NHS
Derby and Derbyshire
Clinical Commissioning Group

Clinical Policy Advisory Group

Thursday 16th July 2020
Microsoft Teams
CONFIRMED

Present Virtually via Teleconference	Initial	Title
Steve Hulme (Chair)	SH	Director of Medicines Management & Clinical Policies (DDCCG)
Dr Carolyn Emslie	CE	GP & Prescribing Lead (DDCCG)
Dr Buk Dhadda	BD	GP Clinical Lead / Governing Body Member (DDCCG)
Slakahan 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)
Ruth Gooch	RG	GP Clinical Lead (DDCCG)
Niki Bridge	NB	Deputy Chief Finance Officer (DDCCG)
Anne Hayes	AH	Consultant in Public Health Derbyshire County Council
Amanda Bradley	AB	Commissioning Support Manager (DDCCG)

Ref:	Item	Action
1	**Declaration of Interest**	
CPAG /20/71	SH reminded committee members of their obligation to declare any interest they may have issues arising at committee meetings that may conflict with the business of the CCG. Declarations made by members of the CPAG are listed in the CCG's Register of Interests. The Register is available via the Secretary to the Governing Body or on the CCG's website. TG shared an updated version of the Declaration of Interest (DOI) spreadsheet with member's details and thanked everyone who had returned the completed forms. Emma Barrie has requested to be removed from the circulation list. Members agreed to remove EB off the DOI spreadsheet. TG asked members if they knew a Simon Harvey, AH confirmed that he was a Public Health Registrar who had attended a meeting previously and now was based in Derby City. It was agreed that he can also be removed from the spreadsheet as he will not be attending any future meetings. TG requested that it was noted by SH that this was an accurate record of our DOI for CPAG. SH noted action. No new declarations of interest declared. **Actions:** • AB to update spreadsheet with amendments.	AB
2	**Welcome, Introductions, Apologies, Quoracy**	

CPAG /20/729+	Apologies were noted for Robyn Dewis (Acting Director of Public Health, Derby City Council), Emma Barrie (Senior Contract Manager – Community, DDCCG), and Jill Savoury (Assistant Chief Finance Officer, DDCCG). Parminder Jutla (Medicines Management and Clinical Policies Guidelines, Formulary and Policy Manager, DDCCG), Helen Moss (Individual Decisions & Project Manager, DDCCG). SH asked if members had any objections to the meeting being recorded, none were noted.	
3	**Minutes and Key Messages from the last meeting**	
CPAG /20/73	Minutes were agreed as an accurate record of the meeting. TG assured members that any actions from the previous meeting were either on the Agenda or the Action Tracker. **Action:** • Send the approved June minutes to CLCC for ratification • Upload ratified minutes to website	TG/AB
4	**Matters Arising/Summary**	
CPAG /20/74	**4a. Cosmetic Assessment Service options paper.** TG stated that although papers 4a and 4b were interrelated it was agreed that members should look at the papers separately. TG informed members that COVID had allowed the Clinical Policies Team the opportunity to review the PLCV and CAS Services and look at system efficiencies and what benefits could be gained from process redesign. The paper had previously been presented at June's CPAG meeting where members had requested clarity regarding the process for plastic referral cases and how they were processed in Sheffield. HM has clarified that all requests go through the Prior Approval/IFR route. Comments from Steve Lloyd who is Clinical lead for the service were regarding the need to be mindful of the link to the IT support element provided by the Pathfinder solution. TG highlighted the key matters for consideration. The preferred option is for the CCG to maintain the PLCV policies whilst ownership of the service would sit with our main providers to operate a triage service. As the triage nurse works within the Plastic Surgery Department at Royal Derby Hospital this service could continue in the same format and referrals received from GPs triaged against policy. As we are assured that there is already a triage process in place within the Dermatology Department this could continue. Although, potentially there may a need to incorporate referrals from other specialities i.e. ENT and Ophthalmology. There would be no continued requirement for a specialist panel and consultants already have access to medical photographs. The preferred option could be further supported by Blueteq if there are clinical parameters and transacted for 21/22 done by contracting levers. In short, the benefit of making this change is maintaining appropriate care whilst making the process more efficient. SD reminded CPAG members that the CAS service and PLCV service doesn't sit with the CCG as a commissioning function and is more a means of facilitating administration for the providers. TG confirmed for members that Roz Puzey is employed by Royal Derby	

