

Clinical Policy Advisory Group (CPAG)

CLINICAL & GOVERNANCE POLICIES UPDATED EVIDENCE BASED INTERVENTIONS AND LOCAL POLICIES

CPAG is a strategic, local decision-making committee, with responsibility for promoting appropriate, safe, rational, and cost-effective clinical policies to be used across Derby & Derbyshire. The outputs of CPAG including Clinical policies are available at the following link [Clinical Policies \(derbyshiremedicinesmanagement.nhs.uk\)](https://www.derbyshiremedicinesmanagement.nhs.uk/Clinical-Policies)

Research studies and Clinical Evidence indicate that some interventions are unsafe, not clinically effective, or effective only under specific circumstances. The Evidence Based Interventions (EBI) policy aims to clarify the commissioning intentions of the Derby and Derbyshire Integrated Care Board (DDICB). DDICB will only fund treatment for clinically effective, cost effective, safe and affordable, and that are delivered to the appropriate patient cohorts. When updating Clinical Policies CPAG conducts a literature review of the latest evidence and engages with Specialists, Consultants and Clinicians.

There were no local clinical policies approved and ratified at the December meeting.

GOVERNANCE POLICIES & MISCELLANEOUS INFORMATION

Statement	Summary																
Personalised Care	<p>In line with the Personalisation and Quality Conversations programme CPAG agreed to the integration of personalised care approaches into clinical policies. The NHS Long Term Plan says personalised care will become business as usual across the health and care system.</p> <p>Personalised care simply means that people have more control and choice when it comes to the way their care is planned and delivered, considering their individual needs, preferences and circumstances. It includes supporting shared decision making and self-management.</p> <p>Shared decision-making means people are supported to:</p> <ul style="list-style-type: none"> understand the care, treatment and support options available and the risks, benefits and consequences of those options decide on a preferred course of action, based on evidence based, good quality information and their personal preferences. <p>Supported self-management means increasing the knowledge, skills and confidence a person has in managing their own health and care. This involves using self-management education, peer support, and health coaching.</p> <p>Decision support tools, also called patient decision aids support shared decision making by making treatment, care and support options explicit. They provide evidence-based information about the associated benefits/harms and help patients to consider what matters most to them in relation to the possible outcomes, including doing nothing.</p> <p>Many of DDICB policies already include a section on shared decision making, which will be expanded, along with the Patient Information section of the CPAG website.</p>																
Review Date Extensions of clinical Policies	<p>A pause in staff recruitment across the ICB, has resulted in reduced capacity within the Clinical Policies Team including the temporary loss of the Policy writer. As a result, CPAG agreed to extend the review period for three years for low clinical risk policies due for review in the next six months.</p> <p>Assurances have been provided from the relevant clinicians and GP members of Clinical Policy Advisory Group (CPAG) to determine whether it is safe to extend the review date of these policies.</p> <p>Stakeholders provided specific assurance that:</p> <ul style="list-style-type: none"> Information within the existing policies does not infringe on patient safety. No new or significant evidence published since the policies were last reviewed that would need to be reflected within the policies. <p>The table below provides a breakdown of the policies due for review in the next 6 months that were extended at the December 2024 CPAG meeting:</p> <table border="1"> <thead> <tr> <th>Clinical Policy</th> <th>Last Updated</th> <th>Review Date</th> <th>Revised Extension Date</th> </tr> </thead> <tbody> <tr> <td>Meibomian Cyst</td> <td>April 2022</td> <td>March 2025</td> <td>March 2028</td> </tr> <tr> <td>Arthroscopic Knee Washout</td> <td>April 2022</td> <td>March 2025</td> <td>March 2028</td> </tr> <tr> <td>Diagnostic Knee Arthroscopy</td> <td>April 2022</td> <td>March 2025</td> <td>March 2028</td> </tr> </tbody> </table>	Clinical Policy	Last Updated	Review Date	Revised Extension Date	Meibomian Cyst	April 2022	March 2025	March 2028	Arthroscopic Knee Washout	April 2022	March 2025	March 2028	Diagnostic Knee Arthroscopy	April 2022	March 2025	March 2028
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Individual Funding Requests (IFR) Screening Cases	CPAG reviewed the IFR Screening cases for October 2024 and are assured that no areas for service development have been identified.																

