NHS
Derby and Derbyshire
Clinical Commissioning Group

Minutes
Clinical Policy Advisory Group (CPAG)

Thursday 17th October 2019
9.30am – 12.00pm Room 2, Cardinal Square, Derby

CONFIRMED

Present:	Initial	Title
Steve Hulme (Chair)	SH	Director of Medicines Management & Clinical Policies (DDCCG)
Dr. Ruth Gooch	RG	GP Clinical Lead (DDCCG)
Dr. Buk Dhadda	BD	GP Clinical Lead / Governing Body Member (DDCCG)
Dr Carolyn Emsley	CE	GP & Prescribing Lead (DDCCG)
Robyn Dewis	RD	Consultant in Public Health Medicine (Derby City Council)
Lara Rayworth	LR	Clinical Audit Manager (UHDB)
Helen Wilson	HD	Deputy Director of Contracting and Performance (DDCCG)
Anne Hayes	AH	Consultant in Public Health (Derbyshire County Council)
Natasha Malcolm	NM	GP Registrar (Derbyshire County Council)
Tiggy Foxon	TF	Assistant Director of Planned Care & Cancer (DDCCG)
Helen Moss	HM	Individual Decisions & Project Manager (DDCCG)
Parminder Jutla	PJ	Medicines Management and Clinical Policy Guidelines, Formulary and Policy Manager (DDCCG)
Jill Savoury	JS	Assistant Chief Finance Officer (DDCCG)
Slak Dhadli	SD	Assistant Director of Clinical Policies (DDCCG)
Laura Harmer	LH	Administrative Assistant for IFR/Clinical Policies (DDCCG)
Simon Harvey	SH	Registrar in Public Health (Derby City Council)
Tom Goodwin	TG	Head of Medicines Management and Clinical Policies and Decisions (DDCCG)

Ref:	Item	Action
1	**Declaration of Interest**	
CPAG /19/29	The Chair reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of the CCG. Declarations made by members of CPAG are listed in the CCG's Register of Interests. The Register is available either via the Secretary to the Governing Body or the CCG's website. There are no declarations of conflicts of interest for today's meeting.	
2	**Welcome, Introductions, Apologies, Quoracy**	
	SH welcomed everyone to the meeting and a round of introductions followed. Apologies noted for Amanda Bradley.	
3	**Minutes and Key Messages from the last meeting**	
CPAG	The August CPAG's minutes were approved with no amendments.	

/19/30	**Action**: Submit to CLCC for ratification	**PJ**
4	**Matters Arising/Summary**	
CPAG /19/31	**Nominated chair for CPAG (carried forward from last meeting)** SH posed the question to members on whether anyone within the group wished to take on the role of being Chair of CPAG. The group agreed for SH to continue as Chair, which will be reviewed in 12 months' time. **Action**: Terms of reference to be presented at next meeting with discussion and agreement on – Nominate Vice Chair, include contracting and planned care are core members **Upload minutes to website** PJ asked CPAG to agree for CPAG minutes to be uploaded onto the Clinical Policies website along with the bulletin, which is accessible to the public. JAPC minutes are currently uploaded. AH agreed, however expressed previous concerns about security of having CPAG member's names on the website. SH explained that uploading minutes have been very useful for FOI related queries where staff can direct the public to the website for information, ensuring transparency. CPAG agreed that in order for the minutes to be uploaded the group need to be mindful of the content and wording used including sensitive information. BD suggested that it might be useful to use quality and performance's format for information that will be in the public domain. CPAG members should be asked if there is anything that should not be put in the public domain i.e. too sensitive to public at the end of the meeting. CPAG agreed that moving forward a standing item for discussions that should not be in the public domain should be added to the agenda. Any discussions had within this agenda item will not be included in the version of minutes that will be uploaded. **Action:** Request to add a standing item to the minutes to discuss appropriate for public domain when reviewing the minutes **Ratified policies returning to CPAG** ○ **4a. Removal of Benign Skin Lesions (BSL)** Contracting have asked for the policy to return to in order to produce a formal response as to why the policy is deviating from the nationally advised NHSEBI policy. The original ask came from Vanessa Foreman, Head of Contracting and Performance UHDB. TG drafted a formal response and CPAG were asked to confirm that they are happy for the response to be sent out. **Action**: Formal response to be provided to Head of Contract Management CPAG are aware of the national coding issue surrounding areas such as BSL. CPAG are assured that UHDBs Dermatology department are triaging referrals appropriately. Skin lesions have been raised by the regulator and so the group suggested the need for a watchful eye on variations that are happening Nationally. ○ **4b. Grommets Policy** This policy has recently been approved at CPAG and ratified at CLCC. However after looking into queries from the challenge report it was identified that one of the actions from	**TG** **TG** **TG**

