

Clinical Policy Advisory Group (CPAG)

MINUTES OF THE CLINICAL POLICY ADVISORY GROUP (CPAG) MEETING
HELD ON THURSDAY 1ST SEPTEMBER 2022 AT 9:30AM
VIA MICROSOFT TEAMS

CONFIRMED MINUTES

Present:		
Derby and Derbyshire ICB (DDICB)		
Steve Hulme	SH	Director of Medicines Management & Clinical Policies (Chair)
Dr Andy Mott	AM	GP & Prescribing Lead (Chaired for part of this meeting)
Dr Buk Dhadda	BD	GP Clinical Lead/ICB Board Member
Slakahhan Dhadli	SD	Assistant Director of Medicines Management and Clinical Policies
Tom Goodwin	TG	Head of Medicines Management and Clinical Policies and Decisions
Helen Moss	HM	Individual Decision & Project Manager
Fazal Rahman	FR	Medicines Management and Clinical Policy Guidelines, Formulary and Policy Manager
Derby City Council		
Derbyshire County Council		
Thom Dunn	TD	Assistant Director of Public Health
In Attendance:		
Zoha Aftab	ZA	Foundation Doctor (Public Health, Derbyshire County Council)
Kate Rogers	KR	Individual Decisions and Projects Officer (DDICB) (Minutes)
Apologies:		
Robyn Dewis	RD	Director of Public Health (Derby City Council)
Dr Ruth Gooch	RG	GP (DDICB)
Ellie Houlston	EH	Director of Public Health (Derbyshire County Council)
Craig West	CW	Acting Associate Chief Finance Officer (DDICB)
Helen Wilson	HW	Deputy Director of Contracting and Performance (DDICB)

Ref:	Item	Action
1	<p>Welcome, Introductions and Apologies</p> <p>Apologies were noted from Robyn Dewis, Director of Public Health (Derby City Council), Dr Ruth Gooch, GP (DDICB), Ellie Houlston, Director of Public Health (Derbyshire County Council), Craig West, Acting Associate Chief Finance Officer (DDICB), Helen Wilson, Deputy Director of Contracting and Performance (DDICB).</p> <ul style="list-style-type: none"> SD joined the meeting at 9.47am TD left the meeting at 9.39am and re-joined the meeting at 9.46am SH left the meeting at 10.44am and AM chaired the remainder of the meeting <p><u>Confirmation of Quoracy</u> CPAG was quorate under the Terms of Reference.</p> <p>SH informed the committee that this will be Fazal Rahman's last CPAG meeting, as his seconded post is coming to an end, and he will be returning to his substantive</p>	

	<p>post. Fazal was thanked by the Chair on behalf of CPAG, for his hard work and support over the last year.</p>	
2	Declarations of Interest	
	<p>SH reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of the ICB.</p> <p>Declarations declared by members of the Clinical Policy Advisory Group (CPAG) are listed in the ICB's Register of Interests and included with the meeting papers. The Register is also available either via the Executive Assistant to the Board or the ICB website.</p> <p><u>Declarations of interest for today's meeting</u> No declarations of interest were made.</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.</p> <p>The next MS Teams meeting is due to be held in November 2022, with papers circulated for virtual agreement in October 2022.</p>	
4	Matters Arising/Summary	
CPAG 22/95	<p><u>4a. IVF Collaborative Policy Review</u></p> <p>HM advised that the purpose of the paper is for CPAG to discuss NHS DDICB involvement in a collaborative review of the IVF Policy, with other East Midlands ICB's.</p> <p>This approach is post discussion between the Directors of Nursing (DoN) and Quality across the East Midlands who are advocating a collaborate review.</p> <p>The current ICB IVF policies are based on the legacy East Midlands policy, several of the ICB's have not reviewed their policy since it was published in 2014, the Derbyshire policy has continued to be reviewed on an interim basis e.g. changes from the East Midlands have included the inclusion of single women, status of adopted children, confirmation of BMI levels, use of e-cigarettes and the lowering of the FSH threshold for defining premature ovarian failure (in accordance with NICE).</p> <p>In August 2022, it was confirmed that all ICBs across the East Midlands region, except Derby & Derbyshire (pending a decision) had agreed to sign up to a collaborate review of the IVF policy. Nottingham and Nottinghamshire ICB presented a project outline for the Alignment of Fertility Commissioning Policies, including an effective date for the new IVF policy of 1st April 2023.</p> <p>The benefits and risks of DDICB collaborating in a review process were outlined. The introduction of the new Health and Social Care Act 2022 will potentially provide the newly formed ICBs with the opportunity to agree a mandate for commissioning at scale on a collaborate multi-ICB basis, which will enable ICBs to manage a risk collectively with improved governance. The scale and risks would need to be clearly understood and mitigated.</p>	

A neighbouring CCG provided the example for their system of issue relating to couples not being eligible for IVF if they already had a child from a previous relationship. The impact of which would be difficult to quantify.

