

Clinical Policy Advisory Group (CPAG)

MINUTES OF THE CLINICAL POLICY ADVISORY GROUP (CPAG) MEETING
HELD ON THURSDAY 2ND NOVEMBER 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 Buk Dhadda	BD	GP
Slakahhan 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
Claire Warner	CW	Senior Public Equality and Diversity Manager
Derby City Council		
Allan Reid	AR	Consultant in Public Health
Derbyshire County Council		
Thom Dunn	TD	Assistant Director of Public Health
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:		
Kate Rogers	KR	Individual Decisions and Projects Officer (DDICB)
Karielle Webster	KW	Public Health Registrar (Derby City Council)
Helen Bembridge	HB	Individual Decisions Approvals Senior Administrator (DDICB) (Minutes)
Apologies:		
Dr Jonathan Burton	JB	GP Prescribing and Clinical Policy Lead (DDICB)
Craig West	CW	Acting Associate Chief Finance Officer (DDICB)

Ref:	Item	Action
1	Welcome, Introductions and Apologies	
	<p>Apologies were noted from Dr Jonathan Burton, GP Prescribing and Clinical Policy Lead (DDICB), Craig West, Acting Associate Chief Finance Officer (DDICB).</p> <ul style="list-style-type: none"> AR left the meeting at 10.25am. AR gave a verbal update for agenda item 'Assisted Fertility Policy Review for East Midlands ICBs' which was brought forward to be tabled at the start of the meeting. <p><u>Confirmation of Quoracy</u> CPAG was quorate under the Terms of Reference.</p>	
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.	

	<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> RG declared a conflict of interest in regard to agenda item 7a 'Continuous Glucose Monitoring Policy'. RG informed members that she had personnel experience of a continuous glucose monitoring device. SH as CPAG Chair, recorded the declaration and agreed no further action required.</p> <p>There were no further declarations of interest made.</p>	
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 23/128	<p>The October 2023 Bulletin was noted and approved by CPAG.</p> <p>Actions:</p> <ul style="list-style-type: none"> 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 23/129	<p><u>5a. CPAG Action Tracker</u></p> <p>CPAG approved the Action Tracker.</p> <p><u>5ai. CPAG Workplan</u></p> <p>CPAG noted the progress to date and items pending review on the workplan.</p>	
6	Matters Arising/Summary	
CPAG 23/130	<p><u>6a. Clinical Policies Temporary Review Date Extension</u></p> <p>HM advised that the purpose of the paper was for CPAG to approve the proposed change in operating model in reviewing and extending clinical policies.</p> <p>The Clinical Policies Team had identified a number of policies which are due to expire in the next 6 months. The review process involves a literature review, as well as engagement with the relevant stakeholders with our main providers (UHDB & CRH).</p> <p>A pause in recruitment across the ICB has resulted in reduced capacity within the Clinical Policies Team including the loss of the Policy writer. It is proposed to implement a temporary measure to extend the review period for policies due for review in the next 6 months for a further 12 months. This will be a rolling process. The operating model provides assurances from the relevant clinicians to determine whether it is safe to extend the review date of these policies by 12 months.</p>	

