Derbyshire CPAG Bulletin

February 2022

Clinical Policy Advisory Group (CPAG)

CPAG DECISION MAKING DURING THE COVID PANDEMIC

CPAG DECISION MAKING DURING THE COVID-19 PANDEMIC – UPDATED MAY 2021

Following a recent review, and in light of the successful COVID-19 vaccination programme, it has been agreed that CPAG meetings, commencing 15th July 2021, will be held on a three-monthly basis via MS Teams. These will be for items that require an in-depth discussion. For those monthly meetings which fall in-between we will continue to circulate routine papers for virtual agreement. This arrangement will continue to be monitored in accordance with the CCGs Business Continuity levels and the COVID-19 pandemic.

CLINICAL POLICIES NEW 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 Clinical Commissioning Group (CCG). The CCG will only fund treatment for clinically effective interventions that are then delivered to the appropriate cohort of patients.

Clinical Policy	Policy Description
Cough Assist (Mechanical Insufflation and Exsufflation MI-E) Policy *NEW POLICY*	DDCCG, in line with its principles for procedures of limited clinical value has deemed that Cough Assist (Mechanical Insufflation and Exsufflation MI-E) should not routinely be commissioned unless the specified criteria within the policy have been met. A review of the existing Cough Assist Machine policy has been undertaken due to the number of IFR's which have been received and approved by the IFR panel and the impact this was having in respect of delayed decision making leading to delayed discharges. Although the evidence base hasn't changed the Cough Assist Machine Policy has been updated to encompass the exceptional circumstances which have been identified. The following amendments have been made to the policy: • Cough Assist to be commissioned for patients with an ineffective cough, which increases the risk of a chest infection because of the following underlying conditions and manual cough assist, or air-stacking methods have provided are not effective • Amyotrophic lateral sclerosis (ALS) • Spinal muscular atrophy • Muscular dystrophy • Myasthenia gravis • Multiple sclerosis • Motor Neurone Disease • Guillain-Barré Syndrome • Post-polio syndromes • Kypho-scoliosis • Syringomyelia • Spinal cord injuries • Patients with other or undiagnosed conditions may also be considered for cough assist where they meet the other clinical indications outlined below and a specialist team has recommended it's use • Patients should have one of the following: - PCF (Peak Cough Flow) less than 160 L/min **OR** - PCF (Peak Cough Flow) of < 270 l/pm and have clinical symptoms of a weak cough and therefore require interventions necessary to clear bronchial secretions or infection. (PCF can be measured by coughing into a peak flow meter attached to a mask MI-E Guidelines 2013 3) **OR** - VC (vital capacity) below 1.1L in general respiratory muscle weakness • For those individuals who are unable to undergo Peak Cough Flow testing the following criteria should be used instead: - Recurrent hospital admissions, **OR** - Effective use of equipment during inpatient admission, **OR** - 2 courses of antibiotics prescribed for chest infections over 6-month period, **OR** - Evidence of retained secretions on auscultation with an inability to clear these Requests for Mechanical Insufflation and Exsufflation (MI-E) or 'cough assist therapy' for patients who do not meet the above criteria will only be funded by the CCG if an IFR application proves successful. Cough Assist is a non-invasive therapy that safely and consistently removes secretions in patients with an ineffective ability to cough (measured by peak cough flow <270 l/m). The Cough Assist clears secretions by gradually applying a positive pressure to the airway, then rapidly shifting to negative pressure. The mechanical insufflator/exsufflator (MI-E) assists the clearance of bronchopulmonary secretions in those patients with an ineffective cough by the use of both positive and negative pressure.

