

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
<p>Removal of Benign Skin Lesions Policy (Partial review following stakeholder query)</p>	<p>Derby and Derbyshire ICB, in line with its principles for procedures of limited clinical value has deemed the Removal of Benign Skin Lesions should not routinely be commissioned unless the criteria within the policy are met.</p> <p>The Joined Up Care Derbyshire (JUCCD) Urology Expert Advisory Forum (EAF), requested genital lesions be considered separately from other skin lesions. Whilst the EAF acknowledge that some genital lesions may be cosmetic, they can significantly affect sexual function and it is felt that they should either be exempt or specifically considered within the policy.</p> <p>Public Health advised that the policy covers genital warts/molluscum which will include genital lesions. Psychological impact alone is not a commissioning indication.</p> <p>The Derbyshire Clinical Policies website has been updated to include a statement clarifying that the removal of benign skin lesions will not be commissioned on the grounds of psychological impact (https://www.derbyshiremedicinesmanagement.nhs.uk/clinical-policies-home/cosmetic). There are no changes to the Benign Skin Lesions policy.</p> <p>This policy covers the removal of benign skin lesions that are asymptomatic lumps, bumps or tags on the skin that are not suspicious of cancer.</p>
<p>InVitro Fertilisation (IVF) Intracytoplasmic Sperm Injection (ICSI) within Tertiary Infertility Services Policy (Partial review following stakeholder query)</p>	<p>Derby and Derbyshire ICB, in line with its principles for procedures of limited clinical value has deemed that IVF and ICSI should not routinely be commissioned unless the criteria within this policy are met.</p> <p>The policy has been made clearer to include specific reference to heterosexual couples as one of the groups that IVF will be funded for if they meet the criteria.</p>
<p>Epidurals for all forms of Sciatica (Lumbar Radiculopathy) Position Statement (Full routine review)</p>	<p>NHS Derby and Derbyshire ICB, in line with its principles for procedures of limited clinical value, has deemed that epidurals (local anaesthetic and/or steroid) for <u>all</u> forms of sciatica should not routinely be commissioned. This includes:</p> <ul style="list-style-type: none"> • Epidurals for acute and severe sciatica • Epidurals for treatment or diagnostic indications • Epidurals by any route, including interlaminar (lumbar epidural), transforaminal (nerve root injection) and caudal routes. <p>Rationale NICE Clinical Guideline [CG59] 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. Please see the DDICB Clinical Policies webpage section on NICE Guidance for more information.</p> <p>The position statement is based on NICE NG59 Low Back Pain and Sciatica in over 16s: assessment and management (published November 2016 and updated December 2020). There has been no new publications of substantial robust evidence since the position statement was last reviewed in February 2020 that requires a change in the position statement's commissioning stance.</p>
<p>Gamete Storage Policy (Full routine review)</p>	<p>Derby and Derbyshire ICB has agreed that Gamete Storage should be commissioned only when the eligibility criteria listed within the policy are met.</p> <p>CPAG previously agreed to a partial adoption of the East Midlands Affiliated Commissioning Committee (EMACC) policy.</p> <p>In response to stakeholder feedback, the following amendments have been made to the policy:</p> <ul style="list-style-type: none"> • Inclusion of additional groups of patients who are eligible for gamete storage have been added: <ul style="list-style-type: none"> ○ Patients with autoimmune conditions requiring chemotherapy ○ Rare mitochondrial disorders which may cause infertility ○ Conditions requiring special endocrinology services which may result in infertility • Removal of statement "gametes should not be frozen for infertility as a result of congenital disorders"

	<ul style="list-style-type: none"> • Removal of statement that "male patients should have funding for sperm storage withdrawn if a subsequent semen analysis one year after chemotherapy shows a sperm count in the normal range" • Removal of statement which could be seen as discriminatory against non-transgender patients access to fertility only if a pregnancy is viable • Storage age limits for men and women aligned to EMACC policy so that the accepted criteria for entry into the storage pathway are applied equally to men and women e.g. "Sperm will normally be stored for a maximum period of 10 years, or until a man reaches the age of 56 years old, whichever is sooner. Eggs and embryos will normally be stored for a maximum period of 10 years, or until a woman reaches the age of 43 years old, whichever is sooner." <p>Gamete storage to remain as 10 years, this is aligned to the EMACC Policy.</p> <p>CPAG agreed to maintain the restrictive position for people with living children, acknowledging the policy does not guarantee eligibility for fertility treatment, it is aligned with our existing policies e.g. IVF</p> <p>This policy relates to the preservation of gametes (oocytes and semen) and embryos, in post-pubertal patients, in advance of chemotherapy or radiotherapy treatment for cancer or conditions requiring male urological or female gynecological surgery that carries a high risk of infertility.</p> <p>Adverse effects associated with a number of medical treatments can impact on fertility, either by direct injury or via systemically administered agents. In some cases, the individual's fertility will return after the treatment is completed but in other cases fertility never returns or is severely impaired. Technological advances mean that cryopreservation of semen, oocytes, embryos and ovarian/testicular tissue offers opportunities to preserve fertility prior to the start of treatment.</p> <p>Cryopreservation is a technique that freezes an individual's eggs or sperm for use in future fertility treatment.</p>
Governance Policy	Key Changes
<u>Ethical Framework</u>	<p>An Ethical Framework has been developed to support corporate committees of the ICB in their decision-making processes. The Framework has been adapted by Corporate to include the Seven Principles of Public Life 'Nolan principles' for its decision making.</p> <p>The framework will be taken to the Audit and Governance Committee for DDICB agreement and adoption.</p>