Other potential issues identified included:

- Differing priorities for other East Midlands ICBs for changes to the policy, including the commissioning of three cycles of IVF.
- NICE has begun the process of updating the current guidance on fertility problems CG156: Fertility problems (2013-updated 2017) therefore the policy would potentially need to be reviewed following the publication. NICE has yet to publish an expected publication date.
- Consideration of the publication of the Women's Health Strategy noting the specific references to fertility.
- Transformation – a clear understanding of how any changes would benefit population health outcomes.
- Resources – a need to understand capacity requirements with any risks understood, together with mitigations, to be able to produce a regional IVF policy. As there is a finance implication the ICB may wish to consider nominating a Finance rep to sit on the working group.
- Contracting implications – changes to the IVF policy criteria may require amendment or re-negotiation of the contract with the IVF providers.

IVF activity data and overall cost of all fertility treatments to the ICB (former CCG) for the financial year 2021-22 were noted. Including, an estimate of the financial implications to the ICB, based on calculated assumptions, was highlighted, should the policy be changed to allow for up to 3 cycles of IVF.

A discussion took place and CPAG members acknowledged that there would be a significant financial impact to DDICB if East Midlands ICB's collaboratively agreed to fund up to 3 IVF cycles, and the Derbyshire policy were to be aligned.

It was noted that the Derbyshire IVF policy has been kept up to date and continues to be updated on a 3 yearly basis. It was noted that equity of access continues to be evaluated in these reviews.

CPAG queried the rationale of the East Midlands ICB's choosing to review the IVF policy at this point in time, as NICE are reviewing their guideline in the near future. Members also enquired as to activity within other regions in this area.

CPAG concluded that it would be valuable for DDICB representatives to engage and collaborate on this policy with other East Midlands ICB's, being clear from the outset that the outputs of the group do not commit DDICB to change their current policy. To this aim prior to agreeing to collaborate, the Terms of Reference for the working group should be requested, to understand the membership and terms of engagement.

CPAG agreed that this further information is necessary before a formal decision is made.

It was agreed that the Population Health and Strategic Commissioning Committee (PHSCC) be informed at each stage, due to the potential risk factors.

Actions:

	<ul style="list-style-type: none"> Request Terms of Reference for the East Midlands ICB's Working Group, and discuss terms of engagement if DDICB were to form part of the Working Group Add to Matters Arising for CPAG October 2022, for further discussion once requested information has been received Inform PHSCC Inform the Director of Nursing 	<p>HM</p> <p>KR/HM</p> <p>HM</p> <p>HM</p>
<p>CPAG 22/96</p>	<p><u>4b. Statement for NHS Wig Provision</u></p> <p>HM advised that the purpose of the paper is for CPAG to decide if a statement is required for the provision of wigs on the NHS, which would align to recent guidance published by NHS England.</p> <p>An IFR request raised the issue as to whether a commissioning policy is required, which sets out the grounds for the prescribing of wigs by the NHS.</p> <p>Following a review of the paper by CPAG, the Director of Public Health queried the basis for the decision making to fund wigs for specific conditions e.g. alopecia and not for other medical conditions resulting in hair loss. It was also queried whether this would apply to full rather than partial hair loss for a medical reason. Certain ICB policies have defined some hair loss as cosmetic and others not.</p> <p>It has been confirmed with the University Hospitals of Derby and Burton NHS Foundation Trust (UHDBFT) and Chesterfield Royal Hospital NHS Foundation Trust (CRHFT) that wigs are currently provided by Oncology and Dermatology Departments at the Trusts, for people with hair loss due to cancer treatment, and those with all medical conditions relating to hair loss, not just alopecia.</p> <p>CPAG were advised that no further IFR requests had been received to date, for the provision of wigs on the NHS.</p> <p>CPAG agreed that no further action needed to be taken, as assurance has been given by UHDBFT and CRHFT that wigs are only provided by Oncology and Dermatology departments, for medical conditions which result in hair loss.</p> <p>Actions:</p> <ul style="list-style-type: none"> Add to Bulletin 	<p>HM</p> <p>KR/HM</p> <p>HM</p> <p>HM</p> <p>KR</p>
<p>CPAG 22/97</p>	<p><u>4c. Women's Health Strategy for England</u></p> <p>HM advised that the purpose of the paper is to inform CPAG of the publication of the Women's Health Strategy for England, noting the specific references to fertility.</p> <p>The Department of Health and Social Care (DHSC) published the Women's Health Strategy for England, in July 2022.</p>	<p>KR</p>

