NHS
Derby and Derbyshire
Clinical Commissioning Group

Minutes
Clinical Policy Advisory Group

Thursday 16th January 2020
9.30 – 12.00 Room 2, Cardinal Square, Derby

Present:	Initial	Title
Steve Hulme (Chair)	SH	Director of Medicines Management & Clinical Policies (DDCCG)
Aaron Gillott	AG	Assistant Chief Finance Officer (DDCCG)
Dr Carolyn Emslie	CE	GP & Prescribing Lead (DDCCG)
Dr Buk Dhadda	BD	GP Clinical Lead / Governing Body Member (DDCCG)
Robyn Dewis	RD	Consultant in Public Health Medicine (Derby City Council)
Helen Moss	HM	Individual Decisions & Project Manager (DDCCG)
Parminder Jutla	PJ	Medicines Management and Clinical Policies Guidelines, Formulary and Policy Manager (DDCCG)
Slak Dhadli	SD	Assistant Director of Medicines Management and Clinical Policies (DDCCG)
Tom Goodwin	TG	Head of Medicines Management and Clinical Policies and Decisions (DDCCG)
Helen Wilson	HW	Deputy Director of Contracting and Performance (DDCCG)
Laura Harmer	LH	Administrative Assistant for IFR/clinical policies (DDCCG)

Ref:	Item	Action
1	**Declaration of Interest**	
CPAG /20/01	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. No declarations of interest declared.	
2	**Welcome, Introductions, Apologies, Quoracy**	
CPAG /20/02	SH welcomed everyone to the meeting. Apologies noted for Ruth Gooch (GP Clinical Lead), Jill Savoury (Assistant Chief Finance Officer DDCCG), Niki Bridge (Deputy Chief Finance Officer DDCCG), Anne Hayes (Consultant in Public Health Derbyshire County Council) and Siobhan Foxon, (Assistant Director of Planned Care & Cancer DDCCG).	
3	**Minutes and Key Messages from the last meeting**	
CPAG /20/03	December minutes agreed as accurate. **Action:** • Submit to CLCC for ratification • Upload to website once ratified	 PJ HB

4	Matters Arising/Summary	
CPAG /20/04	**4a. Position Statement for X-Ray & MRI for Low Back Pain** CPAG were asked to discuss and approve the newly drafted DDCCG position statement on X-Ray and MRI of Back for Low Back Pain. This replaces the unnecessary prior approval form. This drafted position statement has been forwarded to Planned Care for circulation to MSK CATS for comment/feedback. Awaiting feedback – deadline 20/01/20 CPAG approved position statement. Post meeting note- MSK CATS responded positively to the statement. **Action:** • Send to February CLCC for ratification	PJ
	4b. Clinical Policy Specification During November's CPAG meeting it was agreed that a DDCCG clinical policy specification covering current policies and processes is required. The finalised specification document would need to be embedded into the contract. HW updated the group on clinical policy specification progress: • Full specification is pending review • Currently an issue with the policy specification contradicting the main contract, which makes the contract unenforceable, specifically the 1 month notice period stated in the specification • HW provided assurance that we are within timelines for 20/21 contracts. Sign off deadline is 31/03/2020 for UHDB • BD highlighted practicality of enforcing a one month notice period with providers. It was agreed that CPAG would actively work to reduce the amount of changes to clinical polices and to ensure clinicians have the most up to date versions of clinical policies. • Contracting will provide an update on progress at February's CPAG meeting **Action:** • Contracting to review contradicting statement in policy specification by 20th January • Share draft document with providers at contract monitoring meetings • Specification to return to the February CPAG meeting	HW HW/HM HW/ TG
	4c. Review of Procedures of Limited Clinical Value (PLCV) Policies Requiring Prior Approval (PA): General Surgery & Gynaecology Following a review of PLCV policies requiring PA it has been identified that several policies are not fully aligned to the current Electronic Referral System (ERS/GP referral letter templates)/Blueteq forms. CPAG will include into their work plan to review each section of the PLCV website areas requiring PA at each relevant meeting. HM asked CPAG to note progress as follows: • PA forms have been aligned to Derbyshire CCG polices • Cholecystectomy/Gastroscopy for Dyspepsia/Inguinal Hernias have already been reviewed CPAG were asked to note that the forms for the following policies have been reviewed to accurately reflect the policy criteria and have been agreed by consultation with secondary	

