

## 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 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.

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

#### MISCELLANEOUS INFORMATION

Statement	Summary																
<a href="#">Pre-election Period Guidance</a>	Further to the Prime Minister's announcement of the General Election on 4th July, the 'Pre-Election Period' will commence from 25th May 2024 until at least 5th July 2024. During this time, specific restrictions are 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 email agreement in June with a reduced agenda.																
<a href="#">Review Date Extension of Clinical Policies</a>	<p>A pause in staff recruitment across the ICB, has resulted in reduced capacity within the Clinical Policies Team including the 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.</p> <p>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.</p> <p>Stakeholders provided specific assurance that:</p> <ul style="list-style-type: none"> <li>Information within the existing policies does not infringe on patient safety</li> <li>No new or significant evidence published since the policies were last reviewed that would need to be reflected within the policies</li> </ul> <p>The table below provides a breakdown of the policies due for review in the next 6 months that were extended at the June 2024 CPAG meeting:</p> <table border="1"> <thead> <tr> <th>Clinical Policy</th> <th>Last Updated</th> <th>Review Date</th> <th>Revised Extension Date</th> </tr> </thead> <tbody> <tr> <td><a href="#">Dupuytren's Contracture</a></td> <td>October 2021</td> <td>September 2024</td> <td>September 2025</td> </tr> <tr> <td><a href="#">Position Statement for Not Routinely Commissioned Cosmetic Procedures</a></td> <td>October 2020</td> <td>September 2024</td> <td>September 2025</td> </tr> <tr> <td><a href="#">Position Statement for Cosmetic Procedures Commissioned with Restrictions</a></td> <td>October 2020</td> <td>September 2024</td> <td>September 2025</td> </tr> </tbody> </table>	Clinical Policy	Last Updated	Review Date	Revised Extension Date	<a href="#">Dupuytren's Contracture</a>	October 2021	September 2024	September 2025	<a href="#">Position Statement for Not Routinely Commissioned Cosmetic Procedures</a>	October 2020	September 2024	September 2025	<a href="#">Position Statement for Cosmetic Procedures Commissioned with Restrictions</a>	October 2020	September 2024	September 2025
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<a href="#">Withdrawal of National Evidence Based Interventions (EBI) procedures</a>	<p>The <a href="#">Evidence Based Interventions (EBI)</a> programme was developed in 2018 and is led by the Academy of Medical Royal Colleges (AOMRC) to help ensure a national approach to quality improvement takes place and that best practice is spread across the healthcare system.</p> <p>Created by both doctors and patients, it is designed to reduce the number of medical or surgical interventions as well as some other tests and treatment which the evidence tells us are inappropriate for some patients in some circumstances. In some instances, clinicians recommend that more procedures are carried out as this will result in an improved quality of life for patients in the long term.</p> <p>AOMRC has announced that the following EBI guidance has been withdrawn as the evidence base has changed significantly since its first publication in 2018.</p> <table border="1"> <thead> <tr> <th>Intervention withdrawn from EBI guidance</th> <th>Action to be taken</th> </tr> </thead> <tbody> <tr> <td><b>Removal of Benign Skin Lesions</b></td> <td>Awaiting response from AOMRC as to rationale for decision to withdraw this intervention, before agreeing next steps with DDICB Removal of</td> </tr> </tbody> </table>	Intervention withdrawn from EBI guidance	Action to be taken	<b>Removal of Benign Skin Lesions</b>	Awaiting response from AOMRC as to rationale for decision to withdraw this intervention, before agreeing next steps with DDICB Removal of												
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		Benign Skin Lesions Policy. This will be tabled at the CPAG meeting in July 2024
	<b>Upper GI Endoscopy</b>	Pathway – no further action
	<b>Liver function, creatinine kinase and lipid level tests (Lipid lowering therapy)</b>	
	<b>Prostate-specific antigen (PSA) test</b>	
	<b>Troponin test</b>	
<u>Individual Funding Requests (IFR) Screening Cases</u>	CPAG reviewed the IFR Screening cases for April 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 April 2024:

IPG/MTG/DTG/HTE/MIB	Description	Outcome
IPG784	<a href="#">Epidermal radiotherapy using rhenium-188 paste for non-melanoma skin cancer</a>	NICE recommends further research, DDICB do not commission
IPG785 ( <i>Breast cancer 1.1 to 1.5 see specific technology for recommendation</i> )  ( <i>Other cancers 1.6 to 1.8 see specific technology for recommendation</i> )	<a href="#">Lymphovenous anastomosis during axillary or inguinal node dissection for preventing secondary lymphoedema</a>	NICE recommends special arrangements (Breast cancer 1.1 to 1.5), DDICB do not commission  NICE recommends further research (Other cancers 1.6 to 1.8), DDICB do not commission
MTG77	<a href="#">Kurin Lock for blood culture collection</a>	NICE recommends standard arrangements – not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
MTG78 ( <i>Adults at risk of falls 1.1 see specific technology for recommendation</i> )	<a href="#">GaitSmart rehabilitation exercise programme for gait and mobility issues</a>	NICE recommends standard arrangements (Adults at risk of falls 1.1) – not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
MTG78 ( <i>Adults having hip or knee replacements 1.2 to 1.4 see specific technology for recommendation</i> )	<a href="#">GaitSmart rehabilitation exercise programme for gait and mobility issues</a>	NICE recommends further research (Adults having hip or knee replacements 1.2 to 1.4), DDICB do not commission
HTE18 ( <i>1.1 to 1.3 see specific technology for recommendation</i> )	<a href="#">Digital technologies to deliver pulmonary rehabilitation programmes for adults with COPD: early value assessment</a>	NICE recommends standard arrangements (1.1 to 1.3) – not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
HTE18 ( <i>1.4 to 1.6 see specific technology for recommendation</i> )	<a href="#">Digital technologies to deliver pulmonary rehabilitation programmes for adults with COPD: early value assessment</a>	NICE recommends further research (1.4 to 1.6), DDICB do not commission
MIB319	<a href="#">BPMpathway for rehabilitation support in joint replacement surgery</a>	NICE have withdrawn this guidance

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