NHS
Derby and Derbyshire
Clinical Commissioning Group

Minutes
Clinical Policy Advisory Group

Thursday 19th December 2019
9.30 – 12.00 Room 2, Cardinal Square, Derby

CONFIRMED

Present:	**Initial**	**Title**
Steve Hulme (Chair)	SH	Director of Medicines Management & Clinical Policies (DDCCG)
Dr. Ruth Gooch	RG	GP Clinical Lead (DDCCG)
Dr Carolyn Emslie	CE	GP & Prescribing Lead (DDCCG)
Robyn Dewis	RD	Consultant in Public Health Medicine (Derby City Council)
Helen Moss	HM	Individual Decisions & Project Manager (DDCCG)
Niki Bridge	NB	Assistant Director of Finance (DDCCG)
Slak Dhadli	SD	Assistant Director of Clinical Policies (DDCCG)
Laura Harmer	LAH	Administrative Assistant for IFR/clinical policies (DDCCG)
Tom Goodwin	TG	Head of Medicines Management and Clinical Policies and Decisions (DDCCG)
Lisa Howlett	LH	Head of Quality and Governance Chesterfield Royal
Lee Webb	LW	Senior Acute Contract Reconciliation Manager (DDCCG)
Anne Hayes	AH	Consultant in Public Health (Derbyshire County Council)

Ref:	**Item**	**Action**
1	**Declaration of Interest**	
CPAG /19/63	The Chair reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings that may conflict with the business of the CCG. Declarations made by members of CPAG are listed in the CCG's Register of Interests. The Register is available either via the Secretary to the Governing Body or the CCG's website. There are no declarations of conflicts of interest for today's meeting.	
2	**Welcome, Introductions, Apologies, Quoracy**	
CPAG /19/64	SH welcomed everyone to the meeting. Apologies noted for Dr Buk Dhadda (GP Clinical Lead), Parminder Jutla (Formulary and Policy Manager DDCCG), Amanda Bradley (Individual Decisions & Project Officer SDCCG), Helen Wilson (Deputy Director of Contracting & Performance DDCCG) and Siobhan Foxon (Assistant Director Planned Care & Cancer DDCCG) (SF)	
3	**Minutes and Key Messages from the last meeting**	
CPAG /19/65	November minutes agreed as accurate **Action:** • Submit to CLCC for ratification • Upload to website once ratified	 PJ LH
4	**Matters Arising/Summary**	

CPAG /19/66	**4a. Review of PLCV Policies Requiring Prior Approval (PA): ENT/Dermatology Policies** TG presented to CPAG that in the course of updating PLCV policies requiring PA, we have identified several PLCV policies/ Blueteq form issues that require alignment. We have also been receiving numerous PLCV related queries from clinicians, particularly around the misalignment of the policies to the forms and around the criteria/ recommendations being unclear. Due to the scale of the work involved it has been decided that CPAG will review each section of PLCVs requiring PA at each meeting. CPAG agreed when reviewing PLCV policies, the associated Blueteq form and referral letter template will also need reviewing and presenting at CPAG for discussion and approval. ENT and dermatology will be reviewed at next meeting. **Action:** Update Adult Snoring Surgery in the Absence of Obstructive Sleep Apnoea Policy on website to the "procedures listed below are NOT routinely commissioned" **4b. Mechanical Insufflation-Exsufflation (Cough Assist) Policy Query** CPAG discussed the queries received from various organisations around the use of Mechanical Insufflation-Exsufflation devices. CPAG agreed that once a policy has been reviewed and ratified any requests to review more literature will be managed by referring the requesting organisation/clinician to the policy on the website.	LH
5.	**Workplan/Action Tracker**	
CPAG /19/67	CPAG noted the progress made on the action tracker. Definition of 'social' within the IUI policy – request for a definition has been made to NICE. NICE have acknowledged the query. CPAG are waiting for a response. NICE Success rates of IUI query – NICE have been contacted and have acknowledged the request for further information. CPAG are waiting for a response. Hydroxychloroquine – Add to March 2020 CPAG meeting agenda **Work plan** CPAG agreed to bring the work plan back quarterly for progress update. **Action:** Give Stakeholders (clinicians) 6 months to review policies on clinical polices tracker	PJ
6.	**Bulletin**	
CPAG /19/68	CPAG approved the bulletin. Approval given for the bulletin to be uploaded to the website (public domain) once ratified at CLCC **Action:** • Send bulletin to January CLCC for ratification	PJ
7.	**Clinical Policies Reviewed**	
CPAG /19/69	**7a injections for non-specific low back pain** TG asked CPAG to discuss whether the policy titled 'Injections for Nonspecific Low Back Pain without Sciatica Including Spinal Fusion for Low Back Pain' should include injections for sacroiliac joint dysfunction. In April 2019, the Injections for Nonspecific Low Back Pain without Sciatica Including Spinal Fusion for Low Back Pain Policy was updated. The update involved the	

