NHS
Derby and Derbyshire
Clinical Commissioning Group

Clinical Policy Advisory Group

Thursday 17th September 2020
Microsoft Teams
CONFIRMED

Present Virtually via Teleconference	Initial	Title
Dr Ruth Gouch	RG	GP Clinical Lead, DDCCG (Chair)
Dr Carolyn Emslie	CE	GP & Prescribing Lead (DDCCG)
Slakahan Dhadli	SD	Assistant Director of Medicines Management and Clinical Policies (DDCCG)
Parminder Jutla	PJ	Medicines Management and Clinical Policy Guidelines, Formulary and Policy Manager
Amanda Bradley	AB	Commissioning Support Manager (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)
Helen Wilson	HW	Deputy Director of Contracting and Performance (DDCCG)
Neil Taylor	NT	Information Manager

Ref:	Item	Action
1	**Declaration of Interest (DOI)**	
CPAG 20/85	RG reminded committee members of their obligation to declare any interest they may have 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.	
2	**Welcome, Introductions, Apologies, Quoracy**	
CPAG 20/86	Apologies were noted from Steve Hulme, Director of Medicines Management & Clinical Policies (DDCCG), Robyn Dewis (Acting Director of Public Health, Derby City Council), Lisa Howlett (Head of Quality Governance, CRHFT), Anne Hayes (Consultant in Public Health Derbyshire County Council), Niki Bridge (Deputy Chief Finance Officer DDCCG), Chris Howlett Acute Contract Manager DDCCG), Siobhan Foxon (Assistant Director of Planned Care & Cancer DDCCG), Jill Savoury (Assistant Chief Finance Officer, DDCCG), Lara Raworth (Medical Directors Office Manager (UHDB) RG asked if members had any objections to the meeting being recorded for the purpose of minute taking, none were noted. SD reminded members that if they were unable to attend a meeting they would need to send a deputy. **Action:** - Core members to be reminded to send a deputy if unable to attend	AB

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3	**Minutes and Key Messages from the last meeting**	
CPAG 20/87	Minutes agreed as a true record of the meeting. **Action:** • Send the approved August minutes to CLCC for ratification • Upload ratified minutes to website	HM PJ
4	**Matters Arising/Summary**	
CPAG 20/88	**4a. PLCV/CAS risk and risk management – Output from July CLCC** TG presented a series of papers in response to the outputs from July's **CLCC meeting** **4aai. Briefing to the Primary Care Leadership Group** TG presented a briefing document for the primary care leadership group. The paper summarised the following: - The principles on which CPAG and CLCC had agreed to proceed - The agreed actions and the planned change - The stakeholder involvement - Alignment to the Governing Body Assurance Framework No comments were made by CPAG members regarding the paper. Paper approved. **Action:** - Submit paper to the primary care leadership group **4ab. Risk Log** TG presented to CPAG for approval at the request of CLCC. The purpose of the paper is to articulate and score the risk from the agreed planned changes. **Background** **CLCC identified the following risks and asked that they be added to the organisations risk register** 1. Increase in volume of PLCV and CAS activity from altering the current process 2. A potential widening of the health inequality from altering process. CPAG were asked to agree the wording on the risk form and the proposed scoring, and to submit to the Risk group for inclusion in the CCG Risk Register. TG provided, within the papers under additional actions the rationale behind the scoring. BD queried if there was a governance process in place to ensure that Joined up Care Derbyshire are aware of the 1% financial impact on the CAS/PLCV at a system level. TG confirmed that the Quality and Equality Impact assessments had been completed system wide.	TG

