

Clinical Policy Advisory Group (CPAG)

Thursday 15th July 2021

Microsoft Teams

CONFIRMED MINUTES

Present Virtually via Teleconference	Initial	Title
Steve Hulme	SH	Director of Medicines Management & Clinical Policies (DDCCG)
Slakahen Dhadli	SD	Assistant Director of Medicines Management and Clinical Policies (DDCCG)
Tom Goodwin	TG	Head of Medicines Management and Clinical Policies and Decisions (DDCCG)
Dr Andy Mott	AM	GP & Prescribing Lead (DDCCG)
Helen Wilson	HW	Deputy Director of Contracting and Performance (DDCCG)
Amanda Bradley	AB	IFR Decision and Project Officer (DDCCG)
Parminder Jutla	PJ	Medicines Management and Clinical Policy Guidelines, Formulary and Policy Manager (DDCCG)
Niki Bridge	NB	Deputy Chief Finance Officer (DDCCG)
Dr Buk Dhadha	BD	GP Clinical Lead/Governing Body Member (DDCCG)
Caroline Mackie	CM	Public Health Lead (DCC) (on behalf of Ellie Houlston)

Ref:	Item	Action
1	Declaration of Interest (DOI)	
	<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>AM declared conflict of interests for JAPC which require transfer to CPAG.</p> <p>Actions:</p> <ul style="list-style-type: none"> AB to obtain DOI for AM from JAPC and update the DOI list for CPAG. This can then be signed off as accurate record at the August meeting. Review DOI for members of CPAG who have retired from the group and confirm with Corporate function implications for the register. 	<p>AB</p> <p>AB</p>
2	Welcome, Introductions, Apologies, Quoracy	
	<p>Apologies were noted from Robyn Dewis (Acting Director of Public Health, Derby City Council), Helen Moss, Individual Decisions and Project Manager (DDCCG), Ellie Houlston, (DCC), Parminder Jutla (joined meeting at 10:41am)</p>	

3	Minutes and Key Messages from the last meeting	
	<p>SH confirmed that no minutes were available for the previous meeting as papers were circulated and agreed virtually, with the CPAG Bulletin replacing the formal minutes. Future meetings to be held quarterly via MS teams with papers circulated for virtual agreement for meetings in the intervening months.</p>	
4	Matters Arising/Summary	
CPAG 21/57	<p><u>4ai. Evidence Based Interventions Two (EBI2) – progress to date</u></p> <p>TG presented an update on the Evidence Based Interventions List 2 Guidance.</p> <p>CPAG were asked to note the progress which has been made to date for the 31 EBI2 Interventions.</p> <p>A discussion took place as to whether Planned Care are aware of the work that is currently being undertaken by CPAG. SD advised the group that the coversheet does include a section on links with other departments i.e. Contracting, Planned Care finance. As Contracting represent Planned Care at CPAG meetings HW agreed to provide feedback to Planned Care.</p> <p>HW updated members on the current position regarding providers. Currently there are no contracts in place for 21/22 and the CCG is not running financial contractual challenges. It has been confirmed that contract negotiations will commence in September with a view to negotiating and signing contracts for the following year. Part of the discussions include national policies such as, Evidence Based Interventions that haven't been contractually implemented.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Paper approve to be tabled at CLCC for information • Add to Bulletin <p><u>4bi. Evidence-Based Interventions (EBI2) Guidance – review of Section 3 –pathways (part 1)</u></p> <p>TG presented the above paper to members of the group.</p> <p>CPAG were asked to review Section 3.1 of the EBI2 Interventions and agree that the interventions listed in the paper do not require a DDCCG policy/position statement as they are procedures that form part of a clinical pathway.</p> <p>CPAG approved the paper and agreed we have assurance from providers they are compliant with the EBI2 proposals, as they form part of an overall pathway and will be forwarded to appropriate teams e.g. planned care, contracting, long term conditions or Shared Care Pathology for actioning.</p> <p>A discussion took place regarding the individual pathways which cut across both the primary and secondary care interface. CPAG clinicians gave the example of MRI scanning by primary care and the assurance required to demonstrate consistency in the way access is managed and aligned.</p>	AB/HM AB