	<p>CPAG acknowledged the critical function with members offering to escalate the issue to assure appropriate system recognition. CPAG discussed the rolling review and the need for an achievable work schedule post extension.</p> <p>CPAG noted the due diligence with the plan outlined in the paper and approved the updated operating model.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Stakeholder engagement with clinicians for assurance of <ul style="list-style-type: none"> ○ Information within the existing policies infringes on patient safety and ○ Any new or significant evidence published since the policies were last reviewed that would need to be reflected • Stakeholder assurance to be tabled for December 2023 CPAG. • CPAG clinicians to be added to any further stakeholder engagement • Add updated policies to website • Add to CPAG outputs to PHSCC • January CPAG meeting cancelled 	<p>LM</p> <p>HM LM/KR KR HM KR</p>
7	Clinical Policies Reviewed	
<p>CPAG 23/131</p>	<p><u>7a. Therapeutic use of Ultrasound in Hip and Knee Osteoarthritis Position Statement</u></p> <p>TG advised that the purpose of the paper is to approve the Position statement as part of a scheduled review.</p> <p>The position statement was published in November 2020 following a review of 'do not commission' DDCCG clinical policies. As part of the review CPAG agreed a do not do" position statement', based on the Cochrane review on therapeutic ultrasound for osteoarthritis. The review found:</p> <ul style="list-style-type: none"> • Therapeutic ultrasound may be beneficial for people with osteoarthritis of the knee and may improve physical function, but this finding could be the result of chance. The review was uncertain about the magnitude of effects on pain relief or the ability to use the knee due to the low quality of the evidence. There were no studies that addressed the benefits of therapeutic ultrasound in people with hip osteoarthritis. <p>No substantial robust evidence that has been published since the position statement was last reviewed in November 2020 to support a change in commissioning stance.</p> <p>No issues were highlighted in regard to protected characteristics (EIA).</p> <p>No PPI assessment required as there has been no change to the current Position Statement.</p> <p>Greater Manchester (GM) ICB Policy – the intervention is commissioned but not for hip and knee OA indications and is adequately aligned with the DDICB position statement.</p> <p>CPAG approved the position statement including the minor amendments.</p> <p>It was agreed that the wording for future PPI submissions be amended to the following categories:</p> <ul style="list-style-type: none"> • Completely aligned e.g. National policy (EBI) • Adequately aligned 	

<p>CPAG 23/132</p>	<ul style="list-style-type: none"> • Not aligned <p>Actions:</p> <ul style="list-style-type: none"> • Amend PPI wording from aligned to adequately aligned • Add updated policy to website • Add update to CPAG Bulletin • Respond to stakeholder engagement <p><u>7b. Hip Arthroscopy Position Statement</u></p> <p>TG advised that the purpose of the paper is approve the Hip Arthroscopy Position statement as part of a scheduled review and the stakeholder response.</p> <p>The position statement was published in November 2020 following a review of 'do not commission' DDCCG clinical policies. As part of the review, it was identified that there was an historic East Midlands Specialised Commissioning Group (EMSCG) policy, which stated that funding would be provided for the following:</p> <ul style="list-style-type: none"> • Septic hip joint – patients refractory to medical management, patients with underlying disease or patients who are immunosuppressed. • Loose bodies – for the removal of radiologically proven loose bodies within the hip joint with an associated acute traumatic episode. • Excision of Radiological proven labral tears in the absence of Osteoarthritis or Femoro-acetabular impingement syndrome. <p>Hip Impingement Syndrome was not commissioned due to the lack of reliable information about quantitative health gains over the medium and long term, the associated costs and information about the risk of treatment.</p> <p>Derbyshire CCGs did not adopt the East Midlands policy based on a literature review that was undertaken in 2017 which stated “at present, there is insufficient good quality evidence to support the routine clinical use of Hip Arthroscopy. As new research on the effectiveness and cost-effectiveness, this evidence review should be updated in the future.</p> <p>It was noted that Greater Manchester do not have a policy in place and the potential equity in the service provision across Derby and Derbyshire and Greater Manchester. CPAG agreed to adopt the Derby and Derbyshire Policy.</p> <p>HM confirmed the PPI decision to inform via the bulletin, which is circulated to GP members within the Glossop area.</p> <p>CPAG agreed details of the response to the UHDB Clinical stakeholders.</p> <p>No substantial robust evidence that has been published since the last literature review in 2017 to challenge the commissioning stance.</p> <p>CPAG agreed that the comments from the stakeholders should be raised with Contracting as a potential area for efficiency as the ICB does not commission research categorised interventions due to the lack of evidence base. This was a matter for the Trusts internal governance.</p>	<p>LM KR HM KR</p>
------------------------	---	--------------------------------

