Appendix G – NHS organisation statement template

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Highly Specialised Technology Evaluation

Eculizumab for the treatment of atypical haemolytic uraemic syndrome (aHUS

Thank you for agreeing to give us your views on the technology and the way it should be used in the NHS.

Commissioners provide a unique perspective on the technology, which is not typically available from the published literature. NICE believes it is important to involve NHS organisations that are responsible for commissioning and delivering care in the NHS in the process of making decisions about how technologies should be used in the NHS.

To help you give your views, we have provided a template. The questions are there as prompts to guide you. You do not have to answer every question. Short, focused answers, giving a Commissioner's perspective on the issues you think the committee needs to consider, are what we need.

About you

Your name: E G Jessop

Name of your organisation NHS England

Please indicate your position in the organisation:

- Commissioning services specific to the condition for which NICE is considering this technology?

What is the expected place of the technology in current practice?

How is the condition currently treated in the NHS? Is there significant geographical variation in current practice? Are there differences in opinion between professionals as to what current practice should be? What are the current alternatives (if any) to the technology, and what are their respective advantages and disadvantages?

At present, under the Commissioning Policy statement, http://www.england.nhs.uk/wp-content/uploads/2013/09/e03-hss-a.pdf eculizumab is commissioned for patients as follows:

NHS England will commission eculizumab for new patients with atypical haemolytic uraemic syndrome (defined to include those with a functioning kidney) and for existing patients who are on dialysis and are suitable for a transplant. A commissioning for evaluation scheme will be developed for patients who are not suitable for transplant.

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To what extent and in which population(s) is the technology being used in your local health economy?

The technology is being used in England in accord with the policy set out in the previous section.

- is there variation in how it is being used in your local health economy?

The policy applies throughout England so the only variation arises from pace of implementation.

- is it always used within its licensed indications? If not, under what circumstances does this occur?

Eculizumab has a two licensed indications and other uses. Within England the main unlicensed use has been to prevent transplant rejection.

- what is the impact of the current use of the technology on resources?

- what is the outcome of any evaluations or audits of the use of the technology?

There are no formal evaluations but clinical reports confirm its effectiveness in treating new onset atypical haemolytic uraemic syndrome.

- what is your opinion on the appropriate use of the technology?

The technology is appropriate within its licensed indication for atypical haemolytic uraemic syndrome.

Potential impact on the NHS if NICE recommends the technology

What impact would the guidance have on the delivery of care for patients with this condition?

The current commissioning policy of NHS England is explicitly interim until NICE is able to offer definitive advice. Since NHS England is required in law to comply with guidance, it would establish a statutory basis for commissioning this therapy.

In what setting should/could the technology be used – for example, primary or secondary care, specialist clinics? Would there be any requirements for additional resources (for example, staff, support services, facilities or equipment)?

The technology can be delivered in hospital or at home through suitable home care agreements. There will be a modest requirement for extra staff to run a national service for patients with the condition.

Can you estimate the likely budget impact? If this is not possible, please comment on what factors should be considered (for example, costs, and epidemiological and clinical assumptions).

The non-drug costs, mostly medical and nurse staffing, of establishing a service are estimated at £800 000 per annum. (This does not include the cost of home care or home delivery, or costs of admissions needed to establish infusions).

Would implementing this technology have resource implications for other services (for example, the trade-off between using funds to buy more diabetes nurses versus more insulin pumps, or the loss of funds to other programmes)?

Implementing this expensive technology clearly results in a general loss of funds to other programmes.

Would there be any need for education and training of NHS staff?

There will be a small requirement for education and training of local staff in the care of patients on therapy.

Equality

NICE is committed to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relations between people with particular protected characteristics and others. Please let us know if you think that this evaluation:

- could exclude from full consideration any people protected by the equality legislation who fall within the patient population for which [the treatment(s)] is/are/will be licensed;
- could lead to recommendations that have a different impact on people protected by the equality legislation than on the wider population, e.g. by making it more difficult in practice for a specific group to access the technology;
- could lead to recommendations that have any adverse impact on people with a particular disability or disabilities.

Please tell us what evidence should be obtained to enable the Committee to identify and consider such impacts.

Age is a protected characteristic. The evaluation could potentially be problematical if different recommendations are made for children and adults.

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Other Issues

Please include here any other issues you would like the Evaluation Committee to consider when evaluating this technology?