

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)

Research studies show 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.

DDICB CLINICAL POLICY UPDATES

Clinical Policy	Summary of Key Changes
Cataract Surgery Policy	<p>There have been no clinical changes to the policy, as no significant, robust evidence has emerged since the last review to justify a major update.</p> <p>The following amendments have been made:</p> <ul style="list-style-type: none"> • First eye cataract surgery: The rationale for prioritisation has been added, balancing benefit and affordability. This explains why criteria for second eye surgery are stricter. • Second eye cataract surgery: The criteria section has been reworded for clarity, specifying conditions for bilateral surgery. A statement on shared decision-making and holistic assessment addresses safety concerns. • Toric Intraocular Lenses: The DDICB commissioning position has been clarified following multiple Individual Funding Requests <p>A cataract is a cloudy area in the eye's lens that gradually reduces transparency, often progressing unpredictably. Cataract surgery involves removing the affected lens and replacing it with an intraocular lens. The procedure has a high success rate, low risk, and a typical recovery time of 2-6 weeks.</p>

Evidence Based Interventions – September Updates

In September 2024, the Academy of Medical Royal Colleges reviewed the Evidence Based Interventions (EBI) Guidance, updating nine areas covered by DDICB clinical policies.

CPAG agreed updates to the policies below. A third section of proposals will be presented at the CPAG meeting in March 2025.

[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.

Clinical Policy	Summary of Key Changes
Injections for Isolated Lower Back Pain without Sciatica Policy	<p>CPAG agreed to adopt National EBI guidance, as it provides more detailed recommendations. Consequently, the DDICB Lumbar Radiofrequency Facet Joint Denervation Policy will be retired, as it is now covered under the updated EBI guidance.</p> <p>The following amendments have been made:</p> <ul style="list-style-type: none"> • Radiofrequency denervation: EBI guidance further clarifies the definition of a 'positive response to a diagnostic medial branch block' • Additional procedures: EBI guidance includes diagnostic sacroiliac joint injections', 'platelet rich plasma' and 'stem cell therapy' which were not part of the DDICB policy. • Scop clarification: EBI specifies epidural/nerve root blocks are out of scope – a link to the DDICB policy for Epidurals for all forms of Sciatic has been included. <p>Isolated back pain is common, often multifactorial and amenable to multimodal non-operative treatment (e.g. lifestyle modifications, weight loss, analgesia, exercise). Imaging (e.g. plain film radiographs, MRI) in the absence of focal neurology (e.g. sciatica) or 'red flags' may identify incidental, if not trivial, findings of age-related changes which can unnecessarily create a health anxiety for some patients, where simple reassurance would otherwise usually suffice.</p> <p>NICE guidelines recommend that spinal injections should not be offered for the treatment of isolated lower back pain. Diagnostic spinal injections, specifically medial branch blocks do have a role as part of the diagnostic pathway for patients who may be suitable for facet joint denervation therapy.</p> <p>Radiofrequency denervation is a minimally invasive and percutaneous procedure performed under local anaesthesia or light intravenous sedation. Radiofrequency energy is delivered along an insulated needle in contact with the target nerves. This focused electrical energy heats and denatures the nerve. NICE supports denervation therapy for patients who meet the treatment criteria stated above.</p>