<p>CPAG 23/133</p>	<p>No issues were highlighted in regard to protected characteristics (EIA).</p> <p>CPAG approved the Hip Arthroscopy Position Statement and the stakeholder response.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Circulate the paper to contracting & Planned Care efficiency group • Update Website with approved position statement • Update Stakeholders (HM/TG to oversee specific UHDB response) • Update CPAG Bulletin <p><u>7c. Continuous Glucose Monitoring Policy</u></p> <p>TG advised that the purpose of the paper is approve the review date extension to the Continuous Glucose Monitoring (CGM) Policy by a further 12 months.</p> <p>NICE, updated recommendations in March 2022, regarding CGM that are likely to result in broader access to isCGM and rtCGM devices.</p> <p>These NICE proposed updated recommendations include:</p> <ul style="list-style-type: none"> • all adults with type 1 diabetes should have access to either Flash or CGM • all children with type 1 diabetes should have access to CGM or Flash (if >4yrs and unable to use CGM or express a preference) • Adults with type 2 diabetes who use multiple daily insulin should have access to Flash, if the following apply – experience recurrent or severe hypos, impaired hypoglycaemia, if they have a disability that means they cannot finger-prick test or if they would otherwise be advised to test 8 or more times a day. <p>The system Derbyshire diabetes groups have been working to understand implications to agree local policies and pathways for the access to FreeStyle Libre and real-time CGM.</p> <p>JAPC produced an interim position statement (April 2022) CPAG agreed the extension of the policy review by 12 months in December 2022 whilst there are ongoing discussions with the diabetes groups regarding the updated NICE guidelines to maximise benefits, prioritise diabetes patients with the greatest clinical need, and allow all patients access to the best possible treatment for their clinical circumstances.</p> <p>The 12 months extension of review has come to an end. The discussions with the Derbyshire diabetes group regarding the updated NICE guidelines remain ongoing pending presentation of a business case at the Population Health Strategic Commissioning Committee (PHSCC) and wider ICB agreement.</p> <p>CPAG agreed the following:</p> <ul style="list-style-type: none"> • Extend the policy review date extension by a further 6 months as a PHSCC decision is pending for the business case. • To avoid duplication, if within the 6months extension an agreed local policy/pathway is produced, the CGM policy is to be withdrawn. 	<p>HM KR LM HM</p>
------------------------	---	--------------------------------

	<p>CPAG noted that this is a national issue with Public Health adding that there is a risk of increasing digital exclusion in deprived areas. CPAG members asked to review the governance sections and timelines for the proposed business case.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Circulate relevant sections of the business case with CPAG members • Add to CPAG tracker to review item in 3 months • Accept track changes and remove draft • Add to the Clinical Policies Website • Add to the Clinical Policies Bulletin 	<p>HM HM KR KR HM</p>
8	Governance Policies	
8a	East Midlands Fertility Policy Review	
CPAG 23/134	<p><u>8a. Assisted Fertility Policy Review for East Midlands ICBs – Update</u></p> <p>AR provided the following verbal update: The East Midland Chief Executive Officers have proposed a review of the ICBs Assisted Fertility policies. Commissioning Solutions for public Health as part of Arden Gem Commissioning Support Unit (CSU) commissioned to review the existing Fertility policies across the five East Midlands ICBs and provide information to support a collaborative approach.</p> <p>A report had been produced which included a comparison of Assisted Conception policies comprising of; evidence base across a range of parameters, discussion of the ethical considerations and collation and analysis of activity, costs and outcomes.</p> <p>The key differences that were noted in the policies included the number of Invitro Fertilisation (IVF) cycles, the number of funded insemination cycles and age.</p> <p>Those areas, where there had been a recent boundary change for example, Glossop and Bassetlaw were noted to have variation which aligned closest to NICE guidance.</p> <p>The model scenarios provided looked at parameters, of age, Body Mass Index (BMI) of the patient and the number of IVF cycles provided.</p> <p>A previous draft version of the report published at the beginning of September received considerable feedback from stakeholder groups in terms of accessibility, readability and the conclusions drawn. Specifics included the use of an executive summary, missing data e.g. inequalities relating to protected characteristics, limited review of deprivation data and equity considerations e.g. single females A policy working group has been formed by and chaired by the Associate Director of Commissioning from Nottingham ICB who is the lead ICB for this piece of work.</p> <p>The group has cross ICB representation including communications and engagement leads as well as Equality and Diversity leads.</p> <p>The final report was delivered on the 13th of October.</p> <p>AR reported that the Solutions for Public Health have responded to the detailed feedback and there's is no further scope for any amendments.</p> <p>The next steps for the report final report are to circulate to stakeholders and for the working group to complete options appraisal to be considered by the Chief Executives group.</p>	