	Hospital but works 1 day a week for the CCG. BD agreed with SD comments and queried if there were any other existing services that this would also apply to. BD agreed the CCG should be aligning this to provider ownership but felt that that PLCV was different as this was a service that the CCG initiated due to demand and was to ensure we got a good quality evidence based service. SH confirmed he was not aware of any other services like this. BD advised interim data on activity should be reviewed once the service has been aligned to the provider, this was dependant on how the contracting process works, going forward. As the Integrated Care System (ICS) develops there may be more block contracting which may mean providers take more ownership. HW agreed that the CCG needs to think how we are going to manage processes like this in future irrespective of ICS development. The national tariff proposal for next year is to have a blended tariff to cover all the trusts activity. Contracting could look at the reduction of PLCV activity but would need to think about how we move the inappropriate activity into a system space rather than a just a CCG controlled space. Providers would need to take more ownership and the CCG might be able to use contracts to align the process, assurance and activity. This needs to be flagged as an area that required further workup. HW shared that the CAS was low risk and is governed well. The only issue would be the benign skin lesions where the organisation is high on National benchmarking data. It was suggested that quarterly data monitoring for the first year be carried out to ensure referrals do not go up or more inappropriate referrals were received. SH stated it was important to set out what standards and outputs we would expect if we were to hand these back to providers CPAG members agreed the next steps for CAS would be to have a conversation with Planned Care, Contracting, HR & Finance. **Action:** CPAG agreed to support the further actions are captured under 4b. Contracting were not overly concerned regarding the volume and cost - the CCG through contractual mechanisms to define it's expectation through any change in process. **4b. PLCV options paper** This paper was previously presented at the June CPAG meeting. The Prior Approval (PA) process has been in place since 2017, and practice is now embedded in primary and secondary care the Restoration and Recovery Phase seemed an ideal time to review the process. Comments received from Steve Lloyd (DDCCG – Medical Director) - This will need to link to the IT support element provided by pathfinders The service was set up as a QIPP scheme in 2017. The objective of the project was to provide a reduction in elective activity by putting in place a Prior Approval process for both primary and secondary care. This was to ensure that the PLCV Policy was being adhered	TG/SH

	to and procedures which did not met eligibility criteria were not being undertaken within secondary care without prior authorisation The process was implemented using two assurance mechanisms: - the e-referral service for primary care - And Blueteq for secondary care referrals. CPAG has recently undertaken an exercise to review all the PLCV procedures to see if they are still considered to be a PLCV policy and if so, if there is an added benefit for requesting Prior Approval. This exercise has seen a reduction in the number of procedures from the original 32 to 15. Alongside this the MSK CATS service has also impacted on the reduction in Prior Approval procedures as we are now assured that the MSK CATS triage service is adhering to the policy before referring on to secondary care. TG went through the key matters for consideration with CPAG members. The recommended option is for the CCG to keep the PLCV policies in place but responsibility to provide assurance that patients meet the criteria for treatment would sit with secondary care providers using the existing Blueteq system which will auto approve referrals. As there is no added benefit to operating a Prior Approval process in primary care due to the benefit being realised and the resultant behaviour change. The process will be shut down and practices would refer directly into secondary care. The CCG would still be able to monitor activity via BI and existing assurance processes to mitigate against risks (financial and efficiency). The benefit of making this change is maintaining appropriate care whilst making operational efficiencies. SD suggested that the first step would be for CPAG to agree this approach as assurance that a change will not compromise quality, safety and cost effectiveness. CPAG would be supportive of a paper going to CLCC containing key points. SD proposed that a principle paper be presented and approved at CLCC prior to the CCG approaching the acute provider. SH agreed that a paper should be presented to CLCC as part of the COVID restoration and recovery plan but suggested having a conversation with Zara Jones and Craig Cook as this links to the restoration and recovery work they are leading. TG was asked to update cover sheets for CLCC, SH will then speak to ZJ and CC ahead of the next CLCC meeting **Actions:** • SH to speak to Zara Jones (DDCCG Executive Director of Commissioning Operations) - and Craig Cook (Dep Director Commissioning Operations and Performance) prior to paper going to CLCC • TG to produce revised paper to go to CLCC to include the principles included in	SH TG

