NHS
Derby and Derbyshire
Integrated Care Board

Clinical Policy Advisory Group (CPAG)

MINUTES OF THE CLINICAL POLICY ADVISORY GROUP (CPAG) MEETING HELD ON THURSDAY 6TH JULY 2023 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 Jonathan Burton	JB	GP Prescribing and Clinical Policy Lead (DDICB)
Dr Buk Dhadda	BD	GP
Slakahan Dhadli	SD	Assistant Director of Medicines Management and Clinical Policies
Dr Ruth Gooch	RG	GP
Tom Goodwin	TG	Head of Medicines Management and Clinical Policies and Decisions
Parminder Jutla	PJ	Medicines Management and Clinical Policy Guidelines, Formulary and Policy Manager (DDICB)
Helen Moss	HM	Individual Decisions & Project Manager
Craig West	CW	Acting Associate Chief Finance Officer (DDICB)
Derby City Council		
Allan Reid	AR	Consultant in Public Health
Derbyshire County Council		
Chesterfield Royal Hospital NHS Foundation Trust (CRHFT)		
Hannah Doody	HD	Trust Policy Lead
Derby and Derbyshire Local Medical Committee (DDLMC)		
Ben Milton	BM	GP and Medical Director
In Attendance:		
Lara McKean	LM	Senior Pharmacy Technician (DDICB)
Manjit Olk	MO	Senior Information Analyst (DDICB)
Elisabeth Ries	ER	Head of Business Informatics (DDICB)
Kate Rogers	KR	Individual Decisions and Projects Officer (DDICB) (Minutes)
Apologies:		
Thom Dunn	TD	Assistant Director of Public Health (Derbyshire County Council)

Ref:	Item	Action
1	**Welcome, Introductions and Apologies**	
	Apologies were noted from Thom Dunn, Assistant Director of Public Health (Derbyshire County Council). • RG joined the meeting at 10.26am • MO and ER left the meeting at 10.03am, following discussion of agenda item 'EBI/PLCV Benchmarking Report' which was brought forward to be tabled at the start of the meeting. <u>Confirmation of Quoracy</u> CPAG was quorate under the Terms of Reference.	

	SH welcomed Dr Jonathan Burton, GP Prescribing and Clinical Policy Lead for Derby and Derbyshire ICB (DDICB), and Allan Reid, Consultant in Public Health for Derby City Council.	
2	**Declarations of Interest**	
	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. 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. <u>Declarations of interest for today's meeting</u> No declarations of interest were made.	
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 by email, with the CPAG Bulletin replacing the formal minutes.	
4	**Bulletin**	
CPAG 23/70	The June 2023 Bulletin was noted and approved by CPAG. **Actions:** • Approved Bulletin to be tabled at PHSCC for information • Bulletin to be uploaded to Clinical Policies website • Bulletin to be circulated to main providers, Derbyshire Primary Care Networks (PCNs) Clinical Directors, and to Primary Care (via Membership Bulletin).	HM KR KR
5	**Work Plan/Action Tracker**	
CPAG 23/71	**<u>5a. CPAG Action Tracker</u>** CPAG noted the Action Tracker. **<u>5ai. CPAG Workplan</u>** CPAG noted the progress to date and items pending review on the workplan.	
6	**Matters Arising/Summary**	
CPAG 23/72	**<u>6a. Renaming of Procedures of Limited Clinical Value (PLCV) Policies</u>** HM advised that the purpose of the paper is for CPAG to agree to the renaming of Procedures of Limited Clinical Value (PLCV) to align with National Guidance. As part of Clinical Policies stakeholder engagement, feedback was received from stakeholders disagreeing with the use and interpretation of the term "PLCV" for ICB Clinical Policies. CPAG members agreed to consider the renaming of PLCV to align more closely to the Evidence Based Interventions programme, as the majority of DDICB Clinical Policies are now aligned to this.	

