Derby and Derbyshire
Clinical Commissioning Group

Clinical Policy Advisory Group (CPAG)

Minutes of the meeting held on Thursday 19th May 2022
Microsoft Teams

CONFIRMED MINUTES

Present	Initial	Title
Derby and Derbyshire CCG (DDCCG)		
Steve Hulme	SH	Director of Medicines Management & Clinical Policies (Chair)
Dr Andy Mott	AM	GP & Prescribing Lead
Dr Ruth Gooch	RG	GP
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 Moss	HM	Individual Decision & Project Manager
Lana Davidson	LD	Head of Acute Contracts
Craig West	CW	Acting Associate Chief Finance Officer
Derby City Council		
Derbyshire County Council		
In Attendance	**Initial**	**Title**
Mandy Phillips	MP	Individual Decisions Approvals Senior Administrator

Ref:	Item	Action
1	**Declaration of Interest (DOI)**	
	SH reminded committee members of their obligation to declare any interests 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.	
2	**Welcome, Introductions, Apologies, Quoracy**	
	Apologies were noted from Dr Buk Dhadda, GP Clinical Lead/Governing Body Member (DDCCG), Slakahan Dhadli, Assistant Director of Medicines Management and Clinical Policies (DDCCG), Helen Wilson, Deputy Director of Contracting and Performance (DDCCG), Kate Rogers, Individual Decisions and Projects Officer (DDCCG), Anne Rolfe, Head of Quality Governance (CRHFT). CPAG was quorate under the Interim Terms of Reference, it was agreed decisions will be circulated and confirmed virtually with Public Health. **Post meeting note:** Public Health agreed with the decisions made at the CPAG meeting held on 19th May 2022.	

3	**Minutes and Key Messages From the Last Meeting**	
	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 July 2022, with papers circulated for virtual agreement in June 2022.	
4	**Matters Arising/Summary**	
CPAG 22/52	**4a. Finance Representative and Deputy Chair of CPAG** Craig West, Acting Associate Chief Finance Officer was welcomed to the meeting and introductions were made. Craig will be representing DDCCG/ICB Finance at CPAG meetings for the foreseeable future. SH asked members of the committee if anyone wished to nominate themselves as Deputy Chair for CPAG meetings. The previous Deputy Chair was Niki Bridge, Deputy Chief Finance Officer, who is no longer with the CCG. As not all members were present at the CPAG meeting, it was agreed that an email would be circulated to all members, setting out what the requirements are and requesting nominations. **Actions:** • Email to be circulated to all CPAG members, setting out the requirements for Deputy Chair and requesting nominations.	KR
CPAG 22/53	**4b. CPAG Meeting Dates** SH explained that CPAG meetings are currently held quarterly via MS Teams, with papers circulated for virtual agreement during the two months in between. As meetings across the rest of DDCCG are being stood up again and are taking place more frequently, it was agreed that CPAG meetings will take place via MS Teams every other month, with papers circulated for virtual agreement during the month in between. This will be arranged to alternate with the Derbyshire Joint Area Prescribing Committee (JAPC) MS Teams meetings, as there are some commonalities in membership. It will be reviewed in 6 months' time, or sooner depending upon business need. **Actions:** • Update calendar invites and move MS Teams meetings to every other month, alternating with JAPC MS Teams meetings • Add to Action Tracker to review in 6 months' time, or sooner depending upon business need	KR/HM KR/HM
CPAG 22/54	**4c. Injections for Low Back Pain Activity without Sciatica Including Spinal Fusion for Low Back Pain** HM advised that the purpose of the paper is to provide updated activity data for spinal injections and fusion for non-specific low back pain without sciatica, to assure CPAG that referrals have reduced since the removal of Prior Approval relating to this PLCV policy, in March 2020. In March 2020, CPAG agreed to re-assess the data in 12 months to assess the impact the removal of Prior Approval had on activity levels. However, due to COVID-19 and the	