<p>CPAG 22/98</p>	<p>The strategy sets out an approach to priority areas related to specific conditions or areas of health where the call for evidence</p> <p>The 10-year ambitions relating to fertility:</p> <ul style="list-style-type: none"> • Over the life of this strategy, DHSC will work with NHS England to address the current geographical variation in access to NHS-funded fertility services across England • Female same-sex couples are able to access NHS-funded fertility services in a more equitable way • There is an end to non-clinical eligibility criteria, through an assessment of current criteria and updated commissioning guidance • There is improved evidence-based information about privately funded fertility treatment 'add-ons' so patients are better able to make informed choice <p>To ensure DHSC can monitor the effectiveness of this work, they will develop a delivery plan for the commitments set out in this strategy. The delivery plan will be underpinned by an implementation framework.</p> <p>The implementation of this strategy will be overseen by a cross-government delivery board reporting to Department of Health and Social Care Ministers.</p> <p>CPAG welcomed the Women's Health Strategy for England outlining the DHSC 10 year ambitions. CPAG will review its policies when these ambitions are realised by nationally commissioned funded policies.</p> <p>CPAG agreed to update PHSCC and inform them of the actions taken to date.</p> <p>Actions:</p> <ul style="list-style-type: none"> • To be tabled at PHSCC for information • Add to Bulletin • Communication Department to set up page on the JUCD website, specifically for information relating to IVF (add link to this in the bulletin) <p><u>4d. Photodynamic Therapy (PDT)</u></p> <p>FR advised that the purpose of the paper is to inform CPAG that a request has been received to review the Photodynamic Therapy (PDT) Policy outside of the 3 yearly commissioning review cycle.</p> <p>Correspondence received from the Head of Planned Care at DDICB, querying the process to review a previous decision, following a conference report provided by a CRHFT consultant. Further enquiries confirmed the request was further prompted by a legal challenge at CRHFT, resulting from a patient complaint.</p> <p>The Ophthalmology Expert Advisory Forum (EAF) requested that the PDT policy to be reviewed submitting recent trial evidence</p> <p>Previous policy reviews have been undertaken in March 2019 and December 2021; on both occasions a literature review was undertaken. Whilst the research and</p>	<p>HM KR HM/KR</p>
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<p>CPAG 22/99</p>	<p>evidence for PDT suggest that it is useful for the treatment of Central Serous Chorio-Retinopathy (CSCR), the evidence is not strong enough to commission PDT. In December 2021, as no significant evidence had been published since the policy was last reviewed in March 2019 that would support a major update, the policy criteria remained unchanged. Currently there are no guidelines by either NICE or the Scottish Intercollegiate Guidelines Network (SIGN) with respect to the use of PDT for Central Serous Chorio-Retinopathy (CSCR) and there is currently no standard treatment for CSCR.</p> <p>As part of a PH trainees training CPAG requested a PH doctor to undertake a literature review. Zoha Aftab (ZA), Foundation Doctor for Public Health, Derbyshire County Council carried out the review including the following:</p> <ul style="list-style-type: none"> • The published evidence since the last review • Data from other areas who are progressing at risk <p>The review concluded, there is a growing but still a limited evidence base for the use of PDT for CSCR, limitations exist including strength of evidence and lack of National guidance. There is the scope to obtain further information on cost effectiveness from other trusts around England who are offering this service. Evidence may be required to be reviewed again in line with commissioning cycles.</p> <p>CPAG were assured that the stance of the policy to not commission PDT is in line with current evidence. The CPD team had taken appropriate steps to avoid setting precedent and undermining the position of a provider within the ICS. Policies will continue to be reviewed in line with the CPAG prioritisation process. The current PDT policy is due for review in 2024. CPAG were assured that any review/appeal process will be aligned with JAPC. There is a Clinical Policies Appeal Process & Statement on the requirements to trigger a policy update outside of the planned review period, which will be discussed as a separate agenda item at this meeting.</p> <p>CPAG agreed with the course of action taken and the recommendation to maintain the current PDT policy.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Provide a response and feedback to the EAF, Clinicians and Planned Care <p><u>4e. Clinical Policies Appeal Process & Statement on the requirements to trigger a policy update outside of the planned review period</u></p> <p>TG advised that the purpose of the paper is to review and update the processes by which the CPAG operations team respond to requests for policy reviews.</p> <p>The CPAG appeal process has been updated and aligned with the Derbyshire Joint Area Prescribing Committee (JAPC) process with the inclusion of the following:</p> <ul style="list-style-type: none"> • Substantial new evidence defined but not exclusive to Cochrane reviews or National guidance as examples. The emergence of new evidence since the 	<p>FR</p>
