

Clinical Policy Advisory Group

Thursday 19th November 2020

Microsoft Teams

CONFIRMED

Present Virtually via Teleconference	Initial	Title
Steve Hulme	SH	Director of Medicines Management & Clinical Policies (DDCCG)
Dr Ruth Gouch	RG	GP Clinical Lead, DDCCG
Slakahhan Dhadli	SD	Assistant Director of Medicines Management and Clinical Policies (DDCCG)
Dr Buk Dhadda	BD	GP Clinical Lead/Governing Body Member (DDCCG)
Helen Moss	HM	Individual Decisions and Project Manager
Tom Goodwin	TG	Head of Medicines Management and Clinical Policies and Decisions (DDCCG)
Craig West	CW	Senior Finance Manager (DDCCG) (Deputy for Niki Bridge)
Parminder Jutla	PJ	Medicines Management and Clinical Policy Guidelines, Formulary and Policy Manager (DDCCG)
Carolyn Emslie	CE	GP & Prescribing Lead (DDCCG)
Helen Wilson	HW	Deputy Director of Contracting and Performance (DDCCG)
Amanda Bradley	AB	IFR Decision and Project Officer (DDCCG)

Ref:	Item	Action
1	Declaration of Interest (DOI)	
CPAG /20/10 8	<p>SH reminded committee members of their obligation to declare any interests arising at committee meetings that may conflict with the business of the CCG.</p> <p>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.</p> <p>No declarations of interest declared and TG confirmed that the Register was up to date.</p> <p>1bi. Microsoft Teams Etiquette</p> <p>SH reminded members that the above is a running agenda item for new members and a reminder for existing members. Members were asked to note that the meeting is being recorded for the purpose of minute taking, but the recording will be deleted once notes have been completed.</p>	
2	Welcome, Introductions, Apologies, Quoracy	
CPAG /20/10 9	<p>Apologies were noted from Robyn Dewis (Acting Director of Public Health, Derby City Council), Anne Hayes (Consultant in Public Health Derbyshire County Council), Helen Hill, Lara Raworth (Medical Directors Office Manager (UHDB), Jill Savoury (Assistant Chief Finance Officer, DDCCG), Niki Bridge (Deputy Chief Finance Officer (DDCCG)</p> <p>SH confirmed that the meeting was not quorate under the full TOR and asked that any decisions made would be circulated to Public Health.</p> <p>Action:</p>	

	<p>AB to send RD and AH all papers that are agreed at CPAG prior to papers going to CLCC.</p> <p>Public Health has confirmed they will be unable to attend future meetings until the demand for COVID related activities reduces.</p>	AB
3	Minutes and Key Messages from the last meeting	
CPAG /20/11 0	<p>Minutes were agreed as a true and accurate reflection of the meeting.</p> <p>Action:</p> <ul style="list-style-type: none"> Send the approved October minutes to CLCC for ratification Upload ratified minutes to website 	HM/AB PJ
4	Matters Arising/Summary	
CPAG /20/11 1	<p><i>BD joined the meeting</i></p> <p>4a. Not commissioned Position statements – cosmetics</p> <p>Paper previously discussed at October meeting where it was agreed to add facelifts to the “restricted” policy, include reference to “congenital abnormalities” and “iatrogenic treatment” to align with the current East Midlands Policy for cosmetic procedures and produce a separate position statement for cosmetic gender procedures related to gender dysphoria.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> To agree position statement for procedures which are not “not routinely commissioned” Agree position statement for procedures which have a restriction e.g. funded if part of breast reconstructive surgery or post trauma, congenital abnormality or as part of an “iatrogenic treatment” Agree “do not do” position statement for “cosmetic procedures related to gender Dysphoria not included in the original package of care commissioned by NHSE”. <p>SD queried if the definition of “functional” had been included in the statements. A definition had been provided as part of the IFR training recently undertaken by CCG staff. HM confirmed the statements were completed prior to the training. It was agreed to review the cosmetic policies and include this statement where appropriate. HM to bring back to CPAG a list of policies where this would need to be included.</p> <p>CPAG noted the spelling of plagiocephaly was incorrect, HM to amend.</p> <ul style="list-style-type: none"> Not Routinely Commissioned Cosmetic Procedures – no comments from members, agreed by CPAG Commissioned with Restrictions Cosmetic Procedures – no comments from members, agreed by CPAG Cosmetic Procedures for Gender Dysphoria, HM confirmed NHSE have a policy but the procedures listed in the statement sit outside of this policy. No comments from members, agreed by CPAG. <p>Actions:</p> <ul style="list-style-type: none"> Add definition of “functional” to relevant policies – list of policies where it will be added to be brought back to the next meeting. 	HM