	The following options were presented for consideration: • Evidence Based Interventions (with a subset of National and Local policies). This reflects DDICB's current operating model and direction of travel • Evidence Based Treatment Interventions (EBTI) • Value Interventions for Limited (clinical) Circumstances (VILC) • Commissioning for Outcomes (C4O) (this has been adopted by West Yorkshire ICB) CPAG were updated as to the required changes to the operating model and agreed appropriate stakeholder engagement following the decision via existing communications plans. CPAG agreed to delegate actions for the renaming of PLCV to the Clinical Policies and Decisions (CPD) team. A discussion took place, and it was noted to the group by SD that the name 'Evidence Based Interventions' may not indicate that there is a limited evidence base for some policies. The name 'Limited Evidence Interventions', and 'Evidence Based Interventions for Limited Clinical Circumstances' were suggested as options. 'Commissioning for Outcomes' was also favourable between members. It was recognised that there are advantages to aligning the name with national terminology, however DDICB have some local policies that sit outside of EBI, therefore a name that encompasses all policies would be more suitable. A suggestion was made to separate clinical policies that are evidence based and clinical policies that are commissioned on affordability to ensure clarity. CPAG agreed that additional consideration should be given to the name, as further variation maybe required. It was recommended that the renaming be based on EBI, however it should offer clarity that other local policies maybe agreed for different reasons. **Actions:** • Clinical Policies and Decisions (CPD) team to consider further variation for the renaming of PLCV and table at a future CPAG meeting.	HM/TG
CPAG 23/73	**<u>6b. Publication of Evidence Based Interventions 3 (EBI3) Guidance</u>** HM advised that the purpose of the paper is to inform CPAG of the publication of the final version of the EBI3 Guidance and stakeholder engagement process. The Evidence-Based Interventions (EBI) Programme began in 2018 to ensure a national approach to quality improvement and align best practice across the healthcare system. EBI3 builds on EB1 and 2 which in themselves are valid. It's aims are to ensure healthcare providers focus only on interventions which are known to be effective, based on the best available medical evidence. In light of the COVID-19 outbreak, there has never been a more suitable time to review the use of clinically ineffective and inappropriate tests, treatments, pathways or procedures and, by extension, streamline waiting lists. This in turn will release resources which can be redirected to activities and interventions which are of higher clinical value for patients.	

	The EBI programme also aims to reduce unwarranted variation in access to interventions that are clinically effective and appropriate, ensuring that tests, treatments and procedures are carried out more uniformly across the country. In this way, the EBI programme actively seeks to reduce geographic health inequalities. Previous phases focused on reducing or stopping tests, treatments and procedures. List 3 takes a more holistic approach and proposes that some interventions should be increased. Clinical coding for List 3, to enable data capture and ongoing evaluation of the impact of these recommendations is being explored. It is a national view that tracking the implementation of the guidance will not be possible in the short term while this coding is being developed. The EBI 3 Document published in May 2023 sets out 10 interventions. The interventions will be split into the following three categories: • Section 1: 3 interventions that are covered by pre-existing DDICB policies/position statements that require updating (CPAG to review in August 2023) • Section 2: 1 intervention requires the development of a new DDICB clinical policy (CPAG to review in August 2023) • Section 3: 6 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 (CPAG to review in September 2023). A stakeholder engagement exercise will be undertaken with the main providers for all 10 interventions to confirm assurances that the system is aligned to the EBI recommendations. This process was agreed at CPAG in September 2022. All 10 interventions are to be included in an Overarching Statement for EBI3. CPAG noted the publication and agreed with the assurance process. **Actions:** • Add to CPAG Bulletin	KR
CPAG 23/74	**<u>6c. Evidence Based Interventions (EBI)/Procedures of Limited Clinical Value (PLCV) Benchmarking Report</u>** As part of the wider ICB recovery plan, the Clinical Policies Department have been asked to scope potential efficiency savings for activity carried out by providers for Evidence Based Interventions (EBI). A report has been produced by the ICB Business Informatics (BI) Department using the Model Hospital system data to benchmark the EBI category 1 and the higher risk areas for EBI category 2 activity for Derbyshire ICB to both regional and national recommended peers. The data from the Model Hospital is taken from a national dashboard. CPAG and BI have previously accepted that the granularity of the data in Category 1 is not sufficient to draw accurate conclusions, however NECS CSU produce a challenge report which is disseminated to Provider Trust managers. Category 2 intervention rates have reduced and, in some cases, remain above the expected	