	<p>The cross ICB group met to formalise membership to ensure the appropriate people are committed and in attendance to contribute to how the ICBs respond to the report.</p> <p>SD queried whether there is a template clinical policy which can be reviewed and compared for variation as Derbyshire ICB have kept their policy current and under review.</p> <p>AR confirmed the NICE guidance is scheduled to be updated in 2025. As yet, there is no indication of what the update will include but it will likely bring in the consideration of single women, fertility rates and inclusion of the trans community. This would indicate an expansion of access to IVF which the ICB will need to consider.</p> <p>AR confirmed the aim is to have an East Midlands wide policy to reduce inequalities across local borders.</p> <p>CPAG discussed the benefits/ efficiencies of having a National policy as the evidence base is consistent and referenced the duplication of effort of each system considering. CPAG also noted the existence of other National programmes that could be used as delivery units to aid consistent implementation e.g. Technology Appraisals, Health Strategies.</p> <p>To aid ICB decision making it was suggested proposals are categorised as:</p> <ul style="list-style-type: none"> - Mandated – equality, equity - Options for consideration – cycles offered, age, BMI <p>Actions:</p> <ul style="list-style-type: none"> • PHSCC to be updated as to the progress to date • CPAG to review the outputs of the proposed working group 	<p>HM HM/AR</p>
8b	Glossop Transition	
<p>CPAG 23/135</p>	<p><u>8b. Glossop Transition for IVF/Clinical Policies – Update</u></p> <p>HM advised that the purpose of this update is for CPAG to note the progress to date for the Glossop transition programme for IVF/Clinical Policies.</p> <p>Decision taken by the Government in July 2021 to amend the Derbyshire Integrated Care System (ICS) boundary so that Glossop will align from the Greater Manchester ICS into the Derbyshire ICS.</p> <p>For existing clinical policies, the Clinical Policies department have agreed to follow the framework agreed with engagement. The following preferred options were approved by CPAG in July 2023 and ratified by PHSCC in September 2023.</p> <ol style="list-style-type: none"> 1. IVF <ul style="list-style-type: none"> • To continue with the disparity whilst awaiting the outcome of the East Midlands assisted conception policy review • PPI form to be completed – Corporate to assess if the legal duty is triggered, to inform, involve or consult individual. 2. Non-clinical significant variation policies and Procedures of Limited Clinical Value/Cosmetic referral Assessment Service. <ul style="list-style-type: none"> • Co-opt clinical member from Glossop to attend CPAG (agreed that it will be a Glossop member of GPPB) to provide a view on the impact of the differences in policies for Glossop population. 	

