

Clinical Policy Advisory Group (CPAG)

Thursday 21st October 2021

Microsoft Teams

CONFIRMED MINUTES

Present Virtually via Virtual meeting	Initial	Title
Steve Hulme	SH	Director of Medicines Management & Clinical Policies (DDCCG)
Slakahani 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)
Helen Moss	HM	IFR Decision and Project Manager (DDCCG)
Fazal Rahman	FR	Medicines Management and Clinical Policy Guidelines, Formulary and Policy Manager (DDCCG)
Dr Buk Dhadli	BD	GP Clinical Lead/Governing Body Member (DDCCG)
Dr Wayne Harrison	WH	Consultant in Public Health (Derby City Council)
Helen Bembridge (minute taker)	HB	Individual Decision Approvals Senior Administrator (DDCCG)
Kate Rogers (observer)	KR	Individual Decisions & Projects Officer (DDCCG)

Ref:	Item	Action
1	Declaration of Interest (DOI)	
	<p>SH reminded committee members of their obligation to declare any interests arising 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.</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.</p>	
2	Welcome, Introductions, Apologies, Quoracy	
	<p>Apologies were noted from Dr. Ruth Gooch, (General Practitioner DDCCG)</p> <p>Late attendance from Slakahani Dhadli (Assistant Director of Medicines Management and Clinical Policies, DDCCG)</p> <p>CPAG welcomed new members to the group and introductions were made.</p>	

	<p>It was confirmed the meeting was Quorate.</p> <p>Slakahon Dhadli joined the meeting at 9.45am</p> <p>Helen Wilson left the meeting at 10.28 and asked that if any planned care or contracting queries arise to put in the CPAG chat box for her to pick up.</p>	
3	Minutes and Key Messages from the last meeting	
	<p>TG 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 whilst at Business Continuity level 4. Minutes will be recorded for virtual meetings held via MS Teams.</p>	
4	Matters Arising/Summary	
CPAG 21/64	<p><u>4ai. IFR Requests for “Cough Assist Machines” Mechanical Insufflation-exsufflation (MI-E)</u></p> <p>HM presented the above paper to members of the group.</p> <p>CPAG were asked to consider if the recent decisions made by the IFR panel to fund Cough Assist machines are based on an “exceptional ability to benefit” as defined by the IFR policy and continue to be assessed by the IFR process OR, agree that IFR is not the appropriate route to deal with requests for Cough Assist Machines as this has led to delayed decision making and agree a change to the policy and process to reflect the exceptional circumstances.</p> <p>Whilst the evidence hasn’t changed, there may be a need to consider changing the Cough Assist Machine policy and approval mechanism to encompass any exceptional circumstances identified. As, the majority of cases form part of an overall package of care, it would be more efficient for these requests to be approved as part of the Continuing Health Care approval process, which will also enable a monitoring and review process to be put in place.</p> <p>A similar situation occurred in Greater Manchester where there had been a number of IFRs received for Cough Assist Machines. This led to a change in policy as it was agreed that the use of Cough Assist can be effective for reducing acute admissions for respiratory infection in the target group of patients included in the policy. Whilst acknowledging that there is limited high level evidence to support this it does have the backing of the British Thoracic society. It was also noted that it would be unlikely to have a financial impact as all recent requests for Derby and Derbyshire patients had been approved via the IFR process at panel.</p> <p>CPAG agreed that due to the number of IFR requests, their exceptional use to benefit and success at being received a policy review was the way forward.</p> <p>A meeting had taken place prior to CPAG with CCG commissioning stakeholders to discuss the proposals, SH was assured that Continuing Health Care (CHC) would manage/follow up these patients.</p> <p>CPAG members supported Option 2 outlined in the paper – to agree to undertake a review of the current policy and go out for wider stakeholder engagement to decide clinical criteria. Also, agree that CHC will review requests as part of the overall package of care. This will</p>	