	HW joined the meeting HW confirmed that as finances had already been agreed for the remainder of the year with the Trusts there would be no financial risk as there will be no increase depending on activity. Contacting also anticipate that we will be agreeing block contracts for next year so any financial risk would not be applicable. SD informed members that there is a proposal to set up a short life working group which has been discussed and agreed with Steve Lloyd (Medical Director). Part of this groups remit would be to establish mitigations for the risks and tolerances / escalations for reporting to CCG /Joined up Care Derbyshire. SD confirmed that TG has put together some timelines for a short life working group as there will be other issues that will need to be picked up i.e. Human Resources. The risk paper was approved **Actions:** • Include mitigations of short life working group and issues about block contracting in paper • Submit to the Risk group for inclusion in the CCG Risk register • Submit to CLCC for noting **4ac. Outline Business Case PLCV & CAS** TG presented the outline business case for CPAG to approve. **Background** The Clinical Policies Advisory Group (CPAG and CLCC have previously agreed a set of principles at the July and August 2020 meetings) TG informed CPAG members of the key matters for consideration. The outline business case contains additional information related to proposed timelines, accountability and Responsibility, Gateways and check points (governance). SD commented that it was important that the Short Life Working Group (SLWG) is short term and that this business decision is transacted ahead of the next financial year in case there is anything we need to put into the contract about how services are run. This would need to be incorporated as soon as possible. TG confirmed a meeting has been scheduled for with stakeholders for next week. CPAG approved the Outline Business Case **Actions:** • Align accountability to the senior responsibly officer (Medical Director) and responsibility to transact the business decision to the short life working group. • CPAG assured appropriate governance is in place to manage including high level gateway / check points • Approved the formation of a SLWG to transact (HR, Finance, Contracting Planned Care etc.) • Submit to CLCC for assurance	TG TG HM TG/ HM TG / HM HM

	CE joined the meeting. **4b. Arthroscopic Knee Washout for Patients with Osteoarthritis Policy** Policy was discussed at the last CPAG meeting following on from feedback received from Barlborough. The lead Orthopaedic Surgeon suggested that another policy should be developed for those knees which have minor wear and tear and have definite, symptomatic, MRI confirmed meniscal pathology. In these patients, arthroscopy should be funded even in cases when there is no locking present. The attached publication could serve as a basis of this policy'. However, the supporting paper submitted is based on clinician consensus and does not include arthroscopic knee washout/lavage as a recommended treatment option. PJ explained that the policy is in line with national guidance with the exception of the statement 'This includes osteoarthritis with a meniscal tear'. The inclusion of the meniscal tear statement was a late addition to the policy in response to the Prior Approval (PA) Team receiving several PA requests for arthroscopic knee washout for patients with osteoarthritis and with meniscal tears but with no knee locking. Policy explains rationale behind recommendations and the appropriate next steps for management, where there is no knee locking. CPAG Members discussed the issue and concluded that this had been discussed previously and further clarification was not required. CPAG agreed the following: • The policy criteria and wording was aligned to national guidance and further clarification was not needed. • Based on the policy wording and the feedback received, the issues being experienced are operational and based on the implementation aspect rather than direct issues with the policy. • Planned Care to review the operational issues **Actions** • Feedback to Barlborough • Feedback to Bernadette O'Donnell. **4c. EBI Contracting** Paper has been brought to CPAG to clarify the CCG's commissioning intentions with regard to EBI and the National contract. The CCG Contracting team have provided the following advice on the applicability of the EBI Programme. Adherence to the EBI programme is mandated by the NHS Standard Contract for all acute providers and commissioners. CPAG is aligned to some of the recommendations within the National EBI publication but there is also some local variation either by mutual agreement with providers and/or CPAG has undertaken its own literature review specific to some clinical criteria.	PJ PJ

CPAG members discussed the following options:

Option 1. Adopt National criteria
Option 2. Maintain the local position and acknowledge the risk to the organisation

BD asked if a hybrid version of having the majority of our policies aligned with EBI but having some local agreements is possible, or does option 1 allow for some flexibility with regards to some local agreement and could we keep the more restricted ones under as part of Option 1.

SD commented there had been a similar approach at JAPC when going contrary to national guidance and that there are two sides to the issue. One side would be that every clinician would need to agree across the sites but all it would take is just one clinician to disagree and this would override the contract. The work around for this would be that there would need to be a consensus of opinion from clinicians and the buy in of the lead clinician at each Trust would be key to this. This has been achieved by the Drugs and Therapeutic Committees at each Trust. SD stated that we need to be mindful of this document if a challenge is received from the Trust.

