

Clinical Policy Advisory Group (CPAG)

Minutes of the meeting held on Thursday 17th February 2022
Microsoft Teams

CONFIRMED MINUTES

Present	Initial	Title
Derby and Derbyshire CCG (DDCCG)		
Steve Hulme	SH	Director of Medicines Management & Clinical Policies (Chair)
Dr Buk Dhadda	BD	GP Clinical Lead/Governing Body Member
Dr Andy Mott	AM	GP & Prescribing Lead
Slakahhan Dhadli	SD	Assistant Director of Medicines Management and Clinical Policies
Tom Goodwin	TG	Head of Medicines Management and Clinical Policies and Decisions
Fazal Rahman	FR	Medicines Management and Clinical Policy Guidelines, Formulary and Policy Manager
Helen Wilson	HW	Deputy Director of Contracting and Performance
Derby City Council		
Wayne Harrison	WH	Consultant in Public Health, Derby City Council
Derbyshire County Council		
Caroline Mackie	CM	Public Health Lead (DCC) (on behalf of Ellie Houlston)
In Attendance		
Initial	Title	
Kate Rogers	KR	Individual Decisions and Projects Officer (DDCCG) (Minutes)
Dr Sankavi Thavakumar	ST	F2 in Public Health (Derby City Council)

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>	
2	Welcome, Introductions, Apologies, Quoracy	
	<p>Apologies were noted from Helen Moss, Individual Decisions and Project Manager (DDCCG), Ellie Houlston, Assistant Director of Public Health, (Derbyshire County Council), Dr Ruth Gooch, GP (DDCCG), Anne Rolfe, Head of Quality Governance (CRHFT).</p> <p>Helen Wilson left the meeting at 11.32am.</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. The next MS Teams meeting is due to be held in April 2022, with papers circulated for virtual agreement in March 2022.</p>	

4	Matters Arising/Summary	
CPAG 22/01	<p><u>4a. Glaucoma - Review of OMNI Surgical System</u></p> <p>FR presented a paper on the review of OMNI Surgical System for Glaucoma.</p> <p>An application form for a change in clinical practice has been received from UHDBFT with a request to commission the OMNI Surgical System for the treatment of Glaucoma.</p> <p>The OMNI system is one of the new innovations in glaucoma which treats two separate procedures simultaneously, Trabeculotomy and Canoplasty. It is a relatively new system developed by Sight Sciences and only recently received marketing approval by the FDA in 2021. There are currently a number of Clinical Trials listed on behalf of Sight Sciences, these are either yet to commence or are being undertaken with an expected completion date in 2023.</p> <p>The Clinical Policies and Decisions Team within DDCCG have notified NICE of the OMNI system as a procedure to be considered, this process can take up to 3 months.</p> <p>CPAG agreed not to commission the use of OMNI system due to its evidence base, as it is still undergoing clinical trials to validate its safety and long-term efficacy. It was suggested that providers review the position of OMNI system again once the outcome from NICE is available.</p> <p>SD advised that local Ophthalmologists and ophthalmology group should be informed that the OMNI system is not currently commissioned by DDCCG.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Provide feedback to clinicians/stakeholders • Inform contracting • Inform Local Ophthalmology Pathways Group that OMNI system is not currently commissioned by DDCCG 	FR FR FR
CPAG 22/02	<p><u>4b. Surgical Treatment of Sleep Apnoea</u></p> <p>FR presented a paper on Surgical Treatment of Sleep Apnoea.</p> <p>Feedback was received from a Clinician who requested an exception be added to current criteria</p> <p>Public Health have been consulted in regard to this amendment and the following has been added to Criteria 1 within the policy: <i>'cannot use CPAP due to a physical barrier in the nose'</i>.</p> <p>CPAG approved this addition to the policy.</p> <p>CPAG were asked to note that DDCCG has a separate Rhinoplasty and Septo-Rhinoplasty Policy. Members were asked to agree to cross-referencing the following DDCCG ENT Policies with each other:</p> <ul style="list-style-type: none"> • Adult Snoring Surgery (In the Absence of Obstructive Sleep) • Surgical Treatment of Sleep Apnoea Policy 	

