

## Clinical Policy Advisory Group (CPAG)

### CLINICAL & GOVERNANCE POLICIES UPDATED EVIDENCE BASED INTERVENTIONS AND LOCAL 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 Evidence Based Interventions (EBI) policy (agreed at [CPAG September 2023](#))\* 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="#">Grommets in Otitis Media with Effusion Policy</a> (Partial review)	<p>NHS Derby and Derbyshire ICB has deemed grommets should not be routinely commissioned for children and adults unless the criteria within the policy are met.</p> <p>As a result of NICE updating their guidance '<a href="#">NICE Otitis Media with Effusion in Under 12s NG233</a>' (August 2023), the DDICB policy 'Grommets in Otitis Media with Effusion' was reviewed, to reflect relevant NICE updates.</p> <p>DDICB policy criteria has been updated to align with NICE recommendations whilst maintaining the detail within the DDICB policy:</p> <ul style="list-style-type: none"> <li>Policy criteria has been updated to include 'which is having an impact on the child's hearing'</li> <li>Rationale section updated to include 'In situations where Otitis media with effusion (OME) is not having an impact on the child's hearing, there is no urgent need to consider surgery, regardless of whether the OME is persistent or transient, in light of the risks associated with grommet insertion'</li> <li>PLCV and Blueteq forms updated to reflect the policy</li> </ul> <p>No issues were highlighted in regard to protected characteristics (EIA).</p> <p><u>Summary of policy and management</u> Otitis media with effusion (OME) is a condition characterized by a collection of fluid within the middle ear space without signs of acute inflammation. OME can be associated with significant hearing loss, especially if it is bilateral and lasts for longer than one month. Often, when the hearing loss is affecting both ears it can cause language, educational and behavioural problems. Grommets is a surgical procedure to insert tiny tubes (grommets) into the eardrum as a treatment for fluid build-up (glue ear).</p>
<a href="#">Facet Joint Injections Position Statement</a> (Full routine review)	<p>NHS Derby and Derbyshire ICB will not routinely commission all facet joint injections. This includes facet joint injections for <u>diagnostic</u> purposes and for <u>treatment</u> purposes.</p> <p>The following minor amendment has been made to the position statement:</p> <ul style="list-style-type: none"> <li>Clarification that NHSDDICB does not commission <b>ALL</b> facet joint injections.</li> </ul> <p>There has been no new significant robust evidence or new national guidance that has been published since the position statement was last reviewed in May 2021 that requires a change reflecting in the commissioning stance.</p> <p>No issues were highlighted in regard to protected characteristics (EIA).</p> <p><u>Public Patient Involvement (PPI) Assessment</u> The outcome of the PPI Assessment is to inform – via the CPAG Bulletin</p>
Governance Policy	Key Changes
<a href="#">NICE Interventions, Diagnostics, Medical and Health Technologies and Innovation Programmes Policy</a> (Partial update)	<p>NHS Derby and Derbyshire ICB has deemed the use of any procedure or technology assessed by NICE under their IPG, MTG, DTG, MIB or HTE programmes should not routinely be funded unless:</p> <ul style="list-style-type: none"> <li>the NICE IPG states 'use with standard arrangements for clinical governance, consent and audit' <b>OR</b>,</li> <li>the NICE MTG states 'the case for adoption within the NHS as described is supported by the evidence' <b>OR</b>,</li> <li>the NICE DTG makes a recommendation as an option for use <b>OR</b>,</li> <li>the NICE MIB has evaluated the innovation <b>OR</b>,</li> <li>the NICE HTE has made a recommendation for use while evidence is being generated <b>AND</b></li> <li>the provider has submitted a robust, evidenced based business case to the commissioner and this has been subsequently approved.</li> </ul> <p>The following minor amendment has been made to the policy: Section detailing exemption to the requirement of a business case for 'standard arrangements' has been expanded to include 'e.g. multi ICB pathways such as cancer'.</p> <p>The National Institute for Health and Care Excellence (NICE) produces several types of guidance documents including:</p> <ul style="list-style-type: none"> <li>Cancer service guidance</li> </ul>

- Clinical guidelines\*
- Diagnostics guidance
- Interventional procedures guidance
- Medical technologies guidance
- Public health guidance
- Technology appraisals guidance
- Quality standards

Of these, only Technology Appraisals guidance (TAs) are legally binding; other guidance, including Interventional Procedures Guidance (IPGs), Medical Technologies Guidance (MTGs), Diagnostics Guidance (DGs) and Health Technology Evaluations (HTE) are statutory guidance which is intended to assist the NHS in the exercise of its statutory duties.

MIBs are not NICE guidance. They differ in format, contain no judgement on the value of the technology and do not constitute a guidance recommendation.

HTEs are guidance on products that have been assessed using the Early Value Assessment (EVA) approach which includes a recommendation for use while evidence is being generated.

NHS bodies are entitled to take decisions which do not follow guidance (other than TAs) if they have a good reason to do so. The availability of resources and competing priorities can be a valid reason.