	policy's alignment with the NHS EBI policy. During the policy update a query on whether the policy should include sacroiliac joint (SIJ) dysfunction has been brought to CPAGs attention. The policy requires clarity as to how the current policy is interpreted. CPAG discussed the differences between the EBI and the NICE evidence. It was noted that clinicians at both Derby and Chesterfield wish to use the injection as it gives a good outcome for the patient. CPAG agreed to accept the changes and bring SIJ dysfunction back to the February meeting following further information from CRHFT Consultant and EBI data clarification. **Actions:** • Request detailed response from Matthew Morris (Consultant CRH) regarding SIJ • Remove epidurals from policy and set up a new policy to make clearer • Remove Radio frequency denervation from the policy • Clarify with NICE & EBI why SIJ is excluded • Policy to return to CPAG **7bi X-Ray (Pain) and MRI of Back for Low back Pain (Restricted)** TG asked CPAG to consider if the policy is required. When reviewing this policy it was noted there are no clear eligibility criteria. The only restriction to the procedure is 'Imaging should only be undertaken where there is an expectation that management may change as a result, e.g. When considering surgery.' CPAG were asked to note that we are waiting on feedback from UHDB/CRHFT clinician feedback. Policy is based on NICE CG Low back pain and sciatica in over 16s: assessment and management is the only reference used for the policy. CPAG discussed it would be useful to have a position statement for clinicians and circulate to MSK CATS as to what is the place of Xray and MRI within the pathway. **Actions:** • Remove (pain) from title • Draft position statement • Return to CPAG • Once position statement is agreed circulate to MSK CATS **7ci Carpal Tunnel Syndrome (CTS) Policy** TG presented the policy that was approved by CPAG last month. Since then CPAG have received feedback from clinicians around the criteria. It has been expressed that the DDCCG CTS Policy should follow the national NHS EBI recommendations. CPAG approved the following changes following specialist advice - the urgent referral criteria to be changed to non-urgent referral criteria via MSK CATS service. Following statement to be added in line with NICE CKS recommendations: 'Urgent referral can be made depending on clinical judgement'. **Actions:** • Policy to be updated • Complete EQIA • Ratification at CLCC • Agreed to remove urgent referral criteria • Update stakeholders	LH PJ PJ PJ/TG PJ PJ/LAH PJ PJ/TG PJ PJ PJ PJ PJ/LAH PJ/TG

	7di IVF/ICSI policy update Following on from discussions at the November CPAG meeting regarding clarification of the meaning of social objections TG asked CPAG to consider approving the addition of the following: • Minor update – policy cross referenced with IUI policy through the addition of '5.4. The option of IUI can be discussed as part of the assessment and treatment of an underlying fertility problem where the patient has social, cultural or religious objections to IVF. See the Intrauterine Insemination Policy' CPAG approved the addition of the statement and noted the changes. CPAG are awaiting a response from NICE to provide clarity on the definition of 'social objections' to IVF. NICE have acknowledged receipt of query and an update should be available at the January CPAG meeting. **Actions:** • Send paper to CLCC for ratification as minor change **PLCV and PA review** HM asked CPAG to consider if the following policies meet the requirement for PLCV requiring prior approval. CPAG were asked to discuss the following points: 1) If the PLCV policy is not restrictive is this still a valid PLCV procedure 2) If the policy is restrictive is Prior Approval still required and of added benefit 3) Do we wish to remove from challenge process Based on the a review of PLCV activity and following a number of issues that have been raised by providers in relation to the completion of Blueteq forms the intention is to carry out a review of those PLCV procedures where : a) Little change in activity/or low numbers b) Is PA still required where there is a restrictive policy c) If the policy is not restrictive should this still form part of PLCV **Hyperhidrosis** CPAG were asked to consider the removal of Hyperhidrosis from PLCV and PA as this is not a restrictive policy and does not require PA. There are very few referrals going through per year. CPAG agreed to remove from prior approval; keep on PLCV with monthly monitoring and annual review of data. Status to be reviewed once pathway group are operational **Cholecystectomy (**Gallstones) – CPAG were asked to consider if there is any added benefit for completion of PA in Gallstones. PA is not currently being approved for asymptomatic patients. Cholecystectomy activity has remained relatively unchanged over the past three years CPAG agreed to remove prior approval, keep PLCV, group discussed merit in audit to ensure correct referrals, annual audit. Planned care to review activity as part of the overall priorities and consider additional restrictive criteria if appropriate. **Gastroscopy** CPAG were asked to consider if this was a pathway, the policy does not contain criteria which are considered exceptions. The current policy contains the criteria for gastroscopy from the treatment pathway. CPAG agreed to remove from PLCV, if an alternative assurance process is in place.	PJ