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<p>CPAG 22/100</p>	<p>review does not constitute an appeal. This would be defined as a resubmission/update and will inform the work plan of CPAG.</p> <p>For requirements to trigger a policy update outside of the planned review period, a CPAG position statement has been added:</p> <ul style="list-style-type: none"> • Policy updates outside of the planned review period should not routinely be required. • <u>Exception</u> – Substantial new evidence defined but not exclusive to Cochrane reviews or National guidance • Link to relevant documents have been included <p>Guidance on evidence assessment for Individuals & Leadership/Professional groups has been added to the policy, which advises what the expectation is prior to the information being presented to CPAG.</p> <p>The document has been re-worded and reformatted to reflect the DDICB clinical policies format.</p> <p>CPAG noted that the Appeal process and statement should be communicated to Clinical Groups and the Expert Advisory Forum (EAF), so that they are aware of it.</p> <p>CPAG members approved the Clinical Policies Appeal Process & Statement on the requirements to trigger a policy update outside of the planned review period, and agreed a review date of 3 years.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Clinical Policy Appeal Process approved – to be tabled at PHSCC • Upload onto Clinical Policies Website once approved at PHSCC • Add to Bulletin • Provide communications to the Expert Advisory Forum (EAF) via Clinical Care Professional Leadership Group (CCPLG) and Planned Care <p><u>4f. Evidence Based Interventions 3 – review process</u></p> <p>HM advised that the purpose of the paper is to inform CPAG of the process for reviewing and assuring system alignment to the National Evidence Based Interventions (EBI) 3 Guidance.</p> <p>The Evidence-Based Interventions Programme, now in its third phase (List 3) began in 2018. It's aims then, as it is now, is to capture that evolution and to ensure healthcare providers focus only on interventions which are known to be effective, based on the best available medical evidence.</p> <p>EBI List 3 Guidance is due for publication in September 2022.</p> <p>The interventions will be split into the following three sections and a stakeholder engagement exercise will be undertaken for all 17 interventions to assure alignment.</p> <ul style="list-style-type: none"> • Section 1: 5 interventions that are covered by pre-existing DDICB policies/position statements that require updating • Section 2: 4 interventions require the development of new DDICB clinical policies 	<p>HM KR KR HM</p>
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	<ul style="list-style-type: none"> Section 3: 8 interventions that are pathways and require no further action by the Clinical Policies Team. These interventions will be forwarded on to the appropriate teams for actioning and included in an overarching position statement <p>The CPD team will undertake a stakeholder engagement exercise with their main providers to confirm assurances that the system is aligned to the EBI recommendations for all 17 interventions. All 17 Interventions will be included in an Overarching Position Statement for EBI3.</p> <p>CPAG noted and approved the process that will be undertaken to review the 17 EBI3 interventions and assure system alignment.</p> <p>Actions:</p> <ul style="list-style-type: none"> Add to Bulletin 	KR
5	Work Plan/Action Tracker	
CPAG 22/101	<p><u>5a. CPAG Action Tracker</u></p> <p>CPAG noted the Action Tracker.</p> <p>TG presented the Action Tracker and asked CPAG to note line 4 – Derbyshire Clinical Prioritisation Framework. A discussion was held following the Individual Funding Request (IFR) training, and it was recommended that an Ethical Framework be produced. A prioritisation framework previously drafted it is due to be tabled at PHSCC in September. Assurance will be provided that CPAG decision making aligns an Ethical Framework to this. The IFR policy already has principles of an ethical framework, but it was noted a policy should still be drafted to inform the wider ICB in principles of ethical commissioning.</p> <p>TG asked CPAG to note line 40 - East Midlands Affiliated Commissioning Committee (EMACC) work plan - Gamete Cryopreservation Policy. Communications between the Clinical Policies and Decisions Team and EMACC remain ongoing.</p> <p><u>5ai. CPAG Workplan</u></p> <p>CPAG noted the progress to date and policies pending review on the workplan.</p>	
6	Bulletin	
CPAG 22/102	<p>The July 2022 Bulletin was approved by CPAG.</p> <p>Actions:</p> <ul style="list-style-type: none"> Approved Bulletin to be tabled at PHSCC Bulletin to be uploaded onto website once approved at PHSCC Bulletin to be circulated to main providers and to Primary Care (via Membership Bulletin) 	HM KR KR
7	Clinical Policies Reviewed	
CPAG 22/103	<p><u>7a. Injections for Non-specific Low Back Pain without Sciatica including Spinal Fusion for Low Back Pain Policy</u></p>	