	<p>reduce delays in the system and enable regular monitoring and review of the use of Cough Assist Machines.</p> <p>It was agreed to review the new policy at the CPAG January 2022 meeting.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Consider the two outstanding IFR's at the IFR Panel on 2nd November 2021 based on the existing policy until the policy is changed. • Produce a new policy and go out to Stakeholder engagement • Ascertain whether Manchester had a reduction in IFR's as a result of the change in policy • Schedule to bring the policy back to January 2022 CPAG for consideration. <p><u>4bi. Removal of Microsuction of Earwax policy</u></p> <p>HM presented the above paper to members of the group asking CPAG to consider the Removal of the Microsuction of Earwax policy from the Clinical Policy (CP) website.</p> <p>CPAG agreed to the removal of the policy from the website as it no longer serves a purpose and noted that the administrative burden from Prior Approval had previously been removed through collaboration with stakeholders.</p> <p>The inclusion of ear wax removal in local GP services is currently under discussion.</p> <p>Actions</p> <ul style="list-style-type: none"> • Paper approved – CLCC for ratification • Remove the Microsuction of Earwax policy from the CP website • Inform stakeholders • Add to Bulletin 	<p>HM</p> <p>HM/FR</p> <p>HM</p> <p>HM</p> <p>HM</p> <p>HM</p> <p>HM</p> <p>HM</p> <p>HM</p> <p>HM</p>
5.	Work plan/Action Tracker	
CPAG 21/65	<p><u>5ai. Action Tracker</u></p> <p>CPAG noted the Action Tracker.for October 2021</p> <p><u>5aii. Workplan</u></p> <p>October 2021 workplan approved for the next 6 months.</p>	
6.	Bulletin	
CPAG 21/66	<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>HM</p> <p>HM</p> <p>HM</p>
7.	Clinical Policies Reviewed	

<p>CPAG 21/67</p>	<p><u>7ai. Lycra body suits for postural management of cerebral palsy and other musculoskeletal/ neurological condition</u></p>	<p>HM HM HM HM HM</p>
<p>FR presented the above paper to CPAG members.</p> <p>The policy has come up for review. The CPD team have engaged with stakeholders and have completed a literature search for any substantial robust evidence that has been published since the policy was last reviewed in September 2018</p> <p>CPAG are asked to agree the following minor amendments:</p> <ul style="list-style-type: none"> • The policy has been re-worded and reformatted to reflect the DDCCG clinical policies format. <p>CPAG members approved the minor amendments to the policy and agreed to review in 3 years.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Paper approved – to be tabled at CPAG for ratification • Uploaded onto Clinical Policies Website once ratified by CLCC • Add to Bulletin • Provide feedback to stakeholders • Complete EQIA 		
	<p><u>7bi. Laser Treatment Policy for Skin conditions</u></p>	
<p>TG presented the above paper to CPAG members.</p> <p>This policy has come up for review.</p> <p>CPAG were asked to agree the following minor amendments to the policy and stakeholder response. Although NICE has published new guidance on the management of acne since the policy was last reviewed in September 2018, no changes are recommended to the CCGs commissioning stance.</p> <ul style="list-style-type: none"> • Policy has been re-worded and reformatted to reflect the DDCCG clinical policies format. This includes the addition of background, rationale for recommendation, useful resources, references, and consultation. • Identified that there was an overlap with the Laser Treatment Policy and the Treatment of Congenital Pigmented Lesions on the Face Policy. Therefore, the Treatment of Congenital Pigmented Lesions on the Face Policy has been referenced under the new 'Exception to the Policy' section of the Laser Treatment Policy for clarity. • Policy should be read in conjunction with the CCGs Position Statement on the Resurfacing by Laser for skin conditions causing scarring – including post-acne and post-traumatic scarring <p>A query was raised by WH about the definition of extensive and severe in the criteria and whether there is any evidence in the underlying documents to define this. CPAG agreed that historically the policies haven't been prescriptive, and cases need to be assessed based on a consultant's clinical judgement.</p>		