<p>CPAG 22/03</p>	<p>A discussion took place and a suggestion made to consider merging some related policies together, to minimise the risk of information being overlooked. FR stated that some policies are for surgical procedures and some are for cosmetic procedures, therefore they are located in different areas on the Derbyshire Medicines Management website. However, the cosmetic section of the website is currently under review to improve user experience when searching for policies.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Policy approved – to be tabled at CLCC • Upload to Clinical Policies website once approved at CLCC • Add criteria 1 to Bulletin • Provide feedback to clinicians/stakeholders <p><u>4c. Cosmetics Policy Review</u></p> <p>The Cosmetics Policy Review paper was presented by TG.</p> <p>Following several queries from stakeholders in regard to cosmetic policies, a clinician-to-clinician meeting was held in November 2021 to resolve the issues raised. One of the agreed outcomes was the undertaking of a cosmetic policies review in conjunction with an F2 in Public Health, to clarify the existing cosmetic policies which are both condition specific and procedure related. A workplan was agreed by CPAG in December 2021 and this was then carried out in January 2022. This work involved a review for all 37 cosmetic policies, including 11 procedures that are not routinely commissioned and a further twenty-six policies which are commissioned with restrictions.</p> <p>Dr Sankavi Thavakumar was thanked for carrying out this work.</p> <p>CPAG were asked to review and agree amendments to the cosmetic policies and Clinical Policies website functionality following the recommendations made in the Cosmetic Policy Review. This includes:</p> <ul style="list-style-type: none"> • Additional Resource Section • References to other policies by providing hyperlinks • Website context • Categorisation of policies • Removal of List of procedures which fall under the same policy • Grouping of procedures with individual policies into anatomical subsections • Terminology and definitions <p>CPAG were asked to approve minor changes to the following cosmetic polices:</p> <ul style="list-style-type: none"> • Pinnaplasty – it is the responsibility of the Cosmetics RAS to define "significant deformity" with the aid of medical photos • Surgical Removal of Epidermoid and Pilar Cyst Policy – addition to the policy of "define loss of function" to align with the definition in other policies. <p>CPAG approved the amendments to the cosmetic policies and Clinical Policies website functionality along with the minor updates to the Pinnaplasty policy and Surgical Removal of Epidermoid and Pilar Cyst policy.</p>	<p>HM KR KR KR</p>
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	SD informed CPAG members that review dates for some Governance polices listed on the workplan may differ, due to the transition into the Integrated Care System (ICS).	
6.	Bulletin	
CPAG 22/06	<p>The December 2021 Bulletin was approved by CPAG.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Approved Bulletin to be tabled at CLCC • Bulletin to be uploaded onto website once approved at CLCC • Bulletin to be circulated to main providers and to Primary Care (via Membership Bulletin) 	HM KR KR
7.	Clinical Policies Reviewed	
CPAG 22/07	<p><u>7a. Cough Assist Machine (Mechanical Insufflation-exsufflation MI-E)</u></p> <p>TG presented the above paper to CPAG members.</p> <p>NHS Derby & Derbyshire CCG has in place a policy which states that due to insufficient evidence of effectiveness, Cough Assist Machines will not be routinely commissioned for patients with Neuro Muscular Dystrophy (NMD) or Spinal Cord problems.</p> <p>In October 2021 due to the number of IFRs which had been received and approved by the IFR panel, and the impact this was having in respect of delayed decision making leading to delayed discharges, a discussion took place at CPAG to consider a review of the current Cough Assist Machine policy.</p> <p>CPAG agreed that whilst the evidence hasn't changed, there may be a need to consider changing the Cough Assist Machine policy and approval mechanism to encompass the 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 NHS Continuing Healthcare (CHC) 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, and since changes have been made to their Cough Assist Policy, it has had a positive impact in the number of IFR's received for this.</p> <p>Following this information, CPAG members agreed for a review of the policy to be undertaken and for it to go out for wider stakeholder engagement to agree clinical criteria.</p> <p>The evidence base remains unchanged, CCGs are currently commissioning Cough Assist Machines (MI-E) based on both NICE guidelines and BTS 2021 Guidelines which reference Cough Peak Flow (CPF).</p> <p>A discussion took place regarding stakeholder feedback received and the summary of options or CPAG to consider</p> <p><u>PCF (Peak Cough Flow) of < 270 l/min'</u> – stakeholders recommended the consideration of cough assist provision and implementation as soon as the patient's PCF levels drops below 300 L/min, as a proactive response and to help prevent hospital admissions and maintain optimum respirator support at the right time.</p>	

