

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 \(derbyshiremedicinesmanagement.org.uk\)](https://derbyshiremedicinesmanagement.org.uk/ClinicalPolicies)

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 clinically effective, cost effective, safe and affordable treatments that are delivered to the appropriate patient cohorts. When updating clinical policies (local and nationally adopted) 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
Wired Functional Electrical Stimulation for Foot Drop of Neurological Origin (Full routine review)	NHS Derby and Derbyshire ICB has deemed that the wired functional electrical stimulation (FES) using skin surface electrodes in adults and children with foot drop of neurological origin should not routinely be commissioned, unless all of the criteria within the policy are met. The following minor amendments have been made to the policy: - Updated policy name to specify the type of FES restricted, namely wired FES. - For clarity, the statement "Other types of FES (implanted or wireless) are not commissioned" has been moved from the commissioning position to the new "Exceptions to the Policy" section. - Addition of section 4 'Personalised Care', aligning with NHS Long Term Plan priorities for personalised, patient-centred care. - Updated the list of supporting resources following clinician stakeholder feedback. There has been no new significant robust evidence or new national guidance that has been published since the policy was last reviewed in August 2023 that requires a change to the policy criteria or commissioning stance. Clinical Background and management Foot drop is a common consequence of upper motor neurone lesions associated with conditions such as multiple sclerosis, stroke, cerebral palsy or spinal cord injury. It results from weakness or reduced voluntary control of the ankle and foot dorsiflexor muscles, causing the toes to drag and the foot to drop during normal walking. This can affect gait and increase the risk of falls. Management options include physiotherapy, ankle-foot orthoses (AFOs) and functional electrical stimulation (FES). FES supports movement in people with neurological lesions by stimulating the relevant nerves and muscles during walking. In wired FES, skin surface electrodes are placed over the nerve and connected by leads to a stimulator unit, which is controlled by a foot switch. Electrical pulses stimulate muscle contractions that mimic normal voluntary gait movement.

GOVERNANCE POLICIES & MISCELLANEOUS INFORMATION

Statement	Summary
Individual Funding Requests (IFR) Screening Cases	CPAG reviewed the IFR Screening cases for June 2026 and are assured that no areas for service development have been identified.
DLN Clinical Policy Advisory Group Governance At the August meeting, CPAG supported the proposed governance arrangements for a Derby and Derbyshire, Lincolnshire, and Nottingham and Nottinghamshire (DLN)-wide Clinical Policy Advisory Group (CPAG) and agreed that the Terms of Reference and stakeholder engagement approach should progress through the appropriate governance route for final approval. The group will support the alignment of clinical commissioning policies across DLN providing oversight of new and revised policies, NICE guidance implications, evidence reviews, stakeholder feedback and implementation issues. It will also help ensure that quality, equality and patient and public involvement considerations are addressed throughout the policy development process. CPAG supported a phased approach to implementation, with broader stakeholder involvement retained initially while governance arrangements mature, progressing towards a single DLN representative model. The transition phase will provide an opportunity to refine membership, governance and reporting arrangements as the DLN model develops and matures. This work represents an important step towards greater consistency of clinical commissioning policies across the DLN system while maintaining appropriate clinical input, stakeholder engagement and decision-making accountability.	

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), or [HealthTech Guidance](#) 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 'can be used' previously called 'use with standard arrangements for clinical governance, consent and audit'
- OR the NICE HTG (including Early use/EVA) has made a recommendation 'can be used' or 'can be used during the evidence generation period'

There were no NICE programme outputs noted by the group for the month of June 2026.

HTG – [HealthTech guidance](#) evaluates non medicine technologies – It combines the former diagnostic guidance, interventional procedure guidance and medical technologies (MedTech) evaluation programmes.

EVA – [Early Value Assessment](#) – EVA considers medical technologies that address national unmet needs, contributing to the NHS [Long Term Plan](#). EVAs provide the NHS with guidance about the value of a technology, including a recommendation for use while evidence is generated. Unlike full NICE guidance, technologies selected for EVA will not be expected to have a complete evidence base before they're recommended for use.

LSA – [Late Stage Assessment](#)- LSA guidance evaluates categories of technologies that are already in widespread use within the NHS. It assesses whether price variations between technologies in a category are justified by differences in innovation, clinical effectiveness and patient benefits. This will support NHS commissioners, procurement teams, patients and healthcare professionals to choose technologies that maximise clinical effectiveness and value for money.

DDICB continues to monitor and implement IPGs with our main providers.