GOVERNANCE POLICIES & MISCELLANEOUS INFORMATION

Statement	Summary
Guidance for Enabling Equitable Access to Clinical Imaging Referrals	<p>The Royal College of Radiologists, Society and College of Radiographers, Royal College of Nursing and NHS England have co-developed good practice guidance outlining principles for ensuring more consistent and equitable access to clinical imaging requests for registered healthcare professionals working in multi-professional enhanced, advanced, or consultant practice roles.</p> <p>This guidance applies across hospital and community care and primary care settings. Employers and individuals involved in imaging requests must ensure compliance with these principles.</p> <p>From 1 October 2024 employers are required to comply with The Ionising Radiation (Medical Exposure) (Amendment) Regulations 2024. A new requirement to work together where two or more employers have a shared responsibility for the referral, justification, exposure, or clinical evaluation of an individual.</p> <p>This document outlines key principles for equitable access to clinical imaging requests, including:</p> <ul style="list-style-type: none"> - Employers must clearly identify the person or service responsible for granting entitlement to referrers within the entitlement process. - Applications for referrer entitlement must include: <ul style="list-style-type: none"> o Evidence of service need o The individual's scope of advanced practice in patient assessment and management o Alignment with nationally agreed professional standards o Defined decision-making, supervision, and accountability structures <p><i>For further details, please refer to the full document.</i></p>
NICE Interventions, Diagnostics, Medical and Health Technologies and Innovation Programmes Policy	<p>NHS Derby and Derbyshire ICB will not routinely fund procedures or technologies assessed by NICE under the following programmes unless specific criteria are met:</p> <ul style="list-style-type: none"> - Interventional Procedures Guidance (IPG): "Use with standard arrangements for clinical governance, consent, and audit." - Medical Technologies Guidance (MTG): "The case for adoption within the NHS as described is supported by the evidence." - Diagnostics Guidance (DTG): Recommendation as an option for use. - Medtech Innovation Briefings (MIB): Innovation has been evaluated. - Health Technology Evaluations (HTE) (including Early Value Assessment (EVA)): Recommendation for use while evidence is being generated. - A robust, evidence-based business case is submitted by the provider and approved by the commissioner. <p>Policy Amendments</p> <ul style="list-style-type: none"> - Added links to the Early Value Assessment (EVA) approach and the NICE Topic Selection Team. - Clarified that from April 2023, NICE will no longer produce or maintain Medtech Innovation Briefings (MIBs) for NHS England. <p>Understanding NICE Guidance: The National Institute for Health and Care Excellence (NICE) produces various guidance types:</p> <ul style="list-style-type: none"> - Technology Appraisals (TAs) – Legally binding. - IPGs, MTGs, DTGs, and HTEs – Statutory guidance intended to support NHS decision-making. - MIBs – Provide information but do not include formal recommendations. - HTEs – Assess products using the Early Value Assessment (EVA) approach, recommending use while further evidence is collected. <p>NHS bodies may choose not to follow NICE guidance (except TAs) if justified by resource constraints or competing priorities. This policy ensures Derby and Derbyshire ICB applies a consistent approach to NICE guidance implementation.</p>
Individual Funding Requests (IFR) Screening Cases	<p>CPAG reviewed the IFR Screening cases for December 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 [Interventional Procedure Guidance \(IPG\)](#), [Medical Technologies Guidance \(MTG\)](#), [Diagnostic Technology Guidance \(DTG\)](#), [Medtech Innovation Briefings \(MIB\)](#) or [Health Technology Evaluations \(HTE\)](#) 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 December 2024:

IPG/MTG/DTG/HTE/MIB	Description		Outcome	
IPG795	Direct skeletal fixation of limb prostheses using an intraosseous transcutaneous implant		Special arrangements, DDICB do not commission	
IPG796	MRI-guided focused ultrasound thalamotomy for treating moderate to severe tremor in Parkinson's		Further research, DDICB do not commission	
IPG797	MRI-guided focused ultrasound subthalamotomy for treating Parkinson's			
DG62	Home-testing devices for diagnosing obstructive sleep apnoea hypopnoea syndrome.		Recommendation 1.1 - 1.3	Standard arrangements, DDICB requires a robust, evidenced based business case to the commissioner which is subsequently approved prior to being undertaken
			Recommendation 1.4 - 1.7	Further research, DDICB do not commission
HTE19	Digital technologies to support self-management of COPD: early value assessment		Recommendation 1.1 - 1.3	Standard arrangements, DDICB requires a robust, evidenced based business case to the commissioner which is subsequently approved prior to being undertaken
			Recommendation 1.4 - 1.6	Further research, DDICB do not commission

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