

# Clinical Policy Recommendation Committee Minutes

**Wednesday 21 September 2022**  
**via Microsoft Teams**

## Present:

| Name              | Job Title                                     | Organisation         |
|-------------------|-----------------------------------------------|----------------------|
| Dr Glen Allaway   | Chair                                         | NHS Devon            |
| Paul Foster       | Clinical Director of Pharmacy and Prescribing | T&SD                 |
| Dr Lucy Harris    | Voting Member                                 | NHS Devon            |
| Dr Claire Hooper  | Voting Member                                 | NHS Devon            |
| Susan Masters     | Deputy Chief Nursing Officer                  | NHS Devon            |
| Dr Paul Melling   | Voting Member                                 | NHS Devon            |
| Mac Merrett       | Lay Public Member                             |                      |
| Chris Roome       | Head of Clinical Effectiveness                | NHS Devon            |
| Dr Emily Youngman | Consultant in Public Health Medicine          | Devon County Council |

## Guests:

|                    |                                                                                                          |                                 |
|--------------------|----------------------------------------------------------------------------------------------------------|---------------------------------|
| Matt Howard        | Clinical Evidence Manager                                                                                | NHS Devon                       |
| Nic Perrem         | Healthcare Evidence Reviewer                                                                             | NHS Devon                       |
| Hilary Pearce      | Clinical Effectiveness Pharmacist                                                                        | NHS Devon                       |
| Amy Rice           | Clinical Effectiveness Pharmacist – Commissioning Projects Lead                                          | NHS Devon                       |
| Dr Patrick English | Consultant Physician                                                                                     | UHP                             |
| Pauline Budge      | Lead Clinical Nurse Specialist                                                                           | RDUH – Northern                 |
| Mr Mark Stott      | Consultant Urologist                                                                                     | RDUH                            |
| Mr Ian Donaldson   | Consultant Urologist                                                                                     | RDUH                            |
| Dr Iryna Roshko    | Consultant Gynaecologist and Clinical Lead for Reproductive Medicine                                     | Exeter                          |
| Dr Umesh Acharya   | Consultant in reproductive medicine                                                                      | CRGW Fertility Centre, Plymouth |
| Dr Neil Walker     | Consultant                                                                                               | RDUH - Eastern                  |
| Mr Jamie Dunn      | Consultant Urologist                                                                                     | UHP                             |
| Mr Nick Burns-Cox  | Consultant Urological Surgeon<br>Clinical lead for the Devon, Cornwall and Somerset Urology area network | Somerset FT                     |

**Observers:**

|              |                                     |           |
|--------------|-------------------------------------|-----------|
| Rebecca Lowe | Joint Formulary Pharmacy Technician | NHS Devon |
|--------------|-------------------------------------|-----------|

**In attendance:**

|              |                                                   |           |
|--------------|---------------------------------------------------|-----------|
| Fiona Dyroff | Clinical Effectiveness Governance Support Officer | NHS Devon |
| Rebecca Owen | Clinical Effectiveness Governance Manager         | NHS Devon |

**1. Welcome and announcements****Apologies:**

| Name                   | Job Title                                    | Organisation   |
|------------------------|----------------------------------------------|----------------|
| Dr Kay Brennan         | Voting Member                                | NHS Devon      |
| Dr Andrew Craig        | Voting Member                                | NHS Devon      |
| Richard Croker         | Deputy Director for Medicines Optimisation   | NHS Devon      |
| Dr Tawfique Daneshmend | Consultant Gastroenterologist & Hepatologist | RDUH - Eastern |
| Barbara Jones          | Head of Contracting                          | NHS Devon      |
| Mark Taylor            | Lay Public Member                            |                |

Confirmation of voting members and Declarations of interest

The five voting members present were identified.

Dr Kay Brennan had delegated voting to Paul Foster

Dr Andy Craig had delegated voting to Chris Roome

Dr Paul Melling was absent from the meeting for the discussion of Lumbar discectomy for the management of sciatica. Dr Glen Allaway voted in his absence.

