Derbyshire CPAG Bulletin

NHS

December 2022

Clinical Policy Advisory Group (CPAG)

CLINICAL & GOVERNACE POLICIES UPDATED
PROCEDURES OF LIMITED CLINICAL VALUE POLICIES

Research evidence shows that some interventions are not clinically effective or only effective when they are performed in specific circumstances. The purpose of the Procedures of Limited Clinical Value (PLCV) policy is to clarify the commissioning intentions of the Integrated Care Board (ICB). The ICB will only fund treatment for clinically effective interventions that are then delivered to the appropriate cohort of patients. When updating Clinical Policies CPAG undertakes Stakeholder engagement with Specialists/Consultants.

Clinical Policy	Key Changes
Use of Imaging in the Management of Trochanteric Bursitis/Greater Trochanteric Pain Syndrome (GTPS) Position Statement (Full routine review)	Derby and Derbyshire Integrated Care Board (ICB), in line with its principles for procedures of limited clinical value has deemed that the use of Imaging in the Management of Trochanteric Bursitis/Greater Trochanteric Pain Syndrome (GTPS) should not be routinely commissioned. As the diagnosis of GTPS is made on clinical grounds 90% of cases will settle with conservative measures and therefore ultrasound or other imaging is not required in primary care, as it will not alter the clinical management of the condition. Patients who are not responding to conservative measures should be referred to MSK-CATS for further management. There has been no new significant robust evidence or new national guidance that has been published since the policy was last updated in March 2020 that would warrant a change in the ICBs commissioning stance. • GTPS is a regional pain syndrome in which chronic intermittent pain is felt around the greater trochanter (the bony prominence on the lateral aspect of the hip) • Trochanteric bursitis is inflammation of a bursa adjacent to the greater trochanter • Term 'trochanteric bursitis' was previously used for what is now known as GTPS'. The inclusive term 'GTPS' is preferred as the trochanteric bursae play a smaller role than was previously thought and inflammation is not always present (NICE CKS, April 2021)
Use of Imaging in the Management of Morton's Neuroma (Full routine review)	Derby & Derbyshire Integrated Care Board (ICB), in line with its principles for procedures of limited clinical value has deemed that the use of Imaging in the Management of Morton's Neuroma should not be routinely commissioned. The Position Statement has been updated and re-worded in line with stakeholder feedback. Morton’s neuroma is primarily a clinical diagnosis based on typical history and examination. The request of scans, such as ultrasound or MRI imaging are not required in primary care as these do not: • have sufficient sensitivity or specificity to confirm or refute the diagnosis reliably • alter the clinical management of the condition A referral to podiatric or foot and ankle surgery/Musculoskeletal Clinical Assessment and Treatment Service (MSK CATS) should be undertaken in cases where patient's symptoms are refractory to conservative measures for further assessment. Exceptions The following indications are exceptions to the position statement: • unclear clinical assessment • if multiple neuromas are suspected The Position Statement is aligned to NICE CKS, Management of Morton’s neuroma, (last revised November 2021) national guidance and there has been no new significant robust evidence or new national guidance that has been published since the policy was last updated in March 2020 that would warrant a change in the ICBs commissioning stance. Morton's neuroma is compression neuropathy of the common digital plantar nerve caused by benign fibrotic thickening of the nerve. Symptoms include a shooting, stabbing or burning pain, feeling like a pebble or lump is stuck under the foot, tingling or numbness in the foot.
Breast Asymmetry Surgery Policy (Partial review)	Derby and Derbyshire Integrated Care Board has deemed that Breast Asymmetry Surgery should be commissioned provided that the patient meets ALL of the following criteria: • Sexual maturation has been reached • BMI is between 18 – 25 kg/m2 and has been within this range for one year as measured and recorded by the NHS • Asymmetry equal to, or greater than 30% difference in volume between the breasts as measured by 3D body scan to assess breast volume There is no significant robust evidence or new national guidance that has been published since the last review in 2020 to support/challenge the restrictive criteria due to the procedure being cosmetic and the criteria being based on clinician consensus. As CPAG are aware that the National Evidence Based Interventions list 3, which is due to be published in early

	2023, includes corrective surgery for congenital breast asymmetry it has been agreed to extend the review date of the policy by 12 months (or sooner) to allow the policy review to include the National EBI3 recommendations.
Continuous Glucose Monitoring (CGM) Policy	The six-month extension of the review of the Continuous Glucose monitoring (CGM) policy has come to an end. It has been agreed by CPAG that the policy will be extended by a further 12 months as discussions with the Derbyshire Diabetes Group regarding the updated NICE Guidelines are still ongoing. If within the 12-month extension an agreed local policy/pathway is produced, the CGM policy is to be withdrawn.

MISCELLANEOUS INFORMATION	
Statement	**Summary**
Individual Funding Requests (IFR) Screening Cases	CPAG reviewed the IFR Screening cases for October 2022 and are assured that no areas for service development have been identified.

NICE INTERVENTIONAL PROCEDURES GUIDANCE, DIAGNOSTIC PROCEDURES, MEDICAL TECHNOLOGIES GUIDANCE AND MEDTECH INNOVATION BRIEFINGS (IPGS, DTG, MTGS, MIBS)

The DDICB does not commission and will not fund any procedure or technology assessed by NICE under their IPG, MTG, DTG and MIB programmes unless:

- the provider has submitted a robust, evidenced based business case to the commissioner and this has been subsequently approved

AND

- the NICE IPG states 'use with standard arrangements for clinical governance, consent and audit'
- OR the NICE MTG states 'the case for adoption within the NHS as described is supported by the evidence'
- OR the NICE DTG makes a recommendation as an option for use
- OR the NICE MIB has evaluated the innovation.

The following NICE programme outputs were noted by the group for the month of October 2022:

IPG/MTG/DTG/MIB	Description	Outcome
IPG740	Transcutaneous electrical stimulation of the supraorbital nerve for treating and preventing migraine	NICE recommends special arrangements for treating acute migraine, DDICB do not commission NICE recommends further research for treating and preventing migraine, DDICB do not commission
IPG741	YAG laser vitreolysis for symptomatic vitreous floaters	NICE recommends further research – DDICB do not commission
MTG72	Magtrace and Sentimag system for locating sentinel lymph nodes for breast cancer	NICE recommends standard arrangements – not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
MIB307	Signatera for detecting molecular residual disease from solid tumour cancers	Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
MIB308	O2matic PRO 100 for optimising oxygen treatment in respiratory conditions	
MIB309	Daylight for treating generalised anxiety disorder in adults	

Our ICB continues to monitor and implement IPGs with our main providers.