	<ul style="list-style-type: none"> Summarise difference where able to influence. PPI form to be completed for individual policies – Corporate to assess if the legal duty is triggered, to inform, involve or consult individuals. <p>The work programme is managed via an internal Glossop Transition Group meeting which is held monthly.</p> <p>CPAG noted the update to the Glossop transition programme.</p> <p>Actions:</p> <ul style="list-style-type: none"> Update PHSCC 	HM
9	Contracting and Blueteq Queries	
	No update this month.	
10	Individual Funding Request (IFR) – For Information	
CPAG 23/136	<p><u>10a. IFR Screening/Panel Cases September 2023</u></p> <p>CPAG reviewed the IFR Screening/Panel cases for September 2023 and were assured that no areas for service development have been identified.</p>	
11	PHSCC Updates	
CPAG 23/137	<p>Papers submitted to PHSCC to be tabled in November 2023 (no meeting in October 2023) were noted:</p> <ul style="list-style-type: none"> NICE MedTech Mandate Operating Model for CPAG CPAG Terms of Reference CPAG Bulletin August 2023 CPAG Bulletin September 2023 CPAG Minutes September 2023 	
12	IPG Updates Since Last Meeting	
CPAG 23/138	<p><u>12a. IPGs, MTGs, DGs, HTEs and MIBs</u></p> <p>CPAG noted the NICE IPGs, MTGs, DGs, HTEs and MIBs updated in September 2023.</p> <p>It was confirmed that no business cases have been received for any of the above NICE outputs.</p> <p>Action:</p> <ul style="list-style-type: none"> 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	
CPAG 23/139	<p><u>13a. Clinical Review of Business Case for Adoption of Thopaz+ at Chesterfield Royal Hospital NHS Foundation Trust (CRH)</u></p> <p>TG advised the purpose of this paper is for CPAG to review the clinical evidence supporting the business case for the use of Thopaz+ at CRH.</p> <p>To clarify, the business case is for the adoption of Thopaz+ for patients with pneumothorax.</p> <p>CPAG noted the following:</p> <p>a. the outline business case.</p>	

	<p>b. the limited evidence base and that benefits are mainly based on reduction in length of stay</p> <p>c. as per the ICB Med Tech Checklist – Involvement of other colleagues, such as PMO as a central contact point for – Finance / Business Informatics / Contracting, ICS Deliver Boards, Planned Care etc to determine whether the business case is desirably, viable and achievable specifically in relation to cost effectiveness</p> <p>d. NICE MTG325 advises the use of Thopaz+ is indicated for both pneumothorax and pulmonary resection. The business case submitted is specific for the use of Thopaz+ for pneumothorax. The committee concluded that Thopaz+ is likely to be cost saving in people with pneumothorax, but that the evidence is more uncertain than in people after pulmonary resection.</p> <p>e. request is from a single provider</p> <p>CPAG recommended assurance of appropriate internal governance e.g. senior clinician and Senior Responsible Officer sign off .</p> <p>CPAG approved the updated MedTech checklist – which has been expanded to include additional assurance for implementation of first-time technologies – agreed with ICB departments .</p> <p>CPAG acknowledged the cost saving is not necessarily cost releasing as per the checklist benefits realisation to be clarified with the relevant delivery board in conjunction with finance, contracting, planned care and project management office.</p> <p>CPAG noted the evidence base is limited. However, 37 NHS trusts have implemented and that this 'real world' data could be used to supplement future versions of the business case.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Develop a standard response for system requests to direct to MedTech Checklist • Upload checklist to website • Respond to stakeholders 	<p>HM/TG</p> <p>KR</p> <p>HM</p>
14	QIPP Pipeline	
	No update this month.	
15	Key Messages For PHSCC	
CPAG 23/140	<p>Papers to be submitted to PHSCC to be tabled in January 2024 (no meeting in December 2023) were noted:</p> <ul style="list-style-type: none"> • CPAG Bulletin October 2023 • Clinical Policies Temporary Review Date Extension • Continuous Glucose Monitoring Policy and timeline for review • Assisted Fertility Policy Review for East Midlands ICBs update • Glossop Transition for IVF/Clinical Policies update 	
16	For Information	
	No update this month.	
17	Any Other Business	
	No other business was raised.	

18	Date of Next Meeting	
	Thursday 7 th December 2023, papers to be circulated for agreement by email. Agenda items for December meeting to be received by 12 noon on 20 th November 2023 please.	