	fact that the CCG has remained at Business Continuity level 4, this review was put on hold. In April 2022 BI produced a comparable dataset from when this was run in March 2020 and annotated current activity, noting that COVID-19 and Business Continuity level 4 would impact on this. HM presented the tables within the coversheet, the first table showed restricted activity from the years 2017/18 to 2019/20, the second table showed back pain procedures for 2021 and 2021/22. It was noted that there was no data available between January 2020 and June 2020, and there had been a reduction in elective activity since COVID-19 started in March 2020, which was evidenced in the 'average monthly activity' table. It was also noted that granularity of coding may not be specific. A discussion took place, and the committee agreed to review the activity data in 1 years' time, to see whether it had stabilised or increased. **Actions:** • Review activity data in 1 years' time • Add to Action Tracker	HM KR/HM
CPAG 22/55	**4d. Identification and Classification of Overweight and Obesity** FR presented a paper to inform CPAG that there are draft NICE Guidelines for Consultation (April 2022) on Obesity: Identification and Classification of Overweight and Obesity more specifically on BMI definitions. The paper highlighted any DDCCG policies that may be affected by this change in classification. The guideline covers assessing overweight and obesity in adults, children and young people. If approved, it will update and replace the recommendations on identification and classification of overweight and obesity in NICE's guidelines on: • Obesity: Identification, Assessment and Management (2014) NICE Guideline CG189 • BMI: Preventing ill health and premature death in Black, Asian and other minority ethnic groups (2013) NICE Guideline PH46 People with a South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean family background are prone to central adiposity and their cardiometabolic risk occurs at lower BMI, so lower BMI thresholds should be used as a practical measure of overweight and obesity: • overweight: BMI 23 kg/m2 to 27.4 kg/m2 • obesity: BMI 27.5 kg/m2 or above In adults whose BMI is below 35 kg/m² waist-to-height ratio should be measured, as well as BMI, as a practical estimate of central adiposity to help to assess and predict health risks. Following a review of weight criteria within DDCCG polices, it was highlighted that there are 7 policies that could be affected by a change in BMI classification. They include: • Abdominoplasty • Breast Reduction • Breast Asymmetry • InVitro Fertilisation (IVF) • Intrauterine Insemination (IUI)	

	• Surgical Treatment of Sleep Apnoea • Obesity Surgery Stakeholder engagement has been carried out with Public Health. The guideline highlights that those from certain ethnic backgrounds are more at risk from obesity related complications at a lower threshold - however it was discussed that many of these policies do not relate to the health risk for the individual but the success of the intervention. The quality of the evidence produced by NICE was mixed. Most studies included information on differences in predictive accuracy or diagnostic accuracy for people of various ethnicities. For all CCG policies listed above (with the exception to Obesity Surgery) the BMI criteria are outcome based, i.e. the intervention is more successful if the BMI is within the appropriate range. The NICE document focuses on long term health outcomes such as Cardiovascular Disease, Type 2 Diabetes Monitoring and Obesity related issues – it is about earlier interventions for BAME groups due to a higher risk at lower BMIs of obesity related health conditions. Any lowering of BMI criteria would make DDCCG policies more restrictive for BAME groups. CPAG acknowledged the draft NICE Guidelines for Consultation (April 2022) Obesity: Identification and Classification of Overweight and Obesity, and the proposed updated BMI classification within the draft guidelines. CPAG noted (in Appendix 1) the DDCCG policies that may need to be updated to reflect the change in BMI requirements once any final guidance has been published. The current and the proposed EBI 3 criteria for obesity surgery are aligned with the Derbyshire operating model. SH queried when the consultation period closed and whether there was opportunity for DDCCG to respond to the consultation, FR will follow this up and confirm. **Actions:** • FR to confirm when the consultation period closes for draft NICE Guidelines (April 2022) on Obesity: Identification and Classification of Overweight and Obesity • Review the final NICE Guideline on Obesity: Identification and Classification of Overweight and Obesity, once it is published **Post meeting note:** the consultation period for draft NICE Guidelines (April 2022) on Obesity: Identification and Classification of Overweight and Obesity closed on 11th May 2022. The final guideline is expected to be published in September 2022.	 FR FR
5.	**Work Plan/Action Tracker**	
CPAG 22/56	CPAG noted the Action Tracker and Policies Pending Review Workplan. TG presented the Action Tracker and asked CPAG to note line 39 - East Midlands Affiliated Commissioning Committee (EMACC) work plan - Gamete Cryopreservation Policy. An email has been received from EMACC confirming plans to produce a draft policy for Gamete Cryopreservation by 1st July 2022. Public Health has agreed to review the document once available. It is anticipated that the policy will be tabled at the CPAG meeting in July 2022.	