Declarations of Interest were collected and reported. The Declarations made did not result in anyone being excluded from the meeting or from the discussion of any item. All Declarations of Interest are reported in the minutes.

| DRUG/ TECHNOLOGY TO BE CONSIDERED                                                                     | PHARMACEUTICAL COMPANY/ MANUFACTURER/ SERVICE PROVIDER                                                                                                                |
|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Assisted Conception: 'relationship' eligibility criterion for assisted reproduction techniques</b> | Providers of assisted conception services                                                                                                                             |
| <b>Continuous glucose monitoring for diabetes</b>                                                     | Manufacturers of glucose monitoring systems for diabetes, such as Abbott, Dexcom, Gluco Rx, Medtronic, Medtrum Ltd, Senseonics Inc, Ypsomed Ltd (list not exhaustive) |

| DRUG/ TECHNOLOGY TO BE CONSIDERED                                                                                                                                                                     | PHARMACEUTICAL COMPANY/ MANUFACTURER/ SERVICE PROVIDER                                                                                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Rezum® system and;</b><br><b>2. Bipolar TURP- PLASMA® and Karl Storz systems (bi-polar TURP);</b><br><b>for treating lower urinary tract symptoms secondary to benign prostatic hyperplasia</b> | a) Suppliers of equipment associated with surgery for lower urinary tract symptoms caused by benign prostatic hyperplasia – e.g. Boston Scientific, Olympus, Karl Storz, Gyrus (list not exhaustive)<br>b) Providers of private surgical treatment options for lower urinary tract symptoms caused by benign prostatic hyperplasia |
| <b>Lumbar discectomy for the management of sciatica</b>                                                                                                                                               | Providers of private interventions for lumbar discectomy for the management of sciatica                                                                                                                                                                                                                                            |

| Name of Attendee     | Role                                                                 | Declaration                                                                                                                                                                                                                                            |
|----------------------|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Rebecca Lowe         | Joint Formulary Technician                                           | Second job as bank staff at HMP Channings Wood                                                                                                                                                                                                         |
| Dr Iryna Roshko      | Consultant Gynaecologist and Clinical Lead for Reproductive Medicine | Member of British Fertility Society                                                                                                                                                                                                                    |
| Jonathan Neil Walker | Consultant                                                           | I have spoken at 2x sponsored conference regarding the use and interpretation of flash glucose monitoring.                                                                                                                                             |
| Nick Burns-Cox       | Consultant Urological Surgeon                                        | I am a director in Taunton innovations which has a urinary collection device which could have a role in urine collection and testing for UTI. It is not commissioned etc but might in the future have a role in the NHS or other healthcare providers. |

#### Notification of Any Other Business

No other items of business were noted.

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## **2. Minutes of the meeting held on Wednesday 20<sup>th</sup> July 2022 and matters/actions arising**

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The minutes of the meeting held on Wednesday 20th July 2022 were approved.

| Summary of actions |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                                                                                                                                                                          |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                    | Action                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Lead         | Status                                                                                                                                                                   |
| 21/05              | <p><b>Policy for chronic rhinosinusitis - Policy recommendation and QEIA to be prepared and subsequently progressed to final CCG approval and communication.</b></p> <p>This policy has completed the CCG governance and approval processes and is expected to be published shortly, pending DRSS confirming whether there are any referral implications requiring advanced notice.</p> <p>A difference in two-week wait criteria in this policy and the DRSS policy has been noted. Work is being undertaken with the GP lead to resolve this.</p> <p>This is part of the Evidence Based Interventions (EBI) List 2. A discussion with DRSS regarding the 2 week wait criteria is planned for July.</p> <p>A response is awaited. A reminder will be sent to Joe Mays.</p> | Chris Roome  | <p>Progress has been made. The CRG is to be aligned.</p> <p>Publication will be taken forward with Devon Referral Support Service (DRSS)</p>                             |
| 22/01              | <p><b>Tirbanibulin for actinic keratosis: Policy Recommendation and QEIA to be prepared and subsequently progressed to final CCG approval and communication.</b></p> <p>Policy recommendation pending final organisational approval. This is due to be considered in August.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Rebecca Owen | <p>Confirmation has now been received of the ICB approval route for clinical policies; this is due to be submitted to the Strategy and Transformation SLT next week.</p> |
| 22/02              | <p><b>Sodium oxybate and pitolisant: review of policies for use in narcolepsy (with or without cataplexy) following publication of NICE TA758 (solriamfetol for treating excessive daytime sleepiness caused by narcolepsy: Policy recommendation and QEIA to be prepared and subsequently processed to final CCG approval and communication.</b></p> <p>Policy recommendation pending final organisational approval. This is due to be considered in August.</p>                                                                                                                                                                                                                                                                                                           | Rebecca Owen | <p>Confirmation has now been received of the ICB approval route for clinical policies; this is due to be submitted to the Strategy and Transformation SLT next week.</p> |