	<p>statement for Diagnostic Knee Arthroscopy</p> <ul style="list-style-type: none"> • HM to underline 'non-specific' in facet joints statement (NICE allows for acute and severe sciatica) • The following papers to go to CLCC: <ul style="list-style-type: none"> ○ "do not do commission" position statement for Therapeutic Use of Ultrasound in Hip & Knee Osteoarthritis based on Cochrane review ○ "do not commission" position statement for Hip Arthroscopy ○ "do not commission" position statement for Diagnostic Knee Arthroscopy ○ Position statement for commissioning of facet joint injections for diagnostic purposes. <p>4c. Breast Prosthesis removal and replacement policy clarification</p> <p>The Breast Implant Replacement Policy and Breast Implant Removal Policy returned to CPAG in response to 3 queries experienced by the PA/Clinical Policies Team.</p> <p>PJ presented to members the 3 queries raised and the suggested amendments to the policies.</p> <p>Query 1: Plastic Surgery Specialist Nurse required clarification on whether the Breast Implant Replacement Policy criteria was inclusive of transgender patients who have had their original implant inserted on the NHS as part of their gender reassignment.</p> <p>CPAG agreed to include the reference to Transgender patients in the policy</p> <p>Query 2: Two policies being interpreted as breast implant removal policies</p> <p>CPAG agreed recommendations as per proposed to tidy up the two policies so that the content of each policy is relevant to the intervention being restricted.</p> <p>Query 3: Clarification of Breast Implant Removal Policy Criteria</p> <p>CPAG agreed that clarity was required regarding the removal of implants for private patients and whether this should only be for PIP implants. PJ to speak to RD and Roz Puzey and bring back to the next meeting.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Include Transgender patients in policy • Clarify the two policies so that the recommendations reflect the policy's intervention • PJ to contact RD and RP and ask their opinion on whether the CCG should remove implants for all privately funded patients or just those who have PIP implants. <p>4d Evidence Based Intervention (EBI) engagement document</p> <p>PJ updated CPAG members following the October meeting. An email has been sent to our main providers asking them to confirm if their practices are in line with the proposed EBI recommendations made by NHSE.</p> <p>All providers contacted have acknowledged the request and have advised that they are in the process of co-ordinating a response. Confirmation has been received from Chesterfield Royal that they are in alignment with our EBI recommendations.</p>	<p>HM</p> <p>HM/AB</p> <p>PJ</p> <p>PJ</p> <p>PJ</p>
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	<p>A reminder will be sent out and the deadline for a clinician response has been extended by 2 weeks. Once a complete response has been received PJ will bring back to CPAG in December/January for further discussion.</p> <p>Action:</p> <ul style="list-style-type: none"> Action paper to return to CPAG when response is complete. <p>4e. Microsuction of Ear wax</p> <p>Due to COVID ear irrigation is not taking place at the moment. HM has spoken to Judy Derricott and confirmed the Specification will not be put into the contract until April 2021. Action to remain on the action tracker for review in 6 months.</p> <p>Action:</p> <ul style="list-style-type: none"> Action to remain on Tracker – review in six months <p>4f. Provision of fertility services – due to COVID</p> <p>PJ presented a paper asking CPAG to note the current situation regarding the provision of fertility services during the COVID-19 pandemic.</p> <ul style="list-style-type: none"> Informed by the Contracting Team that the Government is encouraging all CCGs to: <ul style="list-style-type: none"> Give sensitive and thoughtful consideration to women facing these unforeseeable circumstances. Continue to take account of NICE guidelines and adapt the referral pathways, giving special consideration to the need for flexibility and sensitivity at this time for individuals whose waiting times, investigations or planned treatment have been disrupted due to COVID-19, ensuring that all women and their partners seeking fertility treatment are treated fairly The Health and Social Care Secretary explained that fertility patients should not face any additional disadvantage as a result of the service suspension <p>TG confirmed that DDCCG has not yet received any queries related to patients who were eligible for treatment before the pause to services who have crossed an age threshold since April that would no longer be eligible.</p> <p>Whilst CPAG noted the HFEA statement on fertility treatment services which states “at this current time there are no plans to implement a national closure of fertility clinics” it was felt that that this could not be guaranteed. Members agreed that this was an issue which goes beyond the remit of CPAG and a paper needs to go to CLCC to trigger a wider discussion as this is a national issue which may have medicolegal implications. A paper will also need to be sent to CPRG.</p> <p>Actions:</p> <ul style="list-style-type: none"> CPAG to submit an Ethics paper to CLCC and CPRG articulating the issue 	<p>PJ</p> <p>HM/AB</p> <p>TG</p>
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5.	Work plan/Action Tracker	
CPAG /20/11 2	<p>Action Tracker</p> <p>CPAG noted the following actions on Tracker</p> <ul style="list-style-type: none"> Update to line 8 – CAS/eRS project has been put on hold due to CoVid priorities. Request to close line 38 – Blueteq at Burton site - Staffs are not progressing this at this time. CPAG agreed to close. 	<p>AB</p> <p>AB</p>
6.	Bulletin	
CPAG /20/11 3	<p>The bulletin was approved by CPAG</p> <p>Actions:</p> <ul style="list-style-type: none"> Approved Bulletin to go to CLCC for ratification Bulletin to be uploaded onto website once ratified by CLCC Bulletin to be circulated to main providers and to Primary Care (via Membership Bulletin) 	<p>AB/HM</p> <p>PJ</p> <p>AB</p>
7.	Clinical Policies Reviewed	
CPAG /20/11 4	<p>7a. Continuous Glucose Monitoring Policy</p> <p>The purpose of the paper is to inform CPAG of the planned service development and its impact of current policy in relation to extending the inclusion criteria to all pregnant women with type 1 diabetes are offered continuous glucose monitoring by March 2021</p> <p>Key considerations:</p> <ul style="list-style-type: none"> Systems should work up plans to enable them to offer CGM to their patients by March 2021 and ensure compliance with the data reporting requirements. <p>Recommendations:</p> <ul style="list-style-type: none"> CPAG to be advised that the CGM policy is updated once a NICE review is completed and published - expected 16th December 2020 CPAG to note the responsibility for delivery rests with the Local Maternity Services Inform finance regarding the reclaim process for 12 months <p>CPAG agreed to wait for NICE guidance to be updated as the current policy included inclusion criteria for pregnancy.</p> <p>Actions:</p> <ul style="list-style-type: none"> Policy update to return to CPAG once NICE updated guideline approved <p>7b. Functional Electrical Stimulation Policy</p> <p>The Policy which is an East Midland wide policy was adopted by DDCCG and has recently come up for review.</p> <p>PJ presented the Key matters for consideration and recommendations to approve the</p>	<p>TG</p>

