

## 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 15<sup>th</sup> 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](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
Epidurals for all forms of Sciatica (Lumbar Radiculopathy)	<p>Epidural steroid injections are a common treatment option for many forms of lower back pain including Sciatica which is pain that is caused by irritation of the sciatic nerve.</p> <p>Following a query regarding the use of epidurals for sciatica it was identified that the current policy could be incorrectly interpreted as epidurals being commissioned for chronic sciatica</p> <p>To reduce ambiguity, the following changes have been made:</p> <ol style="list-style-type: none"> <li>The policy has been re-formatted into a position statement to reflect DDCCG's 'do not commission' stance. The rationale behind the statement has also been included in the statement.</li> <li>Commissioning statement has been changed to 'Derby and Derbyshire CCG, in line with its principles for procedures of limited clinical value has deemed that epidurals (local anaesthetic and/or steroid) for <u>all</u> forms of sciatica should not routinely be commissioned. This includes: <ul style="list-style-type: none"> <li>Epidurals for acute and severe sciatica</li> <li>Epidurals for treatment or diagnostic indications</li> <li>Epidurals by any route, including interlaminar (lumbar epidural), transforaminal (nerve root injection) and caudal routes.'</li> </ul> </li> </ol> <p><a href="http://www.derbyshiremedicinesmanagement.nhs.uk/assets/Clinical-Policies/Clinical_Policies/PLCV/ortho/epidurals_for_all_forms_of-sciatica_policy%20.pdf">http://www.derbyshiremedicinesmanagement.nhs.uk/assets/Clinical-Policies/Clinical_Policies/PLCV/ortho/epidurals_for_all_forms_of-sciatica_policy%20.pdf</a></p>

### 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](mailto: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.

The Clinical Policies Team has carried out an initial scoping exercise of all 31 interventions and broke these down into the following categories:

- intervention requiring a new restricted policy or position statement
- Existing DDCCG policy/position statement that require updating to reflect the EBI2 Guidance
- Interventions that form part of a pathway – to be included in an overarching position statement and forwarded to appropriate teams for actioning,

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, the following process has been agreed to review the 31 EBI Interventions

<b>Section 1:</b>	5 interventions require the development of new DDCCG clinical policies	Completed
<b>Section 2:</b>	6 interventions that are covered by pre-existing DDCCG policies/position statements that require updating	Completed

<b>Section 3:</b>	20 interventions regarded as pathways requiring no further clinical policies that will be forwarded on to the appropriate teams and included in an overarching position statement	Pending
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- As a general principle we have taken a pragmatic approach to align all new and updated Policies and Position statements to the NICE age limit of 16 years and over and **not the EBI proposal of 19 years and over**

**Section 2 - interventions that are covered by existing DDCCG Polices and Positions Statement have now been reviewed.**

EBI2 Intervention	DDCCG policy/Position Statements – key changes
Cholecystectomy	No changes - aligned to EBI2 proposal
Removal of Adenoids for treatment of glue ear	No changes - DDCCGs current stance on adjuvant adenoidectomies with the insertion of grommets for the treatment of glue ear is aligned to EBI2 <a href="#">DDCCG Grommets in Otitis Media with Effusion (OME) Policy</a>
Low Back Pain Imaging	Aligned to EBI2 proposal. Current position statement <a href="#">X-Ray (pain) and MRI of back for low back pain</a> (diagnostic) has been renamed to ensure that it is aligned to the intervention and the EBI2 proposal
Repair of minimally symptomatic Inguinal Hernia Policy	Aligned to EBI2 proposal - Current position statement <a href="#">Inguinal Hernia</a> has been renamed to ensure that it is aligned to the intervention and the EBI2 proposal
Lumbar Discectomy	A <b>discectomy</b> is carried out to release the pressure on your <b>spinal</b> nerves caused by a bulging or slipped disc The current Derby & <a href="#">Derbyshire CCG Position Statement: Spinal Decompression</a> has been aligned to the EBI2 proposal Key changes: <ul style="list-style-type: none"> <li>Updating into a clinical policy format, as it contains restrictive criteria</li> <li>Addition of an " exceptions section explaining that lumbar discectomy is a type of spinal decompression intervention that is an exception to the policy as it required the additional time frame of criteria of symptoms lasting 3 months (except in severe cases)</li> </ul>
Spinal Fusion for Mechanical Axial Low Back Pain	Spinal fusion is when two individual spinal vertebrae become joined together by bone formed as a result of surgery. This may involve the use of bone graft and/or surgical implants. The aim of the surgery is to stop motion at that joint in order to stabilise the joint. <a href="#">DDCC Position Statement for Spinal Fusion</a> has been updated to be more specific to: <ul style="list-style-type: none"> <li>Reflect EBI wording e.g., 'Derby and Derbyshire CCG has deemed that spinal fusion should not routinely be commissioned for people with <u>mechanical axial</u> low back pain'</li> <li>Include exclusion and exception criteria.</li> </ul> The <a href="#">Injections for Nonspecific Low Back Pain without Sciatica Including Spinal Fusion for Low Back Pain Policy</a> has been updated through the removal of the spinal fusion intervention and related information <a href="http://www.derbyshiremedicinesmanagement.nhs.uk/assets/Clinical-Policies/Clinical_Policies/PLCV/ortho/spinal_fusion_for_mechanical_axial_low_back_pain.pdf">http://www.derbyshiremedicinesmanagement.nhs.uk/assets/Clinical-Policies/Clinical_Policies/PLCV/ortho/spinal_fusion_for_mechanical_axial_low_back_pain.pdf</a> <a href="http://www.derbyshiremedicinesmanagement.nhs.uk/assets/Clinical-Policies/Clinical_Policies/PLCV/ortho/injections_for_non_specific_low_back_pain_policy.pdf">http://www.derbyshiremedicinesmanagement.nhs.uk/assets/Clinical-Policies/Clinical_Policies/PLCV/ortho/injections_for_non_specific_low_back_pain_policy.pdf</a>

**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 May

IPG/MTG/DTG/MIB	Description	Outcome
IPG694	Permanent His-bundle pacemaker implantation for treating heart failure	Research – not commissioned
MIB258	<a href="#">Personal KinetiGraph for remote clinical management of Parkinson's disease</a>	Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
MIB259	<a href="#">Axonics sacral neuromodulation system for faecal incontinence</a>	Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
MIB260	<a href="#">KODEX-EPD for cardiac imaging during ablation of arrhythmias</a>	Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
MTG58 This guidance replaces MTG26.	UroLift for treating lower urinary tract symptoms of benign prostatic hyperplasia	Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
MTG32 (updated from Feb 2017)	HeartFlow FFRCT for estimating fractional flow reserve from coronary CT angiography	Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
MTG20 (updated from Nov 2014)	Parafricta Bootes and Undergarments to reduce skin breakdown in people with or at risk of pressure ulcers	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.