	<p>The CPAG Chair and Clinicians asked for a paper to be produced to inform Primary Care, Planned Care and Contracting of the work that CPAG has carried out with our main providers to provide assurance that practices are aligned across the system.</p> <p>As this work specifically relates to the EBI2 interventions and the approval of pathways and guidance documents falls outside of the remit of CPAG. CPAG recommends the above departments consider the implications for existing and future pathways to ensure consistency throughout the wider system for efficient implementation in line with the CCGs priorities.</p> <p>Actions:</p> <ul style="list-style-type: none"> • TG to produce paper – approved by CPAG Chair and Clinicians <ul style="list-style-type: none"> ○ HW to present to Planned Care and Primary Care Groups • Paper approved – table at CLCC to note • Add section 3.1 to Bulletin • Inform stakeholders <p><u>4c. Overlap with the Removal of Benign Skin Lesions Policy</u></p> <p>The above paper was presented by TG.</p> <p>Following the recent review of the Surgical Removal of Lipoma/Lipomata Policy and the Surgical Removal of Epidermoid and Pilar Cysts Policy, it has been identified that there is an overlap between these individual policies and the Removal of Benign Skin Lesions Policy. This overlap needs addressing as the restrictive criteria are not aligned and requires clarification for our clinician stakeholders. The Removal of Benign Skin Lesions Policy has been updated with the following:</p> <ul style="list-style-type: none"> • Removal of epidermoid and pilar cysts from the list of benign lesions that can be removed as per DDCG condition specific policy criteria • Surgical Removal of Epidermoid and Pilar Cysts Policy to be added to the list of benign skin lesions that have separate policies • Addition of the link to the Surgical Removal of Epidermoid and Pilar Cysts Policy • Removal of lipoma from the list of benign lesions that can be removed • Addition of the link to the Surgical Removal of Lipoma/Lipomata Policy <p>CPAG approved the minor updates to the policy and feedback to the clinicians/stakeholders around the overlap of the policies.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Policy approved - to be tabled at CLCC for ratification • Upload onto Clinical Policies Website once ratified • Add to Bulletin • Feedback to clinicians/stakeholders 	<p>TG HW AB AB/HM AB</p> <p>AB HM AB AB</p>
5.	Work plan/Action Tracker	
	<p><u>5ai. Action Tracker</u></p> <p>CPAG noted the Action Tracker.</p>	

	TG informed members that that a copy of the draft leaflets for Procedures of Limited Clinical Value /Cosmetics & Individual Funding Requests would be circulated to members of CPAG for their comments.	
6.	Bulletin	
CPAG 21/58	<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) 	AB/HM HM AB
7.	Clinical Policies Reviewed	
CPAG 21/59	<p><u>7a. Surgical Removal of Lipomas</u></p> <p>TG presented the above paper to CPAG members.</p> <p>The Policy has come up for review and the following minor updates have been made:</p> <ul style="list-style-type: none"> • Statement under the 'Exceptions' section of the policy previously referred to lipomata. This has now been changed to soft tissue lump, in line with the UK guidelines for the management of soft tissue sarcomas wording. This is because a confirmed diagnosis of lipoma should meet the policy criteria in order for a patient to undergo surgical removal. However, where there is a soft tissue lump that has not been diagnosed as a lipoma and meets the criteria under the 'Exception' section of the policy, the patient will need to be referred to the Sarcoma Clinic via 2WW. • Addition of intervention to policy title to provide clarity • Policy has been reworded and reformatted to reflect the new DDCCG organisation's clinical policy format. This includes the addition of background information, useful resources and references • Criteria has been reworded and reformatted for clarity <p>CPAG were also asked to consider the feedback from a clinician suggesting that Angiolipomas should also be considered as part of this policy.</p> <p>Members approved the changes to the policy and the response to the clinician stating that Angiolipomas fall outside of this policy.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Paper approved to be tabled at CLCC for ratification • Upload onto Clinical Policies Website once ratified by CLCC • Add to Bulletin • Provide feedback to clinician about Angiolipomas • Provide feedback to stakeholders <p><u>10.41 PJ joined the meeting.</u></p> <p><u>7b. Surgical Removal of Epidermoid Cysts</u></p>	AB HM AB AB AB

