

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/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/plcv>

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 right patients.

Clinical Policy	Key Changes
Lycra body suits for postural management of cerebral palsy and other musculoskeletal/neurological conditions Policy	<p>Lycra body suits will not be funded in adults, unless the patient has been transferred from the paediatric service and ongoing benefit from the lycra garment is demonstrated.</p> <p>Cerebral palsy is the name for a group of lifelong conditions that affect movement and co-ordination for which there is no cure. A feature of cerebral palsy is the alteration of muscle tone - too much or too little tonicity which can possibly be addressed using Lycra Suits. The goals of providing suits includes addressing muscle tone but also reducing contracture of muscle and soft tissue, and improving postural alignment, proximal stability, and upper limb movements.</p> <p>As no new evidence has been published since the policy was last reviewed and updated in September 2018 which would support a major update of the policy there have been no clinical changes made to the current policy which states that Lycra Body Suits should not be routinely commissioned unless the following circumstances apply:</p> <ul style="list-style-type: none"> • The patient is on an orthotics, occupational therapist, or physiotherapist caseload • The patient has cerebral palsy or similar condition with significantly abnormal postural muscle tone • Other interventions have been trialled without success <p>This policy specifically applies to children under the age of 18.</p>
Cataract Surgery	<ul style="list-style-type: none"> • There have been no clinical changes made to the policy • There remains separate criteria for First and Second Eye Cataracts • Currently there are two separate policies: Cataract Surgery First Eye and Cataract Surgery Second Eye. These have been combined into a single policy for ease of use <p>A cataract is an opacity (cloudy area) that forms within the lens of an eye that can reduce transparency of the lens gradually and painlessly over a period of time. Most cataracts are progressive, although the decline in visual function may be variable and unpredictable. Cataract surgery is the removal of the natural lens of the eye where the cataract has developed and its replacement with an intraocular lens. Cataract surgery has a high success rate in improving visual function, with low morbidity and mortality and a usual recovery time of 2-6 weeks following surgery.</p> <p>The following additional amendments have been made to the policy:</p> <ul style="list-style-type: none"> • Addition of statement stating that the policy is not intended to preclude Immediate Bilateral Sequential Cataract Surgery if DDCCG criteria have been met • There has been an operational change following feedback from stakeholders: <ul style="list-style-type: none"> ○ Single Referral Form for both First and Second Eye ○ Separate Referral Form for use by Optometrists for both First and Second Eye ○ With each Referral Form the criteria have remained the same

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

GOVERNANCE POLICIES

Clinical Policy	Key Changes
Individual Funding Request Policy	As a result of Covid, Public Health were unable to provide the level of support required to the IFR function including input into the IFR Screening and Panel process which resulted in an interim IFR policy and TOR being implemented. As Public Health input has now been re-instated the Interim IFR policy and Terms of Reference have been removed from the Clinical Policies website.

MISCELLANEOUS INFORMATION

Statement	Key Changes
Removal of Microsuction of Earwax Policy from the Clinical Policies website	The Microsuction of Earwax policy has been removed from the Clinical Policies website as it no longer serves a purpose as the administrative burden from Prior Approval has previously been removed through collaboration with stakeholders.
Implications of NICE Guideline 202 – Obstructive Sleep Apnoea/hypopnoea syndrome and obesity hypoventilation syndrome in over 16s	Following the publication of NICE Guideline 202 the DDCCG has reviewed its policies for Sleep Apnoea and Tonsillectomy and Adenoidectomy to ensure that the policies are still current and applicable. Whilst no changes have been made to the clinical criteria the reference to the NICE Guidance has been added to the Sleep Apnoea policy and the Tonsillectomy and Adenoidectomy policy has been cross referenced to the Sleep Apnoea policy.

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 September

IPG/MTG/DTG/MIB	Description	Outcome
IPG705	Lateral elbow resurfacing for arthritis	Special Arrangement – do not commission
IPG706	Transapical transcatheter mitral valve-in-valve implantation for a failed surgically implanted mitral valve bio prosthesis	Special Arrangement – do not commission
IPG707	Transapical transcatheter mitral valve-in-ring implantation after failed annuloplasty for mitral valve repair	Research – do not commission
MIB273	Colli-Pee for first void urine collection	Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
MIB274	PLASMA system with button electrode for electrovaporisation of the prostate	Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
MIB275	OrganOx metra for liver transplant	Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
MIB276	Carnation Ambulatory Monitor for ambulatory detection of cardiac arrhythmias	Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval

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.