<p>CPAG 22/08</p>	<p>TG presented a summary of evidence paper for PCF (Peak Cough Flow) of <270 l/min which did not support the change. Leaving the criteria unchanged also provides better alignment with the Manchester and Birmingham policies. Following this, CPAG members agreed that the criteria for this should remain unchanged within the policy. It was noted that children may have different peak flow rates. These cases would need to be managed and monitored through the IFR process.</p> <p><u>PCF and VC Measurements</u> – CPAG agreed that the policy should be aligned to the recommendations made by stakeholders and other CCGs policies including Manchester.</p> <p><u>List of conditions</u> – CPAG agreed to add the following wording, which had been provided by Public Health to the policy to align with other CCG policies.</p> <p>The following wording was agreed to be added to the policy, to align it to other CCG policies: "Patients with other or undiagnosed conditions may also be considered for cough assist where they meet the other clinical indications outlined below and a specialist team has recommended it's use"</p> <p><u>Effectiveness of Air stacking methods</u> – Stakeholders asked if the phrase " and manual cough assist air stacking methods have proven to be ineffective" could be replaced with "less effective" as there will be some patients in whom other technique will be partially effective.</p> <p>CPAG members agreed that whilst the wording should not be changed to "less effective" it should read "not effective" instead of "ineffective" in line with NICE guidance. It was also suggested that the definition be added to the policy.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Policy approved – to be tabled at CLCC following agreed amendments • Upload to Clinical Policies website once approved at CLCC • Add to Bulletin • Provide feedback to clinicians/stakeholders • Inform CHC <p><u>7b. Breast Reduction Surgery</u></p> <p>FR presented the Breast Reduction Surgery paper to CPAG members.</p> <p>The policy is due for routine review and has been sent out for stakeholder engagement. Current DDCCG criteria is based on a combination of East Midlands Cosmetics Policy and EBI. There has been no new significant robust evidence or new national guidance that has been published since the policy was last reviewed in May 2019 that requires a change in the policy's criteria or commissioning stance. It 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.</p> <p>CPAG members approved the minor updates to the policy and agreed a review date of 3 years.</p>	<p>HM KR KR KR/HM KR/HM</p>
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<p>CPAG 22/09</p>	<p>Actions:</p> <ul style="list-style-type: none"> • Policy approved – to be tabled at CLCC • Upload onto Clinical Policies Website once approved at CLCC • Add to Bulletin • Provide feedback to clinicians/stakeholders <p><u>7c. Hip and Knee Replacement</u></p> <p>FR presented the Hip and Knee Replacement paper to CPAG members.</p> <p>The policy is due for routine review and has been sent out for stakeholder engagement. There has been no new significant robust evidence or new national guidance that has been published since the policy was last reviewed in November 2019 that requires a change in the policy's criteria or commissioning stance. It 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. Links to Shared Decision Making Tools have been added to the policy, following feedback from DCHSFT.</p> <p>CPAG members approved the minor updates to the policy and agreed a review date of 3 years.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Policy approved – to be tabled at CLCC • Upload onto Clinical Policies Website once approved at CLCC • Add to Bulletin • Provide feedback to clinicians/stakeholders 	<p>HM KR KR KR</p> <p>HM KR KR KR</p>
<p>CPAG 22/10</p>	<p><u>7d. Hip and Knee Revision</u></p> <p>FR presented the Hip and Knee Revision paper to CPAG members.</p> <p>The policy is due for routine review and has been sent out for stakeholder engagement. There has been no new significant robust evidence or new national guidance that has been published since the policy was last reviewed in November 2019 that requires a change in the policy's criteria or commissioning stance. It 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. Links to Shared Decision Making Tools have been added to the policy, following feedback from DCHSFT.</p> <p>CPAG members approved the minor updates to the policy and agreed a review date of 3 years.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Policy approved – to be tabled at CLCC • Upload onto Clinical Policies Website once approved at CLCC • Add to Bulletin • Provide feedback to clinicians/stakeholders 	<p>HM KR KR KR</p> <p>HM KR KR KR</p>

