

**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

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 policy, 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 include mortality and readmission for patients who had been included in the CtE and received the intervention.			

prioritisation. Advice may cover:

- Balance between benefits and harms
- Quality and 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.

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 prioritisation round.

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.

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	

Overall conclusions of the panel

Report approved by:
 David Black
 Clinical Panel Chair
 12/12/2018

Post meeting note:
 The CPAG Summary Report has corrected the reference to 'survival' and 'mortality' on page 1.

The numbers of centres and volume considerations are referenced in the commissioning plan but will be formally addressed as part of the market assessment stage of the procurement intervention if the policy is approved.