

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://derbyshiremedicinesmanagement.nhs.uk)

Research evidence shows that some interventions are not clinically effective or only effective when they are performed in specific circumstances. The purpose of the Evidence Based Interventions (EBI) policy is to clarify the commissioning intentions of the Derby and Derbyshire Integrated Care Board (DDICB). DDICB will only fund treatment for clinically effective interventions that are then delivered to the appropriate cohort of patients. When updating Clinical Policies CPAG undertakes a literature review of the latest evidence as well as stakeholder engagement with Specialists/Consultants/Clinicians.

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

GOVERNANCE POLICIES & MISCELLANEOUS INFORMATION

Statement	Summary
Evidence Based Interventions (EBI)– September Updates	<p>In September 2024, the Academy of Medical Royal Colleges reviewed the EBI Guidance, updating nine areas covered by DDICB clinical policies.</p> <p>CPAG are reviewing the changes made to the National EBI guidelines and how they align to the following local policies:</p> <ul style="list-style-type: none"> • Injections for Isolated Lower Back pain without Sciatica • Removal of Benign Skin Lesions • Grommets for Glue Ear in Children/Removal of Adenoids for treatment of Glue Ear • Tonsillectomy for recurrent Tonsillitis <p>A second section of proposals will be presented at the CPAG meeting in January 2025 to agree the criteria for stakeholder engagement.</p> <p>The Evidence-based interventions programme was developed in 2018 to help ensure a national approach to quality improvement and that best practice is spread across the healthcare system. There are currently over 60 interventions listed in the EBI programme. Unlike previous EBI iterations, the review and engagement process will take place once CPAG has outlined the engagement criteria. Where possible, unless DDICB policy is more restrictive we have followed the principle of aligning to National EBI Guidance.</p>
Clinical Policy Operating process – post removal of Prior Approval	<p>Although prior approval has been withdrawn the DDICB policy criteria continue to serve as a guide for assessing appropriate patient referrals and treatments before referring to secondary care.</p> <p>All DDICB Evidence Based Intervention policies can be found by accessing the Derbyshire Medicines Management and Clinical Policies website or via the PLCV/EBI portal on Pathfinder.</p> <p>A detailed Frequently Asked Question document on the cessation of legacy ICB function for Evidence Based Interventions (also known as prior approval) is also available here.</p> <p>DDICB agree with the Local Medical Committee's (LMC) stance on Evidence Based Interventions (EBI) (formerly known as Procedures of Limited Clinical Value PLCV): 'GPs are not specialists and reserve the right to refer by letter to secondary care for an opinion; the specialist having reviewed the patient can decide whether a procedure is necessary and if criteria would apply at this point.</p> <p>The DDICB Prior Approval process was decommissioned in March 2024. Initially tied to historical contracting and clinical policy standards, it became established practice. Over time, the number of policies requiring prior approval decreased due to added value, established practices, or mitigations like MSK CATS and Dermatology triage. Its removal has streamlined referral management for primary and secondary care, reducing administrative burdens in line with the NHS Standard National Contract.</p>
Clinical Policy Assurance	<p>CPAG approved the formation of a Short life Working Group (SLWG) to review the findings of an assurance review, which followed a desktop review exercise and in-depth examination of a neighbouring ICBs policies. The SLWG, composed of CPAG clinicians, Public Health Consultants and members of the Clinical Policies Team are tasked with determining if new local policy is needed.</p>

<u>Retrospective Extensions to clinical policies</u>	<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 3 years for clinical policies previously extended during this period that are 'low clinical risk'.</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 whose review dates have been retrospectively extended:</p>																																																										
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<u>East Midlands Fertility Policy Review- Case for Change</u>	<p>The NHS Integrated Care Boards (ICBs) in the East Midlands are proposing a Case for Change that outlines guidelines for a unified East Midlands Fertility Policy.</p> <p>Fertility Policies provide guidelines for medical interventions to support individuals or couples needing fertility assistance, such as setting the access criteria. Currently, there are differences between these policies across the East Midlands. This proposal is particularly relevant to NHS Derby and Derbyshire ICB due to the decision to move the area of Glossopdale from Greater Manchester ICB boundary into Derbyshire ICB boundary.</p> <p>To find out more information and to contribute to shaping the future of fertility services please visit the following link: https://derbyshireinvolvement.co.uk/fertilityreview</p>																																																										
<u>Individual Funding Requests (IFR) Screening Cases</u>	<p>CPAG reviewed the IFR Screening cases for September 2024 and are assured that no areas for service development have been identified.</p>																																																										

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 September 2024:

IPG/MTG/DTG/HTE/MIB	Description	Outcome
IPG793	Single-step scaffold insertion for repairing symptomatic chondral knee defects	NICE recommends standard arrangements – not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval

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