

CLINICAL POLICY ADVISORY GROUP (CPAG) DECISION AND JUSTIFICATION LOG

Meeting Date: Thursday 6th November 2025

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)
CPAG011/250	Confirmation of Quoracy	RG	CPAG was quorate under the Terms of Reference		
CPAG11/251a	Declarations of Interest	RG	No Declarations of Interest were made		
CPAG11/253a	CPAG Decision & Justification Log October 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
CPAG11/254a	CPAG Bulletin October 2025	TG	No further comments from CPAG	CPAG approved & ratified August 2025 CPAG Bulletin.	<ul style="list-style-type: none"> Bulletin to be circulated to stakeholders via external communications
CPAG11/255a	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
CPAG11/256a	Strategic Commissioning and Integration Committee update	HM	In November, the three ICB Boards will establish a revised non-executive-led committee structure, largely comprised of joint committees, while maintaining separate Audit Committees (in line with statutory requirements) that will meet 'in common'.	CPAG noted the update and agreed to escalate any decisions that require support. Post meeting note – as interim arrangements the outputs of	<ul style="list-style-type: none"> Review outputs with CMO

			<p>The revised committee structure will enable effective oversight of ICB functions and duties, making recommendations and providing assurance to the Boards.</p> <p>The new Committees are expected to meet for the first time during late November and December, with final committee names and memberships to be determined.</p> <p>Interim arrangements for ensuring decisions can be made in a timely fashion are being developed. in the meantime, the advice to staff is to seek support of their existing directors for decision-making, who will escalate to Executive Directors as required.</p> <p>CPAG has delegated authority under current Terms of Reference (TOR).</p>	CPAG are to be reviewed by the Cluster Chief Medical Officer (CMO).	
CPAG11/25 6b	Breast Policy criteria clarification	HM	<p>CPAG to agree the ICBs position where 3D breast scanning is not available.</p> <p>The current DDICB Breast Reduction Policy and Breast Asymmetry policies are based on the East Midlands Cosmetic policy and require 3D breast scanning to be undertaken to meet the policy criterion.</p> <p>Breast reduction surgery (also known as Reduction Mammoplasty) aims to reduce the size of the breasts, by taking away fat, breast tissue and skin, usually to relieve symptoms of pain, rashes and infections. The nipples are lifted and the breasts are reshaped to form smaller breasts.</p> <p>Breast asymmetry is when the position, size, volume or shape of the one breast is different to the other. It is a common characteristic for women, and in most cases will not cause any problems.</p>	<p>CPAG agreed and approved the clarifying statements relating to Breast reduction and asymmetry.</p> <p>The following updates have been made:</p> <ul style="list-style-type: none"> • Breast Reduction Surgery <ul style="list-style-type: none"> ○ Where a 3D scan is not available the commissioner defaults to the NHSE EBI position of "breast reduction planned to be 500gms (already included in current policy criteria) or more per breast or at least 4 cup sizes • Breast Asymmetry Surgery <ul style="list-style-type: none"> ○ Where a 3D scan is not available the commissioner 	<ul style="list-style-type: none"> • Outputs to stakeholders via external communications