<p>CPAG 22/104</p>	<p>FR presented the above paper to CPAG members. The policy is due for routine review and has been sent out for stakeholder engagement.</p> <p>Feedback was received from both CRHFT and Derbyshire Community Health Services NHS Foundation Trust (DCHSFT), where comments were raised in regard to 'sciatica' not being a precise term. However, FR confirmed that both NICE and EBI use the term 'sciatica', therefore CPAG continue to use this term as the policies are referenced from NICE/EBI.</p> <p>Stakeholders also queried if there will be a separate policy with sciatica. The ICB has a position statement for Epidurals for All Forms of Sciatica (Lumbar Radiculopathy). This reference has been added to the policy, along with a link to the DDICB Clinical Policies website, which links to other orthopaedic policies and position statements. The policy is based on EBI 1 which is in line with NICE NG59: Low back pain and sciatica in over 16s: assessment and management. This includes comments on non-sciatica management.</p> <p>Stakeholders asked if age could be considered as a factor when deciding what type of treatment the patient would benefit from.</p> <p>FR advised that NICE NG59 does not differentiate between treatments based on the age of patients.</p> <p>There has been no new significant robust evidence or new national guidance that has been published since the policy was last reviewed in February 2020 that requires a change reflecting in the policy's criteria or commissioning stance.</p> <p>The local policy has been re-worded and reformatted to reflect the DDICB clinical policies format. This includes the addition of background information, useful resources, references and consultation.</p> <p>A discussion took place and CPAG commented on the title of the document, as it refers to two separate interventions:</p> <ul style="list-style-type: none"> • Injections for Non-specific Low Back Pain without Sciatica, and • Spinal Fusion for Low Back Pain <p>It was agreed to separate this into two policies.</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"> • Separate the document into two policies <ul style="list-style-type: none"> ○ Injections for Non-specific Low Back Pain without Sciatica, and ○ Spinal Fusion for Low Back Pain • Policy approved – to be tabled at PHSCC • Upload onto Clinical Policies Website once approved at PHSCC • Add to Bulletin • Provide feedback to clinicians/stakeholders <p><u>7b. Scar Reduction Policy</u></p> <p>FR presented the Scar Reduction paper to CPAG members. The policy is due for routine review and has been sent out for stakeholder engagement.</p>	<p>FR/HM</p> <p>HM KR KR KR</p>
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	<p>Comments were received from a Plastic Surgeon at UHDBFT in regard to keloid scars that were not disfiguring or disabling, and the impact of those in reference to people who have had them inflicted against their will e.g. torture, rape. CPAG noted that this policy is based on the East Midlands Cosmetic Policy which only supports removal of keloid scars if disfiguring or disabling. However, the Derbyshire policy for Laser Treatment for Skin Conditions does commission the removal of trauma tattoos e.g. rape tattoos, inflicted against the will of the patient. Advice was sought from Public Health as to whether the same rationale would apply to the Scar Reduction Policy. Public Health considered the rationale for treating abuse/rape scars to be the same as tattoos. Upon confirmation of this, it has been added as a criterion to the policy to ensure equitable and consistent.</p> <p>Comments were also received from a Plastic Surgery Specialist Nurse at UHDBFT, who queried the equity of the policy, as they felt that keloid scars generally affect certain ethnicities more than others. The Equality Manager at DDICB was consulted and they have confirmed that the policy recognises that a certain group may have more prevalence, but the process in itself is equitable as it is based on severity of scar and not for any other reason.</p> <p>There has been no new significant robust evidence or new national guidance that has been published since the policy was last reviewed in January 2020 (other than to include the above) that requires a change reflecting in the policy's criteria or commissioning stance. The local policy has been re-worded and reformatted to reflect the DDICB clinical policies format. This includes the addition of background information, useful resources, references and consultation.</p> <p>CPAG members agreed the addition of the criterion to allow the removal of scars as the result of trauma inflicted against the will of the patient (e.g. abuse, rape). CPAG approved the other 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 PHSCC • Upload onto Clinical Policies Website once approved at PHSCC • Add to Bulletin • Provide feedback to clinicians/stakeholders 	<p>HM KR KR KR</p>
<p>8</p>	<p>Governance Policies</p>	
	<p>No update this month.</p>	
<p>9</p>	<p>Contracting and Blueteq Queries</p>	
	<p>No update this month.</p>	
<p>10</p>	<p>Individual Funding Request (IFR) – For Information</p>	
<p>CPAG 22/105</p>	<p><u>10a. Screening Feedback July 2022</u></p> <p>CPAG noted the screening information.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Inform PHSCC that CPAG has considered the IFR screening requests, and no service developments have been identified 	<p>HM</p>

