

# Clinical Policy Advisory Group (CPAG)

MINUTES OF THE CLINICAL POLICY ADVISORY GROUP (CPAG) MEETING  
HELD ON THURSDAY 4<sup>TH</sup> MAY 2023 AT 9:30AM  
VIA MICROSOFT TEAMS

## CONFIRMED MINUTES

<b>Present:</b>		
<b>Derby and Derbyshire ICB (DDICB)</b>		
Steve Hulme	SH	Director of Medicines Management & Clinical Policies (Chair)
Lana Davidson	LD	Head of Contracts (Acute)
Dr Buk Dhadda	BD	GP
Slakahani 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
Helen Moss	HM	Individual Decisions & Project Manager
<b>Derby City Council</b>		
<b>Derbyshire County Council</b>		
<b>Chesterfield Royal Hospital NHS Foundation Trust (CRHFT)</b>		
Hannah Doody	HD	Trust Policy Lead
<b>Derby and Derbyshire Local Medical Committee (DDLMC)</b>		
Ben Milton	BM	GP and Medical Director
<b>In Attendance:</b>		
Lara McKean	LM	Senior Pharmacy Technician (DDICB)
Kate Rogers	KR	Individual Decisions and Projects Officer (DDICB) (Minutes)
<b>Apologies:</b>		
Dr Jonathan Burton	JB	GP Prescribing and Clinical Policy Lead (DDICB)
Parminder Jutla	PJ	Medicines Management and Clinical Policy Guidelines, Formulary and Policy Manager (DDICB)
Craig West	CW	Acting Associate Chief Finance Officer (DDICB)
Thom Dunn	TD	Assistant Director of Public Health (Derbyshire County Council)

Ref:	Item	Action
1	<b>Welcome, Introductions and Apologies</b>	
	<p>Apologies were noted from Dr Jonathan Burton, GP Prescribing and Clinical Policy Lead (DDICB), Parminder Jutla, Medicines Management and Clinical Policy Guidelines, Formulary and Policy Manager (DDICB), Craig West, Acting Associate Chief Finance Officer (DDICB), Thom Dunn, Assistant Director of Public Health (Derbyshire County Council).</p> <p><u>Confirmation of Quoracy</u> CPAG was not quorate under the Terms of Reference, as there was no representation from Public Health. Post meeting decisions circulated via email to Public Health for ratification.</p>	

	<p><b>Post meeting note:</b> Public Health agreed with the decisions made at the CPAG meeting held on 4th May 2023.</p> <p>SH welcomed Ben Milton, GP and Medical Director from Derby and Derbyshire Local Medical Committee (DDLMC). Ben will represent DDLMC and the GP Provider Board (GPPB), who have an open invitation to be present at CPAG meetings.</p>	
<b>2</b>	<b>Declarations of Interest</b>	
	<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> <p>CPAG noted that the annual Declaration of Interest form will be circulated to members in the coming weeks.</p>	
<b>3</b>	<b>Minutes and Key Messages from the Last Meeting</b>	
	<p>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.</p>	
<b>4</b>	<b>Matters Arising/Summary</b>	
CPAG 23/44	<p><b><u>4a. Gamete Storage Policy</u></b></p> <p>HM advised that the purpose of the paper is to inform CPAG of the review of Gamete Storage Policy criteria in relation to the length of storage periods for gametes.</p> <p>In March 2023, CPAG agreed to partially adopt the East Midlands Affiliated Commissioning Committee (EMACC) policy.</p> <p>Schedule 17 of the Health and Care Act outlines the legal permission on the storage of gametes and embryos.</p> <p>The regulations in 1991 and 1996 restricted the age of the individual to be treated to 55 years of age. This is included in the current DDICB policy criteria as the upper age limit for men to be eligible to store gametes.</p> <p>In 2009 the regulations were updated and replaced with a storage limit as opposed to an age limit of the individual, this was for 10 years, extended for a further 10 years until the maximum storage period of 55 years was reached. However, this required evidence of premature infertility.</p> <p>The Health and Care Act implemented on the 1<sup>st</sup> July 2022:</p> <ul style="list-style-type: none"> <li>• renewable 10 year storage periods to a maximum of 55 years for eggs, sperm, and embryos, for all, regardless of medical need</li> <li>• the person(s) storing: <ul style="list-style-type: none"> <li>○ will need to confirm the material is intended for their own use</li> </ul> </li> </ul>	

- they need to confirm their consent to continue storage (every 10 years)
- they will need to be offered counselling
- a maximum 55-year storage period should apply to eggs, sperm, and embryos equally

There is no reference to this in the NICE Guidance except for offering gamete storage prior to fertility impacting cancer treatment for 10 years, and a further 10 years. However, this guidance exists prior to the update to legislation.