	Majority of referrals are internally within secondary care. The decision of CPAG is that gastroscopy is neither a procedure of limited clinical value nor currently an appropriate prior approval. An alternative mechanism should be used to appropriately screen or triage referrals. CPAG request feedback of assurance from the Derby Derbyshire Gastro Clinical Interest Group (CIG) with the intention of removing PLCV and PA **Hernias** CPAG were asked to consider if there was any added benefit for completion of PA for Hernia given that the Trust state that they would not undertake this procedure for "symptomatic patients" and there is only one criteria. Hernia activity has also remained stable for the last 3 years. CPAG agreed to remove prior approval, but keep the PLCV policy. Group discussed the merit in audit to ensure correct referrals and annual data review. Planned care suggesting an alternative method of assurance is used to ensure the CCG intentions are adhered to - this work could be across the ICS and be part of a peer to peer review. General surgery policies to be brought to the next meeting. **Actions:** • Remove prior approval/ as above • Communication with Gastro CIG as above • Planned care to investigate audit on Gallstones to assess levels of asymptomatic patients being referred • Look into alternative method of assurance for Hernias as part of peer to peer review at planned care delivery board meeting • Communicate changes to stakeholders (Hyperhydrosis, gallstones, Hernias)	PJ/LAH TG/PJ SF PC/TG TG/PJ
8.	**Governance Policies**	
CPAG /19/70	No update this month	
9.	**Contracting and Blueteq queries**	
CPAG /19/71	**9a Clinical Policy Specification** TG asked CPAG to review and approve the drafted Clinical Policy Advisory Group Policy Specification as agreed in the November meeting • Addition of 'Derby and Derbyshire Healthcare Professional should not refer Derbyshire patients outside of Derbyshire for procedures that are not commissioned by DDCCG'. The statement has been added following recent engagement with a fertility provider clinician who expressed concerns around DDCCG's Policy not being enacted at Trust level where DDCCG is not the lead commissioner. Final form to be embedded into contract document for 20/21. CPAG discussed: • Policies inclusion in the contract • Contract enforcement • Deadlines for 20/21contract • Handover process between CPAG and the wider CCG such as contracting and finance • Relationship with contracting and planned care • Consultant to consultant contract It was noted that key stakeholders will be informed when a final version is available. CPAG agreed to bring back to matters arising at the January meeting **Action:**	

	• Contracting to review and provide feedback for January meeting • Review and agree the contractual wording of the specification • Confirm the specification can be added to the contract, which section and the implications of this action • Confirm the enforceability of the specification once in contract • Confirm the timescales to include the specification in the 20/21 contract • Cross reference with the consultant to consultant policy • Update wording to Derby and Derbyshire Healthcare professionals should adhere to the procedures that are not commissioned or commissioned with restrictions **9b Handover of contracting related queries** TG asked CPAG to discuss where the role of CPAG ends and the role of Contracting and Planned Care begin. It was agreed that: • There will be a handover process between CPAG, contracting and planned care when a policy is updated • Once a clinical policy is ratified, the implementation of the policy falls with Contracting and Planned Care with the exception of PLCV (requires a joint approach). • Contracting related queries fall under the responsibility of Contracting. The clinical policies team will advise when needed. • CPAG coversheet has been updated to include separate section for Contracting and Planned Care to action. • Contracting and Planned Care to approve wording in new CPAG coversheet template **9c Assurance for Blueteq and prior approval referral letter templates** TG updated CPAG that all ESR/Blueteq Prior Approval forms are being reviewed to ensure they are aligned to current policies. All forms have been updated and reviewed by Dr Robyn Dewis. Stakeholder engagement prior to the implementation of the updated forms by sending forms out to our main providers UHDBFT and CRHFT for clinician input and agreement. Once agreed the forms agreed will be published on Blueteq and uploaded to the Primary care systems and communications will be issued. The tables of PLCV policies on the DDCCG's Clinical Policy webpage have been updated to help provide further clarity to clinicians. There has been an addition of a column clarifying whether the policies require prior approval and if so whether primary, secondary or both primary and secondary care prior approval is required. Where necessary primary care referral templates have also been included in the table to improve transparency. Bring back completed work to January meeting. **Actions:** • Review primary/secondary table on website for accuracy • Review process and collate feedback next quarter to check for operational learnings • Update to be circulated in next Bulletin - a route for clinicians to feedback **9d PLCV policy updates** TG made CPAG aware of the changes made to some of the PLCV policies. At the request	HW/LW HW/LW HW/LW HW/LW HW/LW PJ PJ PJ LH HM HM