	<p>CPAG members approved the minor amendments to the policy and stakeholder response.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Paper approved – to be tabled at CPAG for ratification • Uploaded onto Clinical Policies Website once ratified by CLCC • Add to Bulletin • Provide feedback to stakeholders • Complete EQIA <p><u>7ci. Cataract Surgery Policy</u></p> <p>FR presented the above paper CPAG members.</p> <p>The policy has come up for review. No significant evidence has been published since the policy was last reviewed in 2018 which would support an update to the policy. CPAG are asked to agree the following amendments to the policy and stakeholder feedback.</p> <ul style="list-style-type: none"> • Policy has been re-worded and reformatted to reflect the DDCCG clinical policies format. This includes the addition of background information, useful resources, references, and consultation. • Currently there are two separate policies: Cataract Surgery First Eye and Cataract Surgery Second Eye. These have been combined into a single policy for ease of use. • There have been no clinical changes made to the policy. • Addition of comment with regards to Bilateral Cataract Surgery • There has been an operational change following feedback from stakeholders: <ul style="list-style-type: none"> ○ Single Referral Form for both First and Second Eye (Practice and Optometrist) ○ With each Referral Form the criteria have remained the same <p>CPAG noted the additional comments with regards to Bilateral Cataract Surgery and agreed that the policy is not intended to preclude Immediate Bilateral Sequential Cataract Surgery.</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> • Policy approved – to be tabled at CPAG for ratification • Uploaded onto Clinical Policies Website once ratified by CLCC • Add to Bulletin • Provide feedback to stakeholders • Upload revised PLCV forms to clinical systems • Complete EQIA <p><u>7di. Implications of NICE Guideline 202 - Obstructive sleep apnoea/hypopnoea syndrome and obesity hypoventilation syndrome in over 16s (20th August 2021)</u></p> <p>FR presented the above paper to CPAG members.</p> <p>CPAG are asked to note the publication of NICE Guideline 202 - Obstructive sleep apnoea/hypopnoea syndrome and obesity hypoventilation syndrome in over 16s. and ensure that the DDCCG policies are current and applicable.</p>	<p>HM HM HM HM HM</p> <p>HM HM HM HM HM HM</p>
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	<p>CPAG noted the Guidance and are assured that the current policies relating to Sleep Apnoea and Tonsillectomy and Adenoidectomy are current and applicable.</p> <p>CPAG agreed to add reference to NICE Guideline 202 to the current Sleep Apnoea policy and cross reference the Tonsillectomy and Adenoidectomy policy to Sleep Apnoea.</p> <p>SH stated that prior to Covid work had been carried out looking at the sleep apnoea services that the CCG commissions as it is an area of high spend which needs to be noted at CLCC.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Paper noted by CPAG – to be tabled at CLCC who are to be made aware of Sleep Apnoea pathway work • NICE reference to added to Sleep Apnoea Policy and cross reference the Tonsillectomy and Adenoidectomy policy • Add to Bulletin 	<p>HM</p> <p>FR</p> <p>HM</p>
8.	Governance Policies	
	No updates	
9.	Contracting and Blueteq queries	
	No updates	
10.	Individual Funding Request (IFR) – for information	
CPAG 21/68	<p><u>10ai. Removal of IFR Risk and interim Policy arrangements</u></p> <p>HM informed CPAG of the closure of Risk 36 "lack of PH input into the IFR process" by CLCC. As PH input has now been re-instated the interim IFR policy and TOR can be removed from the Clinical Policies Website.</p> <p>CPAG noted the closure of the risk and the removal of the Interim IFR policy and TOR</p> <p>Action</p> <ul style="list-style-type: none"> • Paper noted – send update informing CLCC of the removal of the Interim IFR Policy and TOR • Remove the Interim IFR Policy and TOR from the website • Update IFR Members • Add to Bulletin <p><u>10bi. IFR Report for September</u></p> <p>CPAG noted the screening information for September 2021.</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>HM</p> <p>HM</p> <p>HM</p> <p>HM</p> <p>HM</p>
11.	East Midlands Affiliated Commissioning Committee (EMACC)	
CPAG	No updates	
	<p>Action:</p> <p>SH asked if HM could contact EMACC and bring an update to the next meeting</p>	HM