	January's CPAG meeting to clarify that our policy only applied to OME and conditions such as Meniere's Disease and retraction pockets did not require prior approval had not been actioned. PJ has now updated the policy by adding this information under 'Exclusion Criteria' on page 3 of the policy. CPAG agreed with the changes pending the correction of a spelling error within the policy title. BD suggested informing CLCC that the policy has returned following a minor update as policy has only recently been reviewed and ratified. **Action:** - Share Business Informatics emails with Helen Wilson regarding the EBI coding matching to DDCCG coding – Outstanding action - Policy approved to go to CLCC for update only **EQIA outcomes:** ○ **4ci. Intrauterine Insemination (IUI) Policy** IUI policy was presented at last CPAG meeting and was approved by the group. The policy has now also been ratified by CLCC. The policy was presented to the EQIA panel, where the issue around inequity for female same sex couples and people with physical disability or psychosexual problems was raised. The panel explained that it is free for heterosexual couples to prove infertility and yet same sex female couples and people with physical disability or psychosexual problems have to pay to prove that they have infertility. The panel requested the need for evidencing of reasonable attempts to conceive to not be limited to self-funded IUI cycles in a clinical setting. The panel recommended the inclusion of the term 'reasonable attempts', which would include artificial insemination that may be in a non-clinical setting e.g. using a friend. Options presented to CPAG included: - Remain as worded – acknowledge the inequity - Change Policy's commissioning statement: DDCCG commissioning 6 cycles of IUI after 6 cycles of donor or partner insemination, instead of patients having to self-funded 6 cycles of IUI in order to be considered for NHS funded IUI - Fund all 12 cycles of IUI - Not commission IUI and consequently not commission IVF/fertility service – all Derby and Derbyshire patients treated equally. CE felt it was inequitable for patients who do not fall within the terms of the policy. Stonewall have confirmed that they have developed their info pages with the support of Natalie Gamble Associates law firm who specialise in modern families and assisted reproduction. CPAG agreed to uphold the original decision as the NHS treatment pathway starts at infertility. The IUI policy is there to aid couples who are unable to have regular intercourse to prove infertility. CPAG have agreed that if Stonewall or NICE/other national guidelines change their stance then the CCG will review the policy again. The policy will be reviewed in line with national guidance or by way of legal opinion, should the position change.	**TG** **PJ**

