FOR PUBLIC CONSULTATION ONLY

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

URN: D09X02
TITLE: Bone conducting hearing implants (BCHIs) or hearing loss (all ages)

CRG: Specialised ear surgery
NPOC: Trauma
Lead: Jacquie Kemp

Date: 7/2/16

The panel were presented a policy proposal for 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 are the same or similar to the population(s) for which there is evidence of effectiveness considered in the evidence review	Bone conducting hearing implants include both bone conducting hearing aids and middle ear implants. The policy aims to ensure that the most appropriate technology is used where there is significant hearing loss and a good prospect of benefit from an intervention and where conventional air conduction hearing aids are not appropriate or not effective.
<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?	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> 3. Are the clinical benefits	The clinical benefits demonstrated in the evidence review	The evidence is largely based on small studies with heterogeneous design and

demonstrated in the evidence review consistent with the eligible population and/or subgroups presented in the policy?	support the eligible population and/or subgroups presented in the policy	subjects. The outcomes generally showed an improvement in hearing and speech recognition. The panel noted the lack of long term evidence of outcomes and the difficulties in quantifying the overall benefit.
<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	The interventions are associated with well recognised but uncommon complications.
<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	The technology has improved and the policy seeks to ensure the right intervention is selected for appropriate patients through an expert multidisciplinary team. Follow up, adjustment of the device and rehabilitation are essential parts of the pathway reflected in the policy.
<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.	No comparator No comparator	
<u>Advice</u> The Panel should provide		The panel agreed that the policy is consistent with the

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.		evidence and supported the proposal for the treatment to be provided within specialist teams with specialist MDTs. The panel supported the proposal for routine commissioning, but requested that the policy include clearer criteria regarding the degree of hearing loss required to qualify for one of these devices and assurance that the policy working group were not seeking to extend the existing access criteria. See below.

Overall conclusions of the panel

The policy reflects the findings of the clinical evidence review and should progress, subject to review of the updated policy by the clinical panel chair to confirm the actions above have been addressed. See below.

Report approved by:
David Black
Clinical panel Chair (Panel B)
17/2/16

Post meeting note:

The policy has been amended to ensure that hearing loss criteria for eligibility for BCHI is clear.