

## CLINICAL POLICY ADVISORY GROUP (CPAG) DECISION AND JUSTIFICATION LOG

Meeting Date: Thursday 1<sup>st</sup> May 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)
CPAG05/25 0	Confirmation of Quoracy	JB	CPAG was quorate under the Terms of Reference  Dr Jonathan Burton will be stepping down as CPAG Chair as of May 2025, he was formally thanked by members of CPAG for all of his hard work. Dr Buk Dhadda was welcomed as the future Chair of CPAG meetings.		
CPAG05/25 1a	Declarations of Interest	JB	A personal non-financial Declaration of Interest was made for item 7 (Dupuytren's Contracture) from the Medical Director of the Derbyshire Local Medical Committee (DDLMC). This was managed within the meeting.		
CPAG05/25 3a	CPAG Decision & Justification Log April 2025	JB	No further comments from CPAG	CPAG approved the Decision & Justification Log	• Decision & Justification Log to be uploaded to DDICB Clinical Policies website
CPAG05/25 4a	CPAG Bulletin April 2025	TG	No further comments from CPAG	CPAG approved & ratified April 2025 CPAG Bulletin	• Bulletin to be circulated to stakeholders via external communications

CPAG05/25 5a	CPAG Internal Action Log & Workplan	TG	No further comments from CPAG	<p>CPAG agreed to withdraw the Continuous Glucose Monitoring policy as it has been superseded by documents available on the Medicines Management website.</p> <p>CPAG noted the Internal Action Log and the progress to date and items pending review on the workplan</p>	<ul style="list-style-type: none"> <li>• Update CPAG Internal Action Log of all actions and internal tasks</li> </ul>
CPAG05/25 6a	Pre-election Period Guidance	TG	The six weeks before the Derby City and Derbyshire Council elections on May 4 are called the pre-election period. During this time, public bodies such as the NHS, civil servants, and local government officials face restrictions on using public resources and communication activities. This period aims to prevent public bodies from influencing election campaigns. There should be no new policy or strategy announcements, large or contentious contract procurements, or NHS involvement in politically controversial events unless postponement would harm the NHS's effectiveness or waste public money.	CPAG took place with a reduced agenda due to the Pre-election Period.	<ul style="list-style-type: none"> <li>• No further action</li> </ul>
CPAG05/25 6b	Stakeholder Engagement Escalation	TG	<p>The University Hospitals of Derby and Burton NHS Foundation Trust (UHDBFT) clinicians are now actively engaged. Following constructive discussions with the UHDBFT provider lead, there is a shared understanding that strong clinical policies rely on active involvement from all parties.</p> <p>Actions agreed by UHDBFT provider lead:</p> <ul style="list-style-type: none"> <li>• Management of internal escalation for no response</li> <li>• Include input in bi-weekly Medical Director internal communications</li> <li>• General communications to site Clinical Director</li> </ul>	CPAG noted the assurance for engagement following a meeting with the University Hospitals of Derby and Burton NHS Foundation Trust (UHDBFT) provider lead.	<ul style="list-style-type: none"> <li>• No further action</li> </ul>
CPAG05/25 6c	Varicose Veins Interventions Policy	TG	CPAG discussed the impact of aligning DDICB policy with Evidence Base Interventions (EBI) guidance, particularly in differentiating surgical	CPAG approved the Varicose Veins Interventions Policy	<ul style="list-style-type: none"> <li>• Outputs to stakeholders via external communications</li> </ul>

			<p>treatments from minimally invasive interventions for symptomatic vein management.</p> <p>At the March 2025 meeting, CPAG agreed to defer approving the updated policy pending clear agreement to maintain a more restrictive approach.</p> <p>At the January 2025 meeting, CPAG proposed stakeholder engagement on the current restrictive approach noting that the EBI references precede DDICB review carried out in March 2022. DDICB do not commission for symptomatic veins / purely cosmetic, or commission management for the symptoms of pain, aching, discomfort, swelling etc.</p> <p>A discussion took place and CPAG agreed to approve the policy maintaining the current restrictive stance. The current policy balances affordability with ability to benefit. CPAG decision complies with DDICB Ethical Framework. EBI guidelines are not statutory,</p> <p>It was suggested that CPAG have an oversight of compliance with providers.</p>	<p>maintaining the current restrictive stance.</p> <ul style="list-style-type: none"> <li>• CPAG agreed to maintain the current local DDICB policy criteria based on affordability and ability to benefit</li> <li>• CPAG decision complies with DDICB Ethical Framework.</li> </ul>	
CPAG05/25 7a	Evidence Based Interventions (EBI) Dupuytren's Contracture	PJ	<p>CPAG reviewed the Dupuytren's Contracture Policy following publication of the updated EBI Guidance and feedback from stakeholder engagement.</p> <p>The EBI update includes the removal of previously listed objective measures of contracture for MCP and PIP joint.</p> <p>The Evidence Based Medicines team have reviewed the DDICB policy against EBI. UHDBFT clinician stakeholders have proposed the adoption of BSSH criteria for surgery (updated December 2023).</p> <p>A literature search has also been conducted to find robust evidence or landmark trial data published</p>	<p>CPAG agreed to maintain the current DDICB policy criteria based on the following:</p> <ul style="list-style-type: none"> <li>• Substantial robust evidence is needed to support changes in DDICB criteria. <ul style="list-style-type: none"> <li>▪ National guidance such as BSSH, EBI, BMJ Best Practice supported by clinician consensus and low-level evidence</li> <li>▪ Lack of consensus amongst national guidelines</li> <li>▪ Lack of robust evidence submitted by clinician</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Outputs to stakeholders via external communications</li> </ul>