|       |                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                  |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------|
| 22/05 | <b>Further work to be undertaken by a working group of local specialists and members of the Clinical Effectiveness Team to clarify the circumstances under which the high-cost rtCGM devices will be offered in Devon. The outputs of this to be brought back to the CPRC for agreement before the policy recommendation is progressed via the usual governance and approval process prior to ratification and publication.</b> | Chris Roome  | On agenda – action complete.                                     |
| 22/06 | <b>Clinical Policy Committee Annual Report for 2021-22 to be submitted to the ICB for acceptance and assurance.</b>                                                                                                                                                                                                                                                                                                             | Rebecca Owen | Due to be submitted to the ICB's Strategy and Transformation SLT |

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### **3. Assisted Conception: 'relationship' eligibility criterion for assisted reproduction techniques**

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Following a request from a provider of fertility services in Devon, the Clinical Policy Recommendation Committee (CPRC) considered the wording of the 'relationship' eligibility criterion for access to assisted reproduction techniques (ART) in the Devon commissioning policy for assisted conception. A member of the Clinical Effectiveness Team, NHS Devon presented a paper. Dr Iryna Roshko and Dr Umesh Acharya joined the meeting for discussion of this item.

The current wording was included in the commissioning policy at its inception in 2015 and was taken from the NHS England policy for assisted conception for the armed forces and remains in the NHS England policy to date.

The wording of the 'relationship' eligibility criterion was introduced with the intention of avoiding the discrimination of couples who are not married or in civil partnerships. Over time, it has been reported that the criterion is difficult to apply in practice. It is considered that the current wording of the criterion needs to be replaced in its entirety.

The stability of the parents' relationship is very important for the welfare of children, however there is no definition of a 'stable relationship'. The criterion for access to assisted reproduction techniques should be equitable and able to be evidenced.

At the request of a provider, the proposal was put to the Committee that the criterion be amended to define a 'stable relationship' as cohabitation for a two-year period, this reflects the NICE recommendation for two years of unprotected sexual intercourse before IVF is offered for couples with unexplained infertility. The time-period will not suit all couples but in the interests of fairness, providing clarity requested by providers and couples, and having a criterion which is equitable and can be evidenced, it was proposed that the two-year period of cohabitation is applied to all couples.

The committee discussed issues pertinent to the 'relationship' eligibility criterion for assisted reproduction techniques including:

- The advantages of a stable relationship between the parents to the wellbeing of the child.
- Co-habitation: some couples, including those who are not co-habiting or older women, may be disadvantaged by the requirement to have been co-habiting for at least two years. It was noted that the previous wording for evidence of a stable relationship 'such as two years co-

habitation' only became difficult to apply in practice when this was replaced with 'financial interdependence'.

- The 'relationship' eligibility criterion included in the assisted conception policies for other ICBs in South-West England were considered. None of the policies included co-habitation in the 'relationship' eligibility criterion.
- When there is no known cause of infertility, regular unprotected intercourse to increase the chances of conceiving naturally is required for two years before IVF can be considered in line with NICE guidance. Couples who do not cohabit can be reducing their chances of a natural conception.

It was agreed that 'and to have been cohabiting' be removed from the proposed eligibility criterion. The specialists were asked if they were satisfied that the proposed amendment to the 'relationship' criterion could be applied fairly in practice. The committee were asked to vote on this amended wording.

The committee voted unanimously in favour of recommending adoption of the amended 'relationship' eligibility criterion for assisted reproduction techniques:

'Relationship: The stability of the relationship is very important for the welfare of children; couples must be in a stable relationship for at least two years to be entitled to receive NHS-funded assisted reproduction techniques.'

**ACTION: Policy recommendation and QEIA to be prepared and subsequently progressed to final ICB approval and communication.**

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#### **4. Continuous Glucose Monitoring (CGM) for Diabetes**

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Patients with diabetes who are treated with insulin are required to regularly check their glucose levels. Historically this was usually completed by patients self-monitoring their blood glucose via finger prick testing. CGM allows patients to monitor their glucose levels via interstitial fluid measurements taken from a small sensor attached to their skin. Nic Perrem Healthcare Evidence Reviewer, NHS Devon presented a paper. Dr Patrick English, Dr Neil Walker and Pauline Budge joined the meeting for discussion of this item.

