NHS
Derby and Derbyshire
Clinical Commissioning Group

Clinical Policy Advisory Group

Thursday 17th December 2020
Microsoft Teams
CONFIRMED

Present Virtually via Teleconference	Initial	Title
Steve Hulme	SH	Director of Medicines Management & Clinical Policies (DDCCG)
Helen Moss	HM	Individual Decisions and Project Manager (DDCCG)
Tom Goodwin	TG	Head of Medicines Management and Clinical Policies and Decisions (DDCCG)
Carolyn Emslie	CE	GP & Prescribing Lead (DDCCG)
Helen Wilson	HW	Deputy Director of Contracting and Performance (DDCCG)
Amanda Bradley	AB	IFR Decision and Project Officer (DDCCG)
In attendance: Alice Thai	AT	Guidelines, Formulary and Policy Manager (DDCCG)

Ref:	Item	Action
1	**Declaration of Interest (DOI)**	
	SH reminded committee members of their obligation to declare any interests arising at committee meetings that may conflict with the business of the CCG. Declarations made by members of the CPAG are listed in the CCG's Register of Interests. The Register is available via the Secretary to the Governing Body or on the CCG's website. No declarations of interest declared and TG confirmed that the Register was up to date. 1bi. Microsoft Teams Etiquette SH reminded members that the above is a running agenda item for new members and a reminder for existing members.	
2	**Welcome, Introductions, Apologies, Quoracy**	
CPAG 20/12 2	Apologies were noted from Robyn Dewis (Acting Director of Public Health, Derby City Council), Anne Hayes (Consultant in Public Health Derbyshire County Council), Helen Hill, Lara Raworth (Medical Directors Office Manager (UHDB), Jill Savoury (Assistant Chief Finance Officer, DDCCG), Niki Bridge (Deputy Chief Finance Officer (DDCCG) Dr Buk Dhadda GP Clinical Lead/Governing Body Member (DDCCG) Parminder Jutla Medicines Management and Clinical Policy Guidelines, Formulary and Policy Manager (DDCCG) Slakahan Dhadli Assistant Director of Medicines Management and Clinical Policies (DDCCG), Dr Ruth Gouch, GP Clinical Lead, DDCCG Meeting is quorate under the Interim Terms of Reference, with any relevant decisions made to be circulated to Public Health as agreed by the chair	AB
3	**Minutes and Key Messages from the last meeting**	
CPAG 20/12 3	Minutes were agreed as a true and accurate reflection of the meeting. **Action:** • Approved October minutes to be sent to CLCC for ratification	HM/AB HM

	• Upload ratified minutes to website	
4	**Matters Arising/Summary**	
CPAG 20/12 4	**4a. Functional Electrical Stimulation (FES) for Foot Drop of Neurological Origin Policy** This policy was previously discussed at CPAG in November where members agreed to share the revised policy with the East Midlands Affiliated Commissioning Committee (EMACC). EMACC has raised some minor queries which have been answered by HM As no significant changes have been made to the policy this was approved by CPAG. HM to send the amended policy to EMACC who will table at their next meeting CPAG agreed to a review date of 3 years dependant on any further outcomes from the EMACC meeting. **Actions:** • Submit to EQIA to panel • Send to CLCC for ratification • Send to EMACC • Add to Bulletin • Upload to Clinical Policies website once ratified by CLCC **4b. Not Commissioned Position Statements for Urology/Gynaecology /General Surgery & Ophthalmology** HM presented the paper asking CPAG to agree whether a position statement is required for the “do not do” interventions covering the specialities of Ophthalmology/Urology/Gynaecology & General Surgery. • Laser Treatment of Myopia - CPAG agreed a “do not do” position statement as alternative treatments which are equally, if not more effective are available in the form of glasses and contact lens • Reversal of Female Sterilisation - CPAG agreed a “do not do” position statement on the basis that this is considered to be a permanent method of contraception and reversal does not guarantee the return of a women’s fertility. In guidance to clinicians the Royal College of Obstetrics and Gynaecologists state that when gaining consent from a woman for a sterilisation procedure, the patients should be informed that reversal of sterilisation is not available on the NHS. (2016) • Reversal of male Sterilisation – CPAG agreed a “do not do” position statement on the basis that this is deemed to be a permanent method of contraception and success rates for the reversal procedure are not high as there is no guarantee that the patient’s fertility will return. • Anal Skin Tags - CPAG agreed to include Anal Skin Tags in the Benign Skin Lesion policy following comments received from Consultant colorectal surgeons at UHDB and CRH who felt that there was a small subgroup of patients with large tags that become inflamed and painful on a regular basis who should be treated and are	HM HM/AB HM AB HM

done a disservice by the existing policy. Following feedback from CPAG members, it was agreed that the following wording would be included in the policy under Recommendations; Skin tags including "including large anal skin tags which become inflamed and painful on a regular basis. HM to amend policy with new wording and circulate to members for agreement

Actions:

- "Do not do" position statements to be sent to CLCC for ratification — AB
- Benign Skin Lesion Policy to be circulated to CPAG members — AB
- Benign Skin Lesion Policy to be sent to CLCC for ratification — AB
- Add to Bulletin — AB
- Upload to Clinical Policies website once ratified by CLCC — HM

4c. Definition of "functional" to be included in cosmetic policies

At the November CPAG meeting HM was asked to bring back a list of cosmetic policies where the definition of "functional" would need to be included.