CLINICAL POLICIES UPDATED
PROCEDURES OF LIMITED CLINICAL VALUE POLICIES

Clinical Policy	Key Changes
Surgical Treatment of Sleep Apnoea Policy	Derby and Derbyshire CCG has deemed that the Surgical Treatment of Sleep Apnoea should not routinely be commissioned unless the specified criteria within the policy are met. The following minor amendment has been made to the policy: • Addition of the exception to policy "cannot use CPAP due to a physical barrier in the nose" in Criteria 1 • Cross referencing with Adult Snoring Surgery (In the Absence of Obstructive Sleep Apnoea) Policy Obstructive Sleep Apnoea (OSA) occurs when the muscles that support the soft tissues in your throat, such as your tongue and soft palate, temporarily relax. When these muscles relax, your airway is narrowed or closed, and breathing is momentarily cut off. Surgical treatment for OSA includes Tonsillectomy and Adenoidectomy.
Breast Reduction Surgery Policy	DDCCG, in line with its principles for procedures of limited clinical value has deemed that Breast Reduction Surgery should not routinely be commissioned unless the specified criteria within the policy have been met. As the DDCCG Breast Reduction Surgery Policy is aligned with National Guidance, and as no new significant evidence has been published since the policy was last reviewed in May 2019, the clinical criteria remain unchanged. 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.
Hip and Knee Replacement Surgery Policy	DDCCG, in line with its principles for procedures of limited clinical value has deemed that Hip and Knee Revision Surgery should not routinely be commissioned unless the specified criteria within the policy are met. As no new significant evidence has been published since the Hip and Knee Replacement Policy was last reviewed in May 2019, the clinical criteria remain unchanged. The following changes have been made to the policy: • Addition of references to shared decision-making tools from NICE and the National Joint Registry. A hip replacement is a common type of surgery where a damaged hip joint is replaced with an artificial one (known as an implant). Similarly knee replacement surgery involves replacing a damaged, worn or diseased knee with an artificial joint.
Hip and Knee Revision Policy	DDCCG, in line with its principles for procedures of limited clinical value has deemed that Hip and Knee Revision should not routinely be commissioned unless the specified criteria within the policy have been met. As no new significant evidence has been published since the Hip and Knee Revision Policy was last reviewed in November 2019, the clinical criteria remain unchanged. Hip and knee revisions are subsequent operations on a joint that has already had a primary arthroplasty (joint reconstruction) operation. A hip replacement is a common type of surgery where a damaged hip joint is replaced with an artificial one (known as an implant). Similarly knee replacement surgery involves replacing a damaged, worn or diseased knee with an artificial joint.
Hip Resurfacing Policy	DDCCG, in line with its principles for procedures of limited clinical value has deemed that Hip Resurfacing should not routinely be commissioned unless the specified criteria within the policy have been met. As no new significant evidence has been published since the Hip Resurfacing Policy was last reviewed in November 2019, the clinical criteria remain unchanged. Hip Resurfacing is an alternative to hip replacement. It involves removing the upper surface of the femur (thigh bone) as well as the surface of the cavity in the pelvis in which the femur sits. Both of these surfaces are then covered with a metal surfacing (metal-on-metal). This helps correct a damaged joint into a correct position.
Removal of Benign Skin Lesions Policy	DDCCG, in line with its principles for procedures of limited clinical value has deemed that Removal of Benign Skin Lesions should not routinely be commissioned unless the specified criteria within the policy are met. The following changes have been made to the policy: • Combining of criteria in bullet point 1 and 2 "bleeding in the course of normal everyday activity" in Section 2 – Recommendation • CPAG agreed to adopt EBI Policy for Removal of Benign Skin Lesions, thus the Policy now allows for the removal of Facial Warts in all Ages. Removal of benign skin lesions means treating asymptomatic lumps, bumps or tags on the skin that are not suspicious of cancer. Treatment carries a small risk of infection, bleeding or scarring and is not usually offered by the NHS if it is just to improve appearance. In certain cases, treatment (surgical excision or cryotherapy) may be offered if certain criteria are met.
Surgical Haemorrhoidectomy Policy	DDCCG, in line with its principles for procedures of limited clinical value has deemed that Surgical Hemorrhoidectomy should not routinely be commissioned unless the specified criteria within the policy are met. As the DDCCG Surgical Hemorrhoidectomy Policy is aligned with National Guidance, and as no new significant evidence has been published since the policy was last reviewed in April 2019, the clinical criteria remain unchanged. Haemorrhoids also known as piles are swollen veins in the anal canal. This common problem can be painful but is usually not serious. Most haemorrhoids can be treated conservatively, and surgical treatment is only indicated for recurrent haemorrhoids, persistent bleeding and those who fail conservative treatment.

