

KEY MESSAGES FROM CPAG MARCH 2019 CLINICAL GUIDELINES APPROVED

No guidelines ratified this month, however there were some amendments to existing policies (see below)

CLINICAL POLICIES updated

1) PLCV POLICY – Irritable Bowel Syndrome

Irritable Bowel Syndrome has been removed from the policy.

2) PLCV POLICY - SURGICAL HAEMORRHOIDECTOMY/HERNIAS

Hernias

- The majority of inguinal hernias can be diagnosed in General Practice
- As the diagnosing clinicians, where PLCV criteria are met, GPs must complete the relevant PLCV Hernia form on the eReferral System.
- On the rare occasion that the diagnosis is unclear, then referral for an opinion should be made, for secondary care to diagnose.
- GPs are reminded that requests for imaging are not deemed necessary in primary care, as this wouldn't alter the course of management (ie – referral to secondary care).

Any incomplete PLCV forms sent to secondary care will be returned, with a request to complete the prior approval form.

Haemorrhoidectomy

It has been clarified that outpatient banding is the preferred intervention for confirmed cases of haemorrhoids.

Where the diagnosis of haemorrhoids is unconfirmed and/or accompanied by red flag symptoms, such as rectal bleeding, these symptoms require investigation to rule out other causes.

Should the GP wish to refer for a diagnosis, and/or refer for outpatient banding, this should be done via a standard referral, or 2WW if symptoms are suggestive of cancer.

As banding is the preferred treatment for haemorrhoids, and the decision to list for haemorrhoidectomy will be the surgeon's, prior approval will be done by secondary care.

3) PLCV POLICY – ANAL SKIN TAGS

Requests for surgical removal of anal skin tags are not funded, and will be rejected. The main exception is where the lesion appears suspicious of a squamous cell cancer (eg rapidly growing).

Such cases should be referred to secondary care via 2WW.

4) PLCV POLICY - PDT

Following on from discussions with Clinicians from Cheshire and Derbyshire, CPAG agreed to issue a position statement to all Ophthalmologists to confirm that the CCG does not commission Photo Dynamic Therapy (PDT).

NHSE – NATIONAL GUIDANCE ON EVIDENCE BASED INTERVENTIONS (EBI) PUBLISHED IN DECEMBER 2018

Following NHSE's public consultation on Evidence Based Interventions, national [guidance](#) was published in December.

Continuing to work through the categories amending policies accordingly. Once completed all Blueteq and ESR forms will be amended and circulated to Providers and GP colleagues.

NICE INTERVENTIONAL PROCEDURES GUIDANCE, DIAGNOSTIC PROCEDURES, AND MEDICAL TECHNOLOGIES GUIDANCE (IPGs, DTG, MTGs)

Our CCGs continue to monitor and implement IPGs with our main FT providers.

<https://www.nice.org.uk/guidance/published?type=dg,mtg&fromdate=December 2018&todate=February 2019>

EMACC POLICY UPDATES

We are currently awaiting EMACCs update on Gamete Storage/ Cryopreservation.

CPAG WEBSITE DEVELOPMENT

Website is still being developed, will be live from 1st April 2019 and will be regularly updated with new information/policies.

CPAG TERMS OF REFERENCE (ToR)

Work is ongoing to finalise the Terms of Reference for CPAG