

CLINICAL POLICY ADVISORY GROUP (CPAG) DECISION AND JUSTIFICATION LOG

Meeting Date: Thursday 5th September 2024

Updated by: Clinical Policies & EBM Support Officer

Ethical Framework

Chair to ensure that all decisions made are in line with the [ICBs Ethical Framework](#), following examples of evidence of clinical and cost effectiveness, health care need and capacity to benefit, policy driver/strategic fit.

Declarations of Interest

Committee members are reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of the ICB.

Declarations declared by members of the Clinical Policy Advisory Group (CPAG) are listed in the Register of Interests and included with the meeting papers. The ICB's Registers of Interests are also available via the ICB's Corporate Governance Manager.

Agenda Item number	Agenda Item Title	Owner	Summary of Discussion	Decision & Justification	Action(s)
CPAG09/24 0	Confirmation of Quoracy	JB	CPAG was quorate under the Terms of Reference		
CPAG09/24 1a	Declarations of Interest for today's meeting	JB	No Declarations of Interest were made		
CPAG09/24 4a	CPAG Bulletin August 2024	TG	No further comments from CPAG	CPAG approved & ratified August 2024 CPAG Bulletin.	<ul style="list-style-type: none"> Bulletin to be circulated to stakeholders via external communications
CPAG09/24 5a	CPAG Internal Action Log	TG	No further comments from CPAG	CPAG noted the Internal Action Log.	<ul style="list-style-type: none"> Update CPAG Action Log
CPAG09/24 6a	MA* – CPAG New Ways of Working Governance Arrangements	TG	<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, and ensuring transparency in decision-making processes. 	CPAG noted this information.	<ul style="list-style-type: none"> Continue current operating model to produce the Decision & Justification Log

CPAG09/24 6b	MA* – Evidence Based Interventions (EBI) Removal of Benign Skin Lesions Guidance – update	TG	<p>Update from The Academy of Medical Royal Colleges (AOMRC)</p> <ul style="list-style-type: none"> • Post August CPAG meeting AOMRC confirmed that the 'Removal of Benign Skin Lesions' guidance document will be reviewed as part of the September 2024 process. AOMRC had previously retired the guidance document (July 2024). • A post meeting note has been added to the August 2024 CPAG Bulletin to clarify. 	CPAG noted the update and the DDICB 'Removal of Benign Skin Lesions' Policy will be tabled at a future CPAG meeting once AOMRC guidance reviewed.	<ul style="list-style-type: none"> • Table DDICB 'Removal of Benign Skin Lesions' Policy at a future CPAG meeting once AOMRC guidance reviewed.
CPAG09/24 6c	MA* – CPAG Workplan	TG	No further comments from CPAG	CPAG noted the progress to date and items pending review on the workplan.	
CPAG09/24 6d	MA* – Principles for Risk Stratification for the Extension of Clinical Policies	TG	<p>CPAG had previously developed a risk stratification model during the August 2024 meeting, following the review of 33 policies, which laid the foundation for this latest policy extension framework.</p> <p>The level of risk categorisation for Policy extension clinical risk stratification are as follows: 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.</p> <p>A full review of the policy will be done at the end of the 3-year extension period.</p>	<p>CPAG approved the principles/risk categorisation for Policy extension clinical risk stratification.</p> <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. Policies will be reviewed within the 3-year extension period if there is a clinical need e.g. new evidence/national guidance.</p>	<ul style="list-style-type: none"> • Policies which are low risk and have already been extended by 1 year since November 2023 and safe and current to be extended by a further 2 years. • Apply risk stratification model to all future policies due for review.
CPAG09/24 6e	MA* – Review Date Extension of Clinical Policies	TG	<p>The following policies/position statements are due for review within the next 6 months and are aligned to the suggested risk profiling (Item 6d), proposal to extend for 3 years in the temporary absence of a Policy Writer:</p> <ul style="list-style-type: none"> • Abdominoplasty (Apronectomy, Panniculectomy) Policy • Acupuncture Position Statement 	CPAG agreed a temporary extension of 3 years for those Clinical policies which are due for review in the next six months. CPAG noted the assurance provided.	<ul style="list-style-type: none"> • Outputs to stakeholders via external communications

