Clinical Policy Advisory Group (CPAG)

CLINICAL 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 Clinical Commissioning Group (CCG). The CCG will only fund treatment for clinically effective interventions that are then delivered to the right patients.

In line with the group's principle of adopting NHS Evidence Based Interventions (EBI) policies, where they are felt to be more restrictive than the current Derby & Derbyshire policies, the following have been updated:

Derby and Derbyshire CCG	Key Changes
Inguinal Hernia	A hernia occurs when an internal part of the body pushes through a weakness in the muscle or surrounding tissue wall. An inguinal hernia is the most common type of hernia. These types of hernias should be managed through watchful waiting. Changes made to the policy, during the review process, include the following: • Policy re-formatted and re-worded to reflect the new organisation • Policy re-named as 'Inguinal Hernia Policy' for clarification • Removal of policy restrictions to male patients only and removal of 'All groin hernias in women require urgent referral' • Femoral hernia related information removed from main body of policy and moved to the 'Exception to the Policy- Femoral Hernia' section • Clarification that all femoral hernias require referral and the addition that symptomatic femoral hernias require urgent referral • The term 'minimally asymptomatic' changed to minimally symptomatic' • Removal of 'Acute presentation of minimally symptomatic IH' from Recommendations for Referrals section of the policy as the statement suggests that all newly identified minimally symptomatic IH require referral and this is not the case • Removal of statement regarding elective surgery related modifiable risk factors (under recommendations for referrals) as not relevant to policy and falls under pathways • Removal of Primary Care Hernia flow diagram (Appendix 1) as it falls under Pathways • Addition of background information and rationale for recommendation • Addition of 'This procedure requires prior approval. Prior approval must be sought through Blueteq.' under the recommendations section of the policy as requested by contracting.
Grommets	Grommets are temporary tubes placed in the eardrum to help manage otitis media with effusion (OME). Grommets help drain away fluid and allow air to pass through the eardrum. OME is often self-limiting but can occasionally persist and require treatment. Therefore restrictions, listed within the policy, have been applied to the insertion of grommets. Changes made to the policy, during the review process, include the following: • Clarification that the policy only applies to OME, and conditions such as Meniere's disease/ existence of retraction pockets do not require prior approval • Name of policy updated to ' Grommets in Otitis Media with Effusion Policy' instead of 'Grommets Policy' for clarification • Addition of 'This procedure requires prior approval. Prior approval must be sought through Blueteq.' under the recommendations section of the policy as requested by contracting.

CLINICAL POLICIES UPDATED
SUMMARY OF POLICIES

The following clinical policies were updated:

Clinical Policy	Key Changes
Vasectomy	Vasectomy is a sterilisation procedure that involves the permanent obstruction of the vas deferens in males. Changes made to the policy, during the review process, include the following • New policy devised as a reinforcement mechanism to support Vasectomy Service Specification • Policy to ensure that the majority of vasectomies are carried out in primary care • Policy referral criteria for secondary care vasectomy services are largely based on the pre-existing Service Specification's list of community vasectomy services exclusion criteria.

Gamete Storage	Restrictive policy stating that gamete cryopreservation will be commissioned in individuals undergoing medical or surgical treatment who may be at risk of permanent infertility as a result of their treatment. Changes made to the policy, during the review process, include the following • Correction of typing error- missed off number of years sperm will be stored for after the initial 5 year period of storage (Page 4 paragraph 3) • Addition of transgender patients to the policy's criteria for commissioning so that the policy does not discriminate against transgender people. The addition will help mitigate risk.

EAST MIDLANDS AFFILIATED COMMISSIONING COMMITTEE POLICY UPDATES
CPAG WEBSITE DEVELOPMENT

The Clinical Policies Website went live from 1st April 2019 and will be regularly updated with new information/policies.
http://www.derbyshiremedicinesmanagement.nhs.uk/

GOVERNANCE POLICIES AND COMMISSIONING STATEMENTS UPDATED
SUMMARY

Policy/Commissioning Statement	Key Changes
	No updates this month

NICE INTERVENTIONAL PROCEDURES GUIDANCE, DIAGNOSTIC PROCEDURES, MEDICAL TECHNOLOGIES GUIDANCE AND MEDTECH INNOVATION BRIEFINGS (IPGS, DTG, MTGS, MIBS)

The DDCCG do 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 considered by the group:

IPG/MTG/DTG/MIB	Description	Outcome
IPG658 (Standard)	Endovascular insertion of an intrasaccular wiremesh blood-flow disruption device for intracranial aneurysms	Require a robust business case in order to be considered
IPG659 (Research only)	Low-energy contact X-ray brachytherapy (the Papillon technique) for locally advanced rectal cancer	Do not commission research IPG's
IPG660 (Research only)	Implant insertion for prominent ears	Do not commission research IPG's
IPG661 (Research only)	High-intensity focused ultrasound for glaucoma	Do not commission research IPG's
IPG662 (Standard)	Bioprosthetic plug insertion for anal fistula	Require a robust business case in order to be considered
MTG25 (updated from July 2015)	The 3M Tegaderm CHG IV securement dressing for central venous and arterial catheter insertion sites	Require a robust business case in order to be considered
MIB188	Endo-SPONGE for colorectal anastomotic leakage	Require a robust business case in order to be considered
MIB189	The V.A.C. Veraflo Therapy system for infected wounds	Require a robust business case in order to be considered
MIB190	SuperNO2VA for the relief of upper airway obstruction in people with obstructive sleep apnoea	Require a robust business case in order to be considered
MIB191	UroShield for preventing catheter-associated urinary tract infections	Require a robust business case in order to be considered
MIB192	InterDry for intertrigo	Require a robust business case in order to be considered
MIB193	Alpha-Stim AID for anxiety	Require a robust business case in order to be considered

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

NHS ENGLAND INNOVATION AND TECHNOLOGY PAYMENTS (ITP)

The DDCCG have no statutory duty to fund the additional costs associated with the implementation of NHS England's Innovation and Technology Payment innovations by the following:

- NHS England Innovation and Technology Tariff (ITT)
- Innovation and Technology Payment
- Evidence Generation Fund

Unless the provider has submitted robust evidence based business case to the commissioner and this has been subsequently approved. In line with the CCG's commissioning statements, if the provider intends to continue to use the technology or innovation after the funding for the National Programme has ended, a business should be submitted and approved by the CCG.

There were no NHS England ITP and ITT outputs considered by the group in October.