	<p>updated policy.</p> <p>CPAG discussed the limited evidence to support the use of the Functional Electrical Stimulation).</p> <p>The policy has been reviewed by PJ. CPAG agreed no changes would be made to the policy; PJ would feedback comments to EMACC.</p> <p>Action:</p> <ul style="list-style-type: none"> • PJ to contact EMACC and share the revised policy. • Policy to return to next meeting for approval 	<p>PJ HM</p>
8.	Governance Policies	
<p>CPAG /20/11 5</p>	<p>8a. CPAG Terms of Reference Review (Interim & Full)</p> <p>TG presented the above paper to CPAG stating both ToR were due for review and asked CPAG to agree to continue to work under the interim and full ToR.</p> <p>Key Matters for Consideration</p> <ul style="list-style-type: none"> • The CCG is at Business continuity Level 3 • Core membership • Reporting mechanisms and Governance • Continued Stakeholder engagement – system wide <p>Recommendations:</p> <ul style="list-style-type: none"> • Approve the Interim CPAG ToR for one year – Submit to CLCC for ratification • Approve the full CPAG ToR for one year - Submit to CLCC for ratification • Add to the work plan for November 2021 <p>It was noted by HW that it had been previously agreed that CPAG didn't need a representative from Planned Care and that Contracting would cover this role.</p> <p>At the time of the 1st wave Stakeholders and Clinicians did not have the capacity to feedback on any policy reviews. It has been confirmed that feedback has been received from Stakeholders and Clinicians stating that they do have the capacity to respond to queries and feedback on policies during this 2nd wave.</p> <p>Both the full and interim ToR will have reduced membership in the second wave. Public Health have reduced capacity and have stated that they will have to step back from meetings.</p> <p>CPAG agreed that although Public Health is critical in the decision making process given their current commitments due to COVID they have limited availability and this should be reflected in the ToR. It was therefore agreed to remove Public Health from the quoracy and look at firming up the clinical representation. Public Health will be consulted on decisions made by CPAG as and when required.</p> <p>CPAG agreed the ToR with the discussed amendments.</p> <p>Actions:</p>	

