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

URN: D11X02
TITLE: Hyperbaric oxygen therapy for multiple indications

CRG: Hyperbaric oxygen therapy
NPOC: Trauma
Lead: Jacquie Kemp

Date: 17/2/16

The panel were presented a policy proposal for routine and non-routine commissioning.

Question	**Conclusion of the panel**	**If there is a difference between the evidence review and the policy please give a commentary**
<u>The population</u> 1. Are the eligible and ineligible populations defined in the policy consistent with the evidence of effectiveness, and evidence of lack of effectiveness; and where evidence is not available for the populations considered in the evidence review?	The eligible population(s) defined in the policy are the same or similar to the population(s) for which there is evidence of effectiveness considered in the evidence review	*The panel noted that hyperbaric oxygen therapy is an established treatment for decompression illness and gas embolism.* *The panel noted that there was insufficient new evidence identified in the evidence review to change the commissioning position. The policy therefore recommends use in decompression illness and gas embolism. The research evidence for use in other conditions is inadequate (carbon monoxide poisoning, soft tissue radiation injury, malignant otitis externa and necrotising soft tissue infections).*
<u>Population subgroups</u> 2. Are any population subgroups defined in the policy and if so do they match the subgroups considered by the	The population subgroups defined in the policy are the same or similar as those for which there	

evidence review?	is evidence in the evidence review	
<u>Outcomes - benefits</u> 3. Are the clinical benefits demonstrated in the evidence review consistent with the eligible population and/or subgroups presented in the policy?	The clinical benefits demonstrated in the evidence review support the eligible population and/or subgroups presented in the policy	
<u>Outcomes – harms</u> 4. Are the clinical harms demonstrated in the evidence review reflected in the eligible and / or ineligible population and/or subgroups presented in the policy?	The clinical harms demonstrated in the evidence review are reflected in the eligible population and/or subgroups presented in the policy	*Significant side effects for the relevant populations have been appropriately described. The intervention is generally safe.*
<u>The intervention</u> 5. Is the intervention described in the policy the same or similar as the intervention for which evidence is presented in the evidence review?	The intervention described in the policy the same or similar as in the evidence review	
<u>The comparator</u> 6. Is the comparator in the policy the same as that in the evidence review? 7. Are the comparators in the evidence review the most plausible comparators for patients	N/A	*The panel recognised that decompression illness is treated by hyperbaric oxygen therapy as the only effective or available treatment for this at present and therefore, there are no appropriate comparators.*

in the English NHS and are they suitable for informing policy development.		
<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 • Issues with regard to value for money • Likely changes in the pathway of care and therapeutic advances that may result in the need for policy review.		*The panel agreed that the gas embolism and decompression illness are the only two conditions for which hyperbaric oxygen therapy should be commissioned by NHS England.* *The panel noted that more robust evidence was required for the treatment of carbon monoxide poisoning soft tissue radiation injury, malignant otitis externa and necrotising soft tissue infections. The panel noted that a number of randomised controlled trails are underway for a number of these indications and are expected to report over the next few years. It may be appropriate to review the policy depending on the outcomes achieved in the studies.*

<u>Overall conclusions of the panel</u>

The policy should progress as routine commissioning policy for decompression illness and gas embolism and a do not routinely commission policy for the other indications listed.

Report approved by:
David Black
Clinical panel Chair (panel B)
17/2/16

<u>Post meeting note:</u>
No changes needed