	SH suggested removing Hydroxychloroquine from the Action Tracker, as it was confirmed that it currently sits with Planned Care within DDCCG. Planned Care have advised that as a result of the COVID-19 pandemic, Public Health have not been able to progress further due to a lack of resource and capacity, therefore it remains on hold for the foreseeable future. A discussion took place, and it was identified that there is a potential risk for the CCG as there is no commissioning pathway in place. TG and HM asked to raise with Planned Care and advise appropriate risk assessment and mitigations considered. CPAG to review the draft policy once it has been developed. **Actions:** • Return Hydroxychloroquine to Planned Care and advise that CPAG will review the draft policy once developed • Inform Planned Care of the potential risk to the CCG in the absence of a commissioning pathway and appropriate mitigations are considered • Inform Public Health of the decisions made • EMACC update to be tabled at CLCC	 TG/HM TG/HM TG/HM HM
6.	**Bulletin**	
CPAG 22/57	The April 2022 Bulletin was approved by CPAG. **Actions:** • 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 22/58	**7a. Grommets in Otitis Media with Effusion Policy - for Adults and Children** FR presented the above paper to CPAG members. The policy is due for routine review and has been sent out for stakeholder engagement. The Criteria for Children has been adapted from National EBI Guidance: Grommets for Glue Ear in Children (which is in line with NICE CG60: Otis Media with Effusion in Under 12s: Surgery). There is a lack of high-quality evidence of the effectiveness of Grommets in Adults. National Guidance relates to children only. Grommets in Adults and Children are commissioned with restrictions in line with EBI in neighbouring CCG's. 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. The local 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. CPAG members approved the minor updates to the policy and agreed a review date of 3 years. **Actions:** • Circulate to Public Health	 HM

	• Policy approved – to be tabled at CLCC • Upload onto Clinical Policies Website once approved at CLCC • Add to Bulletin • Provide feedback to clinicians/stakeholders	HM KR KR KR
CPAG 22/59	**7b. Surrogacy Policy** FR presented the Surrogacy paper to CPAG members. The policy is due for routine review and has been sent out for stakeholder engagement. The DDCCG Surrogacy policy is aligned with EMACC and does not fund any associated treatments related to those in surrogacy arrangements. This includes the creation and storage of eggs/embryos for which DDCCG has a separate IVF Policy. Stakeholder feedback has been received from a Consultant in Reproductive Medicine at STHFT, one of DDCCGs contracted IVF providers, who felt that it is reasonable to provide fertility treatment to patients to create embryos for use in surrogacy where it is clinically indicated. The stakeholder felt that the current policy discriminates against patients who are unable to carry their own pregnancy for valid medical reasons. The current policy may also be deemed to discriminate against male same sex couples and against female patients with medical problems or disabilities. Some of these concerns may meet criteria within the DDCCG Gamete Storage policy. It was noted that the Yorkshire and Humber Fertility policy does allow couples to create and store embryos for use in surrogacy, but no aspect of the surrogacy treatment is funded. DDCCG has liaised with Public Health, who have clarified that the purpose of NHS funded IVF is as a treatment for fertility and not to provide a child to couples who are unable to conceive. The NHS/World Health Organisation/Centres for Disease Control and Prevention define infertility as the inability to conceive, not the inability to bear a live child. DDCCG approach to same sex female couples, and those unable to have intercourse for physical reasons, is to self-fund IUI to evidence infertility. The CCGs Engagement Manager has confirmed that the Surrogacy policy is equitable as DDCCG does not support the commissioning of assisted conception treatments involving surrogates for any patient group. It is therefore not disadvantaging any group over another. The DDCCG Gamete Storage policy does not address NHS funding for the future use of frozen gametes. Provision of gamete freezing and storage under the terms of this policy is made without prejudice to the future determination of funding of any subsequent fertility treatment. It should be noted that within the inclusion criteria of the policy that women who are undergoing gynaecological surgery should only be offered oocyte cryopreservation if, following surgery, pregnancy would still be viable. There has been no new significant robust evidence or new national guidance that has been published since the policy was last reviewed in June 2019 that requires a change in the policy's criteria or commissioning stance.	

	NICE CG156: Fertility Problems (2017) does not include specific advice on surrogacy. Surrogacy does not fall within the scope of the NICE guideline. NICE have begun the process of updating this policy in February 2022, the completion date is to be confirmed. The 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. CPAG members noted that the policy supported an equitable position in line with the CCGs other policies. The recommendations and the minor updates were approved, and a review date of 3 years was agreed. **Actions:** • Circulate to Public Health • Policy approved – to be tabled at CLCC • Upload onto Clinical Policies Website once approved at CLCC • Add to Bulletin • Provide feedback to clinicians/stakeholders	 HM HM KR KR FR
8.	**Governance Policies**	
CPAG 22/60	**8a. NICE Interventional Procedures Guidance (IPG), Medical Technologies Guidance (MTG), Diagnostics Guidance (DG) and MedTech Innovation Briefing (MIB) Policy** TG presented the above paper to CPAG members. The policy is due for routine review and has been sent out for stakeholder engagement. The purpose of the policy is to ensure that Derby & Derbyshire CCG have a consistent approach in considering and implementing IPGs, MTGs, DGs and MIBs. The policy aims to restrict activity with an approved business case. CPAG were asked to review the intention of the policy with regards to IPGs (NICE outputs) that are established clinical practices. In December 2021 the CPD team received a change of practice form from a Derbyshire provider asking to approve a new to market device which combines two established standard IPGs. NICE IPGs that are published appear not to be routinely reviewed, and the technology wasn't covered by any existing NICE programmes. The provider's internal governance had approved the device as safe and effective, and after further review, CPAG concluded that the accepted change of practice and governance lies with the provider. The policy has been updated with additional wording, to provide further clarification for similar requests when practice becomes routine in the future. CPAG were asked to note the following exemption, which has been agreed to the requirement of a business case: for procedures that have previously been assessed under the NICE IPG programme that have since been accepted as established practice with good governance of introduction and safe operating practice. (CPAG acknowledge that when procedures become established clinical practice the providers internal governance will provide the operating model and the assurance for adoption. This includes any increase in activity / cost has been accounted for in the	