	<ul style="list-style-type: none"> • TG to amend ToR Public Health will be consulted on decisions made by CPAG as and when required • Combine Planned Care and contracting membership from list of representatives. • Send to CLCC for ratification 	<p>TG</p> <p>TG HM/AB</p>
9.	Contracting and Blueteq queries	
CPAG /20/11 6	<p>9a. Clinical Policy Specification for 21/22</p> <p>Following a request from contracting CPAG are asked to agree the clinical policy specification for 21/22. CPAG have previously agreed a policy specification for 20/21. This requires updating for 21/22.</p> <p>TG confirmed nothing had been changed on the specification other than the dates.</p> <p>CPAG agreed the Specification</p> <p>Actions:</p> <ul style="list-style-type: none"> • Upload onto Website • Add to Bulletin • Send to CLCC for ratification 	<p>HM AB HM/AB</p>
10.	Individual Funding Request (IFR) – for information	
CPAG /20/11 7	<p>10a Screening Feedback July</p> <p>CPAG noted the screening information.</p> <p>Action:</p> <ul style="list-style-type: none"> • Inform CLCC that CPAG has considered the IFR screening requests and no service developments have been identified. <p>10b. IFR SOP and Treatment Request form</p> <p>HM presented a paper asking CPAG to approve the IFR Standard Operating Procedures document which will provide a comprehensive overview of the process together with an updated IFR application form which been aligned to the NHSE document for consistency purposes. This is a more comprehensive document which will hopefully reduce the needs to request further information from providers, enabling decisions to be made more rapidly. The updating of the IFR Treatment form will prompt a review of the Panel Decision Making form to ensure alignment with the policy and form.</p> <p>CPAG approved the SOP and Treatment Request Form</p> <p>Actions:</p> <ul style="list-style-type: none"> • AB to send SOP and Treatment Request form to RD for any final comments prior to submission to CLCC • HM to inform panel members of changes • HM to provide a communication plan and bring back to the next CPAG meeting • Add to Bulletin • Upload onto Website • Send SOP and Treatment request form to CLCC • Review Panel Decision Making form to ensure alignment with policy and Treatment 	<p>HM/AB</p> <p>AB</p> <p>HM HM AB HM HM/AB</p> <p>HM</p>

