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

URN: B11X01
TITLE: Gastroelectronical stimulation for Gastroparesis

CRG: Oesophageal Surgery (OG)
NPOC: Cancer
Lead: Nicola Mcculloch

Date: 20/1/16

The panel were presented a policy proposal for 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 is not the same or similar to the population(s) for which there is evidence of effectiveness demonstrated in the evidence review.	The Panel noted that the eligible population is not defined.
<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?	There is a difference between the population subgroups defined in the policy and the populations considered by the evidence review.	The Panel noted that there was a difference between the policy proposition and the Evidence Review. Specifically, this related to the following sub-groups: (i) idiopathic; (ii) medical; (iii) and surgical causes of gastroparesis.
<u>Outcomes - benefits</u> 3. Are the clinical benefits demonstrated in the	The clinical benefits demonstrated in the	However, the Panel noted that this was not a perfect

evidence review consistent with the eligible population and/or subgroups presented in the policy?	evidence review do not support the eligible population and/or subgroups presented in the policy.	alignment because the sub-groups were not well defined. The Panel noted that there is a NICE Interventional Procedure Guidance (IPG) relating to this intervention.
<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 not reflected in the eligible population and/or subgroups presented in the policy.	The clinical harms demonstrated within the evidence review are not reflected in the eligible population / sub-groups within the policy proposition.
<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 is the same or similar as in the evidence review.	The intervention is the same 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 in the English NHS and are they suitable for informing policy development.	Not applicable.	*Not applicable.*
<u>Advice</u>		The Panel concluded that the

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.		policy proposition should continue to progress through the policy development process. The Panel noted that at present the evidence is insufficient, particularly in those sub-groups where the intervention may be benefit, to support a routine commissioning position. The Panel noted that there is a NICE IPG relating to this intervention and acknowledged some evidence of effect. However, the Panel balanced the evidence of effect against the lack of clarity as to the sub-groups where the effect would be felt. The Panel concluded that the Clinical Reference Group and/or PWG should consider further work to define appropriate sub-groups where the intervention may be beneficial. In order that the policy progress through the policy development process, the PWG should: • Improve the drafting of the Plain Language Summary, which was felt to be insubstantial at present; and • Ensure that the drafting throughout the policy proposition is consistent, for example the text at the bottom of page 6 suggests that a 'routine commissioning' position for some patients. This is discordant with the stated policy position

		and should be amended to avoid confusion at subsequent stages of the policy development process.

Overall conclusions of the panel

The policy is to progress as a non-routine commissioning policy.

Report approved by:
James Palmer
Clinical panel Chair
20/1/16