				defaults to the NHSE EBI position of a difference of 150 - 200gms size as measured by a specialist.	
CPAG11/25 6c	NICE Late Stage Assessment (LSA)	TG	<ul style="list-style-type: none"> • LSA guidance reviews technologies already in widespread NHS use. It assesses whether price variations between technologies in a category are justified by differences in innovation, clinical effectiveness and patient benefits. This supports commissioners, procurement teams, clinicians and patients in choosing technologies that maximise clinical effectiveness and value for money. • NHS providers should offer a range of clinically appropriate options, ensuring: <ul style="list-style-type: none"> ○ Decisions are based on patient needs, preferences, and cost-effectiveness. ○ Where multiple suitable products exist, the least expensive option should be used 	CPAG agreed that Late-Stage Assessments (LSA) are exempt from the DDICB policy requiring business case submissions for the for NICE Interventions, Diagnostics, Medical and Health Technologies and Innovation Programmes	<ul style="list-style-type: none"> • Outputs to stakeholders via external communications • Updated DDICB policy to return to December CPAG meeting
CPAG11/25 7a	Carpal Tunnel	PD	<p>The Carpal Tunnel Policy is due for a scheduled review.</p> <p>Criterion 1 uses the clinically validated Levine/Boston Carpal Tunnel Syndrome Questionnaire (BCTQ) as an objective measure of symptom severity. Stakeholder feedback has challenged the use of BCTQ as the tool does not form part of their current practice.</p> <p>Criterion 2 is qualitative, less specific, and includes a functional element. This lack of specificity may lead to variability in interpretation and reduced consistency with validated assessment tools. Stakeholder engagement confirmed that this serves as the main referral criterion currently applied by clinicians at one of the provider trusts.</p> <p>A discussion took place, CPAG concluded that a working group should be established comprising</p>	<p>CPAG noted the stakeholder engagement, outcome of the literature review and benchmarking.</p> <p>CPAG agreed the following:</p> <ul style="list-style-type: none"> • Minor policy amendments/ criteria misalignments • Outputs of the Nottingham policy assurance review <p>In addition, CPAG have agreed to establish a working group comprising members of the EBM team and Public Health colleagues to review the evidence base available and engage with clinician stakeholders to agree on the following:</p>	<ul style="list-style-type: none"> • Establish working group • Policy to return to subsequent CPAG

			members of the EBM team and Public Health colleagues, to review the evidence base available and to engage with clinician stakeholders, prior to agreeing the final policy.	<ul style="list-style-type: none"> • Appropriate symptom severity thresholds • The inclusion of objective clinical findings within the policy, in line with EBI recommendations • Whether an objective measure can be applied to the functional impairment criteria • Whether the number of steroid injections offered to patients should be increased 	
CPAG11/25 7b	Cosmetic Review – Phase 3	HM	<p>Derby and Derbyshire ICB led a high-level comparative review to examine variations in clinical policies across ICBs. All ICBs were invited to contribute, with many actively participating. Following this, cosmetic procedures were identified for further local review.</p> <p>In June, CPAG approved a mapping exercise and work plan to compare DDICB's cosmetic policies with those of a national comparator, recognised for its comprehensive policy suite. The work plan has been prioritised and divided into three phases, with outcomes to be reviewed over time and reported to CPAG.</p> <p>Reviews for Phases 1 and 2 were completed in June and July 2025, respectively.</p> <p>Phase 3, focused on five procedures where both the National comparator and DDICB commission with restrictions. These included breast reduction surgery, breast prosthesis (implant) removal, breast implant revision/replacement, benign skin lesions removal and blepharoplasty.</p> <p>The reviewed policies were largely aligned with the East Midlands Cosmetic policies with minor differences identified. To reduce unwarranted</p>	<p>Following the phase 3 review, CPAG agreed that no further action was required for four of the five policies reviewed, with the exception of the Blepharoplasty policy. Which will be reviewed at a subsequent CPAG meeting.</p>	<ul style="list-style-type: none"> • Outputs to stakeholders via external communications

			variation, DDICB has adopted Evidence Based Interventions while retaining local policy criteria where these provide greater clarity.		
CPAG11/25 8a	Assisted Fertility Policy Review for East Midlands ICBs – Update	HM	An update was given as to the timelines and progress of the East Midlands Fertility Review. 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.	CPAG noted the update on the East Midlands IVF review process.	• No further action
CPAG11/25 9a	Individual Funding Request (IFR) – Screening/Panel Cases – September 2025	HM	CPAG reviewed the IFR Screening/Panel cases for September 2025 and were assured that no areas for service development have been identified.	CPAG noted the IFR cases for September 2025.	• Outputs to stakeholders via external communications
CPAG11/25 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 September 2025.	• Outputs to stakeholders via external communications
CPAG11/25 13	Key messages received from SCIC	HM	No further comments from CPAG.	CPAG noted the papers tabled at SCIC in October 2025.	• No further action

Date of Next meeting: Thursday 4th December 2025 papers to be agreed by email
Agenda items for December meeting to be received by 12 noon on 17th November 2025 please.