

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

URN: 1678

TITLE: Hyperbaric oxygen therapy for decompression illness

CRG: N/A NPOC:

Trauma Lead:

Jacquie Kemp Date:

24/11/17

This policy is being considered for:	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.			
Is the intervention described in the policy the same or similar as the intervention for which evidence is presented in the evidence review?	Yes. There is a recognised treatment schedule.			
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. There was limited published research evidence of benefit. Some historical data is helpful and there is longstanding recognition of the treatment as the standard of care			
<p>Are the clinical benefits demonstrated in the evidence review consistent with the eligible population and/or subgroups presented in the policy?</p> <p>Are the clinical harms demonstrated in the evidence review reflected in the eligible</p>	<p>The clinical benefits in the evidence review are consistent with the eligible population and the harms have been identified in the CPAG summary report. The Clinical Panel ask that the CPAG report is shortened and simplified so that the estimated benefits of treatment are clear and expressed in language understandable to CPAG members, including lay members.</p>			

<p>and /or ineligible population and/or subgroups presented in the policy?</p>			
<p>Rationale Is the rationale clearly linked to the evidence?</p>	<p>This is linked to the evidence, long historical experience and the underlying physics relating to the volume of gas under pressure.</p>		
<p><u>Advice</u> The Panel should provide advice on matters relating to the evidence base and policy development and prioritisation. Advice may cover:</p> <ul style="list-style-type: none"> • 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. 	<p>The Panel agreed that the clinical body should be encouraged to pursue research, particularly relating to the timing of treatment following decompression and retreatment for continuing symptoms.</p>		
<p>Overall conclusion</p>	<p>This is a proposition for routine commissioning and</p>	<p>Should proceed for routine commissioning</p>	<p>X</p>
		<p>Should reversed and proceed as not for routine commissioning</p>	
	<p>This is a proposition for</p>	<p>Should</p>	

	not routine commissioning and	proceed for not routine commissioning	
		Should be reconsidered by the PWG	

Report approved by:
David Black
Clinical Panel Co-Chair
28/11/17

Draft for consultation