Most CGM devices are comprised of a sensor and a reader, users can use smart devices such as a mobile phone rather than a bespoke reader device. CGM technology comes in two forms, intermittently scanned CGM devices require the user to take an active measurement by bringing the reader close to the sensor whereas real time CGM devices take continual measurements of glucose levels and transmit this information wirelessly to the reader. This means that real time CGM systems provide some benefits to the user which are not possible from intermittently scanned devices, such as programmable alerts for hypo and hyper glycaemia. More advanced real time CGM systems can also work in tandem with a programmable insulin pump which adjusts insulin delivery automatically in response to the patient's glucose level. Devices with more advanced functions are generally more expensive and are only available to patients from secondary care. These systems are procured by specialist secondary care teams. Currently, two real time CGM devices which are available via an FP10 prescription and can be prescribed by GPs. These are the Dexcom one and GlucoRX Aidex systems. The FreeStyle Libre device is the only intermittently scanned CGM system available via an FP10 prescription from the GP.

In July 2022, CPRC discussed the implications of updates to NICE guidelines NG17, NG18 and NG28, published in early 2022, covering the management of diabetes in adults and children with type 1 and type 2 diabetes. The updates recommend that all adults and children with type 1 diabetes be provided with a real time CGM device and that a small subgroup of patients with type 2 diabetes who are treated with insulin are provided with an intermittently scanned CGM system. These recommendations represented a large expansion in the use of CGM technology in Devon

due to the existing commissioning policies for these devices. At the July meeting the committee voted in favour of amending the commissioning policies which cover CGM technologies so that they fall in-line with the new NICE guidelines.

There is significant uncertainty around the financial impact of this decision due to the cost of hospital procured real time CGM device usage. The likely increase in costs from the maximum currently possible against the existing policy position could be in the region of £8.7 million per year if all patients with type 1 diabetes were to use a hospital procured CGM system, however the increase in cost would be in the region of £1.6 million per year if all patients with type 1 diabetes were prescribed a device by a GP. Due to the large financial implications of unrestricted hospital procured real time CGM device in patients with type 1 diabetes the committee requested that a commissioning policy was developed with the aim of providing CGM technology to patients in line with the NICE recommendations, whilst also ensuring that the provision of hospital procured real time CGM devices was limited to those patients with a specific clinical need for the technology to ensure the greatest benefits could be achieved within the finances and resources available to the NHS in Devon.

Following feedback received from local specialists this policy allows for the provision of hospital procured real time CGM devices to patients with type 1 diabetes who are ineligible for a suitable GP prescribable system due to their age, and patients with type 1 diabetes who receive insulin from a pump and who have been deemed likely to benefit from integration between CGM and pump by members of the specialist secondary care diabetes team. The policy also makes provision of GP prescribable real time systems to all other patients with type 1 diabetes and makes provision of intermittently scanned devices to patients with type 2 diabetes in line with the NICE guidance.

It is estimated that the annual spend would increase from what is currently possible against the existing policy by around £2.3 million per year if the new policy were introduced. Provision of CGM devices would increase by a further 3,748 patients with diabetes whilst ensuring that those with a specific clinical need for a hospital procured system would be provided with one.

The Committee considered issues pertinent to the routine commissioning of CGM for diabetes including:

- It was agreed that the proposed policy supports provision of CGM in line with the NICE guidelines and that it provides clarity and consistency regarding the provision of hospital procured real time CGM devices, ensuring that patients who would receive the greatest clinical benefit are able to access these systems.
- One local specialist raised a potential issue with the proposed policy wording regarding the provision of hospital procured real time CGM Devices. It was noted that a “very small” number of patients who would not meet the proposed eligibility criteria of receiving insulin via a pump, may also benefit from the use of a hospital procured system. These patients could be defined as suffering from recurrent or severe hypoglycaemia despite optimised use of insulin. The benefits of a hospital procured real time CGM system to these patients may come from the more advanced predictive alarms on these devices which can alert patients to the likelihood of an upcoming hypoglycaemic event. It was noted that this group would already be eligible under the current policy and therefore it was suggested that the wording of the current policy for this group be carried forward to the proposed policy.
- Following a query from a local specialist, it was confirmed that patients should be prescribed CGM devices in line with the commissioning policy of the ICB in which their registered GP is located. This was a pertinent point for patients who are registered with GPs outside of NHS Devon but were accessing services within the county.
- It was confirmed that the committee was voting on the proposed policy, not the practicalities of initiating a patient on CGM. If recommended by the CPRC and approved by the ICB further work will need be undertaken by groups more closely involved with practical translation into practice. Discussions on the setting of care for initiation of CGM in the different patient groups,

the training requirements of clinicians new to CGM and the capacity to deliver need to progress through the Devon Diabetes Delivery Group. Guidance to prescribers on the outcome of the policy work and the practical implementation steps will be reflected in the formulary, progressed through the Devon-wide Formulary Interface Group.

