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

URN: D08X03/01
TITLE: Ziconotide (intrathecal delivery) for chronic refractory cancer pain

CRG: Specialised Pain Services
NPOC: Trauma
Lead: Michele Davis

Date: 20th January 2016

The panel were presented a policy proposal for not routine commissioning

Question	**Conclusion of the panel**	**If there is a difference between the evidence review and the policy please give a commentary**
<u>The population</u> 1. Are the eligible and ineligible populations defined in the policy consistent with the evidence of effectiveness, and evidence of lack of effectiveness; and where evidence is not available for the populations considered in the evidence review?	The ineligible population(s) defined in the policy are the same or similar to the population(s) for which there is evidence of lack of effectiveness or inadequate evidence of effectiveness demonstrated in the evidence review.	
<u>Population subgroups</u> 2. Are any population subgroups defined in the policy and if so do they match the subgroups considered by the evidence review?	The population subgroups defined in the policy are the same or similar as those considered by the evidence review.	

<u>Outcomes - benefits</u> 3. Are the clinical benefits demonstrated in the evidence review consistent with the eligible population and/or subgroups presented in the policy?	The lack of benefit or absence of evidence of benefit demonstrated in the evidence review is consistent with the ineligible population and/or subgroups presented in the policy.	*The panel noted that there were some benefits in VAS scores in the evidence, but this is not translated into functional benefit through pain scores. The studies have heterogeneous patients and differing outcome measures.*
<u>Outcomes – harms</u> 4. 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 clinical harms demonstrated in the evidence review are reflected in the eligible and / or ineligible population and/or subgroups presented in the policy.	
<u>The intervention</u> 5. 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 described in the policy is the same or similar as in the evidence review.	
<u>The comparator</u> 6. Is the comparator in the policy the same as that in the evidence review? 7. 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 in the policy is not the same as that in the evidence review. The comparators in the evidence review do not include plausible comparators for patients in the English NHS and are not suitable for informing policy development.	*Comparators were different in different studies with no consistent methodology that allowed evidence to be compared across the evidence review.* *As above, comparators varied.*

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 • Issues with regard to value for money • Likely changes in the pathway of care and therapeutic advances that may result in the need for policy review.		*The policy needs to provide a cross referenced to the existing NHS England policies for intrathecal drug delivery for cancer and non-cancer pain.* *The policy should remove any reference to IFRs from Section 5.* *The panel noted that there are some areas where we should define what a reasonable benefit would be for certain populations (e.g. chronic pain).* *Policy should proceed as not routinely commissioned on the basis that the evidence cannot be translated into the proposed patient population.*

Overall conclusions of the panel

The policy reflects the findings of the clinical evidence review and should progress.

Report approved by:

James Palmer
Chair
27 January 2016