	benchmark set by NHSE. Data shows that whist there is variation in EBI activity, Derbyshire is not an outlier compared to regional peers. CPAG agreed that there may be potential opportunity to challenge the providers in regard to system efficiency, this should be carried out via the Planned Care Delivery Board. It was noted that the Planned Care Delivery Board have requested the Model Hospital data from SD and they are in receipt of this. Finance advised that whilst challenging activity with non NHS (independent sector) providers will generate a cash releasing efficiency for the system, expanding the challenge process to Joined Up Care Derbyshire (JUCD) NHS providers will not, as these contracts are mainly blocks and providers will not be able to take cost out as a result of the challenges. Efficiencies for the system could be from released capacity. Members acknowledged that implementation should be via Planned Care, Finance, Contracting and/or the Quality team. HM shared the Procedures of Limited Clinical Value (PLCV) and Cosmetics Referral Assessment Service (CAS) report, which exhibited a list of procedures broken down by financial year. The data showed how many procedures were approved or declined and the costs associated with this. It was noted that the report does not contain data to show the baseline prior to COVID-19. CPAG agreed that the Prior Approval process and the CAS remain a valuable assurance tool for PLCV/EBI. **Actions:** • NECS CSU to confirm that the reports generated contain the Category 1 data and contracting to confirm how they are using this information. • Share outcome of CPAG discussion with the Chair of the Planned Care Delivery Board and provide them with BI contact details. • Add to CPAG Bulletin **Post Meeting Note:** Contracting have confirmed that NECS CSU currently send out a monthly challenge report, which is mainly for non-NHS providers. It is being reviewed to look at expanding the report and a return to challenging NHS providers.	ER/LD SD KR
CPAG 23/75	**<u>6d. CPAG Stakeholder Engagement Process</u>** HM advised that the purpose of the paper is for CPAG to review and confirm the CPAG stakeholder engagement/feedback process. Following the review of the June CPAG papers, the chair asked if the process for stakeholder feedback could be reviewed. Members of CPAG agreed that it would be incorrect to make assumptions on a no response and following up feedback was an important part of the process, as it may help to prevent future queries. CPAG agreed to the proposed changes in the operating model for stakeholder engagement including a two-stage verification process and strengthening the role of CPAG provider members. As a result, CPAG were assured (as stated in all communications) that if no response is received after the agreed timeframe, the coversheet will reflect the positive engagement, considered to be agreement with the current policy. **Actions:**	

	• Update Clinical Policies Specification • Strengthen the wording of provider responsibilities within the CPAG Terms of Reference • Add to CPAG Bulletin	HM HM KR
CPAG 23/76	**6e. Gamete Storage Policy – Stakeholder Feedback** HM advised that the purpose of the paper is for CPAG to review feedback received following ratification of the Gamete Storage Policy. Correspondence has been received from a Clinical Director at Nurture Fertility, in response to the CPAG decision made in March 2023, not to remove the criteria "patient has no living children" to be eligible for Gamete storage. The Clinical Director felt that the policy leaves Derby as an outlier and perpetuates a post code lottery. They also felt that CPAG have not taken into consideration the following reference in the NICE Guidance 'Fertility problems: assessment and treatment' which states: *"For cancer-related fertility preservation, do not apply the eligibility criteria used for conventional infertility treatment.* *Inform people diagnosed with cancer that the eligibility criteria used in conventional infertility treatment do not apply in the case of fertility cryopreservation provided by the NHS. However, those criteria will apply when it comes to using stored material for assisted conception in an NHS setting."* This feedback was presented as part of the stakeholder feedback at the March 2023 CPAG meeting when the Gamete Storage Policy was reviewed. CPAG's decision is formed on the rationale that the current DDICB fertility policies are based on providing the opportunity for one child. Although gamete storage does not guarantee eligibility for fertility treatment, it is in line with DDICB existing policies. Public Health feedback concluded that infertility is supported within each stand-alone assisted conception policy, to give the opportunity to have a single, live child. As this is a resource and not an evidence-based decision, it has been concluded that the greatest utility gained is from the first child, and that DDICB prioritise funding to other areas of need in those circumstances. The East Midlands Review are planning to look at the ethical consideration relating to exclusion of those that have a living child for IVF and IUI and how this sits with the ICB's Ethical frameworks, but not specifically for Gamete Storage. Other neighbouring areas are aligned to DDICB policy. The recommendation is for the policy to remain unchanged and await the outcome of the East Midlands review. Feedback on the Gamete Storage Policy was also received from Public Health, following the screening of an Individual Funding Request (IFR) for gamete storage and IVF. Following this feedback and to clarify equity for those undertaking surgery, the Gamete Storage Policy has been re-worded. A glossary has also been added, to help explain the terminology used within the policy.	