	both papers, articulate the interdependencies of the resource to other functions with the CPD team. **4c. Consultant to Consultant (PLCV exemptions)** Paper had been presented at June's meeting where BD had raised concerns regarding a potential loop hole in the policy. Policy has now been reworded and CPAG were asked to approve the amended policy. CPAG approved the policy. **Actions:** • Policy to go to CLCC for ratification • Remove Prior Approval for Hip & Knee revision • Update Website • Inform Stakeholders **4d. Tonsillectomy Policy** Policy had previously been presented at CPAG however, both CRH and UHDB responded with additional comments/feedback related to the policy's criteria. The clinicians had requested clarification and potential amendments to the policy. CPAG thanked clinicians for their engagement and asked that the response included work around's for examining throats, such as photo messages and remote monitoring plus video consultation during COVID. CPAG agreed - previously removed indications for emergency hospital admission have been added back into policy under the new 'Exclusion Criteria' section of the policy. This includes the addition of 'more than one episode of peri-tonsillar abscess(quinsy)'. CPAG approved the policy. **Actions:** • Policy to go to CLCC for ratification • Respond to stakeholders • Update policy & website **4e. Bunion - referral criteria for surgical podiatry and the referral criteria for trauma and orthopaedics** The Bunion Policy was presented to CPAG in June's meeting following a review of the policy. PJ was asked to contact the Consultant to clarify issue regarding who GPs/referrers refer to whether this is surgical podiatry or trauma and orthopaedics. Policy has been updated with the addition of 'Patients requiring surgical correction of bunions should be referred to the podiatric surgery unless day case management is not appropriate'. CE suggested the sentence "Patients requiring surgical correction of bunions should be referred to the podiatric surgery unless day case management is not appropriate" which is currently under useful resources should be put in at the beginning of the policy. Members	TG PJ/ AB PJ PJ/AB TG PJ PJ/AB

	agreed this would be more appropriate. TG to make amendments CPAG agreed the revisions to the policy. **Actions:-** • TG to amend policy as per CPAG comments. **(NB Post meeting note during stakeholder feedback clinicians advised that there was no difference between the two services)** **4f. Microsuction of earwax – removal of policy** Due to COVID-19 it had been confirmed by primary care that that new "Ear Irrigation Specification had not been launched on the 1st April 2020 as planned. No update for Microsuction of earwax development, options for CPAG are to return policy in November or remove the policy once we have agreement from the pathways group, option is to remove without agreement from pathway. CPAG members agreed to bring back to November meeting **Actions:** • Defer to November meeting • Inform Pathway Group	TG AB/TG
5.	**Workplan/Action Tracker**	
CPAG /20/75	**Action Tracker** CPAG noted actions on Tracker with the following comments • IFR training, HM will confirm date shortly – likely to take place in October, this will be a joint training session with Nottingham • Regarding Burton site and Blueteq, as far as HW is aware this issue has been shelved and has not been scheduled to be added onto the next Governance meeting. Agreed to keep this as an open action. **Work Plan** CPAG members were informed of the policies on the work plan tracker that are to be reviewed over the next six months.	
6.	**Bulletin**	
CPAG /20/76	Bulletin was approved by CPAG **Actions:** • Approved Bulletin to go to CLCC for ratification • Bulletin to be uploaded onto website once ratified by CLCC	TG PJ
7.	**Clinical Policies Reviewed**	
CPAG /20/77	7a. Hearing Aids – evidence review In February 2020, the Clinical Policies Team (CPT) ran a benchmarking exercise that involved the comparisons of the Staffordshire CCG's clinical policies listed within their 'Difficult Decisions' engagement paper against the DDCCG policies. CPAG asked for a literature review to be carried out to determine what the evidence base was in terms of whether hearing loss could be defined and if so what criteria for hearing	

