

Clinical Cabinet

Meetings: The last meeting of the Clinical Cabinet took place on 13 February 2020. No meeting was held in March.

Given the agreement to free up clinical directors to concentrate on COVID-19 response and recovery requirements, the April and May Clinical Cabinet meetings were also cancelled.

Overview of business

Priorities Committee Recommendations

The follow policy recommendations were made by the Hampshire Priorities Committee and subsequently reviewed and supported by the Joint West, North and Southampton CCGs Restricted Treatments and Procedures Steering Group meetings held on 25 February and 25 March 2020. These have been approved by Chair's action following engagement with locality clinical directors. A decision log has been maintained.

Policy Recommendation 60: Spinal Pain

This policy statement consolidates all recommendations related to interventions for pain originating from the spine and complements Policy Recommendation 59: Interventions for low back pain and sciatica which was approved by Clinical Cabinet in November 2019.

This Policy statement has been developed in line with latest evidence and to include considerations to ensure fair and equitable access but does not apply to patients with 'red flag' symptoms.

Policy Recommendation 001: Interventional procedures for varicose veins

This policy statement is an update following review of the most update to date evidence and makes minor changes to the existing local policy. The changes are:

- In exceptional circumstances, recurrent and severe thrombophlebitis may be an indication for treatment. Such patients should be referred via the individual funding request route.
- It is recommended that endothermal ablation is the preferred intervention and foam sclerotherapy should not be used as first line intervention.

Policy Recommendation 008: Adenoidectomy

This policy statement is an update following review of the most update to date evidence and makes minor changes to the existing local policy. See appendix 2 for full guidance but the changes are:

- A recognition of a small cohort of young children with chronic rhinosinusitis (CRS) in who are resistant to optimal conservative treatment (including antibiotics); these children are likely to be unwell with frequent acute respiratory tract infections. The evidence and expert opinion supports conservative treatments for at least 3 months' in primary care, utilising secondary care Advice and Guidance where appropriate.
- If conservative treatment fails AND symptoms interfere significantly with daily life, then referral for ENT review and consideration of surgical adenoidectomy should be made.

Policy Recommendation 061: Negative Pressure Wound Therapy

The Priorities Committee reviewed the evidence for the effectiveness of negative pressure wound therapy (NPWT) and concluded at this time there is evidence to support NPWT post-surgical debridement of diabetic foot ulcers but evidence does not support the use of NPWT in venous ulcers which should be low priority and not routinely commissioned.

Policy Recommendation 062: Foetal Alcohol Spectrum Disorders

Foetal Alcohol Spectrum Disorder (FASD) is an umbrella term encompassing a range of neuro-developmental impairments which can result in cognitive, physical and behavioural difficulties. There has been a case for a local specialist service to be commissioned.

The Priorities Committee recognises there are locally commissioned services able to treat those with developmental difficulties associated with FASD and therefore a specific service for assessment and diagnosis purposes only is low priority and should not be routinely commissioned.

Policy Recommendation 063: Treatments for Erectile Dysfunction

The first line of pharmacological treatment remains the oral phosphodiesterase-5(PDE5) inhibitors e.g. tadalafil.

- Primary care prescribers should not initiate once daily tadalafil in new patients and should consider stopping once daily prescriptions.

The Committee is fully supportive of:

- the current advice from the District and Area Prescribing Committees including the imperative to use regimens in line with the Selected List Scheme criteria – see appendix 5 for full guideline.
- The use of vacuum erection devices in those who are eligible following specialist assessment and receipt of appropriate information and training on use.
- That psychosexual counselling may be of benefit as part of an integrated strategy.

The introduction of penile implants is now under NHS England Specialised Commissioning rather than CCGs and therefore outside the remit of the Committee.

Key reference documents

Hampshire Priorities Committee Policy documents – published on website and available by request.

Date of next meeting: 10.00am, 11 June 2020