CPAG agreed option 2 to maintain the current position, with local variations, unless challenged contractually by one of the providers.

HW confirmed that contracting are in agreement with this approach and it aligns with the interpretation of the contact locally. The detail within the contract only comes in to question when the relationships with providers break down. If this was the case and a contractual dispute was raised then we would revert to the terms of the National contract.

4d. Comparison of Clinical Policies/Position Statements Against New EBI Interventions

CPAG previously agreed to work through the 31 EBI interventions listed in order to decide:

1. Where we already have a DDCCG policy in place for an intervention but there is variation in criteria:
2. Where there is no policy/position statement in place, CPAG to discuss whether having a new policy/position statement in place will add any value.
3. Where it is agreed that an intervention does not require a policy CPAG to consider how this will be implemented (eg through Contracting, Finance, NECS, BI)

CPAG noted that the current EBI Engagement document that we are working from is under consultation. Therefore it is possible that there will be variation in the final EBI Engagement document that is yet to be published. Date of publication TBC.

Paper 4dii provides members with a breakdown of EBI Interventions with DDCCG Clinical Policies and Position Statements.

HW confirmed that Contracting were in agreement with this and confirmed that it can be added into the contract under the local policies section. HW suggested that it would be useful to add where the variation had been agreed and by whom.

SD confirmed that a document will be produced listing the current EBI procedures & policies including where there is a local variation which can then be incorporated into the contract.

	CPAG agreed to arrange a meeting with the Clinical Policies Team to work through the list. Action Clinical policies team to set up a virtual working group to work through each intervention listed within the EBI engagement document. **4e. EBI dashboard** *NT joined the meeting*. NT presented the EBI activity data from 17/18 to 18/19. CPAG noted the reduction in the rate of category 1 from baseline in 2017/2018 and Category 2 intervention rates have reduced but remains above the goal set by NHS England. SD commented that CPAG's remit is not to performance manage but to review policies if an issue is identified. SD queried with NT if this is something that is regularly monitored through NECS or other performance indicators as there should be a trigger back to CPAG if certain policies were felt to be misaligned to the national direction. HW informed the group that there was limited value of monitoring at this time as Trusts have ceased elective surgery since March due to COVID-19. HW confirmed that it is the responsibility of Contracting to monitor the achievement against this and the EBI challenges are done as part of the PLCV challenges and therefore are monitored through this process. SD queried with NT if he was aware of other EBI interventions in the draft EBI document as SD was aware of some of the coding issues associated. NT stated within the local BI team they hadn't looked into what is in the EBI dashboard until recently and were not aware if colleagues in NECS would have a better understanding. HW explained that she was unaware of the request of the paper. TG explained that the request to see EBI activity data had been previously been raised by SH at the August CPAG meeting. HW clarified that the process for requesting information from BI should be via Contracting with sign off by Deputy/Director level prior to CPAG. *NT left the meeting.* **4f. Hydroxychloroquine Update - CPAG/20/25** RD, due to COVID pressures, has been unable to provide an update. PJ has subsequently contacted Clare Burgess (Senior Commissioning Officer) who is involved in the project and has confirmed that this work has been put on hold. PJ also confirmed with Martin Shepherd (CRH) and Dominic Moore (UHDB) that they are not aware of any changes to practice. CPAG noted the update. **Action:**	HM