	CPAG noted the feedback received from a Clinical Director at Nurture Fertility and agreed no change to the policy. To await the outcome of the East Midlands review. CPAG acknowledged the inequity raised by Public Health and approved the rewording of the statement within the policy. CPAG agreed the inclusion of a glossary to explain the terminology. **Actions:** • To confirm whether the scope of the East Midlands review will include Gamete Storage • Add updated policy to Clinical Policies website • Add to CPAG Bulletin • Provide feedback to stakeholders via CPAG Chair	HM KR KR HM/SH

CPAG 23/77	**6f. Glossop Transition for Clinical Policies and Non-Clinical Significant Variation Policies and Procedures of Limited Clinical Value (PLCV)/Cosmetic referral Assessment Service (CAS).**
	
	HM advised that the purpose of the paper is for CPAG to agree the preferred options for the Glossop transition plan for clinical policies including IVF and non-clinical significant variation policies and Procedures of Limited Clinical Value/Cosmetic referral Assessment Service.
	
	As part of the internal Glossop transition plan, the Medicines Management department have been asked to undertake a programme of work to align five identified areas.
	
	For existing clinical policies the Clinical Policies and Decisions (CPD) team have agreed to follow the framework agreed with the Engagement team.
	
	The following clinical policies related work areas and options were discussed at a confirm and challenge meeting with the corporate team:
	• IVF
	  ○ There is a disparity between the number of cycles provided
	  ○ There is a difference in tariff and patient access
	
	• Option 1 - continue with disparity whilst awaiting the outcome on the East Midlands IVF policy review
	• Option 2 - undertake a public engagement post 1st July with a date to be approved to align to DDICB
	OR
	undertake a public engagement post 1st July with a date to be approved to align to Greater Manchester ICB
	• Option 3 - align policies following a public engagement as part of the DDICB 2025 policy review
	
	Option 1 was recommended, to continue with the disparity whilst awaiting the outcome of the East Midlands IVF policy review. A Public Patient Involvement (PPI) assessment form will be completed, and the corporate team will assess this to see if any further action is required.	

- Non-significant variation policies and Procedures of Limited Clinical Value/Cosmetic referral Assessment Service
  - DDICB has >100 clinical policies
  - CPAG are assured the majority of policies are aligned to Evidence Based Interventions (EBI) national programme to prevent variation
  - CPAG clinicians concluded clinical variations are minor with exception of IVF
  - DDICB patients currently follow the policies of the lead commissioner
    - Patients are seen across the borders; DDICB have a level of control regarding referrals. The ICB are unable to control the procedures as are not the host commissioner
    - DDICB have a triage process in place for Prior Approval. Glossop have Permissive Activity which allows primary care to refer directly to a provider, providing that the patient meets the criteria for treatment, without the need for Prior Approval

- Option 1 - continue with disparity
- Option 2 - undertake a public consultation/stakeholder engagement post 1st July with a date to be approved to align to DDICB all policies
- Option 3 - align policies on a case-by-case basis or larger volume as informed/agreed by the Glossop clinical lead
- Option 4 - Glossop clinical lead to attend CPAG to seek assurance EBI being promoted

Option 4 was recommended, a clinical lead from Glossop to be invited to attend CPAG meetings, to seek assurance that EBI is being promoted.
A Public Patient Involvement (PPI) assessment form will be completed for all areas, and the corporate team will assess this to see if any further action is required.