			It was noted that the current stakeholder engagement process is under review. A paper will be tabled at CPLG meeting in September 2024 and the outcome will be tabled at CPAG in October 2024.		<ul style="list-style-type: none"> Review of stakeholder engagement process to be tabled at CPLG meeting in September 2024. Outcome to be tabled at CPAG in October 2024.
CPAG09/24 6f	MA* – DDICB Clinical Policies Assurance	HM	<p>The EBM Department has carried out an exercise to review the current DDICB clinical policies against five ICBs (comprising of three neighbouring ICBs and two ICBs with a broad range of policies) to provide assurance that DDICB policies are relevant and to identify any areas where there is an opportunity to develop new commissioning policies.</p> <p>The Review has identified a small number of policies where DDICB does not have a policy in place.</p>	<p>CPAG approved the formation of a Short Life Working Group tasked with reviewing and identifying policies that could potentially be adopted by DDICB.</p> <p>CPAG noted the assurance following the exercise that the suite of DDICB policies remain comprehensive.</p>	<ul style="list-style-type: none"> Short Life Working Group to include a Public Health representative and a GP representative to be set up
CPAG09/24 6g	MA* – Liposuction for Lipoedema Update	HM	<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>In addition, the DDICB NICE Interventions, Diagnostics, Medical and Health Technologies and</p>	<p>CPAG approved the updated Liposuction section of the DDICB Position Statement for Restricted Cosmetic Procedures, to include reference to Lipoedema.</p>	<ul style="list-style-type: none"> Outputs to stakeholders via external communications

			<p>Innovation Programmes Policy states that research only IPGs are not routinely commissioned.</p>		
<p>CPAG09/24 6h</p>	<p>MA* – Proposed Integrated, Rules-based MedTech Pathway</p>	<p>TG</p>	<p>The background to the Proposed Integrated, Rules-based MedTech Pathway is referenced in July 2024 CPAG minutes.</p> <p>CPAG Minutes July 2024.pdf (derbyshiremedicinesmanagement.nhs.uk)</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. • 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. • 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 Joined Up Care Derbyshire (JUCD) providers. 	<p>CPAG noted the proposed new process for the Integrated, Rules-based MedTech Pathway, and the assurance provided.</p>	<ul style="list-style-type: none"> • Once NICE / NHSE publish a response document, CPAG to inform relevant stakeholders e.g.: <ul style="list-style-type: none"> ○ Contracting ○ Finance

			<ul style="list-style-type: none"> • 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. • DDICB Finance team are aware of this requirement. 		
CPAG09/24 7a	Cataract Surgery Policy Review	TG	<p>The Cataract Surgery Policy has been prioritised for review following a risk stratification exercise (see item CPAG09/24 6d). The policy has been reviewed and updated.</p> <p>There was a nil response from stakeholder engagement.</p> <p>NICE guidance excludes visual acuity scoring unlike DDICB policy, (NG 77 Published 2017, reviewed 2021- no significant changes) DDICB policy is based on extensive discussion and engagement led previously by Public Health including a recent review (March 24) which concluded new evidence did not support a change in policy.</p> <p>A literature search concluded no significant robust evidence has been published since the policy was last reviewed and updated in September 2021 that would support a major update of the policy.</p> <p><u>Greater Manchester (GM) ICB Policy</u> Output from previous PPI panel submission (April 2024) – The legal duty does not apply as this is not a change in service but a proposal to accept a policy difference.</p> <p>IFR have received several requests for Toric lenses as part of the cataract procedure. NICE NG 77 concludes - current evidence does not support their use, the evidence would be stronger if it was able to demonstrate what level of overall benefit in quality of life an individual would, on average, receive. Significant concerns about the increased resource</p>	<p>As no stakeholder feedback has been received for the Cataract Surgery Policy, CPAG agreed that the ratification of this policy should be deferred to a future CPAG meeting, following review of the current stakeholder engagement process at a CPLG meeting.</p> <p>With reference to local capacity and service fragility CPAG agreed a raise separately with contracting the use of independent service providers.</p>	<ul style="list-style-type: none"> • Cataract Surgery Policy to be tabled at a future CPAG meeting for ratification once stakeholder feedback has been received and the outcome of discussion at CPLG is known. • Discuss with contracting the use of independent service providers to improve capacity, reduce address service fragility and meet existing demand e.g. bilateral cataract procedure.

