

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

URN: B14X08

TITLE: Robotic assisted surgery for bladder cancer

CRG: Specialised urology

NPOC: Cancer

Lead: Nicola McCulloch

Date: 2/12/15

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
<p><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?</p>	<p>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</p>	<p>The Panel noted that the intervention was an emerging clinical development which shows promise, however the evidence was not yet sufficiently mature to support a routine commissioning position.</p>
<p><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?</p>	<p>The population subgroups defined in the policy are the same or similar as those for which there is evidence in the evidence review</p>	
<p><u>Outcomes - benefits</u> 3. Are the clinical benefits demonstrated in the evidence review</p>	<p>The lack of benefit or absence of evidence of benefit demonstrated in the</p>	<p>The Panel noted that the evidence demonstrated some effect (blood loss</p>

consistent with the eligible population and/or subgroups presented in the policy?	evidence review is consistent with the ineligible population and/or subgroups presented in the policy.	and length of stay reduction), however these were not yet felt to be convincingly proven
<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 reflected in the eligible 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> 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.	
<u>Advice</u> The Panel should provide advice on matters relating to the evidence base and policy development and prioritisation. Advice may cover: <ul style="list-style-type: none"> • Uncertainty in the evidence 		The Panel supported the policy proposition to progress through the policy development process. It was noted that the Panel felt that the

<p>base</p> <ul style="list-style-type: none"> • 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. 		<p>intervention could offer benefits to patients with bladder cancer, however further work to develop the evidence base is required to be undertaken.</p> <p>The Panel concluded that the intervention would be a potential candidate for Commissioning through Evaluation for this clinical indication.</p>
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Overall conclusions of the panel

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

Report approved by:
James Palmer
Clinical panel Chair
2/12/15

For public consultation