12.	CLCC updates	
CPAG 21/69	<p>Papers submitted to October CLCC noted:</p> <ul style="list-style-type: none"> • CPAG Bulletin August 2021 • Treatment of Congenital Pigmented Lesions on the Face Policy • Removal of Benign Skin Lesions Policy – removal of word "painful" • Surgical Removal of Lipoma/Lipomata – removal of 2ww criteria • Surgical Removal of Epidermoid/Pilar Cyst – clarification that Epidermoid and Pilar cysts previously known as sebaceous cysts • Stakeholder feedback post policy review and ratification • Areas of Evidence Based Interventions 2 Guidance – progress to date • Evidence Based Interventions 2 Guidance – review of section 3.3 • Evidence Based Interventions 2 Guidance – Overarching Position Statement or Service Development – August 2021 <p>SH confirmed all the above papers had been ratified by CLCC.</p>	
13.	IPG updates since last meeting	
CPAG 21/69	<p><u>13a. IPGs, MTGs, DGs and MIBs</u></p> <p>CPAG noted the NICE IPG, DTG and MTGs updated in September 2021 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 	<p>HM</p> <p>HM</p>
14.	Business Cases	
CPAG	No update this month	
15.	QIPP Pipeline	
CPAG	No update this month	
16.	Key messages for CLCC	
CPAG 21/70	<ul style="list-style-type: none"> • Microsuction of earwax – to note as there is a potential gap in commissioning and for pathway work to continue. • Policy for Lycra Bodysuits for Postural Management of Cerebral Palsy and other muscular skeletal/Neurological conditions – for approval • Laser Treatment Policy – for approval • First and Second Eye Cataract Surgery - for approval • IFR – revert to full TOR – inform IFR members • Surgical Treatment of Sleep Apnoea – CLCC to be made aware of Sleep Apnoea pathway work • September Bulletin – to note • IFR cases September – to note • IPGs – to note 	
17.	For information	
CPAG	No update this month	

18.	Any other Business	
	BD noted that CPAG dates for 2022 had been included on the agenda and asked whether these meetings would continue following the transition to the ICS. The Chair confirmed it has been agreed that CPAG meetings will continue to take place following the transition.	
Date of Next meetings		
<p>Thursday 18th November 2021 - 09.30 – 12.00 Papers by virtual agreement Thursday 16th December 2021 - 09.30 – 12.00 Papers by virtual agreement Thursday 20th January 2022 – 09.30 – 12.00 – <u>MS Teams Meeting</u> Thursday 17th February 2022 - 09.30 – 12.00 – Papers by virtual agreement Thursday 17th March 2022 - 09.30 – 12.00 – Papers by virtual agreement Thursday 21st April 2022– 09.30 – 12.00 – <u>MS Teams Meeting</u> Thursday 19th May 2022 - 09.30 – 12.00 – Papers by virtual agreement Thursday 16th June 2022 - 09.30 – 12.00 – Papers by virtual agreement Thursday 21st July 2022– 09.30 – 12.00 – <u>MS Teams Meeting</u> Thursday 18th August 2022 - 09.30 – 12.00 – Papers by virtual agreement Thursday 15th September 2022 - 09.30 – 12.00 – Papers by virtual agreement Thursday 20th October 2022– 09.30 – 12.00 – <u>MS Teams Meeting</u> Thursday 17th November 2022 - 09.30 – 12.00 – Papers by virtual agreement Thursday 15th December 2022 - 09.30 – 12.00 – Papers by virtual agreement</p>		
All papers to be sent by 12 noon the week prior please		