	care clinicians: • Varicose Veins • Surgical Haemorrhoidectomy • Hysterectomy • Menorrhagia • Intra-uterine contraceptive Device • Mirena Coils Website Updates: CPAG approved the amendment of moving the joint memo for Hernias and Haemorrhoidectomy from the policy section into a specified area of the website and moving of Dilation & Curettage Policy to the procedures not routinely commissioned table on the website. **Action:** • Move - Hernia/ Haemorrhoid Memo and Dilation and Curettage Policy on website to reflect changes above **4d. ERS referral template assurance to CPAG** HM presented an update on the ERS referral template work outlined below. Following a number of queries from providers/GP practices regarding the alignment of the current ERS/Prior Approval forms for the PLCV policies the team have carried out a review to: 1) Ensure that forms reflect the current policy criteria 2) The policy requires primary care approval All ERS forms have been reviewed by the Consultant in Public Health Medicine and the NHS e-Referral Service Manager (DDCCG). The overall number of forms requiring prior approval has been reduced to nine. **Action:** • Once agreed inform practices of the changes and upload the forms onto the GP systems. • Update clinical policies website to reflect changes • Contact Ardens via the NHS e-Referral Service Manager to ensure that the most recent forms are being used on Arden templates within GP Practices. Outcome to be fed back at February's CPAG meeting • Inform LMC of the above changes. **4e. Intrauterine Insemination (IUI) Policy: Social objections and success rates** PJ presented NICE's response to UHDB Fertility Lead Commissioner's IUI related queries. One of the queries was the request for clarification on what is meant by social objections to IVF. NICE responded with the following statement: *I have liaised with the developers of the guideline and they have confirmed that they haven't defined the term 'social' this is down to local interpretation by individual Clinical Commissioning Groups (CCGs)'* The second query was based on what factors the success rates of IUI stated within the policy are based on. The success rates have been taken directly from NICE fertility guidelines. PJ contacted NICE for clarification on whether the rates are based on unstimulated IUI in patients with unconfirmed infertility. NICE have responded by referring back to the NICE guideline. The group discussed both points and agreed that if "social" objections remained in the	HB TP/HB HB HM HM

policy it would have to be defined. NICE and DDCCGs Engagement and public engagement managers have been unable to clarify. As a result, CPAG agreed to remove social objections to IVF from the policy's list of exceptions and add to the policy to the list of exclusion criteria as CPAG and NICE were unable to define.

CPAG are assured and accept that the success rates for IUI are based on unstimulated IUI for people with unconfirmed fertility based on the rationale explained by PJ. The rationale included the point that the success rates of IUI stated in the policy have been taken from Chapter 5 Initial advice to people concerned about delays in conception of the NICE Fertility guidelines. This chapter outlines the minimum information that people should be aware of before starting fertility investigation and treatment. This suggests that the figures are based on people with unconfirmed infertility.

Action:

- Move social objections to IVF to the policy's exclusion criteria – as above PJ
- Send updated policy to EQIA panel and then CLCC for ratification as a minor amendment PJ
- Draft response to querying UHDB Fertility Lead clinicians explaining the change made to the policy regarding social objections to IVF and the CCG's stance on the interpretation of IUI success rates unless the clinicians can provide evidence to demonstrate otherwise. PJ

4f. Output from Gastro Delivery Board
TG presented outcomes from the Gastro delivery board.
This Follows the decision in December to remove Gastroscopy from PLCV and the subsequent prior approval on the condition the two main providers, UHDBFT and CRHFT, were asked to provide assurance.