The current limit of 10 years storage period is aligned to the draft EMACC policy which was produced prior to the current legislation change to the Health and Care Act in July 2022.

It was noted that the government legislation outlines the maximum period that gametes can legally be stored for and whilst it would be illegal to fund for longer than 55 years, as a commissioner the ICB is entitled to decide whether to fund or not, or to fund for a shorter period of time.

Feedback from Public Health advised 10-year storage period criteria with the caveat to extend on a case-by-case basis would be difficult to implement, as there is no mechanism to agree who would be eligible, without putting in place specific criteria related to age limits.

The following options were presented to CPAG:

- Gamete storage to remain as a 10 year time period, which is aligned to the current DDICB Gamete Storage Policy and EMACC Policy, noting that the EMACC policy was reviewed prior to the updated legislation.

Or

- Fund storage in line with the Health & Care Act legislation implemented on the 1<sup>st</sup> July 2022
  - renewable 10 year storage periods to a maximum of 55 years for eggs, sperm, and embryos, for all, regardless of medical need
  - the person(s) storing:
    - will need to confirm the material is intended for their own use
    - they need to confirm their consent to continue storage (every 10 years)
    - they will need to be offered counselling
  - a maximum 55-year storage period should apply to eggs, sperm, and embryos equally
  - maintain the stance that evidence of infertility will need to be demonstrated.

This option would involve financial costs to both the ICB and the providers, who would need to comply with the requirements of the legislation.

A discussion took place, and the following points were noted:

- Members asked for further clarification on the financial data for each option and an activity report detailing the age range of patients currently accessing gamete storage facilities.
- A query was raised as to the equitability towards age (a protected characteristic) within the current Gamete Storage Policy, as younger patients may be disproportionately affected due to the 10 year storage limit of oocytes,