The committee voted unanimously in favour of recommending the routine commissioning of CGM for diabetes subject to the following additional criterion to the secondary care procured (non-GP prescribable) systems:

'OR despite a 6-month trial of GP prescribable rtCGM are experiencing impaired awareness of hypoglycaemia or have hypoglycaemia awareness PLUS have had recent episodes of severe hypoglycaemia (have experienced two or more severe hypoglycaemic episodes within 12 months where they have been unable to take oral treatments.'

**ACTION: Policy recommendation and QEIA to be prepared and subsequently progressed to final ICB approval and communication.**

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## **5. Rezum and PLASMA (bi-polar TURP) for treating lower urinary tract symptoms secondary to benign prostatic hyperplasia**

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Lower urinary tract symptoms (LUTS) are common in men over the age of fifty. Enlargement of the prostate gland is the most common cause of LUTS in this patient group. The most common cause of prostate enlargement is benign prostatic hyperplasia (BPH); a non-cancerous condition in which the size of the cells of the prostate enlarge, increasing the size of the entire prostate.

Historically the gold standard procedure for the management of LUTs secondary to BPH is a transurethral resection of the prostate or TURP. There are two types of TURP technology, the first is monopolar TURP (mTURP). The more modern versions of TURP use bipolar electrical technology, this is called bipolar TURP (bTURP). The efficacy of mTURP is well documented, however the adverse events associated with mTURP procedures may be higher than that of other surgical options used to treat LUTS secondary to BPH.

In 2019 the Clinical Policy Committee reviewed alternative surgical options to TURP for the management of LUTS secondary to BPH. Subsequently the routine commissioning of Urolift prostatic implant, Greenlight laser resection of the prostate, and Holmium laser enucleation (HoLEP) commenced in Devon. Use of Rezum steam ablation of the prostate was also considered, however CPC did not make a recommendation to routinely commission this procedure. This was due to the relative novelty of the device and the limited research evidence available at that time.

The PLASMA system is a form of bTURP. Currently two forms of bTURP are offered in Devon. The medtech funding mandate for 2022 included Greenlight, HoLEP and UroLift alongside Rezum and PLASMA for the management of LUTs secondary to BPH.

An evidence review for PLASMA and an updated evidence review for Rezum was presented by Nic Perrem, Healthcare Evidence Reviewer, NHS Devon. Mr Mark Stott, Mr Ian Donaldson, Mr Jamie Dunn and Mr Nick Burns-Cox joined the meeting for discussion of this item.

Local data suggests that at present 99 Urolift procedures, 13 HoLEP procedures, and 12 greenlight procedures occur annually. Additionally, 156 bTURPs, and 126 mTURPs occur each year. At present no Rezum procedures occur for patients in Devon.

The updated evidence review for Rezum did not identify any further RCTs examining Rezum which have commenced since the 2019 review took place. The only RCT identified is the Rezum 2 trial, this RCT compares Rezum to a sham control. Participants in the control arm were then

moved into a cross over arm from the three month follow up meaning that any follow up after this time compared the experimental arm to the cross over arm. In 2019 data was available up to a three year follow up. The authors have now published up to the study end point at five years. The improvements in patient reported urinary function and maximum urinary flow rate observed at the shorter term follow ups appear to remain consistent at five years. The safety profile of Rezum appears acceptable with any adverse events observed being defined as minor to moderate and being managed by routine care. Five systematic reviews with meta-analysis were also identified that have been published since the 2019 CPC review. The data available from one pairwise meta-analysis suggests that the outcomes from Rezum are likely comparable to that achieved from Urolift. Further data available from network meta-analysis suggests that the LUTS specific outcomes achieved from Rezum may not be as good as those observed from TURP, however the safety profile of Rezum may be preferable.

An evidence review for PLASMA identified five suitable systematic reviews with meta-analysis which compared outcomes between bTURP and mTURP. None of these systematic reviews allowed for a breakdown of outcome by an individual bTURP system, therefore the findings are generalised to all systems as opposed to just the PLASMA bTURP system. The data available suggests that outcomes achieved are the same when bipolar TURP is compared to monopolar TURP, however the safety profile of bTURP is likely better than that of mTURP. bTURP may reduce the odds of a blood transfusion being needed and also reduce the risk of clot retention. bTURP may also remove the risk of transurethral resection syndrome. The length of catheterisation post bTURP is also considerably less than that of mTURP.

