

Clinical Policy Advisory Group (CPAG)

MINUTES OF THE CLINICAL POLICY ADVISORY GROUP (CPAG) MEETING
HELD ON THURSDAY 7TH MARCH 2024 AT 9:30AM
VIA MICROSOFT TEAMS

CONFIRMED MINUTES

Present:		
Derby and Derbyshire ICB (DDICB)		
Steve Hulme	SH	Director of Medicines Management & Clinical Policies (Chair)
Dr Jonathan Burton	JB	GP Prescribing and Clinical Policy Lead
Dr Buk Dhadha	BD	GP
Slakahen Dhadli	SD	Assistant Director of Medicines Management and Clinical Policies
Tom Goodwin	TG	Head of Medicines Management and Clinical Policies and Decisions
Helen Moss	HM	Individual Decisions & Project Manager
Claire Warner	CWa	Senior Public Equality and Diversity Manager
Derby City Council		
Allan Reid	AR	Consultant in Public Health
Derbyshire County Council		
Simon Harvey	SHa	Consultant in Public Health
Chesterfield Royal Hospital NHS Foundation Trust (CRHFT)		
Derby and Derbyshire Local Medical Committee (DDLMC)		
Ben Milton	BM	GP and Medical Director
In Attendance:		
Kate Rogers	KR	Individual Decisions and Projects Officer (DDICB) (Minutes)
Apologies:		
Craig West	CW	Acting Associate Chief Finance Officer (DDICB)
Lara McKean	LM	Senior Pharmacy Technician (DDICB)

Ref:	Item	Action
1	<p>Welcome, Introductions and Apologies</p> <p>Apologies were noted from Craig West, Acting Associate Chief Finance Officer (DDICB) and Lara McKean, Senior Pharmacy Technician (DDICB).</p> <ul style="list-style-type: none"> AR gave a verbal update for agenda item 'Assisted Fertility Policy Review for East Midlands ICBs' which was brought forward to be tabled at the start of the meeting, see item 8a in the minutes. AR left the meeting at 9.50am. <p><u>Confirmation of Quoracy</u> CPAG was quorate under the Terms of Reference.</p> <p>The Chair welcomed Mr Simon Harvey, Consultant in Public Health for Derbyshire County Council. Simon has taken over as CPAG Public Health representative from Mr Thom Dunn, Assistant Director of Public Health, Derbyshire County Council. Thom was thanked by the Chair on behalf of CPAG and the Clinical Policies team for his hard work and contributions.</p>	

2	Declarations of Interest	
	<p>SH referred to the Register of Interest and the Declaration of Interest Checklist which all committee members should be acquainted with.</p> <p>SH 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 ICB.</p> <p>Declarations declared by members of the Clinical Policy Advisory Group (CPAG) are listed in the ICB's Register of Interests and included with the meeting papers. The Register is also available either via the Executive Assistant to the Board or the ICB website.</p> <p><u>Declarations of interest for today's meeting</u> No declarations of interest were made.</p>	
3	Minutes and Key Messages from the Last Meeting	
	<p>SH confirmed that no minutes were available for the previous meeting, as papers were circulated and agreed by email, with the CPAG Bulletin replacing the formal minutes.</p>	
4	Bulletin	
CPAG 24/13	<p>The February 2024 Bulletin was noted and approved by CPAG.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Approved Bulletin to be tabled at PHSCC for information • Bulletin to be uploaded to Clinical Policies website • Bulletin to be circulated to main providers, Derbyshire Primary Care Networks (PCNs) Clinical Directors, and to Primary Care (via Membership Bulletin). 	HM KR KR
5	Work Plan/Action Tracker	
CPAG 24/14	<p><u>5a. CPAG Actions and Decisions Log</u></p> <p>CPAG noted the Actions and Decisions Log.</p> <p><u>5ai. CPAG Workplan</u></p> <p>CPAG noted the progress to date and items pending review on the workplan.</p>	
6	Matters Arising/Summary	
CPAG 24/15	<p><u>6a. Evidence Based Interventions Release 4 (Urology) – Review Process</u></p> <p>TG advised that the purpose of the paper is to inform CPAG of the process for reviewing and assuring system alignment to the Evidence Based Interventions (EBI) 4 Guidance, published January 2024.</p> <p>The Evidence-Based Interventions (EBI) Programme, now in its fourth phase, began in 2018. It's aims then, as it is now, is to capture that evolution and to ensure healthcare providers focus only on interventions which we know to be effective, based on the best available medical evidence.</p> <p>The EBI List 4 Document focuses on urology and sets out 3 interventions. All 3 interventions are included in an Overarching Position Statement for EBI4.</p>	

