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

URN: 1678

TITLE: Hyperbaric oxygen therapy for necrotising infections

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

This policy is being considered for:	For routine	Not for routine	Х
Is the population described in the policy the same as that in the evidence review including subgroups?	The populations in the studies are not consistent and the study population characteristics are often not well described. The panel also noted the heterogeneity of the study designs and subgroup analyses. Studies were conducted in a number of countries and it is unclear to what degree patients in the studies had access to other treatments that would be available in the NHS.		
Is the intervention described in the policy the same or similar as the intervention for which evidence is presented in the evidence review?	criteria for starting tro		
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?	were randomised or did not have a contro comparators in the c clear and the use of be variable. A numb	the studies were controlled, no blinded. A minority of the studie of (or comparator) group. The controlled studies were not entire antibiotics and surgery were like er of studies were conducted at and range of comparator lear.	es ely ely to
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	consistent and the standings are not robuthe CPAG Summary full range of evidence The studies taken to consistent reduction confounding factors three of the 5 better	reported in the studies were not udy methodologies mean the st. The survival benefit reported report needs revising to include a, rather than just on single studigether do not show a reliable and in mortality, taking into account in the studies. It should be noted quality studies showed a mortality. The Panel determined that the	d in the lies. id the d that

evidence review reflected in the eligible and /or ineligible population and/or subgroups presented in the policy?	effect on mortality was high	nly uncertain.		
Rationale Is the rationale clearly linked to the evidence?	The rationale is supported by the evidence review; the studies demonstrate a great deal of uncertainty and lack of any clarity about whether and where in the pathway of care HBOT would offer a significant clinical benefit.			
Advice 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 reviewed. In particular, panel ask that the section on mortality is amended to reflect and summarise the all the evidence relating to mortality and the conclusion that is drawn. The policy should remove reference to costs.			
Overall conclusion	This is a proposition for routine commissioning and	Should proceed for routine commissioning Should reversed and proceed as not for routine		
	This is a proposition for not routine commissioning and	Should proceed for not routine commissioning Should be	X	

reconsidered	
by the PWG	

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