

CLINICAL POLICY ADVISORY GROUP (CPAG) DECISION AND JUSTIFICATION LOG

Meeting Date: Thursday 6th March 2025

Updated by: Clinical Policies & EBM Support Officer

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)
CPAG03/25 0	Confirmation of Quoracy	JB	CPAG was quorate under the Terms of Reference		
CPAG03/25 1a	Declarations of Interest	JB	No Declarations of Interest were made		
CPAG03/25 3a	CPAG Decision & Justification Log February 2025	JB	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
CPAG03/25 4a	CPAG Bulletin February 2025	TG	No further comments from CPAG	CPAG approved & ratified February 2025 CPAG Bulletin	<ul style="list-style-type: none"> Bulletin to be circulated to stakeholders via external communications
CPAG03/25 5a	CPAG Internal Action Log & Workplan	TG	No further comments from CPAG	CPAG noted the Internal Action Log and the progress to date and items pending review on the workplan.	<ul style="list-style-type: none"> Update CPAG Internal Action Log of all actions and internal tasks
CPAG03/25 6a	Literature Search Strategy Assurance	TG/PJ	The Clinical Policies and Evidence-Based Medicine (EBM) team within DDICB has established a standardised process for conducting literature searches. This process ensures transparency, a	CPAG approved the Literature Search Strategy Assurance paper and agreed: <ul style="list-style-type: none"> The current literature search protocol in use is sufficient in 	<ul style="list-style-type: none"> EBM team to adopt this process

			<p>systematic methodology, and reliable results for evidence-based decision-making.</p> <p>The Primary Care Knowledge Specialist Librarian (PCKS) confirmed that the approach to literature searches is sufficient for providing accurate and reproducible results.</p>	<p>providing results that are accurate and reproducible</p> <ul style="list-style-type: none"> • Retain tabulated search results within the Record of Literature Searches form 	
CPAG03/25 6b	Derbyshire Clinical Policies Website Update	TG	The Derbyshire Clinical Policies Website has been updated to improve usability e.g. separate Individual Funding Requests (IFR) page.	CPAG noted the updates to the Derbyshire Clinical Policies Website	<ul style="list-style-type: none"> • No further action
CPAG03/25 7a	Get It Right First Time (GIRFT) & Evidence Based Interventions Benchmarking	TG	<p>NHS England, through the GIRFT programme, has highlighted variation in ICB policies for Evidence-Based Interventions (EBI) and set out a plan to address this through benchmarking to ensure robust compliance for 20 policies. 11 of which are already included in DDICB's policy portfolio.</p> <p>DDICB's policies broadly align with or the National EBI programme which includes 62 items (tests, treatments and procedures) with some local variation</p> <ul style="list-style-type: none"> • 30 are covered by local DDICB policies • 25 have been reviewed by CPAG and categorised as pathways that sit within an overarching position statement to confirm that local provider's clinical practices are aligned and integration into care pathways. <p>To make explicit DDICB's commissioning position CPAG approved the adoption of nine National Evidence Base Interventions (EBI) as local policies that were previously part of an overarching statement.</p> <p>The adopted policies are as follows: <u>General Surgery</u></p> <ul style="list-style-type: none"> • Appropriate colonoscopy in the management of hereditary colorectal cancer • Repeat colonoscopy <p><u>Vascular</u></p>	<p>CPAG approved the local adoption of nine National EBI policies/position statements</p> <p>CPAG noted the following website changes:</p> <ul style="list-style-type: none"> • Overarching position statement updated to reflect the above changes and uploaded to the Clinical Policies inc. EBI landing page • 'Evidence-Based Interventions programme' section under Governance on the website has been removed • Clinical Policies Operating Framework has been updated 	<ul style="list-style-type: none"> • Outputs to stakeholders via external communications

			<ul style="list-style-type: none"> Asymptomatic carotid artery stenosis screening (Vascular) <p><u>Urology</u></p> <ul style="list-style-type: none"> Cystoscopy for men with uncomplicated lower urinary tract symptoms Surgical removal of kidney stones <p><u>Orthopaedics</u></p> <ul style="list-style-type: none"> Knee MRI when symptoms are suggestive of osteoarthritis Knee MRI for suspected meniscal tears MRI scan of the hip for arthritis Scans for shoulder pain and guided injections for shoulder pain <p>A discussion on implementation and assurance confirmed that local and national benchmarking is in place.</p>		
CPAG03/25 7b	Evidence Based Interventions (EBI) Surgical Haemorrhoidectomy	HM	<p>CPAG reviewed and agreed recommendations for the updated EBI policy following stakeholder engagement.</p> <p>A summary of the key changes are as follows:</p> <ul style="list-style-type: none"> Updated the list of alternative surgical treatment interventions available locally. 	CPAG agreed to maintain the current local DDICB policy as it aligned to the EBI Guidance for Haemorrhoid Surgery and is more descriptive.	<ul style="list-style-type: none"> Outputs to stakeholders via external communications
CPAG03/25 7c	Evidence Based Interventions (EBI) Fusion Surgery for Mechanical Axial Low Back Pain	HM	<p>CPAG reviewed and agreed recommendations to the Spinal Fusion for Mechanical Axial Low Back pain DDICB Position Statement following the publication of updated EBI Guidance and stakeholder engagement.</p> <p>A summary of the key changes are as follows:</p> <ul style="list-style-type: none"> Terminology updated from 'non-specific, mechanical back pain' to 'isolated back pain' where no identifiable cause exists. Primary Care Management now includes reassurance, advice on continuing activity with modification, weight loss, analgesia and screening for high-risk patients (e.g. STaRT Back). 	CPAG approved the Position Statement for Mechanical Axial Low Back pain and agreed to update it in line with the National guidance while including the current inclusion and exclusion criteria.	<ul style="list-style-type: none"> Outputs to stakeholders via external communications