	• Submit update to CLCC	
5.	**Workplan/Action Tracker**	
CPAG 20/88	**Action Tracker** CPAG noted actions on Tracker **Actions:** • EMACC Work plan CPAG/20/47 – CPAG agreed to review once at Business Continuity level 2 • Implementation of Blueteq at Burton Site - CPAG20/22 – HW agreed to pick this up with the provider.	HW
6.	**Bulletin**	
CPAG 20/89	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)	HM PJ AB
7.	**Clinical Policies Reviewed**	
CPAG 20/90	**7a. Brow Lift** The policy has come up for review. The policy has been reworded and reformatted to reflect the new organisations clinical policy format. CRH have not responded to the CCG's request for feedback related to the policy. Therefore the assumption has been made that Miss Stafanous is in agreement with the policy as it stands. UHDB have responded and have no comments to make. The CPD team were unable to find substantial robust evidence that has been published since the policy was last reviewed and ratified in September 2018 to support a change in criteria. CPAG agreed for the policy criteria to remain unchanged based on: • UHDB and CRH clinicians being in agreement with the policy • No update to BAPRAS guidance since the policy was last reviewed and ratified in September 2018 • Unable to find substantial robust evidence that has been published since the policy was last ratified to support a change in criteria. This is mainly due there being: **Action:** • Paper to go to CLCC for ratification • Upload onto Clinical Policies Website once ratified	HM PJ
8.	**Governance Policies**	
CPAG 20/91	**8a. Restoration and recovery plan (deferred from Aug CPAG)** HW informed members that DDCCG is currently in the process of submitting phase 3 Recovery Plan. The final version will be submitted 21st September 2020. This details how	

	the Derbyshire system will recover activity to meet national mandated targets, the national mandated targets are largely around elective activity, requirement is to recovery 80% in October and 90% in November and outpatient 100% by November.	
9.	**Contracting and Blueteq queries**	
CPAG	No update.	
10.	**Individual Funding Request (IFR) – for information**	
CPAG 20/92	**10a Screening Feedback July** CPAG noted the screening information. **Action:** Inform CLCC that CPAG have considered and no service development is required **10b. IFR training - CPAG20/59** HM confirmed that the IFR team is currently exploring the possibility of a November 2020 training date with the provider. CPAG agreed that a date for training is to be agreed asap as existing members of the panel require upskilling and there are a number of new panel new members who have yet to receive any training. This could potentially result in a shortage of trained members available to attend panel meetings in the future.	HM
11.	**East Midlands Affiliated Commissioning Committee (EMACC)**	
CPAG	No updates	
12.	**CLCC updates**	
CPAG 20/93	It was noted that CLCC accepted all of the papers and updated policies that had been submitted	
13.	**IPG updates since last meeting**	
CPAG 20/94	**13a. IPGs, MTGs, DGs and MIBs** CPAG noted the NICE IPG, DTG and MTGs updated in August 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 HM
14.	**Business Cases**	
CPAG	No update this month	
15.	**QIPP Pipeline**	
CPAG	No update this month	
16.	**Key messages for CLCC**	

CPAG /20/95	Key messages to go to CLCC: • CPAG August 2020 Minutes • CPAG August 2020 Bulletin • Risk Log – PLCV and CAS • Outline Business case for PLCV & CAS • Brow Lift Policy • Update on Hydroxychloroquine • IFR and NICE outputs	HM
17.	**For information**	
CPAG	No update this month	
18.	**Any other Business**	
	None noted	

Date of Next meetings

Thursday 15th October 2020 ~~Room 2, Cardinal Square~~ - 09.30 – 12.00 – Via MS Teams
Thursday 19th November 2020 ~~Room 2, Cardinal Square~~ - 09.30 – 12.00 – Via MS Teams
Thursday 17th December 2020 ~~Room 2, Cardinal Square~~ - 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 Venue to be confirmed
Thursday 20th May 2021 - 09.30 – 12.00 Venue to be confirmed
Thursday 17th June 2021 - 09.30 – 12.00 Venue to be confirmed
Thursday 15th July 2021 - 09.30 – 12.00 Venue to be confirmed
Thursday 19th August 2021 - 09.30 – 12.00 Venue to be confirmed
Thursday 16th September 2021 - 09.30 – 12.00 Venue to be confirmed
Thursday 21st October 2021 - 09.30 – 12.00 Venue to be confirmed
Thursday 18th November 2021 - 09.30 – 12.00 Venue to be confirmed
Thursday 16th December 2021 - 09.30 – 12.00 Venue to be confirmed
All papers to be sent by 12 noon the week prior please