SPECIALISED COMMISSIONING - CLINICAL EVIDENCE EVALUATION CRITERIA FOR A PROPOSITION FOR A CLINICAL COMMISSIONING POLICY FOR ROUTINE COMMISSIONING

URN: 1678
TITLE: Hyperbaric oxygen therapy

CRG: N/A NPOC:
Trauma Lead:
Jacquie Kemp Date:
18/11/17

This policy is being considered for:	For routine commissioning	Not for routine commissioning	X
Is the population described in the policy the same as that in the evidence review including subgroups?	Yes.		
Is the intervention described in the policy the same or similar as the intervention for which evidence is presented in the evidence review?	Yes.		
Is the comparator in the policy the same as that in the evidence review? Are the comparators in the evidence review the most plausible comparators for patients in the English NHS and are they suitable for informing policy development?	The comparator was 100% oxygen and was appropriate.		
Are the clinical benefits demonstrated in the evidence review consistent with the eligible population and/or subgroups presented in the policy? Are the clinical harms demonstrated in the evidence review reflected in the eligible	The Panel heard that there was 1 study which identified a sustained benefit on cognitive sequalae at 6 months and 1 year after poisoning. However, the measure of cognitive function used was a non-validated self-reported measure. This is considered to be weak evidence. There were other studies which showed an initial benefit which was not sustained. Clinical panel supported the overall conclusion that there is a lack of robust evidence of effectiveness and study outcomes were not consistent in demonstrating a sustained benefit of treatment. The harms are as described in the policy proposition.		

and /or ineligible population and/or subgroups presented in the policy?			
Rationale Is the rationale clearly linked to the evidence?	The rationale for a not for routine commissioning policy proposition is linked to the evidence base.		
<u>Advice</u> The Panel should provide advice on matters relating to the evidence base and policy development and prioritisation. Advice may cover: • Uncertainty in the evidence base • Challenges in the clinical interpretation and applicability of policy in clinical practice • Challenges in ensuring policy is applied appropriately • Likely changes in the pathway of care and therapeutic advances that may result in the need for policy review.	The policy was presented by the policy working group as a not for routine commissioning policy. Panel were informed that a clinician on the policy working group believes that there is a potential subgroup who may benefit from HBOT. The Panel concluded that there is insufficient evidence of effectiveness to identify a potential population group who would benefit from treatment. The Panel concludes that the size of the population is sufficient to support a high quality study that could identify if there is any sustained benefit from treatment and if so, which patient groups are likely to benefit. The Panel felt that the CPAG summary of the policy proposition should be shortened and seek to make clear the overall conclusions of the evidence review.		
Overall conclusion	This is a proposition for routine commissioning and	Should proceed for routine commissioning	
		Should reversed and proceed as not for routine commissioning	
	This is a proposition for not routine commissioning and	Should proceed for not routine commissioning	X
		Should be reconsidered by the PWG	

Overall conclusions of the panel

Report approved by:
David Black
Clinical Panel Co-Chair
28/11/17