate	<p>Functional problems interfering with daily living and one of the following: Moderate MCP contracture (>30°<60°)</p> <ul style="list-style-type: none"> • Moderate PIP contracture (>30°) • First web contracture 	<ul style="list-style-type: none"> • Needle fasciotomy for MCPJ contracture • Referral for limited fasciotomy if rapidly progressing 								

Severe	Severe functional impairment and one of the moderate conditions from above along with the following must apply: <ul style="list-style-type: none"> Severe contracture of both metacarpo-phalangeal (>60°) joint and proximal inter-phalangeal joint (>30°) 	<ul style="list-style-type: none"> Limited Fasciectomy Dermafasciectomy
---------------	---	---

Dupuytren's contracture is 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. Dupuytren's contracture mainly affects the ring and little fingers and can affect more than one finger and it can occur in both hands at the same time. It tends to get slowly worse over many months or years. Treatment cannot usually help in the early stages, and it is not known if it can be prevented from occurring or reoccurring. Treatment aim is to restore hand function and prevent progression, as the underlying disease will remain.

CPAG WEBSITE DEVELOPMENT & ELECTRONIC REFERRAL SERVICE TEMPLATES

The Electronic Referral Service (ERS) PLCV referral form templates are being reviewed and updated to accurately reflect the current policies and are now available on the Clinical policies website. We actively encourage feedback which should be sent to the PLCV inbox at PLCV.priorapproval@nhs.net

MISCELLANEOUS INFORMATION

Statement	Summary
IFR Decision making process for Glossop residents from 1st April 2022	It has been agreed that Glossop residents will transfer and become part of the Derbyshire ICS from 1 st April 2022. As of 1 st April 2022, all IFR requests for those patients registered with a Glossop practice will be processed by the Derbyshire ICS. There will no new contractual agreements and the CCG will be an associate to the lead commissioner (i.e. no Derbyshire policies in contracts) Engagement/communications will be sent out to stakeholders e.g., providers and practices, informing them of the DDCCG IFR, Prior Approval and Cosmetic process for Derby & Derbyshire residents. As part of the preparation for transfer, monthly reports together with a list of ongoing/historical cases have been requested from Tameside & Glossop CCG.

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 October

IPG/MTG/DTG/MIB	Description	Outcome
IPG708	Genicular artery embolisation for pain from knee osteoarthritis	Research – DDCCG do not commission
IPG709	Laparoscopic renal denervation for loin pain haematuria syndrome	Research – DDCCG do not commission
IPG710	Percutaneous endovascular forearm arteriovenous fistula creation for haemodialysis access	Special arrangement – DDCCG do not commission
MTG60 – replaces MIB196	DyeVert Systems for reducing the risk of acute kidney injury in coronary and peripheral angiography	NICE recommends further research – DDCCG do not commission

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

NHS ENGLAND INNOVATION AND TECHNOLOGY PAYMENTS (ITP)

The DDCCG have no statutory duty to fund the additional costs associated with the implementation of NHS England's Innovation and Technology Payment innovations.