	loss for hearing aids could be devised from any potential restricted policy. The review identified two CCGs that have commissioning policies for hearing aid – North Staffs CCG and Stoke-on-Trent CCG. The CPT asked both CCG's whether they can share with us their evidence base used. We are awaiting their response. Clarification has also been sought from Stoke-on-Trent CCG whether their policy is live as the Difficult Decisions paper stated that only North Staffs had a policy on hearing aids. There is insufficient robust evidence to support the definition of hearing loss that would be used to outline criteria for a restrictive policy on hearing aids. The decision to have a hearing aids policy would require specific management through the organisations risk and communications processes including appropriate stakeholder engagement. CPAG were asked to agree that there is insufficient evidence to support a restrictive clinical policy on hearing aids and the no further action is required at this time. CPAG agreed that after reviewing the evidence base and that we are still waiting on a response from both Stoke and Staffs no further action can be taken at this point. AH queried how many people use the service as increasing numbers go to high street audiology. SH stated that most people access through the AQP process through high street opticians. BD queried the affordability regarding the activity increase and accessibility which is something we could potentially share with the pathway group in the future As CPAG is an evidence based decision making group BD would like to keep this on the CCG radar. SD explained that the group would follow the evidence base but if this is not available then DDCCG would require consensus from audiologists on reducing the parameters or including some parameter for hearing aids. The third potential route would be to going out to the public. But this would require agreement with all of the providers and the public. SD also asked whether there is any monitoring of the contracts with AQP and if not whether this would be appropriate based on the increase in activity. This would help identify whether AQP are delivering the service that has been commissioned and whether it would be possible to further restrict the service. BD summarised that based on the lack of evidence being available to support the development of a workable restrictive policy on hearing aids, the area would need to be deferred to a prioritisation group as there is nowhere further this can go with CPAG. HW advised in terms of reviewing activity and appropriate referrals this should go to the Contract manager for the service. SD agreed for the paper to be presented to CLCC **Actions:**	

- TG to summarise paper and take to CLCC — TG

  Key matters
  - North Staffs CCG – haven't identified the evidence base for their approach
  - CPAG concluded – no evidence base to support restriction
  - No further action from CPAG
  - CCG may wish to restrict current routes of supply via AQP by:
    1. Contract management*
    2. Affordability consultation

*Contracting (HW) to provide detail for contract monitoring options

- TG to inform CPAG if he receives a response from Stoke-on-Trent CCG or North Staffs CCG regarding evidence base for their restrictive policy on hearing aids. — TG

7b. Pinnaplasty Policy

The policy has come up for review and was last reviewed in October 2018. The Policy has been reworded and reformatted to reflect the new organisations clinical policy format. This includes the addition of:

- Background information
- Useful Resources
- Rational for recommendation
- Useful resource
- Consultation
- Version control

CPAG were are asked to approve the updated policy, and agree to consider a change in commissioning stance on this procedure to a 'do not commission'. Also to discuss and agree on plan to move this forward.

Members discussed the issue of Pinnaplasty being purely cosmetic and agreed that this potentially could be looked at in 2021/22 and could be a do not do procedure.

CPAG agreed the updates to the current policy.