The GP Provider Board (GPPB) support the proposal and will provide support.
It was noted that BM (DDLMC) is in regular contact with the secretary to West Pennine LMC, who is also a GP in Glossop, he has been involved with discussions in regard to the Glossop transition and is able to represent the views of Glossop Dale colleagues.

A question was asked as to how long the East Midlands IVF policy review is going to take to complete. Whilst DDICB continue with the disparity there is an ongoing risk of challenge, therefore the review does need to be conducted in a timely manner.
It was confirmed that there is an expected timeline for the policy review to be completed and the work is currently on track.

CPAG agreed the preferred options for IVF and non-significant variation policies and Procedures of Limited Clinical Value/Cosmetic referral Assessment Service.
A paper will be tabled at the next Population Health and Strategic Commissioning Committee (PHSCC) meeting, to ratify the preferred options.

PPI forms are to be completed for all future policy reviews to assess whether the legal duty is triggered, to inform, involve or consult/engage with individuals.

The CPD team are to engage with Glossop stakeholders.

Actions:

- Confirm Glossop representation and engagement through the broader GPPB. — BM/HM/SD

	• Confirm the expected timescales for the East Midlands IVF Policy review and if it is currently on track. To be tabled at September 2023 CPAG meeting. • Paper to be tabled at the next PHSCC meeting for ratification of preferred options. • Add to CPAG Bulletin (CPAG agree pending ratification from PHSCC).	HM HM KR
CPAG 23/78	**6g. InVitro Fertilisation (IVF) Intracytoplasmic Sperm Injection (ICSI) within Tertiary Infertility Services Policy** HM advised that the purpose of the paper is for CPAG to approve a minor amendment to the DDICB IVF and ICSI Policy, to clarify eligibility criteria wording for number of cycles provided by DDICB. Following a response to an MP letter regarding access to IVF, for couples who have already self-funded treatment, it was noted that the wording of the eligibility section of the IVF policy required additional clarity. The recommendation section of the policy has been updated with a minor amendment to the "number of cycles" section. CPAG agreed the minor amendments to the IVF and ICSI Policy. **Actions:** • Add updated policy to Clinical Policies website • Add to CPAG Bulletin	 KR KR
CPAG 23/79	**6h. Ethical Framework Policy** TG informed members that a link to the DDICB Ethical Framework Policy has been added to the Joined Up Care Derbyshire (JUCD) website. A link to where it is situated on the JUCD website has also been added to the Derbyshire Clinical Policies website. This follows comments from some members at the CPAG meeting in May 2023, who advised that they were unable to access the document on the DDICB Intranet.	
7	**Clinical Policies Reviewed**	
CPAG 23/80	**7a. Blepharoplasty Policy** PJ presented the Blepharoplasty Policy paper to CPAG members, which is due for routine review. The policy is largely based on the East Midlands (EM) Cosmetic Procedures Policy (2011), with the following variations: • EM policy criteria for blepharoplasty and brow lift is merged • EM policy does not define visual impairment ○ Confirmed with the Director of Public Health during the last review that the figures used are likely to have been agreed locally by ophthalmologists • EM policy has included thyroid disease as one of the causes No stakeholder feedback has been received by the given deadline. A nil response is considered as the clinician agreeing with the policy with no further comments.	

	There has been no new substantial robust evidence that has been published since the policy was last reviewed in October 2020 to support any changes to the policy criteria.
	
	The policy has been compared with the Greater Manchester (GM) ICB Policy (as part of the Glossop boundary change). CPAG have been informed that GM providers will follow the lead commissioner, which is an accepted practice for out-of-area care.
	
	The GMICB criteria for the intervention differ when compared to the DDICB criteria, for example:
	• GM do not commission lower lid or fat blepharoplasty
	• Separate criteria for upper lid blepharoplasty, where one or more of the following criteria needs to be met
	  ○ Wick Syndrome
	  ○ visual fields reducing that field to 120° laterally and/or 20° or less superiorly
	  ○ Ocular surface disease, periocular dermatitis, upper lid entropion or symptomatic frontalis overaction which can be attributable to the dermatochalasis and which has not responded to conservative treatment.
	