<p>CPAG 23/45</p>	<p>sperm and embryos. It was noted that the government legislation outlines the maximum period of 55 years (time) that gametes can legally be stored for, however as a commissioner the ICB is entitled to decide whether to fund or not, or to fund for a shorter period of time.</p> <p>The group were reminded that it's a requirement to have due regard to the age as a protected characteristic, when considering the 10 year storage limit and there is rational as to why this decision has been made and included within the Gamete Storage Policy. However CPAG agreed that further advice from Public Health should be sought in regard to this.</p> <ul style="list-style-type: none"> <li>• There is a need to understand how funding storage in line with the Health &amp; Care Act legislation would be implemented and how it would affect activity.</li> <li>• There is also a requirement to understand the implications of not following the recommendations of the Health and Care Act legislation when funding the storage of gametes.</li> <li>• A question was asked as to what neighbouring areas and wider ICB's are doing. CPAG were informed that EMACC will be reviewing fertility policies at a regional level and are gathering the resource to conduct this work. NICE guidelines will also be reviewed at a future date; however timescales are not yet confirmed.</li> </ul> <p>CPAG agreed that due to the planned review by EMACC and the impending NICE update, no significant changes should be made to the DDICB Gamete Storage Policy. However, it was acknowledged that a statement of intent should be included within the current policy to advise that gamete storage is under review at a regional and a national level. This status will be re-assessed at agreed timeframes. Once the reviews are complete, CPAG will re-visit the policy to make an informed decision based on the latest information available.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• Contact providers and contracting to request financial data for gamete storage and details of the age range of patients currently accessing this. HM/LD</li> <li>• Contact Public Health and the Equality Lead DDICB, to further clarify the equity of a 10 year storage limit, due to age being a protected characteristic. HM</li> <li>• Consider how funding storage in line with the Health &amp; Care Act legislation would be implemented and how it would affect activity HM/LD</li> <li>• Add to policy a statement of intent to advise that gamete storage is under review at a regional and a national level. HM</li> <li>• Add updated policy to Clinical Policies website KR</li> <li>• Confirm EMACC/AGEM review of fertility policies includes Gamete Storage HM</li> </ul> <p><b><u>4b. CPAG Terms of Reference (ToR) and Stakeholder Map</u></b></p> <p>TG advised that the purpose of the paper is to provide assurance that CPAG Terms of Reference (ToR) and Stakeholder Map are current, and they reflect changes in CPAG membership/infrastructure across the wider ICS as the system matures. This includes the addition of a Board representative from the Derbyshire GP Provider Board, who will have an open invitation to be present at CPAG meetings.</p> <p>The following updates were noted:</p>	
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	<ul style="list-style-type: none"> <li>• The wording within the CPAG ToR has been aligned with the Joint Area Prescribing Committee (JAPC) ToR</li> <li>• Reference to the quadruple aim has been added</li> <li>• Management of Conflict of Interests section has been expanded</li> <li>• Reference has been added regarding the democratic election of the Chair</li> <li>• Corporate Ethical Framework Policy has been referenced within the CPAG ToR</li> <li>• A link to the Corporate Ethical Framework Policy has been included within the CPAG coversheet template</li> <li>• A statement has been added to the CPAG agenda to ensure all committee members are aware that the Ethical Framework document needs to be followed when making panel decisions.</li> </ul> <p>It was highlighted that the Ethical Framework document is only available on the ICB Intranet, therefore it is not accessible to some CPAG members outside of the ICB. It is the responsibility of the Governing Body via the Corporate Team to decide if the document should be public facing, however a question will be raised with them to ask the view of the organisation as to whether it can be made more widely available and how it might be accessed.</p> <p>The following comments were received in regard to the Stakeholder Map:</p> <ul style="list-style-type: none"> <li>• Amend 'Public Health England' to 'UKHSA' (UK Health Security Agency) and 'OHID' (Office for Health Improvement and Disparities)</li> <li>• Remove arrow from 'PLCV' (Procedures of Limited Clinical Value) to 'PHSCC' (Population Health and Strategic Commissioning Committee)</li> <li>• Remove reference to the 'Clinical Policy Working Group'</li> </ul> <p>CPAG agreed the updates to the CPAG Terms of Reference and Stakeholder Map.</p> <p>CPAG approved the adoption of the Corporate Ethical Framework document into its decision-making process, acknowledging reference to this within the CPAG coversheet, agenda and updated Terms of Reference.</p> <p>In addition to the above, the CPAG agenda contains a new statement relating to the Glossop 2022 boundary change, which asks that the chair consider all items/policies in relation to this.</p> <p>Following the Secretary of State's announcement in July 2021, the boundary of the Derbyshire Integrated Care System (ICS) has been amended to incorporate the area of Glossop. Nothing is expected to change, until an anticipated transaction date of 1st July 2023 as a minimum, when Glossop patients will be treated as Derby &amp; Derbyshire patients.</p> <p>It was suggested that reference to the Glossop boundary change be added to the CPAG coversheet, to ensure that it is considered during policy updates/changes.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• On the Stakeholder Map - update 'Public Health England' to 'UKHSA' and 'OHID', remove 'Clinical Policy Working Group', remove arrow from 'PLCV' to 'PHSCC'</li> </ul>	<p>KR/LM</p>
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	<ul style="list-style-type: none"> <li>• Ask Corporate if the Ethical Framework Policy can be added to the ICB/Joined Up Care Derbyshire (JUCCD) public facing website at the request of CPAG members</li> <li>• Add statement relating to Glossop boundary change to the CPAG coversheet</li> <li>• Add to CPAG Bulletin</li> <li>• Add updated ToR/Stakeholder Map to Clinical Policies website</li> <li>• Submit ToR/Stakeholder Map to PHSCC for approval</li> </ul>	<p>KR</p> <p>KR</p> <p>KR</p> <p>KR</p> <p>HM</p>
<p>CPAG 23/46</p>	<p><b><u>4c. IFR Terms of Reference (ToR) and Agenda update</u></b></p> <p>HM presented the paper 'IFR Terms of Reference (ToR) and Agenda update'.</p> <p>The Ethical Framework Policy underpins all ICB decision-making made at a population level which includes Individual Funding Requests (IFRs). Following agreement of the policy by Corporate Delivery and Quality Colleagues in March 2023, the Terms of Reference for the IFR panel and the IFR agenda have been updated to ensure all committee members are aware that the document needs to be followed when making IFR panel decisions.</p> <p>CPAG noted the updated IFR Panel Terms of Reference and Agenda.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• Add to CPAG Bulletin</li> <li>• Add updated IFR ToR to Clinical Policies website</li> <li>• Submit IFR ToR to PHSCC for approval</li> <li>• Circulate Ethical Framework Policy to IFR Panel Members</li> </ul>	<p>KR</p> <p>KR</p> <p>HM</p> <p>HM</p>
<p>CPAG 23/47</p>	<p><b><u>4d. Injections for Nonspecific Low Back Pain without Sciatica including Spinal Fusion for Low Back Pain – Activity Data</u></b></p> <p>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 inform CPAG whether referrals have stabilised or increased in the past 12 months.</p> <p>Following the removal of Prior Approval relating to the PLCV policy for Non-Specific Low Back Pain without Sciatica including Spinal Fusion for Low Back Pain Policy in March 2020, CPAG agreed to re-assess the data in 12 months to see if the removal of Prior Approval had any effect on activity levels.</p> <p>Due to Covid-19 and the CCG remaining at Business Continuity level 4, this review was put on hold until April 2022.</p> <p>Business Intelligence (BI) produced comparable dataset from when this was run in March 2020 and annotated current activity, which showed that there had been a reduction in elective activity since covid started in March 2020 which was evidenced in the "average monthly activity" table. CPAG agreed to review the activity data in 12 months' time to see whether it had stabilised or increased.</p>	

