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## REPORT FROM CLINICAL PANEL

Title: **A09X02 Renal Denervation for resistant hypertension**

CRG: Complex Invasive Cardiology

NPOC: Internal Medicine

Lead: Ursula People

Date: 16 December 2015

The Panel were presented a policy proposal for no 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. What are the eligible and ineligible populations defined in the policy and are these consistent with populations for which evidence of effectiveness is presented in the evidence review?	The ineligible population(s) defined in the policy are the same or similar to the population(s) for which there is evidence of lack of effectiveness or inadequate evidence of effectiveness demonstrated in the evidence review.	
<u>Population subgroups</u>		
2. Are any population subgroups defined in the policy and if so do they match the subgroups for which there is evidence presented in 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.	
<u>Outcomes - benefits</u>		

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3. Are the clinical benefits demonstrated in the evidence review consistent with the eligible population and/or subgroups presented in the policy?	The lack of benefit or absence of evidence of benefit demonstrated in the evidence review is consistent with the ineligible 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 population and/or subgroups presented in the policy?	Not applicable	It was noted that the evidence review did not explicitly consider the harms, however, as the proposal is for not routine commissioning, this does not need to be explored further.
<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>		
1. Is the comparator in the policy the same as that in the evidence review?	The comparator in the policy is the same as that in the evidence review.	
2. 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 comparators in the evidence review include plausible comparators for patients in the English NHS and are suitable for informing policy development.	

### Overall conclusions of the panel

The policy reflects the findings of the clinical evidence review and should progress.

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Report approved by:

J Palmer  
Chair  
29 December 2015