Definition - "The aim of surgery is to improve patient function relating to a diagnosed pathology which has been clinically defined as resulting from a tissue state which can be addressed through Plastic Surgery procedures"

The following cosmetic policies have functionality included as a criteria for treatment:

- Abdominoplasty
- Breast Reduction
- Scar Reduction
- Lipoma

CPAG agreed to add the statement to the above policies as a minor amendment and send to CLCC for ratification

Actions:

- Amend and add statement to existing policies — HM
- Send to CLCC for ratification as minor amendment — HM/AB
- Add to Bulletin — AB
- Upload to Clinical Policies website once ratified by CLCC — HM

4d Business Continuity Level 4 planning

TG provided the background to the above paper. CPAG are asked to discuss and agree how they will operate, on the anticipation of the organisation moving to Business Continuity Level four to support the CoViD vaccination roll out.

TG advised CPAG that since writing the paper the CCG have now moved to Business Continuity Level 4.

Recommendations:-

CPAG will continue to meet under the Interim Terms of reference

CPAG to approve the revised work plan including:

- Policy extensions
- NICE outputs
- Reporting for IFR to continue to align to CPAG
- Alterations to operating the CAS & Prior Approvals

CPAG agreed to the recommendations and will continue to meet monthly although there will be a reduced agenda. CPAG will continue to report to CLCC for ratification of policies. Policy extensions with stakeholder engagement.

4e. Ethical Decisions

TG provided the background to this paper which had previously been discussed at the November CPAG meeting and was sent to CLCC for a wider discussion. Unfortunately due to time constraints the paper was not discussed in full.

However, an update has been received from the Clinical and Professional Reference group and the purpose of the paper is to update CPAG on these discussions.

Key matters for consideration:-

- Minimum Standards and an Assurance Framework have been produced by the Quality Team to link in with the Planned care group regarding 'restoration and recovery' – See section Clinical Review and Risk Stratification section.
    - Timeframe, Accountability, Recording, Changing guidance, documentation, Communication etc.

CPAG noted the onus is on the clinician/ MDT to reassess the risk close to the point of intervention.

Recommendations:

- CPAG noted the update within the draft minimum standard assurance documents
- CPAG to inform the update of the guidance with clinical input. CPAG to note SD has already provided feedback to Laura Moore.
- As a result, CPAG to approve a time limited waiver is added to those PLCV procedures that require prior approval to accommodate

CPAG agreed in principle to the time limited waiver to be added to the relevant PLCV documents.

Although the draft minimum standard assurance documents is generic, SH requested a reference to PLCV be added and any age related policies that may be affected. TG to look at wording and will discuss with Laura Moore (LM).

TG to also confirm with LM the status of the document as this is currently in draft.

Paper to be added to the CPAG January agenda and will go to the February CLCC meeting.

	Action: • Link with planned care • Confirm the status of the document • Add principle re: PLCV • Add to January agenda	TG/ TG TG AB
5.	**Work plan/Action Tracker**	
CPAG 20/12 5	**Action Tracker** CPAG noted the Action Tracker.	
6.	**Bulletin**	
CPAG 20/12 6	The bulletin was approved by CPAG **Actions:** • Approved Bulletin to go to CLCC for ratification • Bulletin to be uploaded onto website once ratified by CLCC • Bulletin to be circulated to main providers and to Primary Care (via Membership Bulletin)	AB/HM HM AB
7.	**Clinical Policies Reviewed**	
CPAG 20/12 7	**7a. Toric Intraoccular Lens Implant** The IFR team has recently received a request for toric IOL implant for a patient with bilateral cataracts with high astigmatism. CPAG are asked if a position statement for the insertion of toric intraocular lens (IOL) implant for astigmatism is required CPAG agreed that as there is an IPG in place for this procedure which is covered by the CCGs IPG policy a position statement is not required.	
8.	**Governance Policies**	
	No updates	
9.	**Contracting and Blueteq queries**	
	No updates	
10.	**Individual Funding Request (IFR) – for information**	
CPAG 20/12 8	**10a Screening Feedback July** CPAG noted the screening information. **Action:** • Inform CLCC that CPAG has considered the IFR screening requests and no service developments have been identified. **2. IFR training attendees list** CPAG requested at the meeting in November a copy of the attendance list from the recent IFR training.	HM/AB