UHDBFT and CRHFT both use consultant triage to manage Gastroscopy cases and confirmed the removal of this PLCV would not affect their current process. CRHFT requested that we benchmark the Gastroscopy data. Business Informatics have advised obtaining the data would be difficult.

BD explained that historically GP's in Burton had open access to Gastroscopy services without consultant triage. We currently have no assurance from Burton that they have aligned to the Derby approach of consultant triage.
It was confirmed that Sheffield are the lead commissioner at One Health and One Health will work to Sheffield policy's.

Action:

- Confirm that Burton that can provide assurance of processes that are in place for Gastroscopy. TG
    - To return to February's CPAG meeting

4g. Query on whether injections for sacroiliac joint (SIJ) dysfunction is excluded from NICE guidance and NHS England's Evidence-based Interventions guidance
PJ provided an update on injections for SIJ dysfunction. During a policy update a query had arisen on whether the policy should include SIJ injections based on differing interpretations of the guidance documents.

PJ sought clarification from NHS England and NICE regarding their recommendations and the rationale behind their decisions to exclude/include SIJ injections.

	NHS England confirmed that SIJ dysfunction has been excluded from their guidance as their guidance focuses on non-specific lower back pain and SIJ dysfunction is a specific cause of back pain. NICE also confirmed that SIJ has been excluded from their guideline document as SIJ is considered as a pelvic joint and not a spinal joint. **Action:** • SIJ to remain excluded from the policy.	PJ
5.	**Workplan/Action Tracker**	
CPAG /20/05	CPAG noted the progress on the action tracker. CLCC actions are outstanding as CLCC meeting is delayed this month. HW provided an update on the outstanding action - Blueteq at the Burton Hospital site. There has been no further progress made since the last CPAG meeting in December. The group agreed that this issue needs raising at executive level for there to be progression. The group also agreed that the issue should be raised and discussed at CLCC. **Action:** • HW to coordinate with Zara Jones (Executive Director)/Planned Care. • Raise issue with CLCC	HW PJ
6.	**Bulletin**	
CPAG /20/06	Approval given for the bulletin to be uploaded to the website (public domain) once ratified at January CLCC meeting	HB
7.	**Clinical Policies Reviewed**	
CPAG /20/07	**7a/7b Assurance on Cosmetics and Plastics policy** Following a recent clinical query on the scar reduction policy, PJ has worked with the Specialist Plastics Nurse to reconcile the plastics/cosmetics policies with the Specialist Plastics Nurse's expertise to provide assurance that the policies content is accurate. CPAG were assured that all of the cosmetics and plastics policies are accurate with the exception of two policies: 1. Keloid Scar Reduction Policy: Whether the policy should be opened up to include hypertrophic scars • The policy was updated as a draft and circulated to UHDBFT and CRHFT stakeholders. CRH Consultant Dermatologist has confirmed they are happy with the updated policy. UHDB have provided feedback on the Keloid aspect of the policy only. UHDB have been a consultee during the recent clinical review of the Keloid Scar Reduction Policy and the same points were made and discussed at CPAG. • CPAG discussed and approved the changes made to the Scar Reduction Policy. 2. Removal of Benign skin lesions Policy: whether the policy should also include benign haemangioma at the request of the clinical nurse specialist. • CPAG agreed that this needs to be discussed with clinician stakeholders along with a literature review	

