

## Clinical Policy Advisory Group (CPAG)

### CLINICAL & GOVERNANCE 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/Clinicians.

Clinical Policy	Key Changes
<a href="#">Vaginal (Synthetic) Mesh to Treat Stress Urinary Incontinence (SUI) or Urogynaecological Prolapse Policy</a> (Full routine review)	<p>NHS Derby and Derbyshire ICB, in line with its principles for procedures of limited clinical value has deemed the use of vaginal (synthetic) mesh to treat stress urinary incontinence (SUI) or urogynaecological prolapse should not routinely be commissioned.</p> <p>The following minor amendment has been made to the policy:</p> <ul style="list-style-type: none"> <li>Useful information section updated with <a href="#">Update on the government's response to the Independent Medicines and Medical Devices Safety Review - GOV.UK (www.gov.uk)</a></li> </ul> <p><a href="#">NICE IPG599</a> has not been updated since the policy was published in August 2020, which is clear on its stance that: 'Current evidence on the safety of transvaginal mesh repair of anterior or posterior vaginal wall prolapse shows there are serious but well recognised safety concerns. Evidence of long-term efficacy is inadequate in quality and quantity. Therefore, this procedure should only be used in the context of research'</p> <p>Pelvic Mesh can be used for Pelvic Organ Prolapse and Stress Urinary Incontinence.</p> <p><b>Pelvic Organ Prolapse (POP)</b> describes a variety of conditions that occur when one or more pelvic organs drop out of their normal position, often pushing into the vagina, causing a bulge. The bladder can push into the front, or anterior, wall of the vagina causing a prolapse (a cystocele). The rectum can push into the back, or posterior, wall of the vagina causing a prolapse (a rectocele). The uterus, or if the woman has had a hysterectomy the vaginal vault, can prolapse downwards into the vagina. In more severe cases prolapses can protrude out of the vaginal opening.</p> <p><b>Stress Urinary Incontinence (SUI)</b> is the involuntary leaking of urine when the bladder is under pressure. SUI can be caused when the pelvic tissues, ligaments and muscles, which support the bladder and urethra, are weakened or damaged so that the sphincter that closes the urethra fails when under pressure, and urine leaks out.</p> <p>During surgery mesh can either be inserted through an incision in the vagina (transvaginal insertion) or through an incision in the abdomen (abdominal insertion).</p>
<a href="#">Cholecystectomy for Symptomatic Gallbladder Stones Policy</a> (Full routine review)	<p>NHS Derby and Derbyshire ICB, in line with its principles for procedures of limited clinical value, has deemed that the referral for assessment and treatment of symptomatic gallbladder stones should not routinely be commissioned unless <u>one or more</u> of the criteria within this policy are met.</p> <p>NHS Derby and Derbyshire ICB do not commission the removal of the gallbladder for asymptomatic gall bladder stones.</p> <p>There has been no new significant robust evidence or new national guidance that has been published since the policy was last reviewed in June 2020 that requires a change reflecting in the policy's criteria or commissioning stance.</p> <p>Gallstones are crystalline fatty or mineral deposits that form in the gallbladder and affects between 5-25% of adults in the western world.</p> <p>Most people (80%) with gallstones are asymptomatic. In a small proportion of people gallstones can irritate the gallbladder or block part of the biliary system resulting in pain, infection and inflammation. These symptoms can eventually lead to cholecystitis, cholangitis, and pancreatitis and jaundice if left untreated.</p> <p>Cholecystectomy is the surgical removal of the gallbladder. The main two types of cholecystectomy are laparoscopic cholecystectomy and open cholecystectomy, both of which are carried out under general anaesthetic.</p>
<b>Governance Policy</b>	<b>Key Changes</b>
<a href="#">Clinical Policies Specification 23-24</a> (Full routine review)	<p>The CPAG Clinical Policies Specification 2023/24 has been updated to ensure alignment to the NHS Standard Contract Technical Guidance for 2023/24.</p> <p>The following amendments have been made to the Clinical Policy Specification:</p> <ul style="list-style-type: none"> <li>References to the Consultant-to-Consultant Policy have been removed</li> <li>NICE Interventional Procedures Guidance (IPG) MTG, DG and MedTech Innovation Policy section has been updated to reflect minor amendments to the existing policy</li> <li>MedTech Funding Mandate section has been amended to reflect the current Planning Guidance</li> <li>Early Value Assessment (EVA) section for medtech has been included</li> </ul> <p><b>Innovation and Technology Payment (ITP) Policy</b></p> <p>The ITP policy has been removed from the DDICB Clinical Policies website and included as part of the Clinical Policy Specification as it is no longer valid. It has been replaced by the MedTech Funding mandate.</p>

