Derbyshire CPAG Bulletin

August 2023

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/Clinicians.

Clinical Policy	Key Changes
Breast Prosthesis (Implant) Revision/Replacement Policy (Full routine review)	NHS Derby and Derbyshire ICB has deemed that the replacement of breast implants should not routinely be commissioned unless the criteria within the policy are met. The following minor amendment has been made to the policy: • Addition of Information for Commissioners of Plastic Surgery Services: Referrals and Guidelines in Plastic Surgery to the 'Reference' section of the policy There has been no new significant robust evidence or new national guidance that has been published since the policy was last reviewed in October 2020 that requires a change reflecting in the policy's criteria or commissioning stance. Summary of policy and management A breast implant is a silicone rubber shell filled with either silicone gel or saline solution. The implants are used to enlarge the breast and are fitted on the NHS, mostly for breast reconstruction following breast cancer. Breast implants do not last a lifetime and therefore will require replacement at some point in the patient's lifetime. The insertion of breast implants also carries risk of complications such as infection, implant rupture and capsular contracture, which may warrant the removal of the implants.
Functional Electrical Stimulation (FES) for Foot Drop of Neurological Origin Policy (Full routine review)	NHS Derby and Derbyshire ICB has deemed that the wired version of functional electrical stimulation (FES) using skin surface electrodes in adults and children with foot drop of neurological origin should not routinely be commissioned, unless **all** of the criteria within the policy are met. The following minor amendments have been made to the policy: • Addition of link to the NHSDDICB Individual Funding Request (IFR) Policy • References to SIGN management of patients with stroke: rehabilitation, prevention and management of complications, and discharge planning removed from policy • Addition of reference to National Clinical Guideline for Stroke (2023) to rationale section of the policy • Formatting updated e.g., exclusion heading removed from policy There has been no new significant robust evidence or new national guidance that has been published since the policy was last reviewed in November 2020 that requires a change reflecting in the policy's criteria or commissioning stance. Summary of policy and management Upper motor neurone lesions caused by multiple sclerosis, stroke, cerebral palsy or spinal cord injury have a range of physical consequences, with foot drop being one of the most common manifestations. Foot drop results from weakness or lack of voluntary control within the ankle and foot dorsiflexors. This causes the toes to drag and the foot to drop during the normal gait pattern, which is likely to increase the risk of falls. Other approaches to treating foot drop include physiotherapy and ankle-foot orthoses (AFO). FES has been designed to help people with neurological lesions, including foot drop, to move more easily. Skin surface electrodes are placed over the nerve and connected by leads to a stimulator unit, controlled by a foot switch. It works by producing muscle contractions that mimic normal voluntary gait movement by applying electrical pulses to nerves across the skin.

MISCELLANEOUS INFORMATION

Statement	Summary
Evidence Based Interventions List 3 (EBI3) Guidance - Updated Policies and New Policy	The EBI 3 Document published in May 2023 sets out 10 interventions. EBI is part of the NHS Standard Contract, which is mandated by NHS England for use by commissioners for all contracts for healthcare services other than primary care. It should be noted that EBI recommendations are guidance and not a statutory requirement. It is expected that where treatment criteria are met, the procedures or pathways, would be routinely funded without any need to apply for prior approval. Clinical acumen and discretion should remain central to the diagnosis and treatment process. CPAG agreed the following actions for the 10 interventions: • 3 interventions are covered by pre-existing DDICB policies that require updating ○ Breast Prosthesis (Implant) Removal Policy

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Complex and Specialised Obesity Surgery Policy
Circumcision Policy

1 intervention requires the development of a new DDICB policy

Angioplasty for PCI (percutaneous coronary intervention) instable angina

6 interventions are classed as pathways and require no further action by the Clinical Policies Department (CPD). These will be forwarded to the appropriate teams.

Interventions that have been agreed as not requiring a policy will be covered under an overarching position statement.
The 10 EBI Interventions will be reviewed in sections and engagement will take place with stakeholders to provide assurance that Derby & Derbyshire providers are aligned to EBI3.
<u>Updated DDICB Policies</u>
<table>
<tr><th>DDICB Policy</th><th>EBI 3 Intervention</th><th>Date Policy Updated</th></tr>
<tr><td>Breast Prosthesis (Implant) Removal Policy

The following minor amendment has been made to the policy:
Addition of reference to EBI3</td><td>Breast prosthesis removal</td><td>August 2023</td></tr>
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<tr><td>Epidurals for all forms of Sciatica (Lumbar Radiculopathy) Position Statement Review</td><td>
The ICB are committed to maintaining the current Epidural for all forms of Sciatica position statement. Previously, CPAG asked the CPD team to explore a policy approach dependent on whether clinical criteria could be aligned to National guidance, address any inequality, and consider learning from neighbouring areas policies.
A summary of the information presented to CPAG:

Business informatics data on inequity within neighbouring areas

Data provided did not identify inequity between neighbouring areas

National professional guidance for clinical definitions/criteria used by Multi-disciplinary teams

Numbers of high quality studies does not support the view that there is a growing evidence base. This would align to the position of NICE who are unable to provide any details of the next review.