	The DDICB policy is more restrictive as the patient must have the condition as well as experience the symptoms, whereas the GMICB policy requires the patient to meet one or more of the listed criteria.
	
	A discussion took place, it was noted that upper and lower blepharoplasty are two different conditions.
	CPAG agreed the difference between DDICB and GMICB for upper and lower lid blepharoplasty is significant and the next step will involve raising the specific differences with the engagement team to advise whether legal duties apply.
	
	CPAG approved the Blepharoplasty Policy with the following minor amendments:
	• Policy has been re-worded to reflect the new NHSDDICB organisation
	• Policy criteria has been re-worded for further clarity
	• Link to the NHSDDICB Meibomian Cyst (Chalazion) Policy added.
	
	Actions:
	• Policy to be reviewed by QEIA Panel
	• PPI form to be completed and submitted
	• Add updated policy to Clinical Policies website
	• Add to CPAG Bulletin
	• Provide feedback to clinicians/stakeholders
	• Engage with Glossop clinical lead via GPPB and link with engagement re: policy differences. Output to be tabled at a future CPAG meeting
		HM
		HM
		KR
		KR
		KR
		PJ

CPAG 23/81	**7b. Hypnotherapy Position Statement** PJ presented the Hypnotherapy Position Statement paper to CPAG members, which is due for routine review. Stakeholder engagement feedback received agreed with the position statement and current stance not to support the use of hypnotherapy as a stand-alone treatment.	

	There has been no publication of substantial robust evidence since the position statement was published in October 2020 to support the use of hypnotherapy as a stand-alone treatment. The policy has been compared with the Greater Manchester (GM) ICB Policy (as part of the Glossop boundary change). CPAG have been informed that GM providers will follow the lead commissioner, which is an accepted practice for out-of-area care. The GM criteria has similarities with the DDICB criteria as it states 'Complementary and alternative therapies are not commissioned as stand-alone treatments' (which includes hypnotherapy). The GM policy also states two additional criteria, which differs from the DDICB criteria: • Hypnotherapy for adults with irritable bowel syndrome is commissioned in line with NICE CG61: Irritable bowel syndrome in adults: diagnosis and management • Hypnotherapy for children with irritable bowel syndrome is only commissioned in exceptional cases of IBS or chronic abdominal pain and requires IFR approval A discussion took place and members acknowledged it was unclear as to the GM commissioning stance for hypnotherapy. CPAG agreed it would be helpful for GMICB to be informed of this and seek clarification. CPAG agreed that the difference in GM criteria is not significant and approved the Hypnotherapy Position Statement with the following minor amendment: • Position statement has been re-worded to reflect the new NHSDDICB organisation **Actions:** • PPI form to be completed and submitted • Add updated Position Statement to Clinical Policies website • Add to CPAG Bulletin • Provide feedback to clinicians/stakeholders • Feedback to GMICB that the commissioning stance for hypnotherapy is unclear and seek clarification	 HM KR KR KR HM
8	**Governance Policies**	
	No update this month.	
8.1	**East Midlands Fertility Policy Review**	
CPAG 23/82	**<u>8.1a. Briefing Paper – Assisted Fertility Policy Review for East Midlands ICBs</u>** HM advised that the purpose of the paper is to brief CPAG on the approach to the management of 'Assisted Fertility: review of policies and options appraisals for East Midlands ICBs' to be undertaken by the Public Health arm of Arden & Gem CSU, Solutions for Public Health (SPH) and report on progress to date. A collaborate approach to the commissioning of fertility services has been agreed across the five East Midlands ICBs and will be undertaken by SPH with Nottingham ICB acting as Lead commissioner.	