	• CPAG have agreed for the policy to return to February's CPAG meeting. RD discussed the Abdominoplasty policy. The policy's BMI criteria was updated to capture individuals who have a disabling abdominal flap. It was agreed that Abdominoplasty PLCV data would be analysed to review the effect of updating the policy. **Action:** • Scar Reduction Policy to be ratified by CLCC • Update the 'not routinely commissioned' section of the website with the exceptions • Complete literature review and consult stakeholders on haemangioma inclusion/ exclusion for Benign Skin Lesions • Review PLCV abdominoplasty data for February meeting. **7c. Hyperhidrosis** The hyperhidrosis policy is due for its periodic review. CPAG were asked to acknowledge that CPAG had previously agreed that the content of this policy fell under clinical pathways and that the policy would be deferred to CPATH (Clinical Pathways Group) once the group is established but that in the meantime CPAG will continue to review. CPAG reviewed the evidence base for the listed treatment options the doses recommended and the licensing status for the indications. • CPAG noted Propantheline dose should be replaced with a reference to the BNF as the doses varied throughout the policy. CPAG agreed that dosage should be adjusted according to the patient's individual response and tolerance up to the maximum recommended daily doses. • CPAG agreed to remove clonidine from treatment options as the clinicians agreed that they very rarely prescribe this drug for hyperhidrosis due to the drug's unpleasant side effects. The Primary Care Dermatology Society also state that Clonidine is probably of little value. CPAG were asked to note that during the consultation UHDBFT Consultant Dermatologist confirmed that she was happy with the current version of the Hyperhidrosis Policy. CRHFT clinicians have not responded and therefore the assumption has been made that they are satisfied with the policy. **Action:** • Remove Propantheline doses from policy and refer to BNF instead • Remove Clonidine from policy • Add to Guideline Group agenda for information **7d. Position statement on Spinal Decompression, Spinal Fusion & Disc Replacement** CPAG were asked to discuss and approve the newly drafted position statement on Spinal Decompression, Spinal Fusion and Disc Replacement • The policies have been updated to align with the National Evidenced Based Interventions programme – The DDCCG policies previous restriction on discectomy requires additional clarification. • The DDCCG restrictions on IPGs relate to innovative methods of conducting the procedures but not the activity itself. CPAG agreed to remove last section of statement and reword section as below: *"Spinal decompression is not routinely commissioned for patients with sciatica, unless non-*	PJ HB PJ HM PJ PJ PJ

	surgical treatment has improved pain or function, and the radiological findings are consistent with sciatic symptoms." *"Spinal fusion should not routinely be commissioned for people with low back pain ~~or as part of a randomised controlled trial~~"* CPAG approved pending the changes. **Action:** • Amend position statement as per comments above send to CLCC for information. **7e. Vaginal Pessaries – Position Statement** HM asked CPAG to consider removing the policy for vaginal pessaries from PLCV and replace with a position statement following a review of PLCV forms. HM presented data for vaginal pessaries PLCV activity. After reviewing the data CPAG agreed to remove the vaginal pessaries policy from PLCV and replace with a position statement. On the basis that the procedure is only carried out when clinically appropriate and then managed within primary care. The position statement to be drafted and approved at February's CPAG meeting. **Action:** • Draft position statement for February CPAG **7f. Elective/ Planned Caesarean Section – Position statement** CPAG were asked to consider the removal of Elective/Planned Caesarean Section from the PLCV Policy and replace with a position statement. This policy is not subject to PA and is commissioned in line with the requirements stipulated in accordance with NICE Clinical Guidance 132. CPAG discussed and considered if removing the policy would affect quality. The group concluded quality is monitored via the Local Maternity Service (LMS). CPAG agreed to remove the policy. No position statement required. **Action:** • Remove policy • Inform LMS of change • Inform CLCC **7g. Microsuction of Ear Wax –** Awaiting response from Commissioning & Development. Agenda item has been deferred to February's CPAG meeting.	TG HM HM PJ HM
8.	**Governance Policies**	
CPAG /20/08	No update this month	
9.	**Contracting and Blueteq queries**	
CPAG /20/09	**9a. Items in the 20/21 Contract Consultation** HW updated the group on contracting consultation work for 20/21. • Contracting are currently reviewing contracting values for 2020/2021 • Discussions are underway with providers to explore a fixed value approach with	