NICE found Rezum to be cost saving compared to TURP, HoLEP and Urolift. However NICE were uncertain if Rezum was cost saving compared to GreenLight. NICE also found that the PLASMA bTURP system was cost saving compared to mTURP.

The Clinical Effectiveness team completed a budget impact model considering the financial implications of routine commissioning of Rezum in Devon. The impact of a commissioning decision for bTURP as it is routinely used in Devon was not considered. Within the model it was assumed that patients receiving Rezum would have otherwise received mTURP, therefore the model acts as a cost comparison between these two technologies being used in Devon. The modelling suggests that a saving in the region of six and a half thousand pounds a year may occur if the routine commissioning of Rezum was to occur in Devon and patients received Rezum instead of mTURP. The budget model did not capture costs associated with adverse events so further notional savings may also occur when Rezum is used in place of mTURP. In addition, Rezum uses considerably less theatre time and in hospital bed usage than mTURP meaning that more Rezum procedures may be able to occur which may allow further efficiency to be achieved within the local health care system.

Subsequent to circulation of the CPRC evidence review papers to local specialists further feedback has been received from Dr John McGrath from the RD&E requesting that the committee also consider the context of the elective backlog when discussing the commissioning of Rezum. Dr McGrath stated that Urology has the fourth largest elective backlog in England, of which surgery for BPH is the largest group nationally. Rezum offers the opportunity to perform the procedure in a lower acuity setting that is likely to be more COVID-resilient as we approach the autumn and winter. Dr McGrath also provided feedback that the highest day case rates in England occur in units who use bipolar TURP systems and that day case is the other way in which can mitigate loss of elective work during this next period. Dr McGrath felt that an expansion of the use of bTURP and Rezum may be central to getting men in Devon off the waiting list and reducing clinical harm.

The Clinical Policy Recommendation Committee discussed issues pertinent to the routine commissioning of Rezum and PLASMA (bi-polar TURP) for treating lower urinary tract symptoms secondary to benign prostatic hyperplasia, including:

- Specialists present indicated that a key driver for commissioning of Rezum and possibly Plasma bTURP is that this work can be undertaken outside of the main theatres where capacity is currently limited. Many patients would benefit from Rezum; the procedure can be undertaken as a day case under local anaesthetic.
- Five-year data supports use of this technology.
- Specialists present also indicated that although the procedure was quick the recovery period for patients can be difficult and that they may have uncomfortable symptoms for a week or more subsequent to the procedure being carried out. Honest conversations and use of decision-making aids are important.
- An information package could be hosted on My-Health Devon. A decision-making tool might need to be developed. Some online resources are available for patients in Southampton which may be of use in Devon.
- There is a role for both these technologies.
- There is not likely to be an increase in costs if routine commissioning of these procedures occurs. More procedures may be carried out in low acuity settings. Not all procedures will be carried out in every setting.

The Committee voted unanimously in favour of recommending the routine commissioning of both Rezum and bi-polar TURP for the treatment of lower urinary tract symptoms secondary to benign prostatic hyperplasia.

**ACTION: Policy recommendations and QEIAs to be prepared and subsequently progressed to final ICB approval and communication.**

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## 6. Lumbar discectomy for the management of sciatica

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Lumbar discectomy is one of 31 interventions included in the evidence-based interventions programme (EBI), list 2 guidelines, published by the Academy of Medical Royal Colleges in 2020. The programme provides recommendations for interventions which evidence shows are inappropriate in some conditions or patient groups, with the aim to reduce inappropriate activity, and improve patient care. A paper was presented by Amy Rice, Clinical Effectiveness Pharmacist – Commissioning Projects Lead, NHS Devon.

The recommendations for lumbar discectomy relate to its use in the management of sciatica. In most cases, patients with sciatica will improve with non-operative management. Severe cases may require the use of epidural injections or nerve root blocks. The EBI guidelines state that there is a reasonable body of evidence to show that in carefully selected patients, lumbar discectomy may lead to a greater and quicker improvement in pain scores, than in non-operatively treated patients. The guidelines outline specific criteria for which it is recommended that this procedure be considered. These criteria are in line with the current NICE guideline NG59 for low back pain and sciatica, published in 2016, and the national back and radicular pain pathway which was published in 2017.