<p>CPAG 22/11</p>	<p><u>7e. Hip Resurfacing</u></p> <p>FR presented the Hip Resurfacing paper to CPAG members.</p> <p>The policy is due for routine review and has been sent out for stakeholder engagement. There has been no new significant robust evidence or new national guidance that has been published since the policy was last reviewed in November 2019 that requires a change in the policy's criteria or commissioning stance. It 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. Links to Shared Decision Making Tools have been added to the policy, following feedback from DCHSFT.</p> <p>CPAG members approved the minor updates to the policy and agreed a review date of 3 years.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Policy approved – to be tabled at CLCC • Upload onto Clinical Policies Website once approved at CLCC • Add to Bulletin • Provide feedback to clinicians/stakeholders 	<p>HM KR KR KR</p>
<p>CPAG 22/12</p>	<p><u>7f. Removal of Benign Skin Lesions</u></p> <p>FR presented the above paper to CPAG members.</p> <p>The policy is due for routine review and has been sent out for stakeholder engagement. Following stakeholder feedback, subsequent minor amendments have been made to the policy:</p> <ul style="list-style-type: none"> • Removal of criterion "which become inflamed on a regular basis" from the skin tags criteria in Section 3 – Recommendation, as it is repeated in the second list of criteria. • Combining of criteria in bullet point 1 and 2 "bleeding in the course of normal everyday activity" in Section 2 – Recommendation. <p>CPAG were also asked to review the commissioning of Facial Warts in Children within the Benign Skin Lesion Policy, following the submission of additional feedback from the Academy of Medical Royal Colleges (EBI) and stakeholders, and agree to the adoption of National Guidance based on consensus of opinion.</p> <p>Following stakeholder feedback, removal of facial viral warts in children has been recommended on the basis that they are often a cause of bullying and school non-attendance from age 9-10 upwards.</p> <p>A discussion took place, CPAG members agreed that a decision to support the removal of facial warts in children should not be made on the basis of bullying and non-school attendance, as this is not a clinical reason and would have an impact on other clinical policies.</p>	

	<p>Facial warts in children are included as part of the EBI National Guidance, although it makes no distinction between adults and children, and is supported by the BAD and BSPAD.</p> <p>CPAG agreed to adopt EBI National Guidance for Facial Warts in All Ages Causing Significant Psychological Impact.</p> <p>The risks of this procedure, which include bleeding, pain, infection and scarring are to be included within the policy.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Policy approved – to be tabled at CLCC • Upload onto Clinical Policies Website once approved at CLCC • Add to Bulletin • Provide feedback to clinicians/stakeholders 	<p>HM KR KR KR</p>
<p>CPAG 22/13</p>	<p><u>7g. Surgical Haemorrhoidectomy</u></p> <p>FR presented the Surgical Haemorrhoidectomy paper to CPAG members.</p> <p>The policy is due for routine review and has been sent out for stakeholder engagement. There has been no new significant robust evidence or new national guidance that has been published since the policy was last reviewed in April 2019 that requires a change in the policy's criteria or commissioning stance. The policy is EBI compliant. It 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.</p> <p>CPAG members approved the minor updates to the policy and agreed a review date of 3 years.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Policy approved – to be tabled at CLCC • Upload onto Clinical Policies Website once approved at CLCC • Add to Bulletin • Provide feedback to clinicians/stakeholders 	<p>HM KR KR KR</p>
<p>CPAG 22/14</p>	<p><u>7h. Adult Snoring Surgery in the Absence of Obstructive Sleep Apnoea</u></p> <p>FR presented the above paper to CPAG members.</p> <p>The policy is due for routine review and has been sent out for stakeholder engagement. This policy is in line with NHS EBI Guidance which recommends that Snoring Surgery in the Absence of Obstructive Sleep Apnoea should not be commissioned. There has been no new significant robust evidence or new national guidance that has been published since the policy was last reviewed in March 2019 that requires a change in the policy's criteria or commissioning stance. It 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.</p>	

