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

URN: 1620
TITLE: Balloon pulmonary angioplasty for chronic thromboembolic pulmonary hypertension (all ages)

CRG: Specialised Respiratory
NPOC: Internal Medicine
Lead: Ursula Peaple
Date: 17/05/17

This policy is	For routine commissioning	X	Not for routine commissioning	
Is the population described in the policy the same as that in the evidence review including subgroups?	Yes, subject the more detailed description of clinical criteria for the intervention and exclusion criteria. The eligible population should be clear from the policy. Severity criteria need to be clearly stated as does the place of medical treatment in the pathway. Some patients, due to comorbidities, may have less ability to benefit. This may include patients with a limited life expectancy and these factors need to be stated in the exclusion criteria. The panel noted that the intervention will consume significant NHS resources and needs to be provided to patients with the greatest ability to benefit. This is particularly important where the evidence base is limited, there is continuing uncertainty about the exact place in the pathway relative to medical treatment, the degree and durability of clinical benefit derived and where there is significant procedure related mortality (2% for this intervention). .			
Is the intervention described in the policy the same or similar as the intervention for which evidence is presented in the evidence review?	Yes.			
Is the comparator in the policy the same as that in the evidence review? 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?	Yes. The policy document describes the RACE study a ongoing 'randomised trial of riociguat vs BPA, [Riociguat Versus BPA in Non-operable Chronic thromboembolic Pulmonary Hypertension (RACE)]. This trial should improve the evidence base for treatment decisions among patients with inoperable CTEPH. It is not open to patients in the UK. It is appropriate to form policy as the panel considered that there is sufficient evidence to support a positive policy recommendation for patients who are most likely to derive a significant and enduring clinical benefit.			

Are the clinical benefits demonstrated in the evidence review consistent with the eligible population and/or subgroups presented in the policy? 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 CPAG Summary report is clearly presented however further detail is required in Section 8 on eligibility and ineligibility criteria, as per the previous Panel report in March.
Rationale Is the rationale clearly linked to the evidence?	Yes.
<u>Advice</u> 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 • Likely changes in the pathway of care and therapeutic advances that may result in the need for policy review.	The policy has been improved since initial consideration by the Panel and the CPAG Summary Report has been changed appropriately. Further work is still required on the following areas: • Eligibility and exclusion criteria and Section 8 Proposed Criteria for Commissioning. The policy must be written such that clinicians and patients can understand the selection and exclusion criteria. The multi-disciplinary team (MDT) is obviously expert, but needs to be applying clear clinical commissioning criteria. • Detail from the legend included on the diagram in Section 9 Proposed Patient Pathway should be outlined in Section 8 so that this section can be read and understood as a standalone. • Section 12 must be amended for consistency and include all items in the audit tool published with the NICE Interventional Procedure Guidance 554. The section must also clarify that any annual reports submitted should be uploaded to the QSIS portal. Commissioners must be able to access to the results and the QSIS portal will ensure that this is the case. • Section 9 needs to be amended as although there is currently one provider this may change in the future. The policy does not need to include details that we would usually expect to be included in a service specification.

	The policy is suitable to progress subject to amendments above, with sign off from Clinical Panel Chair.		
Overall conclusion	This is a proposition for routine commissioning and	Should proceed for routine commissioning	X
		Should reversed and proceed as not for routine commissioning	
	This is a proposition for not routine commissioning and	Should proceed for not routine commissioning	
		Should be reconsidered by the PWG	

Overall conclusions of the panel
Report approved by:
James Palmer
Clinical Panel Chair
23/05/17