

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 Integrated Care Board (ICB). The ICB 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.

DDICB Clinical / Governance Policies

Clinical Policy	Key Changes
Liposuction for Lipoedema Update (Partial Review)	<p>Liposuction is a cosmetic procedure used to remove unwanted body fat. Lipoedema is a condition where there is an abnormal build-up of fat in the legs, bottom and thighs. Liposuction carried out for cosmetic reasons is not normally available on the NHS.</p> <p>The Liposuction section of the DDICB Position Statement for restricted cosmetic procedures has been updated to include clarification for its use for lipoedema. This follows an increase in the number of Individual Funding Requests as Lipoedema has become more prevalent in recent years and is receiving more attention as a service development need for the NHS.</p> <p>Liposuction for chronic lipoedema - Interventional procedures guidance [IPG721] – concludes the evidence on the safety of liposuction for chronic lipoedema is inadequate but raises concerns of major adverse events such as fluid imbalance, fat embolism, deep vein thrombosis, and toxicity from local anaesthetic agents. Evidence on the efficacy is also inadequate, based mainly on retrospective studies with methodological limitations. Therefore, this procedure should only be used in the context of research.</p> <p>The DDICB NICE Interventions, Diagnostics, Medical and Health Technologies and Innovation Programmes Policy states that research only IPGs are not routinely commissioned.</p>

MISCELLANEOUS INFORMATION

Statement	Summary								
CPAG Meetings - New Ways of Working	<p>Members of the of the ICB Corporate Governance team, have provided clarification regarding aspects of the CPAG operating model:</p> <ul style="list-style-type: none"> Decision & Justification Log: This log is maintained specifically for responding to Freedom of Information (FOI) requests, ensuring transparency in decision-making processes. <p>CPAG have previously agreed new ways of working considering recent advances in digital technologies to enhance efficiency and accuracy in its processes.</p>								
Principles for Risk Stratification for the Extension of Clinical Policies	<p>CPAG approved the following principles for Policy extension clinical risk stratification, with three levels of risk categorisation:</p> <table border="1"> <thead> <tr> <th>Risk Stratification</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>High</td> <td>Significant Variation to National guidance Previous stakeholder consultation involved, indicating more scrutiny or concern</td> </tr> <tr> <td>Medium</td> <td>Historic stakeholder engagement has occurred. Policy variations reviewed by CPAG and supported by Public Health but still requiring some monitoring</td> </tr> <tr> <td>Low</td> <td>Nationally aligned policy, no significant deviation Nature of the procedure involved is of low clinical value i.e. cosmetic procedures</td> </tr> </tbody> </table> <p>In line with this stratification, CPAG agreed to extend the review period to three years for policies classified as low risk, provided clinical stakeholders confirm the policies are safe. This extension will also apply retrospectively to policies that have already been extended that meet the low-risk criteria in the table above.</p> <p>CPAG had previously developed a risk stratification model during the August meeting, following the review of 33 policies, which had previously been extended and which laid the foundation for this latest policy extension framework.</p>	Risk Stratification	Description	High	Significant Variation to National guidance Previous stakeholder consultation involved, indicating more scrutiny or concern	Medium	Historic stakeholder engagement has occurred. Policy variations reviewed by CPAG and supported by Public Health but still requiring some monitoring	Low	Nationally aligned policy, no significant deviation Nature of the procedure involved is of low clinical value i.e. cosmetic procedures
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DDICB Clinical Policies Assurance	<p>CPAG approved the formation of a Short Life Working Group tasked with reviewing and identifying policies that could potentially be adopted by DDICB. This decision follows a recent desktop exercise comparing DDICB policies against those of five ICBs (comprising of three neighbouring ICBs and two ICBs with a broad range of policies). The results of this exercise provided assurance that the suite of DDICB policies remains comprehensive and up to date.</p>								

	<p>This approach mirrors a similar exercise conducted in 2019, when the Mid-Essex policy portfolio was reviewed, ensuring that policies remain aligned with best practices and regional standards. The Short Life Working Group will focus on aligning and optimising policies for further consistency across regions.</p>												
<p><u>Proposed Integrated, Rules-based MedTech Pathway</u></p>	<p>NICE and NHS England concluded (15th August 2024), a joint proposal to move to a more integrated, rules-based, and predictable pathway for the evaluation, funding, and commissioning of medical technology (medtech) in the NHS.</p> <p>CPAG were made aware of the inherent risks and considerations related to the proposed introduction of an Integrated, Rules-based MedTech Pathway for the NHS. Key points include:</p> <ul style="list-style-type: none"> • Mandatory (Providing certainty): <ul style="list-style-type: none"> ○ Selected Medtech products, or groups of products, that are evaluated through NICE’s multi-tech guidance (MTG) programme should lead to automatic identification of funding. ○ This ensures the routine commissioning and adoption of cost-effective and affordable technologies through the new pathway, providing certainty for stakeholders about which technologies will be supported by the NHS. • Horizon scan/ Insights for 2024-25: <ul style="list-style-type: none"> ○ The approach will start small, focusing on the highest priority areas of health & care where the greatest impact can be achieved. ○ Approximately five products will be assessed by NICE through MTG for the new pathway in the initial phase. • Prioritisation: <ul style="list-style-type: none"> ○ NICE has recently consulted on a new approach to topic prioritisation, streamlining its approach to topic selection, making pathways more predictable and more reflective of NHS priorities. <p>Importance of Horizon Scanning:</p> <ul style="list-style-type: none"> • An accurate and timely horizon scan is critical to understand and manage the impact of how these technologies are rolled out across JUCD providers. • The horizon scan will also play a key role in informing budget setting, ensuring that financial and operational planning reflects the integration of these technologies. <p>Post consultation, the next steps include collating feedback and working with relevant stakeholders to resolve flagged issues; producing and publishing response document; developing, iterating and refining the pathway and piloting the pathway prior to wider adoption.</p>												
<p><u>Review Date Extension of Clinical Policies</u></p>	<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 clinical policies due for review in the next 6 months that are aligned to the suggested risk profiling (please see 'Outcome of Clinical Risk Scoring' above), in the temporary absence of a policy writer.</p> <p>This will be a rolling process which will be repeated until capacity is restored.</p> <p>As per the Principles for Risk Stratification (see above), low risk policies will be extended for three years, with assurances provided from the relevant clinicians and GP members of Clinical Policy Advisory Group (CPAG) to determine whether it is safe to extend the review provided 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 September 2024 CPAG meeting:</p> <table border="1" data-bbox="336 1525 1501 1749"> <thead> <tr> <th>Clinical Policy</th> <th>Last Updated</th> <th>Review Date</th> <th>Revised Extension Date</th> </tr> </thead> <tbody> <tr> <td>Abdominoplasty (Apronectomy, Panniculectomy) Policy</td> <td>July 2024</td> <td>December 2023</td> <td>December 2026</td> </tr> <tr> <td>Acupuncture Position Statement</td> <td>May 2021</td> <td>December 2023</td> <td>December 2026</td> </tr> </tbody> </table>	Clinical Policy	Last Updated	Review Date	Revised Extension Date	Abdominoplasty (Apronectomy, Panniculectomy) Policy	July 2024	December 2023	December 2026	Acupuncture Position Statement	May 2021	December 2023	December 2026
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<p><u>Individual Funding Requests (IFR) Screening Cases</u></p>	<p>CPAG reviewed the IFR Screening cases for July 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 July 2024:

IPG/MTG/DTG/HTE/MIB	Description	Outcome
DG59	CYP2C19 genotype testing to guide clopidogrel use after ischaemic stroke or transient ischaemic attack	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.