Derbyshire CPAG Bulletin

July 2024

Clinical Policy Advisory Group (CPAG)

CLINICAL & GOVERNACE 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 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 a literature review of the latest evidence as well as stakeholder engagement with Specialists/Consultants/Clinicians.

There were no local clinical or governance policies approved and ratified this month.

MISCELLANEOUS INFORMATION	
Statement	**Summary**
Pre-election Period Guidance	The 'Pre-Election Period' commenced from 25th May 2024 until 5th July 2024. During this time, specific restrictions were placed on the use of public resources and the communication activities of public bodies including the NHS, civil servants and local government officials. The Pre-Election Period is designed to avoid the actions of public bodies distracting from or having influence on election campaigns. During the Pre-Election Period, there should be no new announcements of policy or strategy or on large and/or contentious procurement contracts, and no participation by NHS representatives in debates and events that may be politically controversial, whether at national or local level. These restrictions apply in all cases other than where postponement would be detrimental to the effective running of the local NHS, or wasteful of public money. As a result, CPAG took place via Microsoft MS Teams at the beginning of July with a reduced agenda.

CPAG & IFR Meetings - New Ways of Working	CPAG Meetings
	• It is proposed there be no change to the frequency of CPAG meetings, however CPAG has reviewed its operating model to assess new ways of working given the recent advances in digital technologies. CPAG agreed that the decisions and outputs will be recorded as follows:
	  ○ CPAG Bulletin (published) – a summary of the key outputs from CPAG meetings
	  ○ CPAG Decision and Justification Log – which will include a brief outline of the meeting discussion and the decision/justification (published)
	  ○ CPAG Action Log (unpublished) – a timetable of the actions required from CPAG meetings
	
	CPAG Chair
	A CPAG GP member at Hannage Brook Medical Centre will be taking over from the Chief Pharmaceutical Officer as CPAG Chair with a CPAG GP member at West Park Surgery acting as Deputy Chair, as of August 2024.
	On behalf of CPAG thanks is given to the outgoing chair for the hard work and contribution.
	
	Individual Funding Request (IFR) Meetings
	DDICB acknowledges that IFR meetings require accurate minutes due to the nature and frequency of the meetings.

Update & Review Following the Removal of National EBI Guidance* Including Local Implications e.g. Benign Skin Lesions and Links to Existing Operational Support	Benign Skin Lesions The Academy of Medical Royal Colleges (AOMRC) Clinical Governance group retired five guidance documents, four of which CPAG had previously agreed as pathways: • Upper GI Endoscopy • Liver function, creatinine kinase and lipid level tests (Lipid lowering therapy) • Prostate-specific antigen (PSA) test • Troponin test The other one of which was the 'Removal of Benign Skin Lesions'*. Rationale provided by AOMRC to retire the removal of benign skins lesions document: • Specialist suggested criteria could lead to a degree of subjectivity in the interpretation resulting in variation in care. Whilst not causing patient harm, the guidance was potentially too permissive (or could be interpreted that way) which may lead to unnecessary system pressure as well as further variation in the quality of care. • Reviewed guidance from the clinical perspective and having considered expert opinion it was judged disproportionate effect when reviewed against the likely gain made in terms of improving the quality of care or resources saved. Local stakeholders (which include dermatologists), agree with the current DDICB Removal of Benign Skin Lesions policy criteria; as a result, the policy will remain unchanged and will be adopted locally. ***Post meeting note (August 2024):** AOMRC have confirmed the guidance will now be updated to reflect the latest evidence. Publication expected end of September 2024.
Updates to Cosmetic policies following close down of the	Various cosmetic policies still refer to the decommissioned prior approval process. As a result, minor amendments have been made to 5 clinical policies to reflect this change:

Cosmetic Referral Assessment Service

Policy	Minor Amendment
Pinnaplasty (Surgical correction of prominent ears)	Statement referencing that "it is the responsibility of the Cosmetics Referral assessment Service to define "significant deformity" with the aid of medical photographs" to be amended to state "it is the responsibility of the treating clinician to define "significant deformity" with the aid of medical photographs, if required". Removal of need for clinical photographs to be included with referral – to be undertaken by provider if required
Abdominoplasty (Apronectomy, Panniculectomy)	Removal of need for clinical photographs to be included with referral – to be undertaken by provider if required.
Blepharoplasty	
Brow Lift	
Rhinoplasty and Septo-rhinoplasty	

No concerns have been raised by stakeholders.

