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

URN: 1678
TITLE: Hyperbaric oxygen therapy for malignant otitis externa

CRG: N/A NPOC:
Trauma Lead:
Jacquie Kemp Date:
18/11/17

This policy is being considered for:	For routine commissioning		Not for routine commissioning	X
Is the population described in the policy the same as that in the evidence review including subgroups?	The population is patients with malignant otitis externa but the studies are of poor quality with heterogeneous patients groups. Study population characteristics significantly vary between studies. Some studies report a high mortality rate. Panel members identified that the study populations are likely to have significant and varied comorbidities. All these differences make assessing the evidence of benefit or otherwise impossible.			
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 is the same, but frequency and total number of doses vary. Clinical panel noted the sometimes prolonged course of treatment described in some papers which makes this a significant intervention for patients that would require significant organisation and .			
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?	One small retrospective control study compared treatment with ciprofloxacin. The remainder of the published literature on the use of HBOT in MOE is limited to very small case series. Outcomes compared to standard care are not possible to assess and insufficient to support evidence of effectiveness of HBOT as adjunctive treatment in the management of MOE.			
Are the clinical benefits demonstrated in the evidence review consistent with the eligible population and/or subgroups presented in the policy?	As described in the evidence review, the benefits are uncertain which significant cofounding factors. Amendments are needed to the CPAG summary report in order to more clearly picture the overall conclusions of the evidence review rather than focussing on one small non-randomised retrospective control trial.			

Are the clinical harms demonstrated in the evidence review reflected in the eligible and /or ineligible population and/or subgroups presented in the policy?			
Rationale Is the rationale clearly linked to the evidence?	The rationale for a NRC policy is supported by the Panel because it is consistent with the evidence available.		
<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 Panel noted that the affected population may be about 400 patients per year and that this may be adequate to support a well conducted randomised control trial. This may be able to demonstrate if HBOT is effective and if so which sub-populations may be most likely to benefit.		
Overall conclusion	This is a proposition for routine commissioning and	Should proceed for routine commissioning	
		Should reversed and proceed as not for routine commissioning	
	This is a proposition for not routine commissioning and	Should proceed for not routine commissioning	X

		Should be reconsidered by the PWG	

Overall conclusions of the panel
Report approved by:
David Black
Clinical Panel Co-Chair
28/11/17