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)

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

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 second 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

Removal of Benign Skin Lesions	CPAG agreed to adopt National EBI guidance as it considered to be more descriptive and provide clearer eligibility criteria.
	
	A summary of key changes are as follows:
	• Definitions included for
	  ○ regular bleeding – 'more than twice weekly for at least four weeks'
	  ○ pain requiring medication – 'long-term daily'
	  ○ pressure symptoms – 'which are unavoidable, cannot be managed conservatively and cause atrophy'
	• Specifications for:
	  ○ Facial viral warts (under 18) 'causing significant psychological distress (e.g. school avoidance) who are able to tolerate cryotherapy'
	  ○ Spider naevi pathways - although multiple lesions may be a sign of underlying disorders in adults and children best initially addressed through advice and guidance
	• Integrate local DDICB criteria (lipoma and Epidermoid cyst removal) into a single updated policy
	
	Removal of benign skin lesions means treating lumps, bumps or tags on the skin that are not suspicious of cancer.
	
	There is little evidence to suggest that removing benign skin lesions to improve appearance is beneficial. Risks of this procedure include bleeding, pain, infection and scarring and anaesthetic risks. However, in certain specific cases as outlined by the criteria above, there may be benefits for removing some skin lesions e.g. to avoid long-term pain and allow normal functioning.
	Surgery to remove a benign or harmless skin lesion is a procedure that should only be carried out when specific criteria are met, to ensure most appropriate use of health care resources

Grommets for Glue Ear in Children/Removal of Adenoids for Treatment of Glue Ear	CPAG agreed to retain and enhance the current DDICB policy with additional EBI details. Whilst EBI has been updated to reflect updated NICE guidance, CPAG reviewed DDICB policy to reflect updated NICE guidance in October 2023 and agreed to maintain the current policy position. A summary of key changes are as follows: • Guidelines for Children aged under 12 and Unilateral hearing loss if hearing is impacting daily living or communication. • Confirmation of unresolved glue ear before surgery, with tympanometry as good practice • Adoption of EBI criteria for adjuvant adenoidectomy as more descriptive Otitis media with effusion (OME) is a condition characterised by a collection of fluid within the middle ear space without signs of acute inflammation. OME can be associated with significant hearing loss, especially if it is bilateral and lasts for longer than one month. Often, when the hearing loss is affecting both ears it can cause language, educational and behavioural problems. In most cases Otitis media with effusion (OME) will improve by itself without surgery. Evidence suggests that grommets only offer short-term hearing improvement in children with no other serious medical problems or disabilities. In situations where OME is not having an impact on the child's hearing, there is no urgent need to consider surgery, regardless of whether the OME is persistent or transient, in light of the risks associated with grommet insertion. NICE guidance recommends that adjuvant adenoidectomy can be considered when planning grommet surgery.

	The most important outcome in children with glue ear for measuring the effectiveness of an intervention is the improvement in hearing. There is some evidence that adenoidectomy with or without unilateral or bilateral grommets reduced the presence or persistence of glue ear.
Tonsillectomy for Recurrent Tonsillitis	CPAG agreed to retain the broader DDICB policy and reinforce with additional EBI information. A summary of key changes are as follows: • The addition of the following statement 'Discuss and document the risks of tonsillectomy vs active monitoring with the adult or child and their family or carers, and a shared decision has been made on whether to have the procedure'. Tonsils are lymphatic tissue found on each side of the throat that forms part of the immune system in young children. As children get older the tonsils usually shrink and the immune system can fight infections without them. Tonsillitis is the inflammation of the tonsils, which is often caused by a viral infection but can also be caused by bacteria. Some people can experience severe recurrent episodes of inflamed adenoids and tonsillitis that can be disabling to normal function. The removal the adenoids/tonsillectomy can be beneficial in these patient groups, but it should only be offered when the frequency of episodes set out by the policy are met. The surgery carries a risk of bleeding and infection requiring readmission to hospital. Post-surgery pain can be severe, particularly in adults, for up to two weeks after surgery and can cause temporary swallowing difficulties.

GOVERNANCE POLICIES & MISCELLANEOUS INFORMATION	
Statement	**Summary**
Clinical Policies Assurance	CPAG agreed the following key components as part of a robust and transparent governance process within DDICB for maintaining Clinical Policy content: • An established governance process for policy approval. • Appraisal of policies against National Evidence-Based Interventions. • Mechanisms to ensure policy compliance. • Ongoing monitoring and data analysis. The assurance of clinical policies is a critical to delivering high-quality, evidence-based healthcare. A recent exercise compared DDICB clinical policies with those of five other ICBs to identify discrepancies and potential opportunities for improvement. The analysis showed that DDICB policies are generally aligned with best practices while also identifying opportunities to refine certain policies to align more closely with peer organisations. CPAG also noted plans to strengthen policy compliance assurance through the support of healthcare intelligence and the Commissioning and Strategy team.
Individual Funding Requests (IFR) Screening Cases	CPAG reviewed the IFR Screening cases for November 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 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 November 2024:

IPG/MTG/DTG/HTE/MIB	Description	Outcome
IPG 794	Endoscopic bipolar radiofrequency ablation for malignant biliary obstruction Recommendations: 1.1 More research is needed on endoscopic bipolar radiofrequency ablation for treating malignant biliary obstruction. 1.2 This procedure should only be done as part of a formal research study, and a research ethics committee needs to have approved its use.	**NICE recommends further research, DDICB do not commission**
DG 12	Measuring fractional exhaled nitric oxide concentration in asthma: NIOX MINO, NIOX VERO and NObreath	**Withdrawn guidance** Replaced with NG245 - Asthma: diagnosis, monitoring and chronic asthma management (BTS, NICE, SIGN)

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