	horizon scanning, planning considerations and prioritisation process and subsequently agreed with the commissioner). Details of how information can be shared with NICE has also been included within the policy. A discussion took place in regard to the word 'challenge' in the following sentence: ***** *As of the 12th December 2019, the CCG will not challenge any standard/normal IPG's that are already being carried out at our providers prior to this date.* CPAG noted the word 'challenge' referred to a contracting process. CPAG noted the organisation would require altering from CCG to ICB after the establishment date of 1st July 2022. CPAG acknowledged that there are other NICE programmes not covered by the policy restrictions where CPAG would review. TG to add under section 3 - Introduction, The CCG retains the ability to review and approve the introduction of devices and procedures introduced under this NICE Output (Clinical Guidelines). CPAG members agreed the exception to the policy which provides further clarification and noted that the FAQ (agreed CPAG April 2022) has been added as an Appendix to the policy. CPAG approved the updated policy with a review date of 3 years. **Actions:** • Amend the organisation from CCG to ICB after the establishment date of 1st July 2022 • TG to add to the policy under section 3 - Introduction, The CCG retains the ability to review and approve the introduction of devices and procedures introduced under this NICE Output (Clinical Guidelines) • Circulate to Public Health • Policy approved – to be tabled at CLCC • Upload onto Clinical Policies Website once approved at CLCC • Add to Bulletin • Provide feedback to clinicians/stakeholders	HM/KR TG HM HM KR KR KR
CPAG 22/61	**8b. Consultant to Consultant Referral Policy** FR presented the Consultant to Consultant Referral paper to CPAG members. The policy is due for routine review and has been sent out for stakeholder engagement. Feedback has been received from a consultant at CRHFT who asked if it could be clearer about those situations where clinical services have been de-commissioned. FR informed the committee that policies are grouped in Clinical Area on the Derbyshire Medicines Management website as either 'Not Commissioned' OR 'Commissioned with Restrictions', therefore it was felt that no further clarity was necessary. The consultant also enquired if a patient is incidentally found to have hypertension unrelated to the original complaint and is not in need of urgent management, should they	

	refer back to Primary Care to manage/decide on an alternative provider (assuming secondary care opinion/referral is indicated)? This is covered within the policy: Situations in which Referral Back to GP Would be Appropriate: • Conditions that are unrelated to the presenting problems and do not require urgent referrals • Incidental findings, except cancer The policy was last updated in August 2019 and is based on the NHS Consultant to Consultant Referrals Good Practice Guide 2018. There has been no new significant robust evidence or new national guidance that has been published since the policy was last reviewed in August 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. A discussion took place, and a question was asked as to whether the policy is still relevant or needed. This is due to the fact that many processes that previously were in place and applicable have changed or are no longer active. It was also noted that general practice has not been involved in the policy review. AM suggested that this be presented at the Alliance for Clinical Transformation (ACT) meeting, which is an interface discussion between GP's and consultants, and for the Local Medical Committee (LMC) to be included as part of the stakeholder engagement exercise. CPAG agreed that the appropriate action would be to send the policy to ACT for review and comment. **Actions:** • FR to send the Consultant to Consultant Referral Policy to AM, to be presented at an ACT meeting • Outcome to be reported back to CPAG • Policy to be sent to LMC as part of Stakeholder Engagement • Ensure contact details are included in relevant CPAG stakeholder engagement • Update the Action Tracker	FR FR HM/KR FR HM/KR
9.	**Contracting and Blueteq Queries**	
	No update this month.	
10.	**Individual Funding Request (IFR) – For Information**	
CPAG 22/62	**<u>10a. Screening Feedback April 2022</u>** CPAG noted the screening information. **Action:** • Inform CLCC that CPAG has considered the IFR screening requests, and no service developments have been identified.	HM

