**SPECIALISED COMMISSIONING - CLINICAL EVIDENCE EVALUATION CRITERIA FOR CLINICAL COMMISSIONING POLICY PROPOSITION**
URN: 1714
TITLE: Percutaneous mitral valve leaflet repair for primary degenerative mitral regurgitation

CRG: Cardiac services
NPOC: Internal medicine
Date: 12/12/18

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|---|---|---|---|---|
| This policy is being considered for: | For routine commissioning | X | Not for routine commissioning | |
| Is the population described in the policy similar to that in the evidence reviewed, including subgroups? | Yes. | | | |
| Is the intervention described in the policy similar to the intervention for which evidence is presented in the evidence review? | Yes. | | | |
| Are the comparators in the evidence reviewed plausible clinical alternatives within the NHS and are they suitable for informing policy development? | Yes. The main comparators are best medical treatment or surgery. | | | |
| Are the clinical benefits described in the evidence review likely to apply to the eligible population and/or subgroups in the policy? | Yes. | | | |
| Are the clinical harms described in the evidence review likely to apply to the eligible and /or ineligible population and/or subgroups in the policy? | Yes. | | | |
| The Panel should provide advice on matters relating to the evidence base and policy development and | The Panel agreed that the policy could progress to stakeholder testing. There were no further comments on the content of the revised proposition. Panel noted that data linkage reports are expected at the end of January 2019 on the three cardiac evaluative commissioning projects. These data are likely to | | | |

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| prioritisation. Advice may cover:<br>• Balance between benefits and harms<br>• Quality and uncertainty in the evidence base<br>• Challenges in the clinical interpretation and applicability of policy in clinical practice<br>• Challenges in ensuring policy is applied appropriately<br>• Likely changes in the pathway of care and therapeutic advances that may result in the need for policy review. | include mortality and readmission for patients who had been included in the CtE and received the intervention. It is anticipated that this information will be ready to 'cross check' and compare with the outcomes reported in the published studies in advance of the May 2019 CPAG relative prioritisation round.<br><br>Panel noted that the CPAG Summary Report has incorrectly referenced 'survival' and 'mortality' on page 1 and this needs to be corrected prior to consultation.<br><br>Panel noted that if this intervention is routinely commissioned it will be important to consider the minimum number of interventions that must be carried out by a provider to ensure outcomes are optimised. This and other considerations will be included in the commissioning plan / service specification. | | |
| Overall conclusion | This is a proposition for routine commissioning and | Should proceed for routine commissioning | X |
| | | Should be 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 | |

<u>Overall conclusions of the panel</u>
Report approved by:
David Black
Clinical Panel Co-Chair
21/12/18

<u>Post meeting note:</u>
[Input how actions requested by Clinical Panel have been addressed]