	<p>In February 2023, the dataset was updated by BI to reflect 2022/2023 activity. The average monthly activity shows that activity has stabilised.</p> <p>CPAG noted that the granularity of coding may not be specific, and Covid-19 along with Business Continuity level 4 has affected data levels. The level of activity has remained stable since 2021-2022, and it appears to be average when compared with national data.</p> <p>CPAG agreed that as activity has remained stable and there has been no increase in activity or any concerns raised, there is no requirement to re-instate Prior Approval.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>Action to be removed from CPAG Action tracker</li> <li>Add to CPAG Bulletin</li> </ul>	KR KR
<b>5</b>	<b>Work Plan/Action Tracker</b>	
CPAG 23/48	<p><b><u>5a. CPAG Action Tracker</u></b></p> <p>CPAG noted the Action Tracker.</p> <p><b><u>5ai. CPAG Workplan</u></b></p> <p>CPAG noted the progress to date and items pending review on the workplan.</p>	
<b>6</b>	<b>Bulletin</b>	
CPAG 23/49	<p>The April 2023 Bulletin was noted and approved by CPAG.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>Approved Bulletin to be tabled at PHSCC for information</li> <li>Bulletin to be uploaded to Clinical Policies website</li> <li>Bulletin to be circulated to main providers and to Primary Care (via Membership Bulletin)</li> </ul>	HM KR KR
<b>7</b>	<b>Clinical Policies Reviewed</b>	
CPAG 23/50	<p><b><u>7a. Bunion (Hallux Valgus) Correction Surgery Policy</u></b></p> <p>TG presented the Bunion (Hallux Valgus) Correction Surgery Policy paper to CPAG members, which is due for routine review.</p> <p>The policy is based on the principles of Procedures of Limited Clinical Value and requires Prior Approval. It is largely based on recommendations made by the British Orthopaedic Association (BOA) Commissioning guide: Painful deformed great toe in adults and NICE Clinical Knowledge Summaries (CKS): Bunions. NHS DDICB policy criteria appears to be more restrictive as it is clear that all criteria 1, 2 and 3 must be met, whereas NICE and BOA list each criterion for surgery but does not specify whether all criteria need to be met.</p> <p>There has been no publication of new substantial evidence that is significant and robust since the policy was last reviewed in June 2020 that would warrant a change in the policy.</p>	

	<p>With the exception of NICE CKS: Bunions, the references used within the policy have not been updated since the policy was last reviewed. However there were no major changes to clinical recommendations that would necessitate a change to the policy.</p> <p>The relevant stakeholders were contacted via email requesting their feedback regarding the policy as part of the review process. The assumption has been made that the clinicians agree with the policy as no responses were received by the reasonable 4-week deadline.</p> <p>CPAG approved the Bunion (Hallux Valgus) Correction Surgery Policy with the following minor amendments:</p> <ul style="list-style-type: none"> <li>• Policy has been re-worded with the new NHSDDICB organisation</li> <li>• Policy name updated to Bunion (Hallux Valgus) Correction Surgery Policy</li> <li>• Prior Approval form and Blueteq form have been updated to reflect the minor amendments to the policy</li> <li>• Addition of 'Guide to Bunion Surgery BOFAS' under section 4. Useful Resources</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• Policy to be reviewed by QEIA Panel</li> <li>• Prior Approval and Blueteq forms to be updated on clinical systems</li> <li>• Add updated policy to Clinical Policies website</li> <li>• Add to CPAG Bulletin</li> <li>• Provide feedback to clinicians/stakeholders</li> </ul>	<p>HM KR KR KR KR</p>
<b>8</b>	<b>Governance Policies</b>	
<p>CPAG 23/51</p>	<p><b><u>8a. Interventional Procedures Guidance (IPG) Policy</u></b></p> <p>HM advised that the purpose of the paper is for CPAG to review and approve the following changes to the DDICB IPG, MTG, DG, MIB Policy:</p> <ul style="list-style-type: none"> <li>• addition of NICE Health Technology Evaluation (HTE) for Early Value Assessments (EVA) categorisation</li> <li>• change of policy title to reflect the broadening of the NICE categories/programmes</li> </ul> <p>In November 2022, a paper was submitted to CPAG to inform the group of the implementation of the NICE Early Value Assessment (EVA) programme for Medtech. This approach allows for rapid assessment of digital products, devices and diagnostics for clinical effectiveness and value for money to enable the NHS and patients to benefit from these promising technologies sooner. Unlike full NICE guidance, (DGs and MTGs) technologies selected for EVA will not be expected to have a complete evidence base before being recommended for use.</p> <p>NICE has since confirmed that products assessed using the EVA approach will now be published as a new stand-alone NICE category for Health Technology Evaluations (HTEs).</p> <p>One of the recommendations to CPAG in November 2022, was no change to the current DDICB policy on NICE outputs as EVA was part of the Medical Technologies Guidance. As these products have now been categorised by NICE as a stand-alone programme area, the policy has been updated to reflect this change.</p>	