The purpose of the policy is to ensure that Derby and Derbyshire ICB have a consistent approach in considering and implementing IPGs, MTGs, DGs, MIBs and HTEs.

### MISCELLANEOUS INFORMATION

Statement	Summary
<a href="#">Evidence Based Interventions List 3 (EBI3) Guidance - Complex and Specialised Obesity Surgery Policy Update</a>	<p>The <a href="#">EBI 3 Document</a> published in May 2023 sets out 10 interventions.</p> <p>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.</p> <p>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.</p> <p>CPAG has previously agreed the <a href="#">overarching position statement</a>, to demonstrate compliance to the EBI3 interventions.</p> <p><b><a href="#">Complex and Specialised Obesity Surgery Policy</a></b></p> <p>CPAG agreed to maintain the current local policy stance, as the lowering of the threshold for bariatric surgery could have financial implications and cause an increase in planned care activity, and impact on joint commissioning and community development.</p> <p>No issues were highlighted in regard to protected characteristics (EIA).</p>
<a href="#">CPAG Terms of Reference</a> (Partial review)	<p>The CPAG Terms of Reference has been updated with the following additions:</p> <ul style="list-style-type: none"> <li>• Chairmanship – an appointed deputy will be drawn from the clinicians employed/accountable to the Integrated Care Board.</li> <li>• Membership of CPAG, Core Memberships – addition of ICB Public Equality &amp; Diversity representative</li> <li>• Accountability – addition of reference to CPAG's role within the ICS in regard to MedTech Funding Mandates and CPAG to ensure appropriate evaluation for new and existing investments (e.g., IPGs/MTGs/DTGs/MIBs/HTEs).</li> </ul>
<a href="#">Individual Funding Requests (IFR) Guidance for Clinicians</a> (Partial update)	<p>The Individual Funding Requests (IFR) Guidance notes for Clinicians has been updated to align to the updated Individual Funding Requests (IFR) Policy and SOP, approved at CPAG September 2023.</p> <p>Following a stakeholder query, the document makes clear that:</p> <p>"A request must come from a healthcare professional directly involved in the care of the patient. This should be the most senior clinician responsible for the care of the patient usually at consultant level and should be the clinician with responsibility for delivering the proposed treatment".</p> <p><b><a href="#">Summary of Individual Funding Request policy and management</a></b></p> <p>An Individual Funding Request is a request to fund healthcare for an individual who falls outside the range of services and treatment that the ICB agrees to fund. The decision to fund a treatment that is not usually provided is only taken after very careful consideration. DDICB regards the matter of funding for an individual patient as an equity issue, in which it will consider whether it can justify funding a particular patient when others from the same patient group are not being funded for the requested treatment.</p>
<a href="#">Individual Funding Requests (IFR) Screening Cases</a>	<p>CPAG reviewed the IFR Screening cases for August 2023 and are assured that no areas for service development have been identified.</p>

### 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 August 2023:

IPG/MTG/DTG/HTE/MIB	Description	Outcome
IPG769	<a href="#">Aortic valve reconstruction with glutaraldehyde-treated autologous pericardium for aortic valve disease</a>	NICE recommends further research, DDICB do not commission
DG56	<a href="#">Quantitative faecal immunochemical testing to guide colorectal cancer pathway referral in primary care</a>	NICE recommends standard arrangements – not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
HTE6 (update)	<a href="#">Genedrive MT-RNR1 ID Kit for detecting a genetic variant to guide antibiotic use and prevent hearing loss in babies: early value assessment</a>  <a href="#">Update Information</a> <b>August 2023:</b> NICE has developed tools and resources, in association with relevant stakeholders, to help organisations put this guidance into practice, including an evidence-generation plan. The evidence-generation plan discusses the prioritised evidence gaps and outcomes, ongoing studies, potential real-world data sources, and how remaining evidence gaps can be resolved through the design of real-world evidence studies	NICE recommends standard arrangements – not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval

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

\*It has been agreed by the Clinical Policy Advisory Group that **Procedures of Limited Clinical Value (PLCV)**, will be renamed to **Evidence Based Interventions (EBI)** to reflect the alignment of DDICB clinical policies to the [National Evidence Based Interventions Guidance programme](#). This will take effect from 1<sup>st</sup> November 2023.

Local policies that have been agreed on other grounds e.g. affordability, cost effectiveness or a combination of both will be separated from the EBI clinical policies.

All references to PLCV on the Clinical Policies website will be updated to reflect the name change, however, DDICB Clinical Policies and the corresponding Blueteq/e-RS primary care forms will only be updated as and when the Clinical Policies come up for review.

The Prior Approval process for primary and secondary care will remain unchanged and requests will continue to be submitted using the existing process.

The name of the service will change from "**PLCV – Derbyshire Prior Approval Process (Clinic type) RAS**" to "**EBI – Derbyshire Prior Approval Process (Clinic Type) RAS**"

The name of the PLCV Generic Inbox will change from PLCV to EBI [ddicb.ebi.priorapproval@nhs.net](mailto:ddicb.ebi.priorapproval@nhs.net)

The Secondary Care Blueteq Referral process will remain unchanged.