

REPORT FROM CLINICAL PANEL

Title: **D16X01**
Extra corporeal membrane oxygenation (ECMO) service for adults with cardiac failure

CRG: Adult Critical Care
 NPOC: Trauma
 Lead: Fiona Marley

Date: 16 December 2015

The Panel were presented a policy proposal for not 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 population(s) defined in the policy is 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.	The panel recognised that this not for routine commissioning policy proposition relates to acute heart failure which has a number of aetiologies with different prognoses.
<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?	There is a difference between the population subgroups defined in the policy and the populations considered by the evidence review.	The panel felt that it should be made clear that the population subgroup was patients with acute heart failure of all aetiologies.

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<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 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?	The clinical harms demonstrated in the evidence review are reflected in the population and/or subgroups presented in the policy.	
<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.	The Clinical Panel noted the lack of comparative evidence 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.	

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Overall conclusions of the panel

The Panel supported the policy proposition for not routinely commissioned, subject to the PWG reviewing the document to ensure that it was clearly stated throughout that it was specific to acute cardiac failure patients. The Panel considered that evidence may emerge supporting ECMO for use in some group(s) of patients with acute heart failure. The CRG should therefore keep under review and advise if a revised policy proposition may be indicated in the future.

Report approved by:

David Black
Chair
04 January 2016