EXTERNAL DOCUMENT



CLINICAL POLICY ADVISORY GROUP (CPAG) DECISION AND JUSTIFICATION LOG

Meeting Date: Thursday 4th September 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	Agenda Item Title	Owner	Summary of Discussion	Decision & Justification	Action(s)
number					
CPAG09/25 0	Confirmation of Quoracy	BD	CPAG was quorate under the Terms of Reference		
CPAG09/25 1a	Declarations of Interest	BD	No Declarations of Interest were made		
CPAG09/25 3a	CPAG Decision & Justification Log August 2025	HM	No further comments from CPAG	CPAG approved the Decision & Justification Log.	Decision & Justification Log to be uploaded to DDICB Clinical Policies website
CPAG09/25 4a	CPAG Bulletin August 2025	НМ	No further comments from CPAG	CPAG approved & ratified August 2025 CPAG Bulletin.	Bulletin to be circulated to stakeholders via external communications
CPAG09/25 5a	CPAG Internal Action Log & Workplan	НМ	No further comments from CPAG	CPAG noted the Internal Action Log and the progress to date.	Update CPAG Internal Action Log of all actions and internal tasks
CPAG09/25 6a	Hydrotherapy	НМ	 At July CPAG meeting, CPAG reviewed high-level evidence and concluded: A definitive policy recommendation cannot be made at this time. The current evidence does not demonstrate hydrotherapy's superiority over land-based 	CPAG noted the update.	No further action required



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			 physiotherapy, primarily due to a lack of direct comparative studies. It was acknowledged that existing clinical practices may have evolved in the absence of strong trial-based evidence, and further high-quality research in this area may not be imminent. Following this, an options brief was reviewed by the Deputy Chief Medical Officer and formal thanks were conveyed to CPAG for their input. 		
CPAG09/25 7a	Hypertrophic and Keloid Scar Reduction	НМ	The Hypertrophic and Keloid Scar Reduction Policy has been updated following a scheduled review. Clinical stakeholders support the policy's referral criteria and recommendations. The following minor amendments have been made to the policy: Policy name updated to specify covered scar types Terminology changed from 'procedures of limited clinical value' to 'evidence-based interventions' New Section 4 on Personalised Care, covering shared decision making, supported selfmanagement and decision support tools in line with NHS Long Term Plan priorities	CPAG agreed the Hypertrophic and Keloid Scar Reduction Policy. It remains clinically unchanged, as no significant new evidence or national guidance has emerged since it was last reviewed in September 2022.	Outputs to stakeholders via external communications
CPAG09/25 7b	Psychological Interventions for Irritable Bowel Syndrome (IBS) Position Statement	НМ	Following a policy assurance exercise against comparator ICBs, CPAG agreed to a new 'Not Routinely Commissioned' Position Statement for Psychological Therapies where irritable bowel syndrome (IBS) is the primary diagnosis, due to low quality evidence. Background: IBS is a common condition that affects the digestive system, with symptoms including abdominal pain, bloating, diarrhoea and constipation.	CPAG agreed to implement a restrictive position statement for psychological therapies for IBS, based on the low quality of evidence.	Outputs to stakeholders via external communications



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			 The exact cause is unknown but may relate to altered gut motility, hypersensitivity, infection, stress, or family history. Psychological Interventions for IBS include cognitive behavioural therapy (CBT), hypnotherapy and/or psychotherapy; however, current evidence for their effectiveness is weak. 		
CPAG09/25 8a	Assisted Fertility Policy Review for East Midlands ICBs – Update	НМ	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
CPAG09/25 9a	Individual Funding Request (IFR) – Screening/Panel Cases – July 2025	НМ	CPAG reviewed the IFR Screening/Panel cases for July 2025 and were assured that no areas for service development have been identified. Due to the number of IFRs being submitted from primary care, CPAG suggested the Clinical Policies team produce an email/letter template to educate Practices as to what an IFR is. Practice Managers will be asked to disseminate this via their Practice Meetings.	CPAG noted the IFR cases for July 2025.	Outputs to stakeholders via external communications
CPAG09/25 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 July 2025.	Outputs to stakeholders via external communications
CPAG09/25 13	Key messages received from / going to SCIC	НМ	No further comments from CPAG.	CPAG noted the papers to be tabled at SCIC in October 2025.	No further action

Date of Next meeting: Thursday 2nd October 2025 papers to be agreed by email Agenda items for October meeting to be received by 12 noon on 15th September 2025 please.