NICE INTERVENTIONS, DIAGNOSTICS, MEDICAL AND HEALTH TECHNOLOGIES AND INNOVATION PROGRAMMES

The DDICB does not commission and will not fund any procedure or technology assessed by NICE under their IPG, MTG, DTG, MIB or HTE programmes unless:

- the provider has submitted a robust, evidenced based business case to the commissioner and this has been subsequently approved AND
- the NICE IPG states 'use with standard arrangements for clinical governance, consent and audit'
- OR the NICE MTG states 'the case for adoption within the NHS as described is supported by the evidence'
- OR the NICE DTG makes a recommendation as an option for use
- OR the NICE MIB* has evaluated the innovation
- OR the NICE HTE has made a recommendation for use while evidence is being generated

*MIBs – from April 2023 NICE no longer produce or maintains Medtech Innovation Briefings (MIBs) on behalf of NHS England

The following NICE programme outputs were noted by the group for the month of October 2024:

IPG/MTG/DTG/HTE/MIB	Description	Outcome
DG60	<p>Digital technologies for assessing attention deficit hyperactivity disorder (ADHD) For people with suspected ADHD More research is needed on using the following digital technologies to help diagnose ADHD:</p> <ul style="list-style-type: none"> • QbTest in people 18 years and over • EFSim Test • EFSim Test Web Version • Nesplora Attention Adults Aquarium • Nesplora Attention Kids Aula • QbCheck. <p>For people with ADHD More research is needed on using the following digital technologies to evaluate response to treatment:</p> <ul style="list-style-type: none"> • QbTest • EFSim Test • EFSim Test Web Version • Nesplora Attention Adults Aquarium • Nesplora Attention Kids Aula • QbCheck. 	NICE recommends further research / not recommended – DDICB do not commission
DG61	<p>Heart failure algorithms for remote monitoring in people with cardiac implantable electronic devices For people with heart failure 1.2 More research is needed on HeartInsight for algorithm-based remote monitoring in people with CIEDs who have heart failure, before it can be routinely used in the NHS. For people at risk of developing heart failure 1.3 More research is needed on HeartInsight, HeartLogic and TriageHF for algorithm-based remote monitoring in people with CIEDs who are at risk of developing heart failure, before they can be routinely used in the NHS. More research: 1.4 More research for the technologies in sections 1.2 and 1.3 is needed in the populations outlined. This research is needed on:</p> <ul style="list-style-type: none"> • prognostic accuracy • rates of false positives or unexplained alerts • hospitalisation rates • heart-failure-related mortality rate • rates of emergency department or primary care visits • patient-reported outcomes. <p>1.5 Access to the technologies in sections 1.2 and 1.3 in the populations outlined should be through company, research or non-core NHS funding, and clinical or financial risks should be appropriately managed. Do not use: CorVue should not be used for algorithm-based remote monitoring in people with CIEDs who have or are at risk of developing heart failure.</p>	
DG60	<p>Digital technologies for assessing attention deficit hyperactivity disorder (ADHD) Use QbTest as an option to help diagnose attention deficit hyperactivity disorder (ADHD) in people aged 6 to 17 years. It should only be used with standard clinical assessment by a healthcare professional.</p>	NICE recommends standard arrangements – not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
DG61	<p>Heart failure algorithms for remote monitoring in people with cardiac implantable electronic devices For people with heart failure Use HeartLogic and TriageHF as options for algorithm-based remote monitoring in people with cardiac implantable electronic devices (CIEDs) who have heart failure. They should be used as part of a specialist multidisciplinary heart failure service with alerts reviewed and acted on by specialist healthcare professionals.</p>	

Our ICB continues to monitor and implement IPGs with our main providers.