<p>CPAG 24/16</p>	<p>A stakeholder engagement exercise was undertaken for all interventions to assure system alignment. Stakeholder feedback received in regard to a nuance in the clinical decision making where a clinician may choose not to give mitomycin based on the appearance of the disease in the bladder. These comments and references have been raised directly with the National Institute for Health and Care Excellence (NICE) and Academy of Medical Royal Colleges (AOMRC) and are awaiting a response. CPAG were assured the intervention forms part of a pathway, as such clinicians do not have to rigidly adhere and there may be occasions of variation as part of a shared decision making framework.</p> <p>CPAG noted the process and approved the overarching position statement.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Add to CPAG Bulletin • Upload Overarching Position Statement for EBI4 to the Clinical Policies website • Provide feedback to clinicians/stakeholders • Await response from NICE and AMROC re mitomycin <p><u>6b. Close down of EBI (formerly PLCV) and Cosmetics Referral Assessment Service</u></p> <p>HM advised that the purpose of the paper is to inform CPAG of the ICBs intention to close down the Prior Approval Services for Evidence Based Interventions (EBI) (formerly PLCV) and the Cosmetics Referral Assessment Service.</p> <p>Following the publication of the new ICB organisational structures, it has been confirmed that the legacy ICB function 'Prior approval services for Evidence Based Interventions and the Referral Assessment Service for cosmetics' will no longer be a necessary function of the ICB. This is a legacy assurance function which reflects historic contracting arrangements and is now considered embedded practice linked to clinical policies and contract standards. As referral management is a collaboration between providers, the cessation of this function does not impact patient care pathways.</p> <p>The changes will reduce the administration burden of referral management for both primary and secondary care in accordance with the NHS Standard National Contract. The above plans are expected to be operationalised by Monday 18th March 2024.</p> <p>During the planning phase, a short life working group convened to support the Director of Medicines Management & Clinical Policies.</p> <p>A communications plan and FAQ has been developed to send out to stakeholders. This has oversight from the Medical Director and has been noted at the Executive Board meeting in February 2024.</p> <p>The communications and FAQ will be available on the Clinical Policies website, and internal/external stakeholders will be informed on three separate occasions during the transition period. Communication channels for this include the letter with FAQ to be issued direct to providers (via Contracting and Primary Care), CPAG Bulletin, ICB bulletin and e-RS newsletter.</p>	<p>KR KR LM HM</p>
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	<p>Regarding governance processes:</p> <ul style="list-style-type: none"> • Patient & Public Involvement (PPI) has been conducted • Quality & Equality Impact Assessment (QEIA) has been completed • Data Protection Impact Assessment (DPIA) signed off <p>Following closure of the service, there are a number of mechanisms in place to support the ICS, this includes contracting arrangements (local and national), quality schedules and national benchmarking data, GIRFT (Get it right first Time), Right Care and the Academy of Medical Royal Colleges.</p> <p>A discussion took place, and a suggestion was made to add a message about the closure of the service to the GP clinical systems. It was confirmed that the Prior Approval forms will be removed from the clinical systems on 18th March 2024.</p> <p>A question was raised as to how activity will be monitored going forwards to ensure that providers are following clinical policy criteria as embedded practice. It was confirmed that the ICB are pursuing a block contract. There has also been positive feedback from providers who are keen that policies continue to be updated and developed, as they remain part of their internal quality assurance mechanism. The use of national benchmarking data is available to assist with monitoring activity. Capacity continues to be available within the University Hospitals of Derby and Burton NHS Foundation Trust (UHDBFT) to allow for the assessment of cosmetic referrals.</p> <p>CPAG noted the plan for the closing down of EBI and Cosmetics and due diligence. It was agreed to review the activity data in six months' time.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Add to CPAG Bulletin • Review EBI and Cosmetics data at a CPAG meeting in 6 months' time 	<p>KR HM</p>
7	Clinical Policies Reviewed	
<p>CPAG 24/17</p>	<p><u>7a. Clinical Policies Temporary Review Date Extension</u></p> <p>HM advised the purpose of the paper is to provide assurance that the policies extended by 12 months are safe and align to the current evidence base in agreement with relevant consultees.</p> <p>The Clinical Policies Team identified a number of policies which were due to expire in the next 6 months.</p> <p>Due to a pause in recruitment across the ICB, this has resulted in reduced capacity within the Clinical Policies Team which includes the loss of the Policy writer. CPAG agreed to implement a temporary measure to extend the review period for policies due for review in the next 6 months for a further 12 months.</p> <p>CPAG agreed it is clinically safe to extend policies, in line with current practice, as confirmed with stakeholders via email, taking into account if;</p> <ul style="list-style-type: none"> • Information within the existing policies infringes on patient safety • Has any new or significant evidence been published since the policies were last reviewed that would need to be reflected within the policies <p>Policies extended for 12 months with assurance from clinical stakeholders are:</p>	

