NHS ENGLAND SPECIALISED SERVICES

CLINICAL PANEL REPORT

Date: November 2019

Intervention: Serum eye drops (SED)

Indication: severe ocular surface disease (all ages)

ID: 1919

Gateway: 2 Round 2

Programme: Trauma

CRG: Specialised ENT & Ophthalmology

Information provided to the panel

Clinical Panel Report from Gateway 2 Round 2

Policy Proposition

Three supporting evidence papers

Clinical Priorities Advisory Group (CPAG) Summary Report

Bluteq forms x3 – initial, 6 months, 12 months

Policy Working Group appendix

Key elements discussed

This proposition is proposed for routine commissioning. This was previously considered by the Clinical Panel in September who agreed this should progress through policy statement development but required further revisions. The Policy Working Group have made amendments and resubmitted for further consideration.

The starting criteria were discussed with reference to the scoring systems stated. These were referenced from the evidence review studies. These have been defined in the definitions section of the proposition now for clarity. There are different scoring systems to be used depending on the type of disease presenting.

The proposition more clearly states when allogeneic SED is recommended for use.

There is a list of conditions written within the proposition eligibility criteria although no evidence to refer to this. There is a consensus statement within the Royal College guidelines that explains the circumstances why we wouldn't want to use the blood of the patient that could potentially do them harm. This needs to be referenced.

The proposition 12-month trial of treatment timeline is at odds with that stated within the related Bluteq form. As it is currently written, the Bluteq form would be submitted before the trial would be undertaken.

All other amendments made in line with Panel requirements.

Recommendation

Clinical Panel recommended that this should progress as a for routine commissioning proposition, likely to be considered at the May CPAG prioritisation meeting. Revisions to be signed off by the Clinical Effectiveness Team before progressing to stakeholder testing.

Why the panel made these recommendations

The Clinical Panel considered that the evidence base supported the proposition and the amendments made addressed Panel queries, with a few minor further revisions to be made as stated.

Documentation amendments required

Proposition:

- Reference the Royal College consensus statement
- Starting criteria - page 5 – remove the 'ORs' and write 'any of the following' instead. –

Bluteq form:

- Amend the Bluteq form to align with the proposition 12-month trial of treatment.

Declarations of Interest of Panel Members: The Chair declared they sometimes treat patients who also suffer from this condition.

Panel Chair: James Palmer, Medical Director

Post Panel Actions:

Proposition:

- Reference the Royal College consensus statement – Added as a footnote on page 4
- Starting criteria - page 5 – remove the 'ORs' and write 'any of the following' instead. – done. BT forms also amended to look the same as statement

Bluteq form:

- Amend the Bluteq form to align with the proposition 12-month trial of treatment. Done. Further text added to make it clear that review is annual, withdrawal of treatment is done depending on indication