

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

URN: 1693

TITLE: Mechanical assist circulatory devices for advanced heart failure

CRG: Cardiothoracic services

NPOC: Internal Medicine

Lead: Ursula People

Date: 21/02/18

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?	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.			
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?	See previous report.			
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 reflected in the eligible	<p>The Panel noted the clinical benefits in terms of EQ5D, including physical function on the 6 minute walking test, and survival benefit but noted that these conclusions were from non-comparative studies based upon registry data where individuals whose outcomes were poor, including death or inability to respond, were not included in the analysis.</p> <p>As before the Panel noted the risk of significant harms, including bleeding, stroke and infection.</p>			

and /or ineligible population and/or subgroups presented in the policy?			
Rationale Is the rationale clearly linked to the evidence?	The Panel required the policy proposition to include full detail of the evidence review including the cost effectiveness analysis.		
<u>Advice</u> The Panel should provide advice on matters relating to the evidence base and policy development and prioritisation. Advice may cover: <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. 	To proceed as a not for routine commissioning position to consultation.		
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	

Report approved by:

A handwritten signature in black ink, appearing to read 'J. Palmer', written in a cursive style.

James Palmer
Medical Director Specialised Services
Chair Clinical Panel