<p>CPAG 22/106</p>	<p><u>10b. Terms of Reference for IFR Screening Pair</u></p> <p>HM advised that the purpose of the paper is to ask CPAG to review and approve the separate Terms of Reference for the IFR Screening Pair.</p> <p>CPAG aligned to NHSE have a Screening Pair Policy outlining roles and responsibilities. CPAG also used this as an opportunity to widen those that screen to add resilience for timely decisions.</p> <p>CPAG approved the Terms of Reference for IFR Screening Pair, for inclusion in the IFR policy.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Terms of Reference approved – to be tabled at PHSCC • Include within the IFR Policy and upload onto Clinical Policies Website once approved at PHSCC • Add to Bulletin 	<p>HM KR KR</p>
<p>11 PHSCC Updates</p>		
<p>CPAG 22/107</p>	<p>The PHSCC meeting in August 2022 was cancelled. Papers submitted and due to be tabled on 8th September 2022 PHSCC noted:</p> <ul style="list-style-type: none"> • Carpal Tunnel Syndrome Policy • Removal of Hyperhidrosis Policy • Removal of the Consultant to Consultant Policy • CPAG ToR and Stakeholder Map • CPAG Bulletin June 2022 • Updates to IFR Documentation & Training (IFR ToR, IFR Policy, IFR Treatment Request Form, IFR Guidance for Clinicians, IFR SOP) • Areas for Service Development - IFRs/IPGs June 2022 	
<p>12 IPG Updates Since Last Meeting</p>		
<p>CPAG 22/108</p>	<p><u>12a. IPGs, MTGs, DGs and MIBs</u></p> <p>CPAG noted the NICE IPGs, MTGs, DGs and MIBs updated in July 2022. It was confirmed that no business cases have been received for any IPG's.</p> <p>Actions:</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 PHSCC that CPAG has considered, and no service development is required 	<p>KR HM</p>
<p>13 Business Cases</p>		
	<p>No update this month.</p>	
<p>14 QIPP Pipeline</p>		
	<p>No update this month.</p>	
<p>15 Key Messages For PHSCC</p>		
<p>CPAG 22/109</p>	<p>Papers to be submitted to October 2022 PHSCC were noted:</p> <ul style="list-style-type: none"> • Injections for Non-specific Low Back Pain without Sciatica Policy • Scar Reduction Policy 	

	<ul style="list-style-type: none"> • IVF Collaborative Policy Review • Women's Health Strategy for England • Clinical Policies Appeal Process & Statement on the requirements to trigger a policy update outside of the planned review period • Individual Funding Request ToR for Screening pair • CPAG Bulletin July 2022 • Areas for Service Development - IFR/IPGs July 2022 	
16	For Information	
	No update this month.	
17	Any Other Business	
	No other business was raised.	
18	Date of Next Meeting	
	Thursday 6 th October 2022, papers to be circulated for virtual agreement. Agenda items for October meeting to be received by 12 noon on 19th September 2022 please.	