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

URN: F05 X02
TITLE: Treatment of iron overload for transfused and non-transfused patients with chronic inherited anaemias

CRG: Haemoglobinopathies
NPOC: Blood and Infection
Lead: Claire Foreman

Date: 16/12/15

The panel were presented a policy proposal for 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 the policy reflects evidence for MRI. The policy reflects evidence that no one regimen is superior, however the Panel did recommend that more information is required on eligibility for combination and reverting to monotherapy. The panel also requested clarification that the policy does not support combination with exjade.
<u>Population subgroups</u> 2. Are any population subgroups defined in the policy and if so do they match the subgroups considered by the evidence review?	The population subgroups defined in the policy are the same or similar as those for which there is evidence in the evidence review and the populations for there is evidence in the evidence review	The panel noted the evidence demonstrating different sub populations response to different treatments.

Outcomes - benefits 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	
Outcomes – harms 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	
The intervention 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	
The comparator 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 in the English NHS and are they suitable for informing policy development.	The comparator in the policy is the same as that in the evidence review. The comparators in the evidence review include plausible comparators for patients in the English NHS and are suitable for informing policy development.	

Advice 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.		Clinical Panel concluded the policy proposition is supported by the evidence review with the following revisions • More information required on eligibility for combination and reverting to monotherapy. • Statement clarifying that the policy does not support combination with exjade. • Issues regarding MRI payment / tariff will be identified in the impact assessment • Checking that references to quality standards are in line with the threshold used by the Quality Surveillance Team • Consistent use of regimens not regimes • Some simplification of the text

Overall conclusions of the panel
Report approved by:
David Black
Clinical panel Chair (Panel B)
16/12/16

Post meeting note:
Following the Panel, the PWG

- Reviewed the criteria for eligibility of regimens and confirmed whilst monotherapy is usually considered first line, regimen selection cannot be further prescribed as this relates to individual patient assessment.
- Statement clarifying that the policy does not support combination with DFX included.
- MRI is funded by the commissioner who funds the outpatient attendance and this is likely to be CCG.
- References to the peer review process have been removed

- Text amendments have been made for the consistent use of ‘regimens and for some simplification although further changes may be made subject to consultation feedback.