	Key matters for consideration: IFR Training - note that there are gaps in training – lack of engagement from Finance and clinical staff (Nursing and Quality) The lack of clinical staff could pose a potential risk as there is no deputy or back up for the clinical representative on the IFR panel. CPAG noted the gaps in clinical representation. SH confirmed he thought the panel was fit for purpose but asked for this to be raised with the Chair of the IFR panel. There is a concern that there is no sustainable clinical attendance or the capacity to fill gaps. HM agreed to add training feedback and panel representation concerns on to the IFR agenda for the meeting in January. It was noted a new chair for the panel was required when the current Chair retires. Andrew Middleton has shown some interest in taking over this role. **Actions:** • HM to add feedback from training onto the next IFR panel agenda • HM to speak to the Chair of the IFR panel regarding training gaps, robust panel membership –specifically to discuss sustainable clinical attendance (capacity / back-up). **3. Communication plan for the roll out of the IFR treatment Request Form.** Following the CPAG meeting in November it was agreed to bring back to the December meeting a communications plan for the roll out of the revised IFR treatment form. **Key matters for consideration** The Communication plan will be delivered in the following ways: - CPAG Bulletin - Clinical Policies Website - Inform contracting - Inform secondary care providers - e-RS manager to be informed to include in practice newsletter CPAG agreed the proposed communication plan: HM to action. **Action:** • HM to action the communication plan.	HM HM HM
11.	**East Midlands Affiliated Commissioning Committee (EMACC)**	
CPAG	No updates	
12.	**CLCC updates**	
CPAG 20/12	Papers submitted to November CLCC noted below: • Not Routinely Commissioned Cosmetic Procedures	

9	• Position statement - Commissioned with Restrictions Cosmetic Procedures
	• Position statement - Cosmetic Procedures for Gender Dysphoria
	• Orthopaedic "do not do" statements
	  ○ Autologous Chondrocyte Implants - Remove
	  ○ Hip Arthroscopy
	  ○ Knee Diagnostic Arthroscopy
	  ○ Should Resurfacing Arthroscopy - Remove
	  ○ Facet Joint Injections
	  ○ Therapeutic Use of Ultrasound in Hip and Knee Osteoarthritis
	• Breast Implant Revision or Removal Policy
	• CPAG ToR (full and Interim)
	• Clinical Policy Specification for 21/22
	• IFR SOP
	• IFR Treatment Request form
	• Policy for Experimental and Unproven Treatments
	
	SH confirmed the Ethical paper had not been discussed and was deferred to the meeting in February.
	
	AB to table the paper for January CPAG.
		AB

13.	**IPG updates since last meeting**	
CPAG 20/130	**13a. IPGs, MTGs, DGs and MIBs** CPAG noted the NICE IPG, DTG and MTGs updated in October 2020 **Action:** - Send IPG, MTG, DG and MIB updates to the Finance Team, Planned Care Team and to the Contracting Team. - Inform CLCC that CPAG have considered and no service development is required	AB AB/HM
14.	**Business Cases**	
CPAG	No update this month	
15.	**QIPP Pipeline**	
CPAG	No update this month	
16.	**Key messages for CLCC**	
CPAG 20/131	Key messages to go to CLCC: • CPAG November minutes • CPAG November bulletin • Functional Electrical Stimulation - Policy • Not routinely commissioned position statement for Laser treatment for Myopia • Not routinely commissioned position statement for reversal of female sterilisation • Not routinely commissioned position statement for reversal of male sterilisation • Benign Skin lesions policy minor update to include Anal Skin Tags • Minor update – definition of " functional" to be added to relevant cosmetic policies	AB/HM
17.	**For information**	
CPAG	No update this month	
18.	**Any other Business**	

	None	

Date of Next meetings

Thursday 21st January 2021 - 09.30 – 12.00 – Via MS Teams
Thursday 18th February 2021 - 09.30 – 12.00 – Via MS Teams
Thursday 18th March 2021 - 09.30 – 12.00 – Via MS Teams
Thursday 15th April 2021 - 09.30 – 12.00 Via MS Teams
Thursday 20th May 2021 - 09.30 – 12.00 Via MS Teams
Thursday 17th June 2021 - 09.30 – 12.00 Via MS Teams
Thursday 15th July 2021 - 09.30 – 12.00 Via MS Teams
Thursday 19th August 2021 - 09.30 – 12.00 Via MS Teams
Thursday 16th September 2021 - 09.30 – 12.00 Via MS Teams
Thursday 21st October 2021 - 09.30 – 12.00 Via MS Teams
Thursday 18th November 2021 - 09.30 – 12.00 Via MS Teams
Thursday 16th December 2021 - 09.30 – 12.00 Via MS Teams
All papers to be sent by 12 noon the week prior please