	<p>TG presented the above paper to CPAG members.</p> <p>The policy has come up for review and the following minor changes have been made:</p> <ul style="list-style-type: none"> • Policy has been reworded and reformatted to reflect the new DDCCG organisation's clinical policy format. This includes the addition of: <ul style="list-style-type: none"> ○ background information ○ rationale for recommendation ○ useful resources ○ references • Addition of intervention to the policy name to provide clarity • Recommendation has been reformatted for further clarity. <p>CPAG members approved the changes to the policy and agreed the suggested action on clinical feedback</p> <p>CPAG discussed the need to ensure the policy is adhered to across the system as currently the procedure is also undertaken in Primary Care.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Paper approved to be tabled at CLCC for ratification • Upload onto Clinical Policies Website once ratified • Add to Bulletin • Provide feedback to clinician/stakeholders 	<p>AB HM AB AB</p>
8.	Governance Policies	
	No updates	
9.	Contracting and Blueteq queries	
	No updates	
10.	Individual Funding Request (IFR) – for information	
CPAG 21/60	<p><u>10a. Screening Feedback December</u></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>AB</p>
11.	East Midlands Affiliated Commissioning Committee (EMACC)	
CPAG	No updates	
12.	CLCC updates	
CPAG 21/61	<p>Papers submitted to July CLCC noted:</p> <ul style="list-style-type: none"> • Epidurals for all forms of Sciatica (Lumbar Radiculopathy) • IFRs / IPGs – May 2021 • CPAG Updates- EBI2 Interventions – update on progress of EBI2 • EBI 2 Interventions that are covered by pre-existing DDCCG policies/position statements • Lumbar discectomy • Fusions Surgery for Mechanical Axial Low Back Pain 	

	<ul style="list-style-type: none"> • Injections for Non-specific Back Pain • CPAG Bulletin – May 2021 <p>SH confirmed all the above papers had been ratified by CLCC.</p>	
13.	IPG updates since last meeting	
CPAG 21/62	<p>13a. IPGs, MTGs, DGs and MIBs</p> <p>CPAG noted the NICE IPG, DTG and MTGs updated in June 2020 Confirmed that no business cases have been received for any IPG's</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 has considered and no service development is required 	AB AB
14.	Business Cases	
CPAG	No update this month	
15.	QIPP Pipeline	
CPAG	No update this month	
16.	Key messages for CLCC	
CPAG 21/63	<ul style="list-style-type: none"> • Evidence Based Interventions (EBI2) – progress to date • Evidence-Based Interventions (EBI2) Guidance – review of Section 3 –pathways (part 1) • Overlap with the Removal of Benign Skin Lesions Policy • Surgical Removal of Lipomas • Surgical Removal of Epidermoid Cysts • IFR Screening Cases • IPG's • Bulletin 	AB
17.	For information	
CPAG	No update this month	
18.	Any other Business	
	<p>SH updated members on Integrated Care Systems (ICS) and proposals as to how CPAG will function in future.</p> <p>SH informed CPAG members that AB was leaving the CCG, and this would be her last meeting. He thanked her for all the work she had done collating the papers for the meetings.</p> <p>TG also informed the group that PJ would be going on maternity leave from September and that this would also be her last meeting. The group thanked her for all her work.</p>	
Date of Next meetings		
<p>Thursday 19th August 2021 - 09.30 – 12.00 Papers by virtual agreement Thursday 16th September 2021 - 09.30 – 12.00 Papers by virtual agreement Thursday 21st October 2021 - 09.30 – 12.00 Via MS Teams Thursday 18th November 2021 - 09.30 – 12.00 Papers by virtual agreement Thursday 16th December 2021 - 09.30 – 12.00 Papers by virtual agreement All papers to be sent by 12 noon the week prior please</p>		