	<ul style="list-style-type: none"> • Fitting/Removal of Intra-Uterine Contraceptive Devices and Levonorgestrel Intrauterine Systems in Secondary Care • Oraya Therapy • Dilation and Curettage (D&C) • Lycra Body Suits for Postural Management of Cerebral Palsy and other Musculoskeletal/neurological conditions • Congenital Pigmented Lesions on the Face • Laser Treatment • Cataract Surgery (first and second eye) <p>Further stakeholder comments were received from the Local Eye Health Network in regard to the cataract surgery policy to say that the current NICE guidelines need to be reviewed against the policy for the visual threshold for the second eye, as they are not aligned. The CPAG response to this is as follows:</p> <ul style="list-style-type: none"> • CPAG has previously considered visual acuity acknowledging the variance to national guidance. • Previous clinical consensus was based on affordability and operational capabilities in which the offer was for First Eye Surgery and then stricter criteria for Second Eye Surgery • Any changes to policy need to consider current activity, waiting time and capacity to ensure that the service is not overwhelmed • Business case requirement for service development <p>The stakeholder comments were also circulated to Public Health colleagues for review. They have confirmed support for the extension of the policy, as they do not believe there is new published evidence that changes the situation since the policy was last reviewed.</p> <p>It was recognised that Derby and Derbyshire has an ageing population, and consideration to determine if the current provision meets the needs of the local population may be reviewed in the future.</p> <p>CPAG noted the assurance provided above and agreed a temporary extension of 12 months for those clinical policies which are due for review in the next six months.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Add to CPAG Bulletin • Add updated policies to the Clinical Policies website • Provide feedback to clinicians/stakeholders 	<p>KR KR LM</p>
8	Governance Policies	
8a	East Midlands Fertility Policy Review	
CPAG 24/18	<p><u>8a. Update - Assisted Fertility Policy Review for East Midlands ICBs</u></p> <p>AR provided a verbal update to CPAG on the progress of the fertility review of policies and options appraisals for East Midlands ICBs.</p> <p>An assisted fertility review of policies and options appraisals for East Midlands ICBs' has been undertaken by the Public Health arm of Arden & Gem CSU, Solutions for Public Health (SPH).</p> <p>A collaborate approach to the commissioning of fertility services across the five East Midlands ICBs, with Nottingham ICB acting as Lead Commissioner. A policy working group has been formed with representatives from across the five East Midlands ICBs.</p>	

	<p>The policy working group are still in a discussion phase, however formal project management is being considered to support with the work going forward.</p> <p>A Project Initiation Document (PID) has been drafted to outline timescales, and a case for change is being developed by the Associate Director of Commissioning from Nottingham ICB/Chair of the Policy Working Group, which will include detailed aims and objectives of the work plan. It is due to be circulated to the East Midlands ICBs by May 2024 and it is anticipated that it will also be tabled at the East Midlands Joint Commissioning Board.</p> <p>The aim is to have a revised policy by 2025, aligning with NICE guidance.</p> <p>NICE have recently announced a delay in their planned guidance update for assisted conception. This will now be updated in stages over the next 3 years, with the first consultation beginning at the end of 2024.</p> <p>CPAG noted limited DDICB engagement from commissioning and contracting, and recommended reconsidering representatives for these areas to provide specialist expertise and ICB assurance of cross-directorate engagement and matrix working. SH will liaise with the ICB Strategic Lead to provide a progress report on the East Midlands review process and highlight financial and representational concerns.</p> <p>CPAG recognised that whilst the East Midlands fertility review is ongoing, there are current inequalities across local boarders, where the risk must be managed. In relation to this, members of the Clinical Policies and Decisions (CPD) team recently met with the ICBs Risk Manager to provide background, outline the plan agreed by the East Midlands Policy Working Group and update on progress. This is part of an ICB board risk review.</p> <p>Actions:</p> <ul style="list-style-type: none"> • SH to liaise with the ICB Strategic Lead in regard to representation at the EM meetings • Next update May 2024 CPAG meeting 	<p>SH AR/HM</p>
8b	Glossop Transition	
<p>CPAG 24/19</p>	<p><u>8b. Glossop Transition for IVF/Clinical Policies – Update</u></p> <p>HM advised that the purpose of this paper is for CPAG to note the progress to date for the Glossop transition programme for IVF/Clinical Policies.</p> <p>A decision was taken by the Government in July 2021 to amend the Derbyshire Integrated Care System (ICS) boundary so that Glossop will align from the Greater Manchester ICS into the Derbyshire ICS.</p> <p>For existing clinical policies, the Clinical Policies department have agreed to follow the framework agreed with the Engagement team within DDICB.</p> <p>The work programme is managed via an internal Glossop Transition Group, meetings are held on a monthly basis.</p> <p>The following approach approved by CPAG in July 2023 and ratified by PHSCC in September 2023:</p> <p><u>IVF</u></p> <ul style="list-style-type: none"> • To continue with the disparity whilst awaiting the outcome of the East Midlands assisted conception policy review • Patient and Public Involvement (PPI) form to be completed – Corporate to assess if the legal duty is triggered. 	