Review Date Extension of Clinical Policies

A pause in staff recruitment across the ICB, has resulted in reduced capacity within the Clinical Policies Team including the temporary loss of the Policy writer. As a result, CPAG agreed, a temporary measure be implemented to extend the review period for policies due for review in the next 6 months for a further 12 months. This process started in September 2023 and will be a rolling process which will be repeated until capacity is restored.

Assurances have been provided from the relevant clinicians and GP members of Clinical Policy Advisory Group (CPAG) to determine whether it is safe to extend the review date of these policies by 12 months.

Stakeholders provided specific assurance that:

- Information within the existing policies does not infringe on patient safety
- No new or significant evidence published since the policies were last reviewed that would need to be reflected within the policies

The table below provides a breakdown of the policies due for review in the next 6 months that were extended at the July 2024 CPAG meeting:

Clinical Policy	Last Updated	Review Date	Revised Extension Date
Photodynamic Therapy for Management of Central Serous Chorioretinopathy (CSCR) Policy	November 2021	October 2024	October 2025
Trigger Finger Release in Adults Policy	November 2021	October 2024	October 2025
Circumcision in Adults Policy	September 2023	October 2024	October 2025
Circumcision in Childrens Policy	September 2023	October 2024	October 2025
Non-standard MRI Scans Policy	November 2021	October 2024	October 2025
Cosmetic Procedures for Gender Dysphoria Position Statement	November 2020	October 2024	October 2025

MedTech Pathway Proposals

NICE propose a more integrated, rules-based, and predictable pathway for the evaluation, funding, and commissioning of medical technology (medtech) in the NHS.

As a result. NICE propose the use of cost-effectiveness and value offered by both cost-incurring as well as cost-saving medtech, using the developed principles. This will result in a change to a £20,000 QALY threshold as opposed to the current saving over three years.

ICBs will be expected to update their own service specifications and clinical commissioning policies in line with NICE guidance.

MedTech Funding Mandate Policy Update 24/25

An updated version of the guidance document has been published for 2024/25 which includes the addition of one new technology: AposHealth (MTG76) - a device worn on the foot that improves pain measurement scores, stiffness and function for patients with symptomatic knee osteoarthritis. It is a Class I medical device and is recommended as a cost-saving option to manage knee osteoarthritis.

The MedTech Funding Mandate DDICB Checklist for Service/Innovation Manager has been designed to support the system by ensuring that investments align with system goals and result in tangible benefits for patients and healthcare providers.

Systems should continue to prioritise the appropriate adoption of all supported technologies which offer cost savings and improved patient outcomes and experiences.
The Innovation, Research and Life Sciences and Strategy group, will continue to support national adoption of the supported technologies.

Individual Funding Requests (IFR) Screening Cases

CPAG reviewed the IFR Screening cases for May 2024 and are assured that no areas for service development have been identified.

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 May 2024:

IPG/MTG/DTG/HTE/MIB	Description	Outcome
IPG786	Selective internal radiation therapy for neuroendocrine tumours that have metastasised to the liver	NICE recommends standard arrangements – not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
IPG787	Endoscopic duodenal mucosal resurfacing for insulin resistance in type 2 diabetes	NICE recommends further research, DDICB do not commission
IPG788	Image-guided percutaneous laser ablation for primary and secondary liver tumours	NICE recommends special arrangements, DDICB do not commission
DG57 (update) (*1.1 to 1.2 see specific technology for recommendation)*	Artificial intelligence (AI)-derived software to help clinical decision making in stroke	NICE recommends standard arrangements (1.1 to 1.2) – not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
DG57 (update) (*1.3 to 1.5 see specific technology for recommendation)*	Artificial intelligence (AI)-derived software to help clinical decision making in stroke	NICE recommends further research (1.3 to 1.5), DDICB do not commission
DG58 (Updated and replaced DG34) *(1.1, 1.4, 1.6, 1.7 see specific technology for recommendation)*	Tumour profiling tests to guide adjuvant chemotherapy decisions in early breast cancer	NICE recommends standard arrangements (1.1, 1.4, 1.6, 1.7) – not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
DG58 (Updated and replaced DG34) *(1.2, 1.3, 1.5 see specific technology for recommendation)*	Tumour profiling tests to guide adjuvant chemotherapy decisions in early breast cancer	NICE does not recommend 1.2, 1.3, 1.5), DDICB do not commission

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