

**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE
CENTRE FOR HEALTH TECHNOLOGY EVALUATION**

Medical Technologies Evaluation Programme

This document describes additional exceptional process steps used for the development of guidance for GID-MT566 Faecal microbiota transplant for recurrent *Clostridioides difficile* infection.

1. Introduction

The decision to select this topic for guidance development and route it to the NICE medical technologies evaluation programme (MTEP) was made by the NICE Topic Selection Outcome Panel (TSOP) following a request by NHS England and NHS Improvement. With an existing [NICE guideline on *Clostridioides difficile* infection: antimicrobial prescribing](#) (2021), and a [NICE interventional procedures guidance on faecal microbiota transplant for recurrent *Clostridium difficile* infection](#) (2014), the aim was to evaluate the topic using a cost comparison analysis and to identify if it demonstrates a cost saving case against the standard of care.

As there was no manufacturer or sponsor that could contribute to guidance development, additional steps and adaptations were made to the standard MTEP guidance development process to ensure robust stakeholder engagement. These changes are outlined below.

NICE maintained its normal principles of transparency and independence in this process.

2. Process

Please find details of the changes to the process followed for this topic below.

Please note, with the exception of the changes described below the process remains the same as outlined in the [Medical Technologies Evaluation Programme manual](#).

1. The External Assessment Centre (EAC) submitted an [economic model plan](#) prior to their assessment report which was internally reviewed by the NICE technical team.
2. The EAC was given 16 weeks to allow for a full systematic review to be conducted and an economic model to be developed.
3. The NICE technical team quality assured the EAC's submitted economic model.

4. The final assessment report and the economic model were made available to clinical experts and registered stakeholders for comment prior to the committee meeting. A tailored fact check step was undertaken to allow for comments on factual inaccuracies and errors on key assumptions used in the economic modelling. The economic model was also shared upon request.
5. The assessment report template was amended to reflect that there was no company/sponsor.