NHS
Derby and Derbyshire
Clinical Commissioning Group

Clinical Policy Advisory Group

Thursday 15th October 2020
Microsoft Teams
CONFIRMED

Present Virtually via Teleconference	Initial	Title
Steve Hulme	SH	Director of Medicines Management & Clinical Policies (DDCCG)
Dr Ruth Gouch	RG	GP Clinical Lead, DDCCG (Chair)
Slakahan Dhadli	SD	Assistant Director of Medicines Management and Clinical Policies (DDCCG)
Dr Buk Dhadda	BD	GP Clinical Lead/Governing Body Member (DDCCG)
Helen Moss	HM	Individual Decisions and Project Manager
Tom Goodwin	TG	Head of Medicines Management and Clinical Policies and Decisions (DDCCG)
Adam Reynolds	AR	Head of Contract Management (Acute) (DDCCG)
Katerina Konstantinidi	KK	F2 (Deputy for Anne Hayes)
Niki Bridge	NB	Deputy Chief Finance Officer (DDCCG)

Ref:	Item	Action
1	**Declaration of Interest (DOI)**	
CPAG /20/96	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. Members were asked to note that the meeting is being recorded for the purpose of minute taking. It was also noted that meeting notes are subject to the Freedom of Information Act as are the comments in the chat boxes but the recording will be deleted once notes have been completed.	
2	**Welcome, Introductions, Apologies, Quoracy**	
CPAG /20/97	Apologies were noted from Robyn Dewis (Acting Director of Public Health, Derby City Council), Anne Hayes (Consultant in Public Health Derbyshire County Council), Amanda Bradley (IFR Decision and Project Officer DDCCG), Parminder Jutla (Medicines Management and Clinical Policy Guidelines, Formulary and Policy Manager (DDCCG) Carolyn Emslie (GP & Prescribing Lead (DDCCG) , Helen Wilson (Deputy Director of Contracting and Performance (DDCCG). TG confirmed that the meeting was quorate under the Interim TOR although any significant decisions could be deferred if necessary or agreed virtually.	

3	**Minutes and Key Messages from the last meeting**	
	Minutes agreed as a true record of the meeting. **Action:** • Send the approved September minutes to CLCC for ratification • Upload ratified minutes to website	HM/AB PJ
4	**Matters Arising/Summary**	
CPAG /20/98	**4a. Nomination for chair and vice chair for CPAG** As CPAG are currently working under the interim TOR, the preferred option is to defer this decision until DDCCG are running at business continuity level 2 and CPAG reverts to the original TOR SH will continue to chair meeting with Niki Bridge as Vice Chair. **Action:** • AB to add to action tracker – review maximum of 12 months	AB
	4b. Not Commissioned positon statements HM presented a paper for Not Commissioned position statements for "Cosmetic procedures" for CPAG to approve. **Background** A decision was made at CPAG in July to undertake a review of the "Not routinely commissioned" policies on the clinical Policies website as currently they are not subject to any review and to also provide additional governance and assurance including : - How was the decision made - Evidence base - Who made the decision **Recommendations** • To agree position statement for procedures which are not "not routinely commissioned" • Agree position statement for procedures which have a restriction e.g. funded if part of breast reconstructive surgery or post trauma • Align with the East Midlands Policy and make reference to "congenital abnormality" and "iatrogenic treatments" • Remove reference to "Procedures related to gender reassignment not included in the original package of care" as this does not fit with the "do not do" cosmetic procedures and bring back separate position statement to CPAG meeting in November for agreement • Produce separate policy for "facelifts" and bring back to CPAG meeting in November for agreement CPAG discussed the need to be clear on how decisions were made previously and SD queried if the East Midlands Commissioning Policy 2014 document was still available. HM confirmed document was still current CPAG agreed the following actions:	

	• Add “congenital abnormalities and “iatrogenic treatments” to the position statement for cosmetic procedures with restrictions to align to the East Midlands Cosmetic Policy • Add Face lifts to the position statement for cosmetic procedures with restrictions • Produce separate statement for “procedures related to gender reassignment not included in the original package of care” • Amend position statements and return to November meetings for approval	HM HM HM HM
	4c. Evidence Based Interventions 2 update TG presented an update on the EBI programme. The independent Expert Advisory Committee to the Evidence-Based Interventions Programme has recently published the draft Evidence-Based Interventions Engagement document. CPAG discussed the outputs from the Post Engagement Webinar held on 22/09/20 attended by PJ, SD & TG. The webinar provided some additional background to the EBI programme. CPAG noted that within the draft document there were outstanding issues surrounding key areas such as; coding, inclusion and exclusion criteria and requests to incorporate new evidence that were still to be resolved **Actions:** • Areas where no DDCCG policy to return to CPAG with the following additional information: • Detail of proposed restriction required & cross reference to DDCCG policy where appropriate • Provider feedback to be sought as to compliant/ not compliant / reservation on chosen area • Engage with clinicians at UHDB and CRH **4d. PLCV/CAS Short Life Working Group** TG presented the above paper to CPAG members. CPAG are asked to note the following:- • Barriers to implementation • Allocate a senior leader to own this business change as a priority • Review the membership of the SLWG to ensure sufficient stakeholder engagement at the required level. • Review and approve the Project Initiation Document once agreed by the SLWG SH was unsure of the role of CPAG as the purpose of the group is to review policies and this is a commissioning and contracting function. Although CPAG had previously discussed whether the cosmetics RAS would be best	PJ PJ PJ PJ