	<p><b>Evidence Based Intervention (EBI)</b></p> <p>The Evidence-Based Interventions (EBI) programme, now in its third phase (List 3) began in 2018. It is a national initiative led by the Academy of Medical Royal Colleges to improve the quality of care. Its aim is to ensure healthcare providers focus only on interventions, which we know to be effective based on the best available medical evidence.</p> <p>The Evidence-Based Interventions (EBI) List 3 is expected to be published shortly.</p> <p>Current EBI guidance states that:</p> <ul style="list-style-type: none"> <li>commissioners to use all reasonable endeavours to ensure that referrers (GPs and others) act in accordance with the Guidance; and</li> <li>providers to manage referrals and provide the Services in accordance with the Guidance.</li> </ul>
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MISCELLANEOUS INFORMATION	
Statement	Summary
<a href="#">Individual Funding Requests (IFR) Screening Cases</a>	CPAG reviewed the IFR Screening cases for February 2023 and are assured that no areas for service development have been identified.

**NICE INTERVENTIONAL PROCEDURES GUIDANCE, DIAGNOSTIC PROCEDURES, MEDICAL TECHNOLOGIES GUIDANCE, HEALTH TECHNOLOGY EVALUATION AND MEDTECH INNOVATION BRIEFINGS (IPGS, DTG, MTGS, HTES, MIBS)**

The DDICB does not commission and will not fund any procedure or technology assessed by NICE under their IPG, MTG, DTG, HTE 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 February 2023:

IPG/MTG/DTG/HTE/MIB	Description	Outcome
IPG751	<a href="#">Transvenous obliteration for gastric varices</a>	NICE recommends special arrangements, DDICB do not commission
IPG752	<a href="#">Biodegradable spacer insertion to reduce rectal toxicity during radiotherapy for prostate cancer</a>	NICE recommends special arrangements, DDICB do not commission
HTE3	<p><a href="#">Guided self-help digital cognitive behavioural therapy for children and young people with mild to moderate symptoms of anxiety or low mood: early value assessment</a></p> <p>1.1 Four guided self-help digital cognitive behavioural therapy (CBT) technologies can be used as an initial treatment option for children and young people (aged 5 to 18) with mild to moderate symptoms of anxiety or low mood, while evidence is being generated. These technologies can be used once they have Digital Technology Assessment Criteria (DTAC) approval from NHS England. The technologies are:</p> <ul style="list-style-type: none"> <li>Lumi Nova (BfB labs)</li> <li>Online Social anxiety Cognitive therapy for Adolescents (OSCA)</li> <li>Online Support and Intervention for child anxiety (OSI)</li> <li>Space from anxiety for teens, space from low mood for teens, space from low mood and anxiety for teens (Silvercloud).</li> </ul>	NICE recommends standard arrangements – not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
MIB315	<a href="#">Aquablation robotic therapy for lower urinary tract symptoms caused by benign prostatic hyperplasia</a>	Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
MIB316	<a href="#">Ambu aScope 4 RhinoLaryngo for visualising upper airways during rhinolaryngoscopy</a>	
MIB317	<a href="#">LIVERFAST for assessing and monitoring liver fibrosis, activity and steatosis</a>	

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