Actions:

- Policy to go to CLCC for ratification — TG
- Send to EQIA panel — PJ

7c. Clinician stakeholder engagement

Not discussed at meeting

Action: Add as matter arising at August meeting — TG

7d. Synthetic Mesh

CPAG are asked to acknowledge and note the findings and recommendations related to the use of "pelvic mesh implants "

TG presented paper outlining the current position.

	CPAG are asked to: 1. Acknowledge the findings of Cumberledge Review 2. Put in place a "do not do" policy following further guidance and stakeholder engagement SD suggested keeping in draft form until a response has been received from the Acute Providers **Actions:** • Inform CLCC - Acknowledge the report - a policy is in development - engagement with stakeholder s- Contracting following up the current provision • Policy to return to August CPAG with the stakeholder assurance and comment on the suggested Do Not Do policy • Ensure local and National requirements are articulated clearly	TG/ HW TG TG
8.	**Governance Policies**	
CPAG 20/78	**8a. Not commissioned policy statement** The Clinical Policies website went live in January 2019. The website drew together the content of polices from the four Derbyshire CCG's and adopted EMAC policies in one central place. As well as specific policies e.g. IVF, IUI there were a number of statements that were adding to the website e.g. Cranial banding (helmet therapy) - for positional pagiocephaly or Reversal of female sterilisation. The specific policies are on a three yearly review the statements are not currently subjected to any review. The proposal presented was to provide additional governance and assurance. CPAG acknowledge the issue and the proposed action and endorsed the suggested timetable. **Action:** - Position statement and update at August meeting **8b. Terms of Reference** CPAG agreed to continue to operate under the Interim TOR and would look at a reviewing once at business continuity level 2 AH informed CPAG that Public Health were still very busy but between her and RD they would try and attend the meetings. **8c. NG 157 - Joint replacement (primary): hip, knee and shoulder** TG presented an assurance paper to CPAG members. SH stated until confirmation that feedback has been received back from providers' the paper will not be able to go to CLCC, therefore TG was to confirm a response. It was however noted that CPAG would support.	TG/ PJ/ HM

	Actions: • Await confirmation from providers policy aligns to guideline • To return to August CPAG with the assurance	TG TG/PJ
9.	**Contracting and Blueteq queries**	
CPAG /20/79	No update.	
10.	**Individual Funding Request (IFR) – for information**	
CPAG /20/80	**10a Screening Feedback June** CPAG noted the screening information and acknowledged there were no service developments identified. **Action:** - Inform CLCC that CPAG have considered and no service development is required	PJ
11.	**East Midlands Affiliated Commissioning Committee (EMACC)**	
CPAG /20/81	No updates	
12.	**CLCC updates**	
CPAG /20/82	SH reported everything that was submitted was approved by CLCC.	
13.	**IPG updates since last meeting**	
CPAG /20/83	**13a. IPGs, MTGs, DGs and MIBs** CPAG noted the NICE IPG, DTG and MTGs updated in June 2020 **Action:** - Send MTG and MIB updates to the Finance Team, Planned Care Team and to the Contracting Team. - Inform CLCC that CPAG have considered and no service development is required	AB PJ
14.	**Business Cases**	
CPAG /20/84	No update this month	
15.	**QIPP Pipeline**	
CPAG /20/85	No update this month	
16.	**Key messages for CLCC**	
CPAG /20/86	Key messages to go to CLCC • Cosmetic Assessment Service options paper • PLCV options paper • Tonsillectomy Policy • Bunions Policy • Hearing Aids • Bulletin • Minutes • Pinnaplasty Policy	TG/ PJ

17.	**For information**	
CPAG /20/87	No update	
18.	**Any other Business**	
	Following feedback from CLCC TG confirmed there was now a link on the website for Shared Care Pathology and other resources. **Action:** To add the above information to the July CPAG bulletin	AB
Date of Next meetings		
Thursday 20th August 2020 Virtual meeting on Teams - 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**		