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

URN: A02X05
TITLE: Chemosaturation for liver metastases from ocular melanomas

CRG: TBC
NPOC: Internal Medicine
Lead: Ursula Peaple

Date: 20th January, 2016

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. 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?	B: The eligible population(s) defined in the policy is not the same or similar to the population(s) for which there is evidence of effectiveness demonstrated in the evidence review.	The evidence from the SPH review applies to many forms of metastatic cancers – ocular melanoma only applies in a small number
<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?	B: There is a difference between the population subgroups defined in the policy and the populations considered by the evidence review.	As above

<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?	A2: 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.	As above
<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?	A: The clinical harms demonstrated in the evidence review are reflected in the eligible and / or ineligible population and/or subgroups presented in the policy.	As above. There is mention of clinical harms and, whilst population group is not defined (see 1), the harms as a result of the intervention are the same for any indication.
<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?	A: The intervention described in the policy is 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?	A: The comparator in the policy is 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.	A: 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.		None given.

Overall conclusions of the panel

The policy reflects the findings of the clinical evidence review and should progress as a non-routinely commissioned policy.

Report approved by:

Jeremy Glyde
Clinical Effectiveness Team
10 February 2016