	<p>CPAG members approved the minor updates to the policy and agreed a review date of 3 years. It was also agreed to cross-reference this policy with the Surgical Treatment of Sleep Apnoea Policy, to give clarity on the different polices available.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Policy approved – to be tabled at CLCC • Upload onto Clinical Policies Website once approved at CLCC • Add to Bulletin • Provide feedback to clinicians/stakeholders 	<p>HM KR KR KR</p>
8.	Governance Policies	
	No update this month.	
9.	Contracting and Blueteq Queries	
CPAG 22/15	<p><u>9a. Continuous Blood Glucose Monitoring</u></p> <p>TG presented the Continuous Blood Glucose Monitoring (CGM) paper to CPAG members.</p> <p>The purpose of the paper is to ensure the DDCCG policy is aligned to National Tariff and procurement arrangements, which incorporates high cost devices such as Insulin Pumps and CGM.</p> <p>In January 2022, NHS Supply Chain issued a new two year contract for direct supply. The products in this framework are for use in Diabetes clinics, Maternity patients, specifically NHS England and NHS Improvement program for expectant mums with Type 1 diabetes, and in patients' homes following diagnosis and prescribing. Providers and Planned Care/Pathways have been informed of the new contract.</p> <p>CPAG were asked to agree the following minor amendments to the policy:</p> <ul style="list-style-type: none"> • Providers should use the most cost-effective product available • Remove references to specific devices <p>A discussion took place in regard to assurance that the most cost effective devices will be used when references to specific devices are removed from the policy. TG will hold further discussions with DDCCG contracting team, as to how high cost devices can be monitored.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Policy approved – to be tabled at CLCC • Upload onto Clinical Policies Website once approved at CLCC • Add to Bulletin • Provide feedback to clinicians/stakeholders • TG and HW to discuss monitoring of high cost devices budget 	<p>HM KR KR KR TG/HW</p>
10.	Individual Funding Request (IFR) – For Information	
CPAG 22/16	<p><u>10a. Screening Feedback December 2021 and January 2022</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>HM</p>

<p>10b.</p> <p>CPAG 22/17</p>	<p>Glossop Transition</p> <p>TG presented a paper on the Glossop transition process/communications plan for IFR/Prior Approval/Cosmetics for Glossop residents from 1st July 2022.</p> <p>A communications and Engagement Plan has been developed by NHS Derby & Derbyshire CCG to address the ICS Boundary change for Glossop 2021/22. The aims and objectives of the communications plan will fall within the remit of the communications and engagement workstream.</p> <p>The aim of the plan is to articulate how information will be shared and how the full range of audiences will be engaged with.</p> <p>The workstream action plan states that comms will be included for the following:</p> <ul style="list-style-type: none"> ○ Primary Care- PLCV/Cosmetics ○ Individual Funding Requests <p>Comms statements for IFR/PLCV and cosmetics have been prepared which will be sent out by the Comms teams at a date to be agreed following the push back of the transition date to 1st July 2022.</p> <p>The statements were noted and approved by CPAG members.</p> <p>CPAG were asked to note the following:</p> <ul style="list-style-type: none"> • NHSE has confirmed that the Glossop transition has been deferred from 1st April 2022 to the 1st July 2022. Further discussions will be held at the next Glossop Internal Transition meeting to agree the CCGs approach to this. Comms to be sent out to Providers and Practices informing them of changes from 1st July 2022. • Transfer of IFR, Prior Approval and Cosmetic data from Manchester CSU to Derby and Derbyshire CCG/ICB will be carried out via the Blueteq system. There may be cost implications for adding Glossop practices to the Blueteq system. • The Current Glossop treatment process differs to that of Derby and Derbyshire CCG/ICB, therefore there is a potential training requirement for the transitioning Glossop practices to enable them to align to Derbyshire's current practices. • NHS Derby & Derbyshire CCG/ICB PLCV forms will require uploading to the Glossop GP clinical systems - EMIS, SystemOne and pathfinder. Locally commissioned services including PLCV and Cosmetics Referral Assessment Service to be uploaded by e-RS lead, to enable Glossop practices to see and use locally commissioned services. <p>A discussion took place and CPAG acknowledged that there was a risk of complaints/challenge as a result of the transition to Derbyshire policies. This has been formally recorded on the transition risk register; however it was recognised that this is a risk that the CCG has always carried due to border issues with neighbouring areas. BD advised that he is part of the Transitional Working Group and will raise these risks through the Group.</p> <p>Action:</p> <ul style="list-style-type: none"> • Summary of actions to be tabled at CLCC 	<p>HM</p>
<p>11.</p> <p>CPAG 22/18</p>	<p>East Midlands Affiliated Commissioning Committee (EMACC)</p> <p>TG presented the above paper to update CPAG on EMACC position.</p>	

