

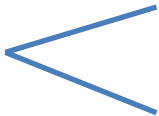
# **Insights from inside the NICE Technology Appraisal**

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## Process and methods guides

# Guides to the methods of technology appraisal 2013

- Overview of the principles and methods of Health Technology Assessment and Appraisal – standardisation and consistency to decision making
- Scoping
- Assessment 
  - ERG - STA
  - AG – MTA
- Appraisal
- A technology is considered cost-effective if the health benefits > than the opportunity costs of programmes displaced

# **Cost-Effectiveness Threshold**

## **(Cost/QALY : ICER)**

- What is the appropriate cost-effectiveness threshold?
- How should the threshold be conceptualised, estimated and used in the HTA decision making?
- Should other measures of value, other than QALYs be incorporated in decision making?

# Decision making criteria beyond the ICER – as the only decision criterion

Equity	QoL of Carers
Innovation	Uncertainty
Severity	Rarity
Productivity loss	EoL
	Cancer

# Some Challenging Appraisals

- Hepatitis C treatment with direct antiviral agents
- Immunotherapy for cancer(s)

# **NICE/NHS England: Consultation on changes to technology appraisals and highly specialised technologies**

[Consultation-on-changes-to-technology-  
appraisals-and-highly-specialised-technologies](#)

# Background: Drivers for change

- **Context of NHS £22bn efficiency challenge.** In 2015 the <sup>1</sup>Five Year Forward View sets out an expectation for the NHS to deliver £22bn in efficiency savings by 2020/2021.
- **Need to expedite the introduction of new drugs and technologies in the NHS.** The independent Accelerated Access Review (AAR) published in October 2016 sets out recommendations to speed up and streamline the introduction of innovation into the NHS.
- **Challenge in providing treatments for people with rare and very rare conditions.** There is a need to support development of the evidence-base to ensure fair and equitable access to treatments

# Intention of the proposals set out

## Speed

- Quicker access for patients to the most cost effective new treatments;

## Flexibility

- More flexibility in the adoption of cost effective, high budget impact technologies into the NHS;

## Clarity

- Greater clarity for patients and companies about the point at which treatments for very rare conditions that are appraised by NICE will automatically qualify for funding from routine commissioning budgets.

# Overview on the proposals:

## What's new?

- Introduction of a Fast Track appraisal process
- Introduction of budget threshold by NHS England
- Introduction of Budget Impact consideration in advance of Technology Appraisal or HST evaluation
- Clarity for stakeholders about the point at which automatic funding applies to products within the HST programme
- Opportunity for stakeholders to engage NHS England early

# Cost / QALY and the Real World

- Can only identify the opportunity cost if the cost / QALY of existing services that might be displaced are known

**AND**

- Authorities prioritise spending on services based on cost / QALY alone

# Non-QALY Decision making criteria (NHS Boards)

Unmet need	Urgency	Clinical safety harm reduction
Addressing inequalities e.g. access	Quality strategy	Public interest
Life-saving intervention	Effective use of staff	Spend to save
Patient convenience		

# Drivers of Marginal Spending Decisions (NHS Boards)

Rank Order (No. of references)
Excess demand
Government initiatives
Clinical Effectiveness
Patient convenience
New medicines approved by HTA bodies
Political pressure
Waiting time targets
Benchmarking Vs other Boards
Patient safety

# Conclusions

- Virtually all developed countries have developed an HTA process.
- The NICE process is highly regarded by other countries and continues to evolve which is vital to remain relevant in response to a changing political / economic environment.
- Work to be done to inform national-level HTA by better understanding the local NHS behaviour and decisions to help develop local prioritisation frameworks to strengthen commissioning and aid resource allocation decisions