	each provider. If this was agreed further discussion would need to take place to agree the challenge processes • Contracting will provide an update at February's CPAG meeting on contracting 2020/2021 work and PLCV financial values queried/ recovered YTD • There are significant changes to the National tariff approach. Moving towards a more blended payment approach. Elective care is excluded and will have limited impact on PLCV. • National Contract consultations for next year have been published. The deadline for feedback is 17th January 2020 • Tariff consultations are published • Two new procedures are proposed within the Evidence Based Interventions Programme: Exercise ECG for Heart Disease Testing and Helmet Therapy in Plagiocephaly Treatment • Medical Technology funding mandate is currently undergoing consultation. TG confirmed CPAG have feedback. **Action:** • Circulate tariff information. The deadline for feedback on EBI is 17th January. • Feedback to contracting on tariff/contracting documentation	LH/HW SD/TG
10.	**Individual Funding Request (IFR) – for information**	
CPAG /20/10	**10a. Screening feedback December** CPAG noted IFR screening data Date for IFR training TBC – after March 2020 Action: • Circulate IFR training date once agreed **10b. IFR – Additional information requested options & policy update** HM made CPAG aware of the circumstances where additional information might be requested and proposals to update the policy to allow stop/start/pause process within IFR timelines. CPAG discussed the below: • Further wording to be added to the current IFR policy to provide clarity around the IFR process following the submission of additional information from providers in response to a request from the screening panel. • A process and timescale to be agreed for Public Health literature search in line with IFR policy timescale of 40 days • CPAG noted amendment to the wording on page 14 of the policy where it states that the "screening pair will be able to consider three options" This needs to be amended as 4 options are listed CPAG agreed for both the below processes to be implemented: • Restart the process when there is missing information on the submission o The process will restart as a new IFR on receipt of the completed form. • Pause the process when further clarification is required o Provider has 10 days to respond to additional information. Case is frozen and clock restarts when information received. Screening pair will then have an additional 10 days to make a decision. In addition, if there is no response from further information request after three months then the IFR case will be closed and the case restarted in light of receiving additional	HB

	information. CPAG agreed to review draft IFR policy document including the restart/pause/case closed processes during February's CPAG meeting. **Actions:** • Work with Public Health representatives to produce a literature search protocol and agree appropriate timelines in line with IFR timescale of 40 days • Work with Public Health representatives to produce up to date list of contacts for literature search • Anne Hayes to have an NHS email address • Draft wording including restart, pause and case closed processes and bring policy back to February's CPAG meeting • Consult on changes with IFR members • Updated IFR policy to be sent to EMACC once agreed by CPAG	HM/RD /AH AH HB TG/HM HM HM
11.	**East Midlands Affiliated Commissioning Committee (EMACC)**	
CPAG /20/11	SH updated the group on recent communications from EMACC. Following a question from the Planned Care Manager for East Midlands Affiliated Commissioning Committee regarding the DDCCG plans with the cough assist machine policy. SH informed EMACC that DDCCG have recently reviewed its current position and evidence base, and are not planning to revisit the cough assist policy based on the current evidence. The next EMACC meeting will take place on 26th March for all CCG's to discuss the current work plan. The group discussed the value of EMACC as there has been little output during the last 12 months. Future EMACC meetings for 2020: • IFR policy update • Gamete Storage • Work plan for 20/21 • PLCV criteria review for East Midlands • Cough Assist Machines **Action:** • Finance to clarify if DDCCG was invoiced for EMACC and if so the amount invoiced.	AG
12.	**CLCC updates**	
CPAG /20/12	Defer the following to February's CPAG meeting as January's CLCC meeting has been delayed • Carpal Tunnel Policy • Summary of Key updates to Prior Approval • IFR Benchmarking Report • Medtech Mandate Response to NHSE consultation • IVF minor update • CPAG November minutes • CPAG November Bulletin	
13.	**IPG updates since last meeting**	
CPAG /20/13	CPAG noted the following IPG updates since the last meeting:	

