ABHI, AdvaMed, AntiCoagulation Europe, ARMA, Arrhythmia Alliance, Arthritis Care, Atrial Fibrillation Association, BD, British Kidney Patient Association, Bladder and Bowel Foundation, Boston Scientific, British Cardiac Patients Association, C R Bard, Cardiomyopathy UK, Diabetes UK, Edwards Lifesciences, Eucomed, FABLE, FEmISA, Group B Strep Support, Heart Research UK, Heart Valve Voice, ICD Group, INPUT, Insightec, International Alliance of Patients' Organizations, JDRF, Johnson & Johnson, Lindsay Leg Club, Medtronic, National Rheumatoid Arthritis Society, Pancreatic Cancer UK, Pelvic Pain Support Network, Pumping Marvellous, Roche Diagnostics, SADS UK, Smith & Nephew, Smiths Medical, St Jude Medical, STARS, Stryker, The Circulation Foundation, The Patients Association, The Somerville Foundation

The Medical Technology Group

Developing a method to assist investment decisions in specialised commissioning – MTG response

Q1. NHS England has concluded that there is no existing method for relative prioritisation that could be directly applied to the process of prioritising proposed investments in specialised services. Do you agree / disagree / don't know

Disagree

Please give reasons for your answer.

The methodology proposed, to force categories into Low/Medium/High benefit appears too subjective. The consultation does not outline the content, process or methodology that will be utilised by NHS England Clinical Effectiveness Team to develop the summary reports nor how CPAG will measure or compare the different categories of benefits.

The proposed methodology could be enhanced by ensuring there are robust horizon scanning mechanisms in place to identify all potential technologies that could support delivery of Specialised Services.

The consultation document recognises the impact of NICE outputs, specifically Technology Appraisal and Highly Specialised Technologies. We would recommend that the Medical Technology Guidance is also recognised within the process

The consultation states that the GRADE method will be utilized (from 17/18) to assess evidence quality. However on the webinar it was stated that a hybrid of GRADE, LTC-NSF and OCEBM would be deployed. We would request this be clarified. These methodologies all have an in-built bias towards Randomised Controlled Trials (RCTs) and meta-analysis. Medical technology rarely has such an evidence base at time of launch. This has been recognized and addressed by the health system through

- The introduction by NICE of the Medical Technology Evaluation Program (MTEP)
- Use of Commissioning through Evaluation (CtE) by NHS England

We would recommend that a broad range of evidence types are recognised equally by NHS England in its analysis.

The costs benefits will be determined over a 5year horizon, with the aim to increase this to 10 years. There is no indication of how changing costs over time will be incorporated into any analysis.

Q1b. If you disagree, please provide details of alternative method(s):

Q2. Do you agree that the method proposed by NHS England:

2a. is transparent;
The MTG believes that NHS England can do more to ensure the transparency of these decisions. This would include releasing the results of decisions at each step of the process, with the reasoning behind this, and also offering the potential for appeals. It is important that there is an improvement in transparency, as Minister's have said in the past, for example George Freeman, http://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2016-02-22/27792/.

2b. will facilitate rational and consistent decision-making
The MTG has concerns that even if the Clinical Priorities Advisory Group puts forward a service for regular commissioning with a high priority this can be overturned by NHS England on purely cost grounds. The MTG believes that if this decision is made it undoes all the work of the CPAG and the transparency at this stage, and may not take into account what is best for the patient, or the appropriate cost benefit analysis.

2c. has, at its foundation, the core principles of demonstrating an evaluation of cost effectiveness in the decision making.
The MTG believes that the principles do remain around cost effectiveness however as the MTG has said in previous consultations, the cost effectiveness of certain technologies is not truly reflected in this process if societal benefits are not taken into account.

Q3. Please comment on whether the following four principles are applied at the appropriate point in the proposed method of relative prioritisation:
3a. NHS England will normally only accord priority to treatments or interventions where there is adequate and clinically reliable evidence to demonstrate clinical effectiveness
The MTG believes that this is important to apply, however would welcome further advice around what sort of evidence is required, and where for rarer conditions this changes. One example of clinical evidence that could be taken into consideration is NICE interventional procedures guidance, technology guidance and other studies.

3b. NHS England may agree to fund interventions for rare conditions where there is limited published evidence on clinical effectiveness
The MTG believes that it is important for this process to take this into consideration, however the group would welcome clarification over what defines a condition as 'rare'.

3c. NHS England will normally only accord priority to treatments or interventions where there is measureable benefit to patients
The MTG agrees that treatments and interventions need to have a measureable benefit to patients however the group has concerns over how this is measured. For example, patient benefit can be reflected in societal values, such as being able to get back to work and exercise, and also the benefit of an intervention or treatment can sometimes only be highlighted over a number of years so it is important to take this into consideration.

3d. The treatment or intervention should demonstrate value for money.
The MTG believes that in the current NHS financial crisis technologies are needed more than ever to bring value for money. The MTG is concerned that value is often overlooked in the specialised

commissioning process, and other NHS processes, and that the focus is too often solely on cost. Value of an intervention or technology can often only be shown across a range of budgets, for example; keeping people out of A&E, away from major surgery or getting them back into work, and it is important that this is taken into account. Similarly medical technology often has an initial upfront cost which can then bring major savings over a period of 5, 10 years or even longer in some cases, and it is important that any evaluation takes this into consideration. Medical technology has a role to play in bringing value for money to the NHS and the group welcomes the focus of this consultation on value rather than cost. Medical technology can also bring about a change in pathways, or create new pathways, and this can often bring about value for money and should therefore be taken into consideration.

Q4. Do you have any comments on how NHS England's Clinical Priorities Advisory Group (CPAG) should interpret and consider 'patient benefit', including the list of excluded factors?

The MTG welcomes the list of factors currently included in interpreting 'patient benefit' to include 'life-improving' as well as 'life-saving', along with self-care, usual activities, pain, anxiety, dependency on care giver and safety.

However, currently not included is societal benefit, potential financial savings and the prevalence of the underlying condition/illness. The MTG strongly believes that medical technology can bring huge societal benefits which will help alleviate pressure on the NHS, improve the benefit to the patient and reduce the strain on the economy of the country as a whole. The MTG would recommend that societal benefits are included within the considerations around 'patient benefit'.

Q5. Please comment on whether a proposed treatment of intervention should have a higher relative prioritisation if it meets one of the following principles:

5a. Does the treatment or intervention significantly benefit the wider health and care system?
The MTG believes that a treatment that significantly benefits the wider health and care system should have a higher relative prioritisation.

5b. Does the treatment or intervention significantly advance parity between mental and physical health?
The MTG believes that a treatment that significantly advances parity between mental and physical health it should have a higher relative prioritisation.

5c. Does the treatment or intervention significantly offer the benefit of stimulating innovation?
The MTG strongly believes that a treatment that significantly offers the benefit of stimulating innovation should have a higher relative prioritisation.

5d. Does the treatment or intervention significantly reduce health inequalities?
The MTG believes that a treatment that significantly reduces health inequalities should have a higher relative prioritisation.

Q6. Would adoption of the proposed method unfairly discriminate against any group with protected characteristics?

No

Q7. Would adoption of the proposed method assist NHS England in promoting equality and in reducing health inequalities?

The MTG welcomes this proposed method as it will bring more transparency to the process and hopefully ensure that decisions are made equally for all treatments. However the MTG believes that this proposed method will not promote equality or reduce health inequalities if the true value of an intervention or treatment is not properly considered.