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

URN: 1613
TITLE: Immediate Start Antiretroviral therapy for treatment of HIV 1 in adults and adolescents

CRG: HIV
NPOC: Blood & Infection
Lead: Claire Foreman
Date: 18/01/17

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. The studies included populations similar to the UK population with HIV. Children were not included.			
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?	The comparator was with deferred treatment which is a plausible and appropriate comparator for the UK population.			
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	Yes. The benefits to the population eligible for treatment are demonstrated with a reduction in morbidity and a trend towards reduced mortality. There was no significant clinical difference in harm.			

reflected in the eligible and /or ineligible population and/or subgroups presented in the policy?			
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 CPAG Summary Report needs to be written as a public facing document, interpreting the evidence review for members of CPAG and describing where there are supplementary benefits, with a sentence explaining why these outcomes are considered health benefits. There was discussion about the policy needing to be an all ages policy, to ensure that drug access was equitable to meet need. Access for neonates should be as per established guidance and should not be impacted by this policy. There is no problem applying the policy because there is already coverage of 96% so there will be no changes to the pathway of care following implementation of this policy.		
Overall conclusion	This is a proposition for routine commissioning and	Should proceed for routine commissioning	X Noting amendments.
		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
23/01/17