	Taking a collaborate approach minimises inequity of access based on geography and also supports providers with service delivery across a wide geographical area. The scope of the project was outlined. The final report is to be submitted on the 28th September 2023 (subject to key dependencies). CPAG were advised of progress to date. A workshop has been held by SPH, which was attended by ICB representatives, the Director of Public Health, Derby City Council and the Head of Contracting, DDICB. A paper is included within the CPAG meeting pack (Appendix 1), which provides a list of questions agreed at the workshop, this will inform the evidence review. A follow up meeting to discuss the options review with ICB leads and clinical representation has been arranged for the 25th July 2023. The 'East Midlands Assisted Fertility Policy Review' will be added as a standing agenda item for future CPAG meetings. CPAG noted the paper Appendix 1 and progress to date, including the identification of project links, which include a DDICB Contracting lead, a Clinical Policy lead and Director of Public Health. **Actions:** • Add to CPAG Bulletin • Add as standing agenda item for bi-monthly CPAG meetings • Confirm whether the scope of the East Midlands review will include Gamete Storage	 KR KR HM
9	**Contracting and Blueteq Queries**	
CPAG 23/83	**<u>9a. Update to Procedures of Limited Clinical Value (PLCV) Prior Approval Policy template for e-RS</u>** HM advised that the purpose of the paper is for CPAG to review and approve the amended Procedures of Limited Clinical Value (PLCV) template for the Electronic Referral Service (e-RS). A query was raised by the Derby and Derbyshire Local Medical Committee (LMC) regarding a mandated PLCV prior approval referral proforma which was revised in 2022. The form includes the following statement in red writing stating, "referrals will be rejected if not on the proforma" The understanding of the LMC is that referrals would be accepted if they contained the correct information, as the work involved in funding and populating different referral proformas is significant and unwelcome for General Practice at a time of significant pressure. The DDICB agree with the Local Medical Committee's (LMC) following stance on PLCV: 'GPs are not specialists; we therefore reserve the right to refer by letter to secondary care for an opinion; the specialist having reviewed the patient can decide whether a procedure is necessary and PLCV criteria would apply at this point. A referral for an opinion should not go via prior approval as the request is for an opinion not a procedure'. Whilst it is not mandated to complete "PLCV referral forms", where possible, it is accepted good practice, to make referrals to the Prior Approval service. Incomplete	

	forms which do not contain the correct information to onward refer to secondary care cannot be processed by the Prior Approval team. CPAG agreed the amendments to the PLCV template for use with e-RS Prior Approval service. **Actions:** • Amend forms and upload to GP Clinical systems/Clinical Policies website • Derbyshire Pathfinders to be informed of changes • Add to CPAG Bulletin • Provide feedback to clinicians/stakeholders	HM/KR KR KR HM
10	**Individual Funding Request (IFR) – For Information**	
CPAG 23/84	**10a. IFR Screening/Panel Cases May 2023** CPAG reviewed the IFR Screening/Panel cases for May 2023 and were assured that no areas for service development have been identified.	
11	**PHSCC Updates**	
CPAG 23/85	Papers submitted to PHSCC to be tabled in July 2023 (no meeting in June 2023) were noted: • CPAG Terms of Reference • CPAG Stakeholder Map • IFR Terms of Reference • CPAG Bulletin April 2023 • CPAG Bulletin May 2023 • CPAG Minutes May 2023	
12	**IPG Updates Since Last Meeting**	
CPAG 23/86	**12a. IPGs, MTGs, DGs, HTEs and MIBs** CPAG noted the NICE IPGs, MTGs, DGs, HTEs and MIBs updated in May 2023. It was confirmed that no business cases have been received for any IPG's. **Action:** • Send IPG, MTG, DG, HTE and MIB updates to the Finance Team, Planned Care Team, Mental Health Team and to the Contracting Team.	KR
13	**Business Cases**	
	No update this month.	
14	**QIPP Pipeline**	
	No update this month.	
15	**Key Messages For PHSCC**	
CPAG 23/87	Papers to be submitted to PHSCC to be tabled in September 2023 (no meeting in August 2023) were noted: • CPAG Bulletin June 2023 • Glossop Transition for Clinical Policies	
16	**For Information**	
	No update this month.	

17	**Any Other Business**	
	No other business was raised.	
18	**Date of Next Meeting**	
	Thursday 3rd August 2023, papers to be circulated for agreement by email. Agenda items for August meeting to be received by 12 noon on 17th July 2023 please.	