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

URN: E03X16
TITLE: Cross sex hormones for adolescents with persistent gender dysphoria

CRG: Gender identity
NPOC: Women and Children
Lead: Anthony Prudhoe

Date: 17/2/16

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 ineligible population(s) defined in the policy are 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.	
<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?	N/A	*No population subgroups defined.*
<u>Outcomes - benefits</u> 3. Are the clinical benefits demonstrated in the evidence review consistent with the eligible population	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?	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 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.	*Clinical harms are identified, in particular the key issue of causing decreased bone density at an earlier stage. The harms relating to decision making which impacts upon whole life change at a younger age and the psychological sequela of that were not well explored.*
<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.	
<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.	N/A	*There was no comparator.*
<u>Advice</u> The Panel should provide advice on matters relating to the evidence base and policy development and		*There is not an evidence base to support a policy of access to cross sex hormones in individuals under the age of 16.*

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.		*However, there is not a legal framework in most countries (apart from Holland and Canada) which will impact upon the availability of clinical evidence on which we can make a clinical policy. The policy discussed the ethical issues of preventing access to a treatment for a competent individual below the age of 16.* *The panel recommended that the policy proceeds as a non-routine commissioning policy, however we will ask specific questions relating to the ethics of competency within this consultation.* *The panel is unclear of the legal framework and would ask specific questions regarding this during consultation. We will ask the Institute of Medical Ethics to prepare a report for CPAG on the ethical considerations of this policy.*

Overall conclusions of the panel

The policy can proceed as a non-routine commissioning policy.

Report approved by:
James Palmer
Clinical panel Chair
17/02/16

Post meeting note:
[The actions raised by the Clinical Panel have been addressed as follows:

1) additional report for CPAG has been requested from the Institute of Medical Ethics on the ethical considerations of the policy.
2) an additional question has been developed for inclusion in consultation with regard to the ethical considerations of the policy.