			burden that would be incurred by the NHS should Toric lenses be recommended. A statement to reflect NICE NG 77 will be added to the DDICB Cataract Surgery policy recommendations.		
CPAG09/24 8a	East Midlands Fertility Policy Review - Update	HM	<p>In preparation for the commencement of the pre-engagement process and to inform the ICB Population Health and Strategic Commissioning Committee, CPAG reviewed the key proposals outlined within the proposed case for change.</p> <p>The notable points of variation within the proposal include:</p> <ul style="list-style-type: none"> • Funded arrangements • Requirements for Certain Groups • Storage Limits • Alignment of Fertility Access across the region <p>Assurance and next steps:</p> <ul style="list-style-type: none"> • ICB-specific Equality Quality Impact Assessment (EQIA) has been completed to ensure the proposed changes are equitable and considerate of varying population needs. • The final case for change proposal has been agreed in principle by the East Midlands Review Group and is set to be presented at the October meeting of the East Midlands Joint Committee for approval to move into the pre-engagement phase. <p>Engagement Plan:</p> <ul style="list-style-type: none"> • The DDICB Engagement team are in the process of developing a Communications and Engagement Plan on behalf of all five ICBs. 	<p>CPAG noted the proposed "Case for Change" in preparation for the commencement of the pre-engagement phase.</p> <p>CPAG noted they are the contact point for clinical feedback into the pre-engagement process and to PHSCC.</p> <p>CPAG noted that members are able to feedback any comments prior to the pre-consultation phase to Head of Engagement, DDICB. These comments will be recorded and included in the pre-engagement process.</p>	<ul style="list-style-type: none"> • Update to Population Health Strategic Commissioning Committee (PHSCC)
CPAG09/24 8b	Glossop Transition for Clinical Policies – Update	HM	<p>The background and agreed engagement process have been outlined previously see item 8b of the March 2024 CPAG minutes available at:</p> <p>CPAG Minutes March 2024.pdf (derbyshiremedicinesmanagement.nhs.uk)</p>	<p>CPAG noted the update to the Glossop transition programme.</p>	<ul style="list-style-type: none"> • Update/ escalate to PHSCC

			<p>Clinical policies that have been assessed by the PPI panel:</p> <ul style="list-style-type: none"> • Abdominoplasty - legal duty does not apply • Arthroscopic Shoulder decompression for subacromial shoulder pain - legal duty does not apply <p>As no response has been received from the Glossop representative, this has been escalated to the Chair of the GP Provider Board (GPPB) to see if there is an alternative representative who can provide feedback.</p>	<p>CPAG noted the nil response from the Glossop representative and to escalate to PHSCC.</p>	<ul style="list-style-type: none"> • GPPB Chair to advise if an alternative Glossop representative can provide feedback on relevant clinical policies.
CPAG09/24 9a	Individual Funding Request (IFR) – Screening/Panel Cases – July 2024	HM	CPAG reviewed the IFR Screening/Panel cases for July 2024 and were assured that no areas for service development have been identified.	CPAG noted the IFR cases for July 2024.	<ul style="list-style-type: none"> • Outputs to stakeholders via external communications
CPAG09/24 10a	NICE IPG, DTG, MTG & HTE Updates	KR	It was confirmed that no business cases have been received for any of the NICE outputs.	CPAG noted IPGs, DTGs, MTGs and HTEs for July 2024.	<ul style="list-style-type: none"> • Outputs to stakeholders via external communications • Inform DDICB Pharmacy Team of the NICE output for DG59
CPAG09/24 13	Key messages received from / going to PHSCC	HM	No further comments from CPAG.	<p>CPAG noted the papers tabled at PHSCC in August 2024.</p> <p>CPAG noted the papers to be tabled at PHSCC in October 2024.</p>	<ul style="list-style-type: none"> • No further action

Date of Next meeting: Thursday 3rd October 2024 papers to be agreed by email.
Agenda items for October meeting to be received by 12 noon on 16th September 2024 please.

KEY

MA* – Matters Arising