	<p>NHS Nottingham and Nottinghamshire CCG propose that they will no longer be the host for EMACC after July 2022. Whilst there might be opportunities for wider regional collaboration across ICBs, this will be arranged on an ad hoc basis.</p> <p>As discussions are currently taking place with NHSE about Specialised Commissioning across the Midlands, there may be a potential role to pick up some of the more challenging clinical policies.</p> <p>As a MOU was originally signed off by individual CCG Boards, Nottingham CCG will raise the suggestion from the Chair of CPAG that this should formally be signed off and closed, to enable reporting back to outgoing CCG boards together with any risks and mitigations. Due to minimal EMACC activity this year there will be no recharge for member CCGs.</p> <p>EMACC is intending to complete the work on the Gamete Storage Policy, subject to the involvement of others across the region.</p> <p>EMACC is to confirm that a final draft of the Gamete Storage policy can be finalised before the closure of the CCG on the 1st July 2022 to present to CPAG.</p> <p>Action:</p> <ul style="list-style-type: none"> • Inform CLCC that EMACC will cease to exist from 1st July 2022 	HM
12.	CLCC Updates	
CPAG 22/19	<p>Papers submitted to January 2022 CLCC noted:</p> <ul style="list-style-type: none"> • Arthroscopic Shoulder Decompression for Subacromial Policy • Laser Treatment for Skin Conditions Policy • Circumcision Policy • Non Standard MRI Scans Policy • Photodynamic Therapy (PDT) Policy • Trigger Finger Policy • Removal of Benign Skin Lesions Policy • Surgical Removal of Epidermoid and Pilar Cysts Policy • Treatment of Congenital Pigmented Lesions on the Face • Areas for Service Development • CPAG updates • CPAG Full ToR • CPAG Interim ToR • CPAG Bulletin November 2021 <p>SH confirmed all the above papers had been ratified by CLCC.</p>	
13.	IPG Updates Since Last Meeting	
CPAG 22/20	<p><u>13a. IPGs, MTGs, DGs and MIBs</u></p> <p>CPAG noted the NICE IPGs, MTGs, DGs and MIBs updated in December 2021 and January 2022.</p> <p>It was 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 	KR HM
14.	Business Cases	
	No update this month.	

15.	QIPP Pipeline	
	No update this month.	
16.	Key Messages For CLCC	
CPAG 22/21	<p>Papers to be submitted to March 2022 CLCC noted:</p> <ul style="list-style-type: none"> • Sleep Apnoea – (minor amendment) • Cough Assist Machines • Breast Reduction Surgery • Hip and Knee Replacement • Hip and Knee Revision • Hip Resurfacing • Removal of Benign Skin Lesions • Surgical Haemorrhoidectomy • Adult Snoring in the Absence of Obstructive Sleep Apnoea • Continuous Glucose Monitory Policy – minor changes • Glossop Transition update to CLCC • EMACC Update – EMACC will cease • NICE IPGs, MTGs, DGs and MIBs • IFR updates • CPAG Bulletin December 2021 • Concise summary of Cosmetic workplan • Surgical removal of epidermoid and pilar – minor amendment 	HM
17.	For Information	
	No update this month.	
18.	Any Other Business	
	There were no items of any other business.	
19.	Date of Next Meeting	
	Thursday 17th March 2022, papers to be agreed virtually. Agenda items for March meeting to be received by 12 noon on 28th February 2022 please.	