Currently there is no commissioning policy in place for lumbar discectomy in Devon. It is proposed that the EBI criteria are adopted into a formal policy.

Local specialists indicated that current practice in Devon already reflects the criteria recommended in the EBI programme. Whilst local data appears to show that there has already been a reduction in activity, local specialists have highlighted that waiting times for outpatient appointments are still being impacted by the pandemic, and as such activity levels could change in the future.

A draft commissioning policy which solely reflected the EBI guideline criteria was circulated to specialists. Whilst there was agreement with the criteria, it was felt that a definition of severe

cases of sciatica was needed. An amendment was drafted with input from specialists at RDUH and UHP, which was recirculated to specialists.

The Clinical Policy Recommendation Committee was asked to consider the proposed policy recommendation and whether it should be adopted as a local commissioning policy for NHS Devon.

The committee voted unanimously in favour of recommending acceptance of the proposed commissioning policy for lumbar discectomy for the management of sciatica.

**ACTION: Recommendation and QEIA to be prepared and subsequently progressed to final ICB approval and communication.**

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## **7. Update from NICE Planning Advisory Group (NPAG)**

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The committee received an update from the NICE Planning Advisory Group. One meeting of the group had taken place since the CPRC meeting held on 17<sup>th</sup> July.

26 NICE publications were considered at the NPAG meeting which took place on 2<sup>nd</sup> August. There were:

- Six IBC commissioned Technology Appraisals
- 11 NHS England Commissioned Technology Appraisals
- Four NICE Guidelines
- Three Clinical Guidelines
- One Interventional Procedures Guideline
- One Medical Technology Guideline

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## **8. NICE Planning Advisory Group (NPAG) Annual Report 2021-2022**

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The Committee received the NPAG annual report 2021-22.

The report provides the ICB with assurance of how the organisation fulfils its statutory commissioning responsibilities in respect of mandatory NICE Technology Appraisals (TAs) and Highly Specialised Technologies (HSTs) and considers the resource and service implications for all newly published NICE guidance and guidelines via the NICE Planning Advisory Group (NPAG).

In year, NICE published 230 new and updated guidelines. This represents an increase of 135% since NPAG was formed in 2013-14.

NPAG met six times over the annual report period. In addition, a virtual meeting was held via e-mail. Over the course of these meetings NPAG received 165 reports relating to NICE guidance. In year there has been an increase in the number of mandatory TAs and HSTs considered or noted by the group from 43 in 2020-21 to 97 in 2021-22. An established process ensures that NICE TAs and HSTs are added to the local Devon Formulary in line with the ICB's statutory responsibilities as a commissioner of healthcare services.

In addition to the published guidelines NPAG routinely considers NICE forward plans of guidance expected to be issued over the next three months and highlights those with the potential to have a significant resource, cost implication or other impact, such as on existing commissioning policy or other commissioning workstreams.

Updates from NPAG continue to be included on the Clinical Policy Committee meeting agendas as a Standing Item.

NPAG also considered or engaged with several other publications and programmes in year. Including:

#### NHS Digital Scorecard

The NHS Digital Innovation Scorecard reports on the use of medicines in the NHS in England, which have been positively appraised by NICE. The team investigated two drugs included on the scorecard, in conjunction with colleagues, with a view to determining how beneficial use of the scorecard could be. The scorecard has several limitations as an 'overview' resource. The data requires careful interpretation and should be used in conjunction with other indicators and information from other sources that together form a holistic view of use of medicines. However, it may have some benefit if there is a specific medicine that one wishes to explore further.

#### MedTech Funding Mandate Policy

The MedTech Funding Mandate Policy was first published in 2021 to accelerate the uptake of selected innovative medical devices, diagnostics and digital products which are supported by NICE guidance. It was initially launched with a small number of products that met the specified criteria. Besides preparing a summary paper for the Executive Team, the team engaged with providers via the NPAG process to understand their position and uptake of the technologies, and to share this information with commissioning colleagues to support their conversations with providers seeking to implement these.

The 2022 policy, effective from 1<sup>st</sup> April 2022, includes the four technologies from the previous year plus seven further technologies. Further engagement will take place with providers with the aim of ascertaining their current position of implementation. The team has also considered the need for the review of any existing commissioning positions. It is noted Rezum and PLASMA, which have been considered by CPRC today, are included in the MedTech policy this year along with two other technologies for benign prostatic hyperplasia (Urolift and GreenLight XPS) for which policies are already in place in Devon.