	Action : The policy will be returned to the EQIA panel and presented with the additional rationale	**PJ**
	○ **4cii. Meibomian Cysts** The Policy was presented and approved at last CPAG and has now been ratified by CLCC. Policy was presented to the EQIA panel. The panel explained that there will be patients who want surgery as first line treatment and will be unhappy to find out that this will not be possible, even though the criteria for surgery has not changed. The panel feel that this may increase the number of complaints received by DDCCG from patients. Therefore, the EQIA panel have requested that the policy includes PALS contact details. CPAG to discuss and decide whether the policy should include a statement on PALS and PALS contact details. CPAG disagree with the panel's recommendation as the Clinical Policies webpage contains contact details for PALS along with a statement clarifying what to do if there is a query/complaint. The policies can only be accessed through the webpage and therefore there is no danger of patients not being able to access this information.	
	Action: The policy will be returned to the EQIA panel and presented with the additional rationale	**PJ**
	○ **Urolift** - CPAG/19/16 - Confirmation from finance (part of ITP) JS received Information from BI and Acute Finance, which has been forwarded to HM and PJ. The information includes activity and costings, which are coming through SLAM. There is an assumption that DDCCG is being charged for this activity, which Craig West, Finance and Contracts Manager, believes is correct. Need to ask Finance whether DDCCG are being charged National Tariff or Tariff plus device since the latter would require the submission of a business case. SD has requested we have confirmation that funding is being sourced from the appropriate provider. If NHSE are supposed to be picking up the costs for the first year, we need to have assurance that this is being done.	
	Action: To ascertain the difference in tariff price between current practice - if significant request a business case	**TG**
	○ **Cough Assist Devices for Children** - Update of the NHSE Commissioning Arrangements At the August meeting CPAG asked for confirmation that NHSE are commissioning cough assist devices for children. After checking the NHSE Manual for Prescribed Specialised Services 2018/19, the group were informed that NHSE will fund training in the use of assistive technologies such as use of cough assist machines. However the CCG would be expected to fund the cough assist device.	
	○ **Cough Assist -** Specialist Interest Groups CPAG were asked to respond to the specialist interest groups justifying the DDCCG's position. The specialist interest Groups view is that guidance from a range of professional bodies	

	has supported its use, based on low quality evidence or expert opinion. CPAG's position is that further research is needed to establish the effectiveness relating to reducing infections, safety, and its use in the long term and its cost effectiveness. Some of these have begun to be addressed at a national and international level but will take some time to be available. RD confirmed that Public Health have previously completed a comprehensive literature review to try and find any evidence to support its use but were unable to find any evidence. RD explained that discussions were previously had with UHDB explaining the position and the evidence required to alter policy. RD explained that it is difficult to conduct robust studies in the affected cohort of patients due to small numbers and the nature of the conditions. RD explained that she has previously had discussions asking the Trust to work with us by providing audit data/outcomes showing the benefits that these devices are having on their patients. This information has to date not been received. As part of the response needs to include that the CCG require assurance that there is evidence supporting the use of this device in these groups of patients. The response should also state that the CCG will continue to work with our colleagues on reviewing evidence, but currently there is no strong evidence to support the commissioning of cough assist devices in patients with NMD or spinal cord problems and therefore do not agree to change our current position. SD suggested that colleagues around the midlands and surrounding areas should be made aware that this is our current position, which should be adhered to for all Derbyshire patient's to avoid confusion from various trusts, i.e. Sheffield to ensure no requests for MI-E devices are put through. SH queried whether CPAG are aware of EMACC position on cough assist. BD recalled it was varied across the Midlands. HM had heard from EMACC that they were considering looking MI-E devices but nothing has been confirmed. HM will follow this up with Andy Roylance (Planned Care Manager including East Midlands Affiliated Commissioning Committee, Greater Nottingham Clinical Commissioning Partnership). CPAG concluded that prioritisation falls on evidence being available and there are other treatments we do not commission which do have supporting evidence behind them. Therefore, treatments that have no supporting evidence are of low priority. HW confirmed the CCG would not be able to contractually stop Sheffield from issuing cough assist as we only have restrictions in place with Chesterfield and Derby Hospitals. **Action**: TG/HM will respond to the letter.	**TG/HM**
5.	**Workplan/Action Tracker**	
CPAG /19/32	CPAG noted the progress made on the action tracker.	
6.	**Bulletin**	
CPAG /19/33	CPAG agree that they are happy with the bulletin and are happy for the bulletin to be uploaded to the website once ratified by CLCC. **Action:-**	