	<p>To reflect the broadening of the NICE programmes and categorisation the current IPG policy has been renamed to "NICE Interventions, Diagnostics, Medical and Health Technologies and Innovation Programme Policy".</p> <p>CPAG approved the DDICB IPG, MTG, DG, MIB Policy with the following amendments:</p> <ul style="list-style-type: none"> <li>the renaming of the IPG MTG, DG, MIB outputs policy to reflect the broader NICE programme areas</li> <li>the addition of HTEs for EVA to the policy</li> </ul> <p>CPAG noted that HTEs will be included in the monthly reports and raised with relevant commissioners e.g. Mental Health.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>Add updated policy to Clinical Policies website</li> <li>Add to CPAG Bulletin</li> <li>Update the Business Case Template</li> <li>Update the Clinical Policies Specification</li> </ul>	KR KR KR HM
<b>9</b>	<b>Contracting and Blueteq Queries</b>	
	No update this month.	
<b>10</b>	<b>Individual Funding Request (IFR) – For Information</b>	
CPAG 23/52	<p><b><u>10a. IFR Screening/Panel Cases March 2023</u></b></p> <p>CPAG reviewed the IFR Screening/Panel cases for March 2023 and were assured that no areas for service development have been identified.</p>	
<b>11</b>	<b>PHSCC Updates</b>	
CPAG 23/53	<p>Papers submitted to PHSCC to be tabled in May 2023 (no meeting in April 2023) were noted:</p> <ul style="list-style-type: none"> <li>CPAG Bulletin February 2023</li> <li>CPAG Bulletin March 2023</li> <li>CPAG Minutes March 2023</li> <li>Ethical Framework Policy</li> </ul>	
<b>12</b>	<b>IPG Updates Since Last Meeting</b>	
CPAG 23/54	<p><b><u>12a. IPGs, MTGs, DGs, HTEs and MIBs</u></b></p> <p>CPAG noted the NICE IPGs, MTGs, DGs, HTEs and MIBs updated in March 2023. It was confirmed that no business cases have been received for any IPG's.</p> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>Send IPG, MTG, DG, HTE and MIB updates to the Finance Team, Planned Care Team and to the Contracting Team.</li> </ul>	KR
<b>13</b>	<b>Business Cases</b>	
	No update this month.	
<b>14</b>	<b>QIPP Pipeline</b>	
	No update this month.	
<b>15</b>	<b>Key Messages For PHSCC</b>	

CPAG 23/55	Papers to be submitted to PHSCC to be tabled in July 2023 (no meeting in June 2023) were noted: <ul style="list-style-type: none"> <li>• CPAG Bulletin April 2023</li> <li>• CPAG Terms of Reference</li> <li>• IFR Terms of Reference</li> </ul>	
<b>16</b>	<b>For Information</b>	
	No update this month.	
<b>17</b>	<b>Any Other Business</b>	
	SD asked that the Ethical Framework Policy be circulated to IFR members ahead of future panel dates.	HM
<b>18</b>	<b>Date of Next Meeting</b>	
	Thursday 1 <sup>st</sup> June 2023, papers to be circulated for agreement by email. Agenda items for June meeting to be received by 12 noon on 15 <sup>th</sup> May 2023 please.	