	<p>The latest update on the East Midlands review group was presented to CPAG in March 2024 (item 8a).</p> <p><u>Non clinical significant variation policies and Procedures of Limited Clinical Value/Cosmetic referral Assessment Service</u></p> <ul style="list-style-type: none"> • Co-opt a clinical member from Glossop to attend CPAG (agreed that it will be a Glossop member of the GP Provider Board (GPPB)) to provide a view on the impact of the differences in policies for the Glossop population • Summarise difference where able to influence • PPI form to be completed for individual policies - Corporate to assess if the legal duty is triggered. <p>Policy reviews commenced in July 2023. A table was presented which outlined the clinical policies reviewed to date and PPI outcomes. Due to reduced capacity within the Clinical Policies Team including the loss of the Policy writer, a temporary measure has been put in place to extend the review period for policies due for review in the next 6 months for a further 12 months (subject to Glossop alignment). This will be a rolling process until capacity is restored. It is proposed to seek assurances from the relevant clinicians to determine whether it is safe to extend the review date of these policies by 12 months. This approach has created a backlog and the CPD team will be working with the Medical Director (LMC) and the Glossop representative to review the extended policies and assess the differences for Glossop/Derbyshire.</p> <p>CPAG noted the update to the Glossop transition programme.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Table at PHSCC for information • Complete PPI process for policies extended by 12 months 	
9	Contracting and Blueteq Queries	
	No update this month.	
10	Individual Funding Request (IFR) – For Information	
CPAG 24/20	<p><u>10a. IFR Screening/Panel Cases January 2024</u></p> <p>CPAG reviewed the IFR Screening/Panel cases for January 2024 and were assured that no areas for service development have been identified.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Add to CPAG Bulletin 	KR
11	PHSCC Updates	
CPAG 24/21	<p>Papers submitted to PHSCC to be tabled in March 2024 (no meeting in February 2024) were noted:</p> <ul style="list-style-type: none"> • CPAG Bulletin December 2023 • Clinical Policies Temporary Review Date Extension • Assisted Fertility Policy Review for East Midlands ICBs update 	
12	IPG Updates Since Last Meeting	
CPAG 24/22	<p><u>12a. IPGs, MTGs, DGs, HTEs and MIBs</u></p> <p>CPAG noted the NICE IPGs, MTGs, DGs, HTEs and MIBs updated in January 2024.</p>	

	<p>It was confirmed that no business cases have been received for any of the above NICE outputs.</p> <p>Action:</p> <ul style="list-style-type: none"> Send IPG, MTG, DG, HTE and MIB updates to the Finance Team, Planned Care Team, Mental Health Team and to the Contracting Team. 	KR
13	Business Cases	
	No update this month.	
14	QIPP Pipeline	
	No update this month.	
15	Key Messages For PHSCC	
CPAG 24/23	<p>Papers to be submitted to PHSCC to be tabled in May 2024 (no meeting in April 2024) were noted:</p> <ul style="list-style-type: none"> CPAG Bulletin February 2024 Close down of EBI (formerly PLCV) and Cosmetics Referral Assessment Service Clinical Policies Temporary Review Date Extension Assisted Fertility Policy Review for East Midlands ICBs update Glossop Transition for IVF/Clinical Policies update 	
16	For Information	
	No update this month.	
17	Any Other Business	
	No other business was raised.	
18	Date of Next Meeting	
	<p>Thursday 4th April 2024, papers to be circulated for agreement by email.</p> <p>Agenda items for April meeting to be received by 12 noon on 18th March 2024 please.</p>	