Adult Snoring Surgery in the Absence of Obstructive Sleep Apnoea Policy	Derby and Derbyshire CCG, in line with its principles for procedures of limited clinical value, has deemed Adult Snoring Surgery in the Absence of Obstructive Sleep Apnoea should not routinely be commissioned. As the DDCCG Adult Snoring Surgery in the Absence of Obstructive Sleep Apnoea Policy is aligned with National Guidance, and as no new significant evidence has been published since the policy was last reviewed in May 2019, the clinical criteria remain unchanged. The updated policy has been cross referenced with the following polices: • The Surgical Treatment of Sleep Apnoea • Surgical Intervention for Chronic Rhinosinusitis • Tonsillectomy and/or Adenoidectomy Snoring is a noise that occurs during sleep that can be caused by vibration of tissues of the throat and palate. Alternatives to surgery that can improve the symptoms of snoring include weight loss, stopping smoking, reducing alcohol intake, treatment of nasal congestion and mouth splints.
Continuous Blood Glucose Monitoring Policy	DDCCG, in line with its principles for procedures of limited clinical value has deemed that Continuous Blood Glucose Monitoring should not routinely be commissioned unless the specified criteria within the policy are met. The NHS Supply Chain issued a new two-year contract for direct supply of CGM devices. To align with this procurement exercise the following minor amendment has been made to the policy: • Addition of "Providers should use the most cost-effective product available" • Removal of references to specific devices" A continuous glucose monitor is a device worn on the skin, comprising a sensor inserted under the skin to measure glucose levels in interstitial fluid. The sensor is connected to a transmitter, which sends the information via a wireless radiofrequency signal to a receiver, or more commonly, a smartphone application. Newer insulin pumps are designed to integrate with the CGM technology. The pumps automatically suspend the delivery of basal insulin should blood glucose levels drop below a pre-defined limit, thereby avoiding hypoglycaemic episodes.
DDCCG Cosmetic Policies	Following extensive stakeholder feedback, a thorough Review of DDCCG Cosmetic Policies and Clinical Policies website was undertaken. A review for all 37 cosmetic policies was undertaken, including 11 procedures that are not routinely commissioned and a further twenty-six policies which are commissioned with restrictions. Recommendations were made in the Cosmetic Policy Review Report to improve functionality of the Cosmetic Polices and Website. Amendments include changes to: ○ Additional Resource Section ○ References to other policies by providing hyperlinks ○ Website context ○ Categorisation of policies ○ Removal of List of procedures which fall under same policy ○ Grouping of procedures with individual policies into anatomical subsections ○ Terminology and definitions Minor changes have been made to the following policies: • Pinnaplasty Policy: Addition of "it is the responsibility of the Cosmetics RAS to define "significant deformity" with the aid of medical photos" • Surgical Removal of Epidermoid and Pilar Cyst Policy: Addition to the policy of "define loss of function" to align with the definition in other policies e.g. For the purpose of this policy the definition of functional is the aim of surgery is to improve patient function relating to a diagnosed pathology which has been clinically defined as resulting from a tissue state which can be addressed through Plastic Surgery procedures.

MISCELLANEOUS INFORMATION	
Statement	**Summary**
Update to Glossop Transition for Clinical Policies	It was agreed that Glossop residents will transfer and become part of the Derbyshire ICS from 1st April 2022. The NHS Planning Guidance released on 24th December 2021 confirmed that the target date for the establishment of the new Integrated Care Board (ICB) will now be 1st July 2022. A meeting on 8th February 2022 with NHSE it has also confirmed that the Glossop transition has now been pushed back to the 1st July 2022. At the February meeting CPAG acknowledged the risk of complaints/challenges as a result of the transition to Derbyshire policies. This has been formally recorded on the transition risk register. It was recognised that this is an inherent risk that the CCG has always carried due to border issues with neighbouring areas. This will be discussed and articulated at the Transition Working Group (TWG).
East Midlands Affiliated Commissioning Committee (EMACC) Update	On 24/12/21 the Associate Director of Commissioning at Nottingham and Nottinghamshire CCG confirmed that the plan from April 2022 is that EMACC will cease. Whilst there might be opportunities for wider regional collaboration across ICBs, this will be arranged on an ad hoc basis.
Patient Leaflets for IFR, Cosmetics and PLCV Policies	CPAG approved Patient Leaflets for IFR, Cosmetics and PLCV. The leaflets will be uploaded to the Clinical Policies website and shared with primary and secondary care providers.

OMNI Surgical System	A thorough review of the OMNI surgical System was undertaken following receipt of an application form for a change in clinical practice requesting to commission the OMNI Surgical System for the treatment of Glaucoma. It was agreed not to commission the use of OMNI system due to its evidence base, as it is still undergoing clinical trials to validate its safety and long-term efficacy. Providers are suggested to review the position of OMNI system again once the outcome from NICE is available. The OMNI system is one of the new innovations in glaucoma which treats two separate procedures simultaneously, Trabeculotomy and Canoplasty It has been developed by Sight Sciences and only recently received marketing approval by the FDA in 2021. NICE have been notified of the OMNI system as a procedure to be considered, this process can take up to 3 months.

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

The DDCCG 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 December 2021 and January 2022

IPG/MTG/DTG/MIB	Description	Outcome
IPG713	Transanal total mesorectal excision for rectal cancer	NICE recommends further research – DDCCG do not commission
IPG714	Endobronchial nerve ablation for chronic obstructive pulmonary disease	NICE recommends further research – DDCCG do not commission
MTG62	ClearGuard HD antimicrobial barrier caps for preventing haemodialysis catheter-related bloodstream infections	Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
MTG63	Endo-SPONGE for treating low rectal anastomotic leak	NICE recommends further research – DDCCG do not commission
MIB281	FreeO2 automatic oxygen titration for chronic obstructive pulmonary disease and respiratory distress syndrome	Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
MTG64	KardiaMobile for detecting atrial fibrillation	Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
MTG65	Sedaconda ACD-S for sedation with volatile anaesthetics in intensive care	Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
MIB282	Smart Peak Flow for monitoring asthma	Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval

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