			<p>since the 2021 policy review to support or challenge DDICB criteria. No such evidence has been found.</p> <p>The literature review of the national guidelines and published studies reveals that:</p> <ul style="list-style-type: none"> <li>• Evidence supporting the guidelines are low-level quality and/or historic.</li> <li>• The absence of high-quality evidence has contributed to a lack of consensus regarding the appropriate thresholds for surgical intervention</li> </ul> <p>A discussion took place, CPAG agreed to maintain the current DDICB policy criteria as there is a lack of robust evidence.</p> <p>CPAG decision complies with DDICB Ethical Framework.</p>	<p>stakeholders to support a change in criteria</p> <ul style="list-style-type: none"> <li>▪ The lack of robust evidence published since the last policy review in 2021.</li> </ul> <p>CPAG agreed to maintain the clinical objective criteria and made minor changes to DDICB policy.</p>	
Items 7b and 7c relate to a high-level policy comparison exercise, led by Derby and Derbyshire ICB, conducted to assess the extent of variation between ICBs in key areas of Clinical Policies.					
CPAG05/25 7b	Psychological Therapies for Irritable Bowel Syndrome (IBS)	HM	<p>CPAG reviewed if a "do not commission" Position Statement is required for Psychological Therapies for IBS.</p> <p>Following the policy comparison exercise, additional policies that DDICB did not have listed included Psychological Interventions for Irritable Bowel Syndrome (IBS).</p> <p>A small number of IFR requests have been received for Derbyshire patients who have been referred for Hypnotherapy treatment at Manchester. All requests have been declined on the basis that it is a service development as it is representative of a cohort of patients who are unable to demonstrate clinical exceptionality.</p>	CPAG agreed to engage stakeholders to evaluate a Position Statement, citing low-quality evidence to support IFR requests.	<ul style="list-style-type: none"> <li>• Stakeholder engagement exercise to be undertaken</li> </ul>
CPAG05/25 7c	Sacral Nerve Stimulation for Chronic Constipation	HM	CPAG asked to discuss if a Position Statement is required for Sacral Nerve Stimulation for Chronic Constipation.	CPAG agreed that a Policy/Position Statement is not required as it would provide no added value.	<ul style="list-style-type: none"> <li>• No further action required</li> </ul>

			<p>Following the policy comparison exercise, additional policies that DDICB did not have listed included Sacral Nerve Stimulation for Chronic Constipation.</p> <p>The principle agreed by previous assurance meetings is that local policies need to add value. As such DDICB has received no Individual funding requests, PALS queries or complaints relating to the provision of Sacral Nerve Stimulation for Chronic Constipation.</p>		
CPAG05/25 8a	Clinical Policies Specification 2025-26	HM	<p>To inform CPAG of annual updates to the Clinical Policies Specification for 2025/26 and provide assurance that it is aligned to the NHS standard contract for 2025/26.</p> <p>The CPAG Policy Specification outlines the roles and responsibilities of providers in the healthcare services contract between the ICB and provider organisations. It ensures transparent collaboration for safe and effective procedure commissioning, seamless patient care across NHS organisations, and high-quality treatment provision.</p>	CPAG approved the updated Clinical Specification for 2025/26	<ul style="list-style-type: none"> <li>• Outputs to stakeholders via external communications</li> </ul>
CPAG05/25 9a	Individual Funding Request (IFR) – Screening/Panel Cases – March 2025	HM	CPAG reviewed the IFR Screening/Panel cases for March 2025 and were assured that no areas for service development have been identified.	CPAG noted the IFR cases for March 2025.	<ul style="list-style-type: none"> <li>• Outputs to stakeholders via external communications</li> </ul>
CPAG05/25 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 March 2025.	<ul style="list-style-type: none"> <li>• Outputs to stakeholders via external communications</li> </ul>
CPAG05/25 11	Key messages received from / going to PHSCC	HM	No further comments from CPAG.	CPAG noted the papers to be tabled at PHSCC in June 2025.	<ul style="list-style-type: none"> <li>• No further action</li> </ul>

**Date of Next meeting: Thursday 5<sup>th</sup> June 2025 papers to be agreed by email.**  
**Agenda items for June meeting to be received by 12 noon on 19<sup>th</sup> May 2025 please.**