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	- Add statement to the ITP section to confirm that after the first year of funding from NHSE the CCG will require a Business case to continue. - The bulletin of the August CPAG meeting are to be sent to November CLCC - Future Bulletins to be circulated to GPs	**HM** **PJ** **PJ**
7.	**Clinical Policies Reviewed**	
CPAG /19/34	**<u>7a. Gastroscopy for Dyspepsia</u>** The CCG received an email from Dr Dear, Consultant Gastroenterology at Chesterfield Royal Hospital, expressing concerns that inappropriate referrals were being received from GPs for direct access gastroscopy in patients <55 years of age without dysphagic/ haematemesis symptoms. The inappropriate referrals were due to the PA form not being clear. After reviewing the criteria it is apparent that the criteria needs to be updated to reflect the NICE Clinical Guidelines and the DDCCG Medicines Management's gastro guidelines. Subsequently the policy criteria has been updated accordingly. Mr Dear has reviewed the updated criteria and is happy with the update. The PA form will be amended to reflect these changes. CPAG are being asked to discuss whether changes made are appropriate and to approve the updated policy criteria. BD explained that he still finds the updated criteria confusing, especially around the criteria for patients aged 55years and over. CPAG were made aware that this has been previously debated at JAPC as the NICE Clinical Guidelines are not clear. **Action:** - The policy's criteria to be re-worded to help make it clearer to the reader. - CPAG advised that the re-worded draft should be forwarded to Mr Goddard as well as other Gastro Consultants/clinicians for feedback/comments. - Policy to be brought back to the next meeting. **<u>7b. Vasectomy</u>** As part of the vasectomy service review the Clinical Policies team have been asked to produce a policy for vasectomy services as a mechanism to ensure that majority of vasectomies are carried out within a primary care setting. CPAG are asked to approve the policy. CPAG are asked to discuss whether the policy needs to include the list of criteria listed within the Vasectomy Service Specification, as requested by DCHS, in addition to the core criteria already listed within the policy OR keep the policy as it is – reference the service spec documents under 'Recommendation' section of the policy so that the reader sees the complete list of recommendations/criteria. CPAG confirmed that they approve the policy as it its presented. **Action:** - Policy approved to be ratified by CLCC - Share Uzma Rani contact details with HW –regarding Primary Care capacity for	**PJ** **PJ** **TG**

	increase in activity **7c. Inguinal Hernia (IH)** This policy was last updated in November 2018. However after cross-checking the policy against the PLCV form it was recognised that the policy was ambiguous and contained a number of errors. CPAG discussed whether it is relevant to have femoral hernias mentioned within the policy as the policy and its restrictions are based on IH**.** CPAG were asked whether all femoral hernias require urgent referral due to vagueness in symptoms, diagnostic difficulties and delays in diagnosis resulting in worse prognosis. CPAG were also asked whether changes made to the policy are appropriate. RD informed the group that the policy's recommendation that all groin hernias in women require urgent referral was originally taken from the Royal College of Surgeons. HW informed the group that there is a sentence on the first page that is grammatically incorrect. HW also explained that there is a sentence that states 'this type of hernia' under the Rationale for Recommendation section of the policy and felt that this needed replacing with "Inguinal Hernia". CPAG were also asked to confirm whether they are happy with amendments made to the policy. BD asked to remove 'Where there is uncertainty on whether the hernia is femoral' from the Recommendations for Referral section of the policy. BD explained that having this in the policy may lead to unnecessary referrals being made into secondary care. CPAG agreed for the policy to be amended accordingly and for the clean version to be circulated to CPAG members for virtual approval. **Action**: - Remove all mention of Inguinal Hernia - this should be excluded from the policy - Circulate clean copy to members virtually to approve- Send to CLCC to ratify (also EQIA panel) **7d. Micro suction of Earwax** The providers and the CCG contracting team have raised issues highlighted in paper 7di. There is currently a project (DW64) running which covers the implementation of the micro suction of earwax policy using Prior Approval. This project has under delivered on the planned reduction of activity relating to this procedure. CPAG were asked to discuss whether it is appropriate to remove the prior approval process for the microsuction of ear wax procedure. This is due to the lack of assurance of the provision of ear irrigation in primary care. This makes the added enforcement of the restrictive policy null and void. CPAG were informed that if it is agreed to remove the prior approval process for this procedure then contracting (Business Informatics and Providers) will need to be informed. CPAG agreed to the removal of prior approval for microsuction given the actions below. **Action**: - CPAG endorse the removal of prior approval for microsuction	**PJ** **HM**

