

CLINICAL POLICY ADVISORY GROUP (CPAG) DECISION AND JUSTIFICATION LOG

Meeting Date: Thursday 3rd July 2025

Updated by: Head of Clinical Policies & Evidenced Based Medicine

Ethical Framework

Chair to ensure that all decisions made are in line with the [ICBs Ethical Framework](#), following examples of evidence of clinical and cost effectiveness, health care need and capacity to benefit, policy driver/strategic fit.

Declarations of Interest

Committee members are reminded 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 Register of Interests and included with the meeting papers. The ICB's Registers of Interests are also available via the ICB's Corporate Governance Manager.

MA* - Matters Arising

Agenda Item number	Agenda Item Title	Owner	Summary of Discussion	Decision & Justification	Action(s)
CPAG07/25 0	Confirmation of Quoracy	BD	CPAG was quorate under the Terms of Reference		
CPAG07/25 1a	Declarations of Interest	BD	No Declarations of Interest were made		
CPAG07/25 3a	CPAG Decision & Justification Log June 2025	TG	No further comments from CPAG	CPAG approved the Decision & Justification Log.	<ul style="list-style-type: none"> Decision & Justification Log to be uploaded to DDICB Clinical Policies website
CPAG07/25 4a	CPAG Bulletin June 2025	TG	No further comments from CPAG	CPAG approved & ratified June 2025 CPAG Bulletin.	<ul style="list-style-type: none"> Bulletin to be circulated to stakeholders via external communications
CPAG07/25 5a	CPAG Internal Action Log & Workplan	TG	No further comments from CPAG	CPAG noted the Internal Action Log and the progress to date.	<ul style="list-style-type: none"> Update CPAG Internal Action Log of all actions and internal tasks
CPAG07/25 6a MA	IDEAL Framework	PJ	CPAG considered the IDEAL framework which had been identified for its potential to assist researchers and clinicians in systematically evaluating new techniques and devices.	CPAG noted the update.	<ul style="list-style-type: none"> No further action required

			<p>The IDEAL Framework describes the stages through which surgical therapy innovation normally passes, describing the characteristics of each of five stages: Idea, Development, Exploration, Assessment and Long-term follow-up.</p> <p>After review, it was found to be impractical for application to IFR and clinical policies due to several limitations including:</p> <ul style="list-style-type: none"> • Absence of National adoption • Lack of a specific database for interventions • Conceptual approach making it less practical for direct application • The ICB does not commission primary research into novel treatments 		
CPAG07/25 7a	Cosmetics Policy Comparison Review – Phase 2	HM	<p>Derby and Derbyshire ICB conducted a high-level comparison to assess variation in clinical policies across all ICBs.</p> <p>A mapping exercise and work plan has been developed and split into three phases to compare and review DDICB cosmetic policies to those of a national ICB comparator.</p> <p>The Outcomes will be reviewed over time and reported to CPAG.</p> <p>Phase 2 of the review covered 14 policies where DDICB has restrictive policies in place and the comparator has a do not commission position. Policies included breast enlargement, breast reduction surgery for gynecomastia, breast uplift, nipple inversion, brow lift, facelifts, fat grafts, liposuction, abdominoplasty, rhinoplasty, pinnaplasty, laser treatment, scar reduction, and congenital pigmented lesions on the face.</p> <p>The policies were assessed based on restrictiveness and alignment with the East Midlands commissioning policy.</p>	<p>CPAG agreed the following:</p> <p>No Action Required: All but one of the policies (Pinnaplasty) were suitably restrictive and aligned with the East Midlands policy with exceptions based on medical conditions and not purely cosmetic reasons.</p> <p>Activity data supported the decision that the current policies were effective in limiting unnecessary procedures.</p> <p>DDICB clinical policies have evolved over time through evidence reviews and consultation with stakeholders.</p> <p>Further Review needed: Pinnoplasty policy was identified for further</p>	<ul style="list-style-type: none"> • Update to Strategic Commissioning and Integration Committee (SCIC) • Pinnaplasty policy to be reviewed