	of contracting: 'This procedure requires prior approval. Prior approval must be sought through Blueteq' has been added. All PLCV policies criteria is colour coded in accordance to whether the criteria listed needs to be met in Primary Care or Secondary Care or both. This includes the re-formatted policies. • Black coloured criteria to be met in Primary Care, prior to referral • Blue coloured criteria to be met in Secondary Care, prior to the procedure. MSK CATs have provided assurance that the MSK triage service no longer requires a prior approval process for trigger finger, carpal tunnel syndrome, dupuytrens contracture and ganglion cysts. MSK have confirmed that their service follows the Derby and Derbyshire PLCV commissioning intentions and have their own challenge process in place. Therefore the PLCV policies for these procedures do not have the 'This procedure requires prior approval. Prior approval must be sought through Blueteq' wording added to these four policies. MSK CATs service have provided assurance that a prior approval referral letter template no longer needs to be completed in primary care for the following procedures, due to the service having their own internal audit: • Hip and knee replacement • Hip resurfacing • Arthroscopic Knee Washout TG asked CPAG to note that there is a risk for confusion for clinicians regarding which PLCV procedures require the completion of PA referral letter templates. To help manage this risk the table of PLCV policies within the clinical policies website will be updated with an additional column specifying whether a PA referral letter template needs completing or not and the appropriate PA referral letter template will be linked into the table. This work is currently in progress. Once these PA referral letter templates are uploaded Tina Pottrell (NHS E Referral Manager SDCCG) will send out communication across to medical secretaries across Derbyshire **Action:** • Communication to primary care medical secretaries once PA referral letter work is complete **9e IUI associate providers** TG advised CPAG of the potential for associates to carry out activity included within the IUI policy. CPAG noted the update from contracting - NUH are not obliged to accept policies of associate commissioners as part of their contract and currently do not do so. No further comments noted from the group **9f Blueteq at Burton update** TG advised the group of lack of assurance around implementation of Blueteq at Burton. This has been raised a number of times in 2019. The Derby and Derbyshire Clinical policies team were asked to meet with the provider to resolve. CPAG view is as lead commissioner we should take Blueteq forward at Burton. Contracting to progress. **Action:** • Contracting to progress at January meeting	TP HW/LW

10.	**Individual Funding Request (IFR) – for information**	
CPAG /19/72	**10a Screening feedback November** HM presented November screening data to the group. Next IFR training February, date TBC. **Action:** • IFR team to circulate IFR training date once confirmed **10b IFR benchmarking paper** HM presented the results of the Ethical Decision Making (EDM) IFR benchmarking report to the group. A benchmarking exercise has been undertaken to show the position of Derby & Derbyshire CCG in comparison to the national picture. Key points to note from the national data: 1. CCGs that receive and agree high numbers of IFRs are likely to be using the IFR panel for "case by case" decision making as a substitute for good policy making or one that operates an "IFR conversion form" within their prior approval processes. 2. CCGs that receive high numbers of applications but reject most indicate that there are high rates of inappropriate referrals 3. CCGs that receive very few applications and agree none may be fettering their discretion by being too restrictive or have systems which bypass the IFR process to enable doctors to access funding. CPAG concluded no local concern from report which shows an appropriate DDCCG screening process is in place. **Action:** • Communication to CLCC that IFR reviewed data and CPAG are assured there is an efficient process, the difficulties in benchmarking within this area (National and local differences). There is a robust governance process surrounding IFR. This includes the screening process and reflective practice. CPAG has oversite on IFR training and the need for training has been identified. Training has been arranged for 2020. • Review of further learnings from data set	HB PJ HM
11.	**East Midlands Affiliated Commissioning Committee (EMACC)**	
CPAG /19/73	No update this month **Action:** • SH to contact the secretary of EMACC to raise lack of overall activity and specific request an update to IFR policy planned for December 2019	SH
12.	**CLCC updates**	
CPAG /19/74	12a. The following policies and papers ratified at December CLCC • CPAG updated Terms of Reference • Intrauterine Insemination (IUI) Policy • Comparison of Mid-Essex CCG Clinical Policies • CPAG October meeting minutes • CPAG October Bulletin **Action:** • Upload relevant papers to website	PJ/LAH
13.	**IPG updates since last meeting**	
CPAG /19/75	TG presented the following updates since last meeting <u>IPG's</u> IPG664 – research	

