National Institute for Health and Clinical Excellence

Topic selection process for technology appraisals - Comments

Please enter your answers to the specific questions and then add any general comments below. Please use one row for each comment – add extra rows if necessary.

Organisation Name:	Faculty of Public Health
Name of commentator:	Healthcare Public Health Committee

Questions	Comments **Please insert each new comment in a new row.** **Please do not paste other tables into this table, as your comments could get lost – type directly into this table.**
Q1. Do you agree the minded ministerial referral stage should be removed from the topic selection process for all technology appraisal topics?	Yes
Q2. Do you agree that ROG should no longer be a decision point in the topic selection process for technology appraisal topics?	Yes
Q3. Do you have any comments or observations about the proposal to increase the number of formal decision points and the proposed process underpinning these?	None
Q4. Do you agree that specific, separate criteria should be developed for the technology appraisal work programme?	Yes. An important distinction between the TA programme and other NICE publications is that NHS commissioners are required to fund implementation of the former. There are therefore significant commercial interests vested in the selection of topics for the TA work programme, and major opportunity costs associated with implementation of the published recommendations. This means that criteria by which topics are selected need to be specific, transparent, robust, and defensible. The current economic climate means that reduction of the rate of growth in NHS spending is likely to occur more quickly, and be more drastic than previously anticipated. Indeed there are signs that we even see cuts in the NHS budget. Within this context it is essential that the criteria adopted by NICE for the technology appraisal work programme can stand up to rigorous external scrutiny.
Q5. Do the proposed criteria reflect the correct priorities for selection of technology appraisal topics for NICE? Do you think there are any important	We have major concerns regarding some of the proposals discussed in section 5 of this document: • Para 5.3: The National Specialised Commissioning Group has neither the remit nor the resources to undertake technology appraisal. The Faculty has a seat as an

omissions from the proposed criteria?	observer on the NSCG. In no way could the Group ever be regarded as an appropriate alternative mechanism for technology appraisal. NICE should ensure that it retains responsibility for decisions concerning specialised services, because by their nature such services consume disproportionate levels of NHS resources and divert them from other areas of NHS provision. • Para 5.4 suggests that panels should apply professional judgement and experience in considering topics. In the view of the Faculty it is of great importance that the process should be objective, transparent and defensible, to avoid any risk that subjective opinion and professional interests play a part in the process. Use of professional judgement that is not made explicit and justified by reference to the pre-specified criteria will decrease the transparency of the process and reduce its defensibility.
Q6. Do you agree that technologies aimed at very small populations should be treated in the way described in section 5?	The Faculty believes this would be unhelpful and is opposed to this proposal. It implies that negative NICE TAG recommendations are of less value and importance than positive ones. If technologies likely to have an unacceptably high ICER are not progressed then those technologies will 'creep' into clinical practice without proper evaluation. Technologies aimed at very small populations tend to have a disproportionately high cost and therefore to be associated with high opportunity costs. It is of paramount importance that such technologies are subjected to robust appraisal. Absence of NICE TAG perpetuates and exacerbates postcode lottery and diverts scarce resources away from other areas of health care. The proposals under **Small patient groups** appear to contradict those in the para above, headed **Patient population.** The term 'special consideration' needs definition. It is unclear whether it is proposed to accord technologies for small patient groups lower or higher priority. The Faculty considers that this proposal would create a perverse incentive for pharmaceutical companies and device manufacturers to price their technologies well above an acceptable ICER threshold, thereby avoiding risk of appraisal by NICE. This would further perpetuate the exclusion of orphan drugs from the rigorous process to which non-orphan treatments are subjected.
Q7. Would you like to make any other additional comments about the proposals outlined in this consultation document?	The Faculty of Public Health (FPH) is the leading professional body for public health specialists in the UK. It aims to advance the health of the population through three key areas of work: health promotion, health protection and healthcare improvement. In addition to maintaining professional and educational standards for specialists in public health, FPH advocates on key public health issues and provides practical information and guidance for public health professionals.
Proformas that are not correctly submitted as detailed in the line above may be returned to you	

Please email this form to: topicselection2009@nice.org.uk

Closing date: 22nd May 2009

PLEASE NOTE: The Institute reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion or the Institute, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.