			Where available, activity data for each procedure was reviewed to determine the frequency of interventions.	review due to the absence of specific clinical criteria.	
CPAG07/25 7b	Psychological Therapies for Irritable Bowel Syndrome (IBS)	HM	<p>CPAG reviewed the value of a "do not commission" Position Statement for Psychological Therapies for IBS following stakeholder feedback.</p> <p>Feedback from stakeholders was mixed with one supporting a "do not commission" position statement.</p> <p>Feedback from other stakeholders disagreed with the statement, citing low-quality evidence but acknowledging that psychological therapies are used in line with NICE guidance and provide benefits for patients.</p> <p>It was also highlighted that psychological therapies for IBS are currently commissioned under the talking therapies service.</p>	<p>CPAG agreed to implement a restrictive position statement for psychological therapies for IBS, based on the low quality of evidence.</p> <p>The existing talking therapies service already providing psychological therapies for IBS, should be considered in the context of the new policy</p>	<ul style="list-style-type: none"> • Complete due diligence e.g. EQIA and PPI. • Review the current contract for psychological therapies to ensure alignment with the new restrictive policy • Stakeholders to provide a business case if they believe psychological therapies for IBS should be considered under specific circumstances.
CPAG07/25 7c	Hydrotherapy Rapid Evidence Review	PJ	CPAG's objective was to review the evidence base for the use of hydrotherapy.	Based on the available high-level evidence, CPAG concluded that there is insufficient proof to support the superiority of hydrotherapy over land-based physiotherapy due to a lack of direct comparative studies.	<ul style="list-style-type: none"> • Update to Strategic Commissioning and Integration Committee (TBC)
CPAG07/25 8a	CPAG Appeals Process & Statement on the requirements to trigger a policy update outside of the planned review period	TG	<p>CPAG reviewed the CPAG appeals process, which was due for review as part of the three-year cycle.</p> <p>The process and statement provide detailed requirements to trigger a policy review outside of the planned review period.</p> <p>The process was last reviewed in 2022 and aligned with the joint area prescribing process.</p>	CPAG approved the updated Appeals process	<ul style="list-style-type: none"> • Outputs to stakeholders via external communications • Update to Strategic Commissioning and Integration Committee (SCIC)

			Minor amendments were made to reflect the new reporting structure and to make the submission criteria more prescriptive.		
CPAG07/25 8b	Referral for Specialist Opinion for conditions covered by DDICB Clinical Policies	TG	<p>CPAG reviewed a draft position statement on referral for specialist opinion for conditions covered by DDICB Clinical Policies.</p> <p>The statement is based on the need to ensure that primary care providers can refer patients for specialist opinions without unnecessary delays and that secondary care providers have the relevant information to make informed decisions. It is supported by the operating framework, clinical policy specifications, and information circulated following the removal of the prior approval process.</p>	<p>CPAG approved the position statement to strengthen the DDICB position on referrals for specialist opinions.</p> <p>The clarification ensures that the referral process is clear and supports appropriate information transfer between primary and secondary care.</p>	<ul style="list-style-type: none"> • Circulate to CPAG provider leads and contracting • Outputs to stakeholders via external communications • Update to Strategic Commissioning and Integration Committee (SCIC)
CPAG07/25 9a	Assisted Fertility Policy Review for East Midlands ICBs – Update	HM	<p>An update was given as to the timelines and progress of the East Midlands Fertility Review.</p> <p>The aim of the East Midlands wide fertility policy is to reduce inequality across the East Midlands footprint. This work involves reviewing the current criteria, assessing the implications, and ensuring that the policy is both financially viable and legally sound. The review aims to incorporate feedback from the engagement exercise and produce a pre-consultation business case to inform further consultation or engagement if required.</p>	CPAG noted the update on the East Midlands IVF review process.	<ul style="list-style-type: none"> • Update to Strategic Commissioning and Integration Committee (SCIC)
CPAG07/25 9a	Individual Funding Request (IFR) – Screening/Panel Cases – May 2025	HM	CPAG reviewed the IFR Screening/Panel cases for May 2025 and were assured that no areas for service development have been identified.	CPAG noted the IFR cases for May 2025.	<ul style="list-style-type: none"> • Outputs to stakeholders via external communications
CPAG07/25 10a	NICE IPG, DTG, MTG & HTE Updates	TG	It was confirmed that no business cases have been received for any of the NICE outputs.	CPAG noted IPGs, DTGs, MTGs and HTEs for May 2025.	<ul style="list-style-type: none"> • Outputs to stakeholders via external communications
CPAG07/25 13	Key messages received from / going to SCIC	HM	No further comments from CPAG.	CPAG noted the papers to be tabled at SCIC in August 2025.	<ul style="list-style-type: none"> • No further action

Date of Next meeting: Thursday 4th August 2025 papers to be agreed by email
Agenda items for August meeting to be received by 12 noon on 21st July 2025 please.