Comparison with other areas policy criteria

A review was undertaken of polices which included "Epidurals for all forms of Sciatica" for neighbouring ICB's, who did commission "Epidurals" for this indication. The position agreed by CPAG is to follow the evidence, which is supported by the NICE Clinical Guideline [CG59] which states ‘Consider epidural injections of local anaesthetic and steroid in people with acute and severe sciatica’. NICE have clarified that the word 'consider' when used in recommendations is based on there being limited evidence supporting the recommendation.

As a result, CPAG agreed that there is insufficient evidence to change the current position.
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<tr><td>Gamete Storage Policy – Review of Storage Periods</td><td>
CPAG agreed to ensure equitable provision to all by maintaining the current 10-year status for Gamete Storage periods after taking into consideration the following information:

Financial - data and activity detailing the age range of people currently accessing gamete storage
Operation aspects including implementation
Public Health and Equality - protected characteristics e.g. younger patient who have undergone cancer treatment may be disproportionately affected due to the 10 year storage limit

CPAG considered feedback on the above points, including information provided by Public Health and the Senior Equality Manager within DDICB. As there appears to be no consensus or definite solution to the most appropriate storage period it is recommended for this to remain at 10 years, which is equally applied across the East Midlands region.
As Gamete storage is included in the scope of the East Midlands review this can be considered as part of the programme of work.
CPAG agreed to the inclusion of a statement of intent to the existing policy to advise that gamete storage is under review at a regional and national level.
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<tr><td>Individual Funding Requests (IFR) Screening Cases</td><td>CPAG reviewed the IFR Screening cases for June 2023 and are assured that no areas for service development have been identified.</td></tr>
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NICE INTERVENTIONS, DIAGNOSTICS, MEDICAL AND HEALTH TECHNOLOGIES AND INNOVATION PROGRAMMES

The DDICB does not commission and will not fund any procedure or technology assessed by NICE under their IPG, MTG, DTG, MIB or HTE 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
- OR the NICE HTE has made a recommendation for use while evidence is being generated

The following NICE programme outputs were noted by the group for the month of June 2023:

IPG/MTG/DTG/HTE/MIB	Description	Outcome
IPG763	Intraoperative electron beam radiotherapy for locally advanced and locally recurrent colorectal cancer	NICE recommends further research, DDICB do not commission
IPG764	Endoscopic ultrasound-guided gallbladder drainage for acute cholecystitis when surgery is not an option	NICE recommends standard arrangements – not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
IPG765	Minimally invasive fusionless posterior-approach surgery to correct idiopathic scoliosis in children and young people	NICE recommends further research, DDICB do not commission
IPG766	Botulinum toxin type A injections into the urethral sphincter for idiopathic chronic non-obstructive urinary retention	NICE recommends special arrangements, DDICB do not commission
IPG767	Radiofrequency denervation for osteoarthritic knee pain	NICE recommends standard arrangements – not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
DG48	FibroScan for assessing liver fibrosis and cirrhosis outside secondary and specialist care 1.1 FibroScan is recommended as an option for assessing liver fibrosis or cirrhosis outside secondary and specialist care if: • each FibroScan device is expected to be used for at least 500 scans per year, typically requiring use in locations which cover larger populations, such as community diagnostic hubs • this is likely to improve access to testing for underserved groups • it is used in accordance with national guidelines (see sections 2.3 to 2.5) • a clear care pathway with guidance for healthcare professionals doing the test on what to do based on a FibroScan result is established locally through collaboration between primary or community care and secondary or specialist care providers • there is training for healthcare professionals on how to do the test, and • the company provides supporting materials to make sure people using the test continue to use it correctly.	NICE recommends standard arrangements – not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
DG54	Transperineal biopsy for diagnosing prostate cancer	NICE recommends standard arrangements – not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
MIB289	YOURmeds for medication support in long-term conditions	Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
MIB322	Proov Confirm for ovulation confirmation	
MIB323	MiraQ cardiac TTFM with high-frequency probe for assessing graft flow during coronary artery bypass graft surgery	

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