	- Once approved by CLCC - work with the providers to define what is appropriate - use audit data to assess the provision - Once approved by CLCC - Pass this areas on to primary care as a potential area for QIPP **7e. Biological Mesh and Prosthetic Mesh in Groin Hernia Repair (literature review)** This work has been requested following the review of Mid Essex policies. CPAG were informed that this work has been done to assess the available evidence on the safety and effectiveness of prosthetic mesh in groin hernia repair. The review considered whether safety concerns that have been raised for pelvic organ prolapse are shared for this procedure. CPAG agreed that based on the current evidence a policy for the use of mesh in hernia repairs is not required. **Action**: - Note the lack of an evidence base - to ask the providers to define the cohort of patients where there is perceived benefit **For CPAG consideration:** **7f. Planned Care Request for Guidelines/Pathways Approval/Ratification through CPAG** CPAG have been asked by Planned Care to approve the Derby and Derbyshire Guidelines for Injection of Intra-articular, Peri-articular Soft Tissue Corticosteroid across Derbyshire guidance document. The author has referred to the document as 'guidance'. However the document consists of several pathways and the general consensus is that the document should be classed and reviewed as a set of pathways. The review and approval of guidance/pathways has not previously fallen under CPAG's remit. CPAG were asked to discuss and support the following statement: CPAG is to continue to focus on the review and approval of policies and the request to review this guidance/pathway paper is outside of CPAG's ToR. The CPAG members confirm that they are in agreement with this statement. CPAG were informed that there have been wider discussions around pathway/guidance approval within the directorate, led by the medical director. There is awareness that an appropriate mechanism for pathway review and ratification is required, which is likely to be ratified via CLCC. This mechanism is not within CPAG's remit to. CPAG agree that its focus is to produce, review and update clinical policies. CPAG also agree that there is a need for a guidance/pathway working group who can clinically review these guidelines/documents. TF agreed that CPAG is probably not the appropriate group for that. However TF explained that currently, outside of CLCC, the only clinical reference group available is CPAG. CPAG are informed that Planned Care have many pathways that need reviewing and there is currently no mechanism to do that. TF explained that most of these pathways have been reviewed by clinicians, but feels uncomfortable publishing these pathways without the assurance of governance. Pathways are a growing	**PJ**

area of requiring addressing by the CCG.

TF reassured CPAG that clinicians are involved in the process of developing pathways but explained that there is a need for literature search/review assurance of the evidence base prior to the sign off/ratification. SD added that if there isn't evidence to support certain pathways, which is the case for some of the indications within the document presented, then that information would have been useful prior to pathway release and during the pathway development stage.

CPAG were informed that the Assistant Director for Planning for DDCCG previously proposed forming a clinical guideline group to run parallel to CPAG which has not been operationalised.

TF approaches clinicians but there is no specific resource allocated for evidence review.

BD summarised that CPAG does not have the resource or capacity to take this on board and re-affirms that a pathway/planned care group needs to be formed for such pathways. BD agrees that CLCC would welcome governance around this work up. The CCG used to have pathways on their website and it was very useful for clinicians to refer to, CPAG agreed this needs resurrecting.

7g. Draft Guidelines/Pathway for Injection of Intra-articular, Peri-articular Soft Tissue Corticosteroid Across Derbyshire

An audit was undertaken across all the Derbyshire providers, primary and secondary care, towards the end of 2018, which highlighted the inconsistent approach in steroid injection frequency, dose and whether imaging was required. Primary Care also highlighted the need for protocols to standardise the provision of injections as well as training, generic patient information, consent forms and advice on when to refer patients.