	DTG's DG37 - Point-of-care creatinine devices to assess kidney function before CT imaging with intravenous contrast DG38 - Rapid tests for group A streptococcal infections in people with a sore throat MIB (for advise only) MIB196 – temporarily withdrawn MIB197 - Leukomed Sorbact for preventing surgical site infection MIB198 - AmnioSense for unexplained vaginal wetness in pregnancy **Action** - Next meeting TG to complete a front coversheet	TG
	13b MedTech Funding Mandate - Consultation TG updated CPAG on the proposed NHS England and NHS Improvement MedTech Funding Mandate Policy. Summary of key points from the consultation response below: • Proposed start date April 2020 • Proposal is to update the programme annually • Obligations on commissioner and providers • Mandate Policy will create a requirement from NHS England and NHS Improvement to providers and NHS commissioners to comply • The NICE recommendations are not relevant to the organisation (e.g. a provider does not provide services to the specific patient cohort the technology supports); or • Local circumstances mean there are material differences to the NICE Resource Impact Assessment technology meaning the technology is unlikely to deliver cost savings (e.g. if there is a local tariff arrangement that makes a material difference to the savings); or • The technology requires significant upfront capital investment that does not align with the organisations' clinical or financial plans • NHS commissioners could publish policy statements, service level agreements and/or contracts which demonstrate funding is in place and that they require innovations covered by the MedTech funding mandate to be available for use, in consultation with the patient, and when recommended by NICE as part of their treatment pathway. CPAG discussed proposing a response to, acknowledging the impact from April 2020. **Action:** • Communicate consultation response to CLCC	PJ
	13c Urolift TG informed CPAG that Urolift is now part of tariff and asked CPAG to consider the implications as follows: • Urolift is now part of tariff. • As such, the CCG does not require a business case for its use • Recommend it's place in therapy is consider by planned care CPAG in agreement **Action:** • Clarify with NICE the mechanism for MTG's once in tariff	TG
14.	**Business Cases**	
CPAG /19/76	No update this month	
15.	**QIPP Pipeline**	

CPAG /19/77	No update this month	
16.	**Key messages for CLCC**	
CPAG /19/78	• IFR position • MTG mandate – we have responded • Policy updates for ratification • Carpal Tunnel update • CPAG November Minutes and Bulletin	
17.	**For information**	
CPAG /19/79	SH updated the group with the below: • Website Update • Updated CPAG ToR • Updated IUI Policy • Clinical Policies Appeal Process • October CPAG minutes • October CPAG Bulletin • October's CPAG Bulletin to be circulated to GP Practices in January 2020 via the DDCCG Membership Bulletin.	
18.	**Any other Business**	
CPAG /19/80	TG informed CPAG Biological Mesh – Stakeholder engagement update Information in the public domain No other AOB noted	

Date of Next meetings

Thursday 16th January 2020 Room 2, Cardinal Square - 09.30 – 12.00
Thursday 20th February 2020 Room 2, Cardinal Square - 09.30 – 12.00
Thursday 19th March 2020 Room 2, Cardinal Square - 09.30 – 12.00
Thursday 16th April 2020 Room 2, Cardinal Square - 09.30 – 12.00
Thursday 21st May 2020 Room 2, Cardinal Square - 09.30 – 12.00
Thursday 18th June 2020 Room 2, Cardinal Square - 09.30 – 12.00
Thursday 16th July 2020 Room 2, Cardinal Square - 09.30 – 12.00
Thursday 20th August 2020 Room 2, Cardinal Square - 09.30 – 12.00
Thursday 17th September 2020 Room 2, Cardinal Square - 09.30 – 12.00
Thursday 15th October 2020 Room 2, Cardinal Square - 09.30 – 12.00
Thursday 19th October 2020 Room 2, Cardinal Square - 09.30 – 12.00
Thursday 17th December 2020 Room 2, Cardinal Square - 09.30 – 12.00
All papers to be sent by 12 noon the week prior please