MISCELLANEOUS INFORMATION	
Statement	Summary
<u>Diagnosis and Management of Tonsillitis in Children (aged 3-15 years)</u>	<p>A Joined Up Care Derbyshire (JUCCD) guideline has been produced to aid clinicians in the identification and appropriate referral of tonsillitis. The guideline which lowers the treatment thresholds is based on NHS England interim guidance which has subsequently been withdrawn following a period of heightened circulation of group A strep over winter 2022-2023.</p> <p>In February 2023, the National Institute for Health and Care Excellence (NICE), reinstated the sore throat guidance for children and young people which can be found here.</p> <p>The DDICB Tonsillectomy and Adenoidectomy Policy is due for review in May 2023, the policy is aligned with Evidence Based Interventions (EBI).</p> <p>CPAG acknowledged the guidance and that the impact on local policy is currently unaffected by it. CPAG will consider the assessment tool during the next routine review of the policy.</p>
<u>Patient & Public Involvement</u>	<p>The ICB has recently released guidance to ensure that commissioners and NHS Trust's working within Derby and Derbyshire ICB meet legal obligations to inform, involve or consult with patients and members of the public in any change that takes place to frontline service provision.</p> <p>The CPAG agreed the proposed operating model set out below:</p> <ul style="list-style-type: none"> • Where there is a medical intervention change with no alternative, or an alternative that could have implications on any of the 9 protected characteristics, then a Quality and Equality Impact Assessment (QEIA) will be needed. From this, a referral could/would be made for a Public Patient Involvement (PPI) assessment in most cases. Medicine changes are usually undertaken by the Derbyshire JAPC. • Where there is a policy change with minimal change, CPAG should continue with a virtual QEIA assessment, with escalation to full panel and/or PPI assessment if required. • Where there is a policy change with impact on patients in any way, the QEIA panel should review in the first instance, with onward referral to PPI as appropriate. • Any 'removal/decommissioning' triggers QEIA/PPI processes and awareness of an 18-month process as a minimum.
<u>Individual Funding Requests (IFR) Screening Cases</u>	CPAG reviewed the IFR Screening cases for January 2023 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 January 2023:

IPG/MTG/DTG/MIB	Description	Outcome
IPG747	Percutaneous image-guided cryoablation of peripheral neuroma for chronic pain	NICE recommends further research, DDICB do not commission
IPG748	Transcutaneous electrical stimulation of the trigeminal nerve for ADHD	NICE recommends further research, DDICB do not commission
IPG749	Laparoscopic insertion of a magnetic ring for gastro-oesophageal reflux disease	NICE recommends standard arrangements – not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
IPG750	Trabeculectomy with a biodegradable collagen matrix implant for glaucoma	NICE recommends standard arrangements – not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
DG50	MRI-based technologies for assessing non-alcoholic fatty liver disease (Replaces the NICE medtech innovation briefing on LiverMultiScan for liver disease (MIB181))	NICE recommends further research, DDICB do not commission
DG51	Devices for remote monitoring of Parkinson's disease (Replaces MIB258) 1.1 Kinesia 360, KinesiaU, PDMonitor, Personal KinetiGraph (PKG) and STAT-ON are conditionally recommended as options for remote monitoring of Parkinson's disease to inform treatment if: <ul style="list-style-type: none"> • further evidence is generated, including: <ul style="list-style-type: none"> ○ the impact on resources associated with using the technologies (for people with Parkinson's disease and their carers; see section 4.1) ○ the size of impact of using the technologies on symptoms or health-related quality of life (for people with Parkinson's disease and their carers) and how long this lasts for (see section 4.2) ○ how frequently the devices are used, and under what circumstances, in the NHS (see section 4.3), and • cost impact is managed (see recommendation 1.2). 1.2 Commissioners should consider the available payment options for the technologies when deciding which to use (for example, pay per use, a subscription model or outright purchase). They should take into account the fact that the technologies may not be needed any more if further data shows they are not cost effective.	NICE recommends standard arrangements – not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
MIB313	PredictSURE IBD for inflammatory bowel disease prognosis: ulcerative colitis (Replaces MIB178)	Not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
MIB314	Ambu aScope 4 Broncho for routine diagnostic and therapeutic bronchoscopy	

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