

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
Fitting/Removal of Intra-uterine Contraceptive Devices and Levonorgestrel Intrauterine Systems in Secondary Care Policy	<p>A intra-uterine contraceptive device (IUCD) is a small T-shaped plastic and copper device that is inserted into a woman's uterus as a form of long-acting contraception. A levonorgestrel intrauterine system (LNG-IUS) is similar to an IUCD but releases the hormone levonorgestrel instead of copper.</p> <p>The aim of the policy is to restrict the number of IUCD's and LNG-IUS's that are fitted and removed in secondary care to allow for appropriate use of secondary care resources</p> <p>The following minor changes have been made to the policy:</p> <ul style="list-style-type: none"> • Removal of references that are outdated or are already covered by national guidance/NHS resources. • Replace "Mirena" with levonorgestrel intrauterine system (LNG-IUS) 2 based on new LARC products becoming available since the policy was last reviewed • Addition of link to the Derbyshire Medicines Management, Prescribing and Guidelines Chapter 7: Obstetrics, Gynaecology, and Urinary Tract Disorders, which lists the different LNG-IUS available on formulary. • Addition of the intervention to the policy name to provide clarity
Oraya Therapy for the treatment of Wet Age-related Macular Degeneration (AMD) Position Statement	<p>Wet age-related macular degeneration (AMD) develops when abnormal blood vessels grow into the macula. These leak blood or fluid which leads to scarring of the macula and rapid loss of central vision. Wet AMD can develop very suddenly but can be treated if caught quickly.</p> <p>Oraya Therapy is a non-invasive treatment for patients with wet Age-related Macular Degeneration. It delivers highly targeted, low-energy x-rays to the diseased area of the eye and is intended as a one-time outpatient procedure.</p> <p>The Oraya Position Statement has been updated and the following agreed:</p> <ul style="list-style-type: none"> • DDCCG commissioning stance to "not routinely commission" remains unchanged • Updated Position statement to remain on the Clinical Policies website to support with any future queries that the CPD team may receive regarding the intervention • Position Statement to be removed in 3 years-time (when it comes up for review) as it falls under NICE IPG049

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

EVIDENCE BASED INTERVENTIONS LIST2 GUIDANCE – UPDATES TO EXISTING POLICIES & POSITION STATEMENTS

The [evidence-based Interventions programme](#) was published in November 2019 and is an initiative led by the Academy of Royal Colleges to improve the quality of care. It is a joint enterprise between national partners: The Academy of Medical Royal Colleges (AoMRC), NHS Clinical Commissioners (NHSCC), the National Institute for Health and Care Excellence (NICE) and NHS England and Improvement. Created by doctors and patients it is designed to reduce the number of medical or surgical interventions as well as some other tests and treatment which the evidence tells us is inappropriate for some patients in some circumstances and can sometimes do more harm than good. As well as improving outcomes it also means that we can free up valuable resources so they can be put to better use elsewhere in the NHS.

Extensive stakeholder engagement has taken place with our main providers to confirm assurances that our provider's clinical practices are aligned to the EBI recommendations for all 31 interventions. As EBI2 has been included in the NHS standard contract contracts for 21/22, a plan has been agreed to review the 31 EBI Interventions in the following sections:

Section 1:	5 interventions require the development of new DDCCG clinical policies	Completed
Section 2:	7 interventions that are covered by pre-existing DDCCG policies/position statements that require updating	Completed
Section 3:	19 interventions regarded as pathways requiring no further clinical policies as they form part of a pathway and will be forwarded on to the appropriate teams and included in an overarching position statement This will be provided down into sub section.	3.1 – complete 3.2 -complete 3.3. pending
EBI Overarching Position Statement	Overarching Position Statement for all 31 EBI interventions	Pending

Evidence Based Interventions (EBI2) Guidance – Section 3.2. – Pathways

This section has now been reviewed and assurances received from providers stating that their practices are compliant with EBI2. No further action is required by CPAG as these interventions form part of a clinical pathway, and will be forwarded to the appropriate teams e.g. planned care, long term conditions for actioning.

<u>Section 3.2 – interventions that form part of a pathway</u>	<p><u>Gastroenterology</u></p> <ul style="list-style-type: none"> • Upper GI Endoscopy • Appropriate colonoscopy in the management of hereditary colorectal cancer • Repeat Colonoscopy <p><u>General Surgery</u></p> <ul style="list-style-type: none"> • Appendicectomy without confirmation of appendicitis • ERCP in acute gallstone pancreatitis without cholangitis
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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 July

IPG/MTG/DTG/MIB	Description	Outcome
IPG701	Inducing and maintaining normothermia using temperature modulation devices to improve outcomes after stroke or subarachnoid haemorrhage	Research only – not commissioned
MTG33 – updated from March 2017	ENDURALIFE powered CRTD devices for treating heart failure	Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
MIB265	A1 technologies for detecting diabetic retinopathy	Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
MIB266	Acumen IQ sensor for predicting hypertension risk	Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
MIB267	Health VCF for detecting vertebral compression fractures on CT scans	Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
MIB268	Trublood-prostate for triaging and diagnosing people with prostate cancer symptoms	Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
MIB258 (updated from May 2021)	Personal KinetiGraph for remote clinical management of Parkinson's disease	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.