	aligned to the provider CPAG agreed that there was a need to quantify whether the CAS provided any added benefit and if not whether the service could be decommissioned. If this was a viable option activity would still need to be monitored using the challenge process. It was also noted by contracting that as the CCG is moving away from PbR to block contracting, this would make our providers more accountable for the activity they undertake. AR confirmed that the deadline to add to the commissioning intentions for 21/22 was September although the CCG could still work with the Trust to mutually agree any changes. CPAG agreed that the following questions needed to be answered and raised at the next meeting of the SLWG:- **Actions:** • Ask consultants at UHDB, if the CAS was not in place would they go still ahead and provide treatment for patients who are referred Of the 137 referrals which had been rejected by the CAS, review a random sample and find out the reasons for refusing.	HM HM
5.	**Workplan/Action Tracker**	
CPAG /20/99	**Action Tracker** CPAG noted actions on Tracker	
6.	**Bulletin**	
CPAG /20/100	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 PJ AB
7.	**Clinical Policies Reviewed**	
CPAG /20/101	**7a. Breast prosthesis (implant) revision/replacement** TG presented the above paper to CPAG members. The policy has been re-worded and reformatted to reflect the new organisation's clinical policy format. This includes the addition of background information, rationale for recommendation, useful resources, references, consultation and document version control. **Recommendations:** • Include 'correction of breast asymmetry', which is relevant as the procedure can involve the insertion of implants which will eventually need replacing • Inclusion of statement 'DDCCG will not commission the replacement of privately funded breast implants', in line with the DDCCG Breast prosthesis (implant) removal Policy. Statement more relevant to this policy • Removal of the criteria ' The removal of the implant is in accordance with this policy' – adds no value to policy	

	As no comments were received, CPAG approved the policy. **Action:** • Paper to go to CLCC for ratification • Upload onto Clinical Policies Website once ratified • Add to Bulletin **7b. Blepharoplasty Policy** TG presented the above paper to CPAG members. The Policy has come up for review. The policy has been re-worded and reformatted to reflect the new organisation's clinical policy format. This includes the addition of background information, rationale for recommendation, useful resources, references, consultation and document version control It was noted that no feedback had been received from CRH and therefore the assumption had been made that they are in agreement with the policy. CPAG were asked to approve the following recommendations: - • Entropion/ectropion criteria to remain within the policy • Acknowledge that we are unable to find the evidence base to support the definition of visual impairment • To also acknowledge that we have not received any challenges around this criteria CPAG approved the above recommendations. **Action:** • Paper to go to CLCC for ratification • Upload onto Clinical Policies Website once ratified. • Add to Bulletin **7c. Hypnotherapy** HM presented a paper to CPAG for consideration and agreement of a position statement for the use of Hypnotherapy as a stand-alone treatment option. It was noted that a small number of IFR requests had been received for the use of Hypnotherapy for IBS which had been rejected on the basis that it represented a service development. SH queried if there had been any come back from the provider. HM confirmed no issues had been raised. CPAG agreed to approve position statement for Hypnotherapy **Action:** • Paper to go to CLCC for ratification • Upload onto Clinical Policies Website once ratified. • Add to Bulletin	 AB/HM PJ AB AB/HM PJ AB HM/AB PJAB AB

8.	Governance Policies	

CPAG /20/102	**8a. Consultant to Consultant policy**
	
	TG presented the paper to CPAG following issues raised by the LMC at the Primary and Secondary Care Clinical Transformation Group meeting.
	
	During CoViD there are now different ways of working within consultant triage and the "choose but not book" pilot at CRH to avoid wasting GP time by needlessly referring back to the referring clinician the group had asked if the policy could be revisited.
	