Input and agreement was received from our providers who agreed to be involved in the audit (CRH, UHDB, DCHS, Cavendish, some GPs and the CCG MSK clinical lead) to enable the document to be finalised. The final version of the document has been circulated to all the contributors and the feedback has been positive.

CPAG were asked to discuss and make a decision to on whether to:

- Review/approve the attached guidance and accept that the request falls out of CPAG's ToR OR;
- Not review the document and forward the pathway ratification query to CLCC as pathway groups (e.g. Planned Care, Urgent Care, LTC) require their own governance to support pathway development.

CPAG Agreed there is a gap in pathways and that the decision to have a pathway group to to develop/review pathways/guidelines would need to be made outside of this as previously discussed in paper 7f.

CPAG agree that the review of this paper falls out of CPAG's remit and needs to be deferred to CLCC. TF informed the group that there are also more MSK pathways which need reviewing and CPAG agree that these too can be deferred to CLCC. BD will be present at CLCC to support. TG agreed to do a paper for CLCC on behalf of TF/Planned Care.

Action:

	• Not approved - defer to CLCC for decision ○ Rationale - Not within terms of reference as such CPAG doesn't have the capacity, Acknowledge the gap in governance for the CCG - CPAG will input where needed • TG to produce the CLCC paper - including options (circulate to SH and DDCCG Medical Director) **7h. Sensory Integration Therapy Policy – due Nov 19** CPAG have been asked to review and approve the Sensory Integration Therapy Policy by Adult Social Care and Health. The paper is due to be presented in November's CPAG meeting once there has been complete stakeholder engagement. CPAG considered the following options: 1. CPAG review the policy and own it – i.e. review every three years and publish ratified policy on website bearing in mind that this paper is not a clinical policy. 2. CPAG review on this occasion, but when policy needs reviewing in the future advise that this needs to be carried out by mental health clinical engagement group/Planned Care/ Primary Care Commissioning Committee/Quality. 3. CPAG do not own the policy and the policy does not get published on the clinical policy website. CPAG agreed to not review the paper since the paper is a therapy policy and not a clinical policy. BD confirms that the ask to review this policy, as well as therapy related policies in general, falls outside CPAG's ToR and therefore remit. SD explained that CPAG members do not have capacity or the resources to review therapy policies and re-affirms SD's point that the ask to review therapy policies falls outside of CPAG's remit. CPAG agreed that the most appropriate group/committee that the policy can be directed to can include Mental Health Clinical Engagement Group, Planned Care, Primary Care Commissioning Committee or Quality. **Action:** - Inform authors – Paper is not appropriate for this group - suggest approved by Children's commissioning or Mental Health.	**TG** **PJ**
8.	**Governance Policies**	
CPAG /19/35	**8a. Gamete Storage – Consultation Update (On corporate Risk Register)** The inequity within the current DDCCG policy is that by the time transgender patients are listed for surgery they are already infertile as a result of their medical treatment. The regional EMACC policy is currently in the process of being updated, which should addresses this inequity. DDCCG has now included the risk associated with the current policy "not commissioning gamete storage for transgender patients" on the risk register. This has been accepted by CLCC and noted by the Execs as a potential corporate risk. The Execs have also accepted the financial impact when the policy is implemented.	