#### Evidence Based Interventions (EBI) programme

The NPAG process has also supported the organisation's response to the Evidence Based Interventions (EBI) programme. The Clinical Effectiveness team identified that for 10 of the 31 interventions in wave two of the EBI programme there was corresponding NICE guidelines on which the EBI recommendations had largely been based. In the first instance provider trusts were contacted to assess their local position in respect of these NICE recommendations. The responses received were then collated and summarised to inform both NPAG and also the CCG's EBI working group.

#### Group membership changes

Grace McMahon joined the team as Clinical Effectiveness Support Officer in September 2021, taking a lead for planning the agenda and preparing meetings papers, actions and liaising with providers.

The NPAG Terms of Reference are being refreshed to ensure they are up-to-date and reflect the transition from the CCG to the ICB from 1 July 2022.

Fiona Dyroff and Grace McMahon were thanked for their support in preparing the papers, administration of the meetings, and for their input into preparing the annual report.

CPRC was asked to note the report for information. The report will be submitted to the ICB's Strategy and Transformation SLT for assurance of how the ICB fulfils its statutory responsibilities.

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**9. Any other business**

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There was no other business to report.

| Summary of actions |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                                                                                                                                                                   |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                    | Action                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Lead         | Status                                                                                                                                                            |
| 21/05              | <p><b>Policy for chronic rhinosinusitis - Policy recommendation and QEIA to be prepared and subsequently progressed to final CCG approval and communication.</b></p> <p>This policy has completed the CCG governance and approval processes and is expected to be published shortly, pending DRSS confirming whether there are any referral implications requiring advanced notice.</p> <p>A difference in two-week wait criteria in this policy and the DRSS policy has been noted. Work is being undertaken with the GP lead to resolve this.</p> <p>This is part of the Evidence Based Interventions (EBI) List 2. A discussion with DRSS regarding the 2 week wait criteria is planned for July.</p> <p>A response is awaited. A reminder will be sent to Joe Mays.</p> | Chris Roome  | Progress has been made. The CRG is to be aligned. Publication will be taken forward with Devon Referral Support Service (DRSS)                                    |
| 22/01              | <p><b>Tirbanibulin for actinic keratosis: Policy recommendation and QEIA to be prepared and subsequently progressed to final CCG approval and communication.</b></p> <p>Policy recommendation pending final organisational approval. This is due to be considered in August.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Rebecca Owen | Confirmation has now been received of the ICB approval route for clinical policies; this is due to be submitted to the Strategy and Transformation SLT next week. |
| 22/02              | <p><b>Sodium oxybate and pitolisant: review of policies for use in narcolepsy (with or without cataplexy) following publication of NICE TA758 (solriamfetol for treating excessive daytime sleepiness caused by narcolepsy: Policy recommendation and QEIA to be prepared and subsequently progressed to final CCG approval and communication.</b></p> <p>Policy recommendation pending final organisational approval. This is due to be considered in August.</p>                                                                                                                                                                                                                                                                                                          | Rebecca Owen | Confirmation has now been received of the ICB approval route for clinical policies; this is due to be submitted to the Strategy and Transformation SLT next week. |
| 22/06              | <b>Clinical Policy Committee Annual Report for 2021-22 to be submitted to the ICB for acceptance and assurance.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Rebecca Owen | Due to be submitted to the ICB's Strategy and Transformation SLT                                                                                                  |

|       |                                                                                                                                                                                                                          |              |  |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--|
| 22/07 | <b>Assisted Conception ‘relationship’ eligibility criterion for assisted reproduction techniques: Policy recommendation and QEIA to be prepared and subsequently progressed to final ICB approval and communication.</b> | Rebecca Owen |  |
| 22/08 | <b>Continuous Glucose monitoring: Policy recommendation and QEIA to be prepared and subsequently progressed to final ICB approval and communication.</b>                                                                 | Rebecca Owen |  |
| 22/09 | <b>Rezum and PLASMA (bi-polar TURP) for treating lower urinary tract symptoms: Policy recommendations and QEIAs to be prepared and subsequently progressed to final ICB approval and communication.</b>                  | Rebecca Owen |  |
| 22/10 | <b>Lumbar discectomy for the management of sciatica: Policy recommendation and QEIA to be prepared and subsequently progressed to final ICB approval and communication.</b>                                              | Rebecca Owen |  |