

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

URN: 1622

TITLE: Lung volume reduction by surgery or endobronchial valve for emphysema (all ages)

CRG: Specialised Respiratory

NPOC: Internal Medicine

Lead: Ursula Peaple

Date: 17/05/17

The panel were presented a policy proposition for routine commissioning.

Question	Conclusion of the panel
<p><u>Advice</u></p> <p>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"> <li>• Uncertainty in the evidence base</li> <li>• Challenges in the clinical interpretation and applicability of policy in clinical practice</li> <li>• Challenges in ensuring policy is applied appropriately</li> <li>• Issues with regard to value for money</li> <li>• Likely changes in the pathway of care and therapeutic advances that may result in the need for policy review.</li> </ul>	<p>The Panel considered the policy proposition for lung volume reduction. The Panel agreed that amendments were required as follows:</p> <ul style="list-style-type: none"> <li>• The CPAG Summary Report needs amending to ensure that it is factually accurate.</li> <li>• The Panel asked that the PWG consider whether it would be appropriate to develop two policies, one on surgery and one on valves. This would enable the evidence base for each intervention to be clearly described and appropriate clinical commissioning criteria supported by the evidence laid out for each intervention (which could include a not for routine commissioning recommendation for one or the other or both interventions). The PWG may consider that the two interventions are linked and cannot be separated, but as a minimum, the evidence summary needs to be clear so that the clinical commissioning criteria for each can be clearly related to the evidence for each of these techniques.</li> <li>• Further clarification is required on the types of surgery covered by the policy proposition. The panel opinion is that the policy should encompass all lung volume reduction surgery.</li> <li>• The Panel requested that summary findings of the cost effectiveness</li> </ul>

	<p>studies identified as part of the evidence review should be included in the policy proposition. The figures will be useful in informing relative prioritisation.</p> <ul style="list-style-type: none"> <li>• The clinical commissioning criteria included in Section 8 needs to be clear and further defined. The section contains criteria for referral to the multi-disciplinary team (MDT).. The roles of the MDT are then described. This needs to be significantly amended so that the clinical commissioning criteria, and exclusion criteria are carefully listed so that it is clear to patients and clinicians about eligibility for the interventions. Details on the working of the MDT are not needed. Patient choice is included, however this needs to be clarified. Patients may chose not to have an intervention for which they are eligible and may select between interventions where the patient meets the clinical criteria for each of the interventions. Patients may not chose interventions in circumstances where the clinical commissioning criteria are not met.</li> <li>• The policy proposition could focus on which subgroups of patients are likely to derive the greatest benefit from the intervention(s). Given the limitations of the evidence base, the panel determined that criteria should be specific and may need to require that there is upper lobe predominant emphysema. Where the interventions are recommended for other distributions of emphysema these will need to be supported by the research evidence.</li> <li>• Exclusion criteria need to be carefully laid out. They must include condition and intervention specific exclusions and general exclusions about co-morbidities that reduce the patients ability to benefit and the duration of that benefit. The references to end of life and caner need to be removed and replaced with a statement about limited</li> </ul>
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	<p>life expectancy.</p> <ul style="list-style-type: none"> <li>• Section 10 Audit requirements needs further development, including details of the patient characteristics and outcomes required in the annual reports. Section 8 should specify that these must be uploaded to the QGIS portal. A clear link to the published NICE audit tool must be included and all the NICE audit tool requirements included as a minimum.</li> <li>• A statement should be included in the policy proposition which adequately describes the harms (see also the relevant NICE Interventional Procedure Guidance).</li> <li>• The policy proposition includes lots of useful advice about management before and after surgery. However, this is not relevant and should be included in the service specification if required.</li> <li>• The Panel asked that the PWG link the benefits identified from the evidence review to established minimally important clinical differences. This information will assist patients, clinicians and other decision makers to understand the degree to which the benefits are meaningful..</li> <li>• The policy and CPAG Summary report need to be carefully structured and both must reflect the evidence review.</li> </ul> <p>The Panel requested that the PWG amend the policy proposition as per the advice outlined above and return to the Panel.</p>
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### Overall conclusions of the panel

The Panel requested that the policy proposition returns to the Panel to be reconsidered.

Report approved by:  
David Black  
Clinical Panel Chair (Deputy)  
26/05/17