Engagement Report for Clinical Commissioning Policies

Unique Reference Number	1607
Policy Title	Bendamustine with rituximab for relapsed indolent non-Hodgkin's lymphoma (all ages)
Lead Commissioner	Rupi Dev
Clinical Reference Group	Chemotherapy Clinical Reference Group
Which stakeholders were contacted to be involved in policy development?	A policy working group was established in line with NHS England's standard methods. The draft policy proposition was sent to the following groups for comment: • Chemotherapy Clinical Reference Group (CRG); and • Registered stakeholders for the Chemotherapy CRG.
Identify the relevant Royal College or Professional Society to the policy and indicate how they have been involved	All of the relevant Royal Colleges and professional societies have membership on the chemotherapy CRG. These include: • British Oncology Pharmacy Association; • Royal College of Pathologists; and • British Society for Haematology. Named representatives for each of these organisations were sent copies of the draft policy proposition and invited to provide comment.
Which stakeholders have actually been involved?	No responses were received from relevant Royal Colleges or professional societies. However, 7 responses were received from registered stakeholders.
Explain reason if there is any difference from previous question	Not applicable.
Identify any particular stakeholder organisations that	None identified.

may be key to the policy development that you have approached that have yet to be engaged. Indicate why?	
How have stakeholders been involved? What engagement methods have been used?	The draft policy proposition was distributed to stakeholders via email for a period of two weeks of stakeholder testing, in preparation for public consultation. Stakeholders were asked to submit their responses via email, using a standard response and in line with NHS England's standard processes for developing clinical commissioning policies. Stakeholder testing asked the following questions: • It is proposed that highly specialised products will go for period of public consultation. Please select the consultation level that you consider to be most appropriate. (6 weeks or up to 12 weeks) • Do you have any further comments on the proposed changes to the document? • If Yes, please describe below, in no more than 500 words, any further comments on the proposed changes to the document as part of this initial 'sense check'. • Please declare any conflict of interests relating to this document or service area.
What has happened or changed as a result of their input?	No changes have been made to the policy proposition as a result of feedback. There were 7 responses to stakeholder testing of which 3 responses were from charity organisations. All seven stakeholders objected to the proposed clinical commissioning position commenting that: - • Although there were limitations with the evidence, the primary study in the evidence review did show benefits in progression free survival and overall survival; • The nature of the condition (characterised by frequent disease remission and relapse) means that patients are not usually treated with the same intervention more than once and therefore a wide range of treatment options for this disease is required; and • There is a lack of standardised comparators available to treat relapsed/refractory disease and therefore

	randomised control trials for lymphoma are lacking. This makes the evidence based difficult to assess; and • This intervention was likely to be more cost-effectiveness than alternative treatments. Although the PWG acknowledge the comments raised by stakeholders on the evidence base, the decision to proceed as a not for routine clinical commissioning policy was made by Clinical Panel. This is because Clinical Panel "*determined that the evidence of effectiveness does not provide sufficient evidence that this treatment combination is either more effective or safer / fewer adverse events compared with currently commissioned alternative treatment combinations"* (see Clinical Panel Report). The PWG note that cost-effectiveness is not considered at this stage of the policy development process and therefore the decision to proceed as a not routine commissioning policy was based on the clinical evidence base alone. *Post Stakeholder Testing Note: As a result of stakeholder feedback, the PWG and Cancer Programme of Care asked Clinical Panel to re-consider the policy proposition. As no new evidence was presented by stakeholders, Clinical Panel recommended that this policy continue to proceed as a not for routine commissioning policy.*
How are stakeholders being kept informed of progress with policy development as a result of their input?	All stakeholders (including CRG members and registered stakeholders) will be notified when the draft policy proposition goes out to public consultation.
What level of wider public consultation is recommended by the CRG for the NPOC Board to agree as a result of stakeholder involvement?	All 7 stakeholders recommended a 12 week public consultation period. As the treatment is currently available on CDF and support for this policy has been limited, the PWG support the recommendation for a 12 week public consultation period for this policy given the proposed commissioning position.