	CPAG were asked to discuss and agree that the addition of transgender patients to the Gamete Storage Policy without the required consultation will help reduce inequity within our policy. The addition will help eliminate discrimination against transgender patients from the policy that currently exists CPAG agreed that the update are necessary and approve the update. Policy to go to CLCC for ratification. **Action:** - Add the protected characteristic to the policy - recirculate to the group for approval - Inform EQIA panel - Send to CLCC for ratification (minor change to policy) - Update Risk group	**TG** **PJ** **PJ** **TG**
9.	**Contracting and Blueteq queries**	
CPAG /19/36	**9a. Contracting Issues PLCV, IPG and Blueteq/Prior Approval** **1. The PLCV Challenge Process** • Item deferred to the November meeting **2. The IPG Challenge Process at Sheffield** • Item deferred to the November meeting **3. Blueteq and Prior Approval** • This agenda item will be brought back to the next meeting as there are a number of issues noted for discussion and would be useful to have contracting present.	
10.	**IFR – for information**	
	Following on from May CPAG meeting, it was agreed that the IFR panel should be accountable to CPAG and that a report would be produced on a monthly basis. **10a. Screening feedback Aug & Sept 19** Item deferred to the November meeting **10b. IFR training & Panel update** HM confirmed that an IFR Training Session is going ahead on 18th October with colleagues from Nottingham and associated Public Health members.	
11.	**East Midlands Affiliated Commissioning Committee**	
CPAG /19/37	No update this month	
12.	**CLCC updates**	
CPAG /19/38	**11a. Hydroxychloroquine** – Ongoing issue to be reported back at the next meeting. **11b. Papers ratified in September's CLCC meeting** • IUI Policy • Meibomian Cysts Policy • Grommet Policy • Consultant to Consultant Referral Policy • July CPAG minutes	**SD/RD**

	• July CPAG bulletin	
13.	**IPG updates since last meeting**	
CPAG /19/39	**13a. Commissioning through Evaluation Programme** Item deferred to the November meeting **13b. IPGs, MTGs, DGs and MIBs Aug & Sept 2019** Item deferred to the November meeting	
14.	**Business Cases**	
CPAG /19/40	No update this month	
15.	**QIPP Pipeline**	
CPAG /19/41	**a) Mid-Essex comparison** • Item deferred to the November meeting **b) Standard IPG opportunity scoping** • Item deferred to the November meeting	
16.	**Key messages for CLCC**	
CPAG /19/42	**Key Messages October 2019** - Vasectomy Policy - Inguinal Hernia - Gamete Storage – (Updated Corporate risk) - Pathways group discussion - Differing MSK pathways	**SH**
17.	**For information**	
CPAG /19/43	CPAG are made aware of the following: • IVF policy circulated amongst CPAG member and virtually agreed on 03/10/19 **Action:** Send to CLCC • Website update o IUI Policy o Meibomian Cysts Policy o Grommets Policy o Consultant to Consultant Referral Policy o July CPAG Bulletin • Hydroxychloroquine monitoring – to be discussed at next CPAG meeting	**PJ** **RD**
18.	**Any other Business**	
	Change in the challenge process for MSK CATS - 17th Oct procedures – To be brought back to the next meeting.	

Date of Next meetings
Thursday 21st November 2020 Room 2, Cardinal Square - 09.30 – 12.00
Thursday 19th December 2020 Room 2, Cardinal Square - 09.30 – 12.00
Thursday 16th January 2020 Room 2, Cardinal Square - 09.30 – 12.00

Thursday 20th February 2020 Room 2, Cardinal Square - 09.30 – 12.00
Thursday 19th March 2020 Room 2, Cardinal Square - 09.30 – 12.00
Thursday 16th April 2020 Room 2, Cardinal Square - 09.30 – 12.00
Thursday 21st May 2020 Room 2, Cardinal Square - 09.30 – 12.00
Thursday 18th June 2020 Room 2, Cardinal Square - 09.30 – 12.00
Thursday 16th July 2020 Room 2, Cardinal Square - 09.30 – 12.00
Thursday 20th August 2020 Room 2, Cardinal Square - 09.30 – 12.00
Thursday 17th September 2020 Room 2, Cardinal Square - 09.30 – 12.00
Thursday 15th October 2020 Room 2, Cardinal Square - 09.30 – 12.00
Thursday 19th October 2020 Room 2, Cardinal Square - 09.30 – 12.00
Thursday 17th December 2020 Room 2, Cardinal Square - 09.30 – 12.00