	Request Form	
	<p>10c. Policy for Experimental and Unproven Treatments</p> <p>Background</p> <p>HM and SD recently attended a Webinar which was presented by Dr Daphne Austin from Ethical Decision Making, stressing the importance of CCGs having in place an “Experimental and Unproven Treatment Policy” which she considered to be the most important policy which CCGs should assess treatment requests against.</p> <p>EMSCG originally produced a policy which although adopted by Derbyshire County PCT was never adopted by the CCGs</p> <p>CPAG agreed the policy but it was suggested that HM speak to Corporate to clarify whether any additional action was required.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Sent to CLCC for ratification • Upload onto Website • Add to Bulletin • HM to obtain view from Corporate <p>10d. Training update</p> <p>HM provided feedback on the IFR training event. It was agreed that HM would bring back the full list of attendees to the next CPAG meeting focusing on the gaps in trained members</p> <p>Action:</p> <ul style="list-style-type: none"> • HM to bring list of attendees from the training to the next meeting. 	HM/AB HM AB HM
11.	East Midlands Affiliated Commissioning Committee (EMACC)	
CPAG	No updates	
12.	CLCC updates	
CPAG /20/11 8	<p>Papers submitted to November CLCC noted:</p> <ul style="list-style-type: none"> • Breast prosthesis (implant) revision/replacement policy • Blepharoplasty policy • Hypnotherapy Position Statement • Consultant to Consultant Policy 	
13.	IPG updates since last meeting	
CPAG /20/11 9	<p>13a. IPGs, MTGs, DGs and MIBs</p> <p>CPAG noted the NICE IPG, DTG and MTGs updated in October 2020</p> <p>Action:</p> <ul style="list-style-type: none"> - Send IPG, MTG, DG 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 AB/HM
14.	Business Cases	

CPAG	No update this month	
15.	QIPP Pipeline	
CPAG	No update this month	
16.	Key messages for CLCC	
CPAG /20/12 0	<p>Key messages to go to CLCC:</p> <ul style="list-style-type: none"> • CPAG October Minutes • CPAG Bulletin • Not Routinely Commissioned Cosmetic Procedures • Position statement - Commissioned with Restrictions Cosmetic Procedures • Position statement - Cosmetic Procedures for Gender Dysphoria • Orthopaedic “do not do” statements <ul style="list-style-type: none"> ○ Autologous Chondrocyte Implants - Remove ○ Hip Arthroscopy ○ Knee Diagnostic Arthroscopy ○ Should Resurfacing Arthroscopy - Remove ○ Facet Joint Injections ○ Therapeutic Use of Ultrasound in Hip and Knee Osteoarthritis • Breast Implant Revision or Replacement Policy • CPAG ToR (full and Interim) • Clinical Policy Specification for 21/22 • IFR SOP • IFR Treatment Request form • Policy for Experimental and Unproven Treatments 	HM/AB
17.	For information	
CPAG	No update this month	
18.	Any other Business	
CPAG /20/12 1	None noted	
Date of Next meetings		
<p>Thursday 17th December 2020 09.30 – 12.00 – Via MS Teams Thursday 21st January 2021 - 09.30 – 12.00 – Via MS Teams Thursday 18th February 2021 - 09.30 – 12.00 – Via MS Teams Thursday 18th March 2021 - 09.30 – 12.00 – Via MS Teams Thursday 15th April 2021 - 09.30 – 12.00 Via MS Teams Thursday 20th May 2021 - 09.30 – 12.00 Via MS Teams Thursday 17th June 2021 - 09.30 – 12.00 Via MS Teams Thursday 15th July 2021 - 09.30 – 12.00 Via MS Teams Thursday 19th August 2021 - 09.30 – 12.00 Via MS Teams Thursday 16th September 2021 - 09.30 – 12.00 Via MS Teams Thursday 21st October 2021 - 09.30 – 12.00 Via MS Teams Thursday 18th November 2021 - 09.30 – 12.00 Via MS Teams Thursday 16th December 2021 - 09.30 – 12.00 Via MS Teams</p> <p>All papers to be sent by 12 noon the week prior please</p>		