13a. December's IPGs, MTGs, DGs and MIBs

- IPG 665 – Special arrangement – DDCCG does not commission
- MTG 46 – Gammacore - Part of the ITP funding for 19/20

Contracting impact: Minor update
Implementation period: one month
Inform Trusts as follows:

- IPG 665 – Special arrangement – DDCCG does not commission - Balloon dilation for chronic eustachian tube dysfunction
- MTG 46 – Gammacore - Part of the ITP funding for 19/20

Planned care impact: Minor update
Implementation period: one month

- MTG 46 – Gammacore - Part of the ITP funding for 19/20 – Place in therapy for Cluster Headaches
- Post 19/20 funding

13b. Standard IPG assurance from NUHFT, UHDBFT

UHDBFT

CPAG were assured that the application form for a change in clinical practice requires the following information:

- Evidence of effectiveness, quality and safety (reports, randomised trials, safety assessments etc.). National standard or guidelines which encompass this change in clinical practice have been issued e.g. NICE
- Agreement with Commissioners

NUHFT

Research IPGs:
Where a new interventional procedure (NICE or otherwise) forms part of a research project, advice should be sought from the Research and Innovation (R&I) department.
Specials Arrangement IPGs
New procedures and NICE Medical Technologies with revenue consequences will only be introduced after business planning approval.
For procedures under special arrangements (NICE guidance), or no NICE guidance approval must include:

- The training/competency record of the practitioner
- Information being given to patients
- A sample consent form
- Agreement to report clinical incidents for any untoward events via the normal Trust mechanism (with copies to the Clinical Effectiveness Officer with responsibility for NICE).
- Arrangements for notification of procedures performed and the monitoring of patient outcomes.

Incident reports must be completed for any untoward events, being reported immediately via the normal Trust mechanism.
Patient outcomes must be monitored and reported regularly to the speciality and divisional governance groups. Any adverse outcomes must be highlighted to the QRSC.
All mortalities within 30 days of a new interventional procedure must be reported to the Divisional Director within 48 hours.

CPAG were assured of the governance arrangement at both Trusts noting the additional arrangements that NUHFT have for Special arrangement & Research IPGs and that by responding they have acknowledged the DDCCG policy stance is that we do not

	commission research/special IPG's. CPAG noted the amendment to coversheet to add Planned Care and contracting action boxes. CPAG have informed contracting that DDCCG have not received assurance from CRHFT. **Action:** • Contracting and Planned Care to implement coversheet action boxes • TG to forward HW communications from CRHFT– missing assurance • Raise lack of response on IPG letter at CMDG meeting - CRHFT • Contact NUHFT regarding business case prior approval for IPG's	HW/SF TG HW TG
14.	**Business Cases**	
CPAG /20/14	No update this month	
15.	**QIPP Pipeline**	
CPAG /20/15	SD provided an update on the five areas below for consideration following a consultation document published by the Staffordshire CCG's. The team are reviewing DDCCG's Policy criteria against the Staff's CCG Policy criteria to provide assurance that DDCCGs policies are as restrictive and to assess whether there are any procedures that require additional restrictions. • Assisted Conception • Hearing loss in adults • Removal of excess skin following significant weight loss • Breast augmentation and reconstruction • Male and Female Sterilisation **Action:** Summary paper to the presented at February's CPAG meeting.	PJ
16.	**Key messages for CLCC**	
CPAG /20/16	• Note changes to policies and position statements • ERS referral template alignments • Scar Reduction Policy • Minor update to IUI regarding social objections to IVF • Removal of Caesarean Section Policy • Blueteq adoption at Burton (Zara Jones and Helen Wilson to coordinate)	
17.	**For information**	
CPAG /20/17	No update this month	
18.	**Any other Business**	
CPAG /20/18	Hydroxychloroquine update at next meeting (clinical decision)	RD

Date of Next meetings

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 November 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