			It was agreed to confirm the alignment of the position statement with out of areas providers.		
CPAG03/25 7d	Evidence Based Interventions (EBI) Varicose Veins Interventions	TG	<p>CPAG asked to review and agree recommendations to the Varicose Veins DDICB policy following the publication of updated EBI Guidance and stakeholder engagement.</p> <p>The paper was previously discussed at January 2025 CPAG meeting referenced under EBI updates.</p> <p>CPAG Decision & Justification Log January 2025.pdf (derbyshiremedicinesmanagement.nhs.uk)</p> <p>The ICB has prioritised commissioning of invasive treatments for severe or refractory cases on the grounds of affordability and ability to benefit.</p> <p>Clarification on urgent and routine referral criteria:</p> <ul style="list-style-type: none"> • Clinical Lead at the Academy of Medical Royal Colleges (AOMRC) clarified that this should be a referral within two weeks. The vascular service can then triage the referral and arrange urgent appointment as required. <p>A discussion took place, and it was agreed that further clarification is needed regarding non-surgical minimally invasive treatments and surgical management options for symptomatic veins.</p>	CPAG agreed to refine the Varicose Veins Interventions Policy in the discussed areas and deferred approval to the May meeting for further discussion.	<ul style="list-style-type: none"> • Update Varicose Veins Interventions Policy following CPAG recommendations
Paper 7e to 7h follow an exercise to compare DDICB clinical policies with those of five other ICBs to identify discrepancies and potential opportunities for improvement. As a result:					
CPAG03/25 7e	Cosmetic Procedures	HM	<p>The Not Routinely Commissioned Cosmetic Procedures Position Statement has been updated to include:</p> <ul style="list-style-type: none"> • Removal of Supernumerary Nipples • Surgical Treatment of Rhinophyma (bulbous, red Nose) 	CPAG agreed to the updated Not Routinely Commissioned Cosmetic Procedures Position Statement and the addition of Calf Augmentation to the Commissioned with Restrictions	<ul style="list-style-type: none"> • Outputs to stakeholders via external communications

			Additionally, Calf Augmentation will be added to the "Commissioned with Restrictions Cosmetic Procedures" Position Statement.	Cosmetic Procedures Position Statement	
CPAG03/25 7f	Diastasis Recti Surgical Repair Not Commissioned Position Statement	TG	<p>To address a potential commissioning gap, CPAG are asked to agree a new 'Diastasis Recti Surgical Repair Not Routinely Commissioned' Position Statement based on the lack of high-level robust evidence.</p> <p>Stakeholders confirmed, conservative management remains the primary approach to treating the underlying condition.</p> <p>The Position Statement should be read in conjunction with the following DDICB policy where two conditions exist concurrently: Repair of Minimally Symptomatic Inguinal Hernia Policy</p>	CPAG agreed the 'Diastasis Recti Surgical Repair Not Routinely Commissioned' Position Statement	<ul style="list-style-type: none"> • Outputs to stakeholders via external communications
CPAG03/25 7g	Surgical Correction of Asymptomatic/non-functional Adult Strabismus (Squint) Position Statement	HM	CPAG are asked to agree a new 'Not Routinely Commissioned Position Statement for the Surgical Correction of Adult Strabismus in Asymptomatic/ Nonfunctional cases' based on a lack of robust high-level evidence of effectiveness. This aligns to the Royal College of Ophthalmologists Commissioning Guidance: Strabismus surgery for adults in the UK: indication, evidence base and benefits – August 2017 .	CPAG agreed the Not Routinely Commissioned Position Statement for Surgical Correction of Asymptomatic/non-functional Adult Strabismus (Squint)	<ul style="list-style-type: none"> • Outputs to stakeholders via external communications
CPAG03/25 7h	Trophic Electrical Stimulation (TES) for Facial Palsy	TG/PJ	CPAG are asked to agree to strengthen the DDICB commissioning stance by issuing a new 'Not Routinely Commissioned Position Statement for Trophic Electrical Stimulation (TES) for Facial Palsy', as there is insufficient robust evidence supporting this intervention.	CPAG agreed the Not Routinely Commissioned Position Statement for Trophic Electrical Stimulation (TES) for Facial Palsy	<ul style="list-style-type: none"> • Outputs to stakeholders via external communications
CPAG03/25 9a	Individual Funding Request (IFR) – Screening/Panel Cases – January 2025	HM	CPAG reviewed the IFR Screening/Panel cases for January 2025 and were assured that no areas for service development have been identified.	CPAG noted the IFR cases for January 2025.	<ul style="list-style-type: none"> • Outputs to stakeholders via external communications

CPAG03/25 10a	NICE IPG, DTG, MTG & HTE Updates	TG/HM	It was confirmed that no business cases have been received for any of the NICE outputs.	CPAG noted IPGs, DTGs, MTGs and HTEs for January 2025.	<ul style="list-style-type: none"> • Outputs to stakeholders via external communications
CPAG03/25 11	Key messages received from / going to PHSCC	HM	No further comments from CPAG.	CPAG noted the papers to be tabled at PHSCC in April 2025.	<ul style="list-style-type: none"> • No further action

Date of Next meeting: Thursday 3rd April 2025 papers to be agreed by email.
Agenda items for April meeting to be received by 12 noon on 17th March 2025 please.