CPAG 22/63	**10b. IFR Update - Panel membership/Training/Review of IFR Policy for ICS** **Membership:** In March 2022 there was a review of panel membership, as it was highlighted that a number of IFR trained members have recently left the CCG or may not transition into the ICB post 1st July 2022. As IFR is a statutory function there is a need for assurance that the right members are in place and appropriately trained, to provide resilience to the IFR process and ensure the continuity of the IFR panels transitioning into the ICB. HM highlighted that Public Health have not confirmed a named deputy for the IFR panel, there has been a number of attempts to contact them about this matter, with no response received to date. **IFR Chair:** The Chair of the panel will be stepping down from his current role as Lay Representative on the 1st July 2022. In April 2022 a new Chair of IFR and review panel including deputy were appointed and will commence in their role as of 1st July 2022. **Training:** All new members of the IFR panel, must undertake mandatory IFR induction training prior to being able to take an active part in the IFR panel process. IFR training is currently being organised for Non-Executive Members (NEMs) and a Finance representative, a provisional date of the 15th June 2022 has been proposed. This date has also been sent to existing panel members to allow them the opportunity to join. **Actions:** • Re-confirm with Public Health who will be appointed as Deputy for the IFR panel • To review in 2-3 months' time, who will represent Public Health on the IFR Review Panel • Update to be tabled at CLCC	HM HM HM
10b.	**Glossop Transition**	
CPAG 22/64	HM presented a paper on the Glossop transition update for IFR/Prior Approval/Cosmetics for Glossop residents. Concern about the lack of progress which has been made, as there remains a number of unresolved actions that need completing, before assurance can be made that the transition deadline date of 1st July 2022 can be met. These concerns have been escalated to the Glossop Programme Manager. A meeting has been arranged with a new contact at the Manchester Joint Commissioning Team to discuss the outstanding issues. In April 2022, a meeting was held with Greater Manchester (GM) Joint Commissioning Team and the following actions agreed: • GM to review any pending IFR/PA cases for Glossop • Share Derbyshire communications for IFR with GM • As of 1stJuly 2022 interventions that previously fell under the category of Prior Approval in GM will become known as "Permissible Activity". This means PA will no longer be required. Secondary care to screen and provide assurances that the patient meets policy criteria. DDCCG/ICB will operate this process for the 12 month no change period before transitioning to the Derbyshire operating model	

	• Communication of no change to Glossop practices • Transition review meeting agreed mid-May There has been an unresolved issue surrounding authorisation to share data, as the data sharing agreement was awaiting sign off. The confirmed start date for the Glossop Transition has been agreed by the Clinical and Lay Commissioning Committee (CLCC) as 1st July 2022. There will be no change for a period of 12 months up until 1st July 2023. The Principles document has also been approved by CLCC. CPAG noted the updates for IFR/Prior Approval and the outstanding actions that remain unresolved. **Action:** • Summary of actions to be tabled at CLCC	HM
11.	**East Midlands Affiliated Commissioning Committee (EMACC)**	
	No update this month.	
12.	**CLCC Updates**	
CPAG 22/65	Papers submitted to May 2022 CLCC noted: • Diagnostic Knee Arthroscopy Policy • Arthroscopic Knee Washout for patients with Osteoarthritis Policy • Intrauterine Insemination (IUI) Policy • Meibomian Cyst (Chalazion) Policy • Continuous Glucose Monitoring Policy • IFRs/IPGs March 2022 • IFR Update - panel membership and training • Glossop Transition update for IFR/Prior Approval/Cosmetics service for Glossop residents • CPAG Bulletin March 2022 SH confirmed all the above papers had been ratified by CLCC.	
13.	**IPG Updates Since Last Meeting**	
CPAG 22/66	**13a. IPGs, MTGs, DGs and MIBs** CPAG noted the NICE IPGs, MTGs, DGs and MIBs updated in April 2022. It was confirmed that no business cases have been received for any IPG's. **Action:** • 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 22/67	Papers to be submitted to June 2022 CLCC noted: • CPAG Bulletin April 2022 • Grommets in Otitis Media with Effusion Policy • Surrogacy Policy • IPG MTG DG MIB Policy • EMACC Gamete Storage Policy - update • NICE IPGs, MTGs, DGs and MIBs • IFR updates • IFR panel and training update • Glossop Transition for IFR/Prior Approval/Cosmetics Service	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 16th June 2022, papers to be agreed virtually. Agenda items for June meeting to be received by 12 noon on 30th May 2022 please.	