	The following wording was agreed with the LMC
	
	Conditions that are related to the presenting problems e.g.
	• Where there is an established pathway e.g. gastroenterology to GI surgery
	  ○ Where the referral letter does not suggest that the GP would have reason to object
	  AND
	  ○ Greater holistic knowledge of the patient that the GP may have is not required
	
	SH queried whether the 'choose not book pilot' at CRH, was also being undertaken at UHDB. TG/HM confirmed they were due to meet with Hal Spencer the Medical Director at CRH to discuss this process. BD asked if TG/HM could ask CRH the adherence rates to the current policy.
	
	CPAG approved the additional inclusion criteria as a minor amendment.
	
	Action:
	
	• Paper to go to CLCC for ratification
	• Upload onto Clinical Policies Website once ratified.
	• Add to Bulletin
	
	8b. Validation of Referrals Position Statement
	
	TG presented this paper which is based on a FOI request regarding DDCCG's approach to patient eligibility for assisted conception services, in cases where delays related to the COVID have/may result in patients exceeding the age limit for accessing the service
	
	Contracting has confirmed that there is no mention within the contracts /documentation or any national guidance.
	
	It is proposed that if it is proven that at the time of initial referral and assessment that the patient meets the eligibility criteria then that should also be the criteria at the point of treatment with the with the caveat of age. The clinician would have to inform the patients that the success rate may not be as high and this has been agreed due to COVID.
	
	The clinician would be required to risk assess (safety and efficacy) as services are brought back online and to prioritise.
	
	Recommendations
		HM/AB
		PJ
		AB

	• Clarify that as there is no national direction the CCGs position is that the Clinician is to risk assess (safety and efficacy) as services are brought back online and to prioritise • Approve the proposed position statement – or alternative wording agreed by CPAG members if required • Submit to CLCC for ratification Members discussed the issues regarding IVF age related treatment in terms of success and the medico legal position. SD queried if this had been raised at a national level or whether any guidance had been issued by NHSE as other CCGs across the country would also be affected. It would be useful to obtain an Executive view on this issue as this could have wider implications for other CCG policies i.e. BMI restrictions. CPAG agreed that a discussion paper should go to CLCC to gain a wider opinion. Before going to CLCC Steve Lloyd and Zara Jones should have sight of the paper. **Action:** • TG to draft discussion paper for CLCC • Paper to be sent to Steve Lloyd and Zara Jones prior to CLCC.	TG SD/TG
9.	**Contracting and Blueteq queries**	
CPAG	No update.	
10.	**Individual Funding Request (IFR) – for information**	
CPAG /20/103	**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. **10b. IFR training - CPAG20/59** Confirmed date for training is 17th November 2020. 22 responses have been received to date. SH asked if Invites had been sent to CPAG members. **Action:** • HB to send out invitations to CPAG members. **10c. IFR Policy (Treatment Request Form update) & SOP** HM presented a paper asking CPAG to agree the Standard Operating Procedure (SOP) document and Treatment Request form which has been aligned with the NHSE document. CPAG requested that the SOP and treatment request form is shared with Ian Gibbard, Chair of the IFR panel prior to consideration at CPAG. **Action:** • Document to be shared with IG for comments	HM/AB HB HM

	• AB to add to November agenda	AB
11.	**East Midlands Affiliated Commissioning Committee (EMACC)**	
CPAG	No updates	
12.	**CLCC updates**	
CPAG /20/104	Papers submitted to October CLCC noted: • Hydroxychloroquine update • Outline Business case for streamlining of the Cosmetic Referral Assessment Service (RAS) and the PLCV Prior Approval (electronic Referral Service e-RS) process • Risk log for PLCV and Cosmetic RAS • August CPAG Minutes • August CPAG Bulletin • Areas of Service Development • CPAG July Minutes • CPAG July Bulletin Updated policies submitted to October CLCC for ratification: • Brow lift	
13.	**IPG updates since last meeting**	
CPAG /20/105	**13a. IPGs, MTGs, DGs and MIBs** CPAG noted the NICE IPG, DTG and MTGs updated in August 2020 Currently awaiting the final position to be confirmed of the Funding Mandate from the standard NHS contract for 20/21 and the effect this will have **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 /20/106	Key messages to go to CLCC: • Breast prosthesis (implant) revision/replacement • Blepharoplasty • Hypnotherapy • Consultant 2 Consultant • September CPAG minutes • September Bulletin • Validation of Referrals Position Statement – discussion document • Statement on Service development for NICE Outputs and IFRs • Update on CAS – risk to CLCC	
17.	**For information**	

CPAG	No update this month	
18.	**Any other Business**	
CPAG /20/107	None noted	

Date of Next meetings

Thursday 19th November 2020 09.30 – 12.00 – Via MS Teams
Thursday 17th December 2020 09.30 – 12.00 – Via MS Teams
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