National Institute for Health and Care Excellence

HealthTech programme

GID-HTE10030: Digital technologies to support self-management of COPD

Second Consultation comments table

There were 17 consultation comments from 4 consultees:

- 8 comments from 2 company representatives
- 7 comments from 1 specialist association
- 2 comments from 1 technology developer representative

#	Consultee ID	Role	Section	Comment [sic]	NICE response
1	1	Technology developer	The technologies 2.14	Wellinks is the name of the following company after SPACE for COPD, should not be at the end of this paragraph but a title for the following paragraph	Thank you for your comment. This formatting error has been amended.
2	1	Technology developer	Evidence generation plan Table 4.2	Table 4.2 SPACE for COPD -is factually incorrect - Houchen et al is NOT a conference abstract it is a scientific paper; I am hoping that it is the scientific paper that has been included in the analysis	Thank you for your comment. The EAG deprioritised the published cohort study from Houchen et al., due to the availability of the conference abstract of an RCT that is referred to in the report. RCTs provide a higher quality evidence source and are considered to be more valuable to decision making.
3	2	Association of Respiratory Nurses	Evidence generation plan 1.6	Consider adding MRC and patient symptom diary; how are you feeling today?, how is your breathing today?, do you have a cold or virus today?, how difficult is it to bring up your phlegm today?, what consistency is your phlegm?, what colour is your phlegm?, have you increased your breathing treatment this week?, have you taken antiobiotics this week? Have you taken oral steroid tablets this week?, have you visited your GP this week?, have you seen your hospital doctor this week?	Thank you for your suggestion. The proposed data to be collected is the essential evidence for future committee decision making. The outcome measures and tools to be used have been informed by committee input to ensure there is suitable real-world data while minimising burden on NHS staff and patients. The companies could collect additional data in addition to those listed in the evidence generation plan.
4	2	Association of Respiratory Nurses	The technologies 2.1	Would suggest technologies should have more than 2 components of self management for overall effective tech use	Thank you for your suggestion. This is a reasonable suggestion in line with the included technologies containing at least 3 components. This has been amended to ‘at least 3’
5	2	Association of	Care pathway 2.18	Line 11, spelling error	Thank you for your comment. This has been amended.

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		Respiratory Nurses			
6	2	Association of Respiratory Nurses	Implementation 3.2	Barriers to include - unable to integrate with current NHS systems both in primary and secondary care. Often current integration is lacking between providers across the pathway	Thank you for your comment. The section of potential barriers has been edited to include specific barriers regarding consistency across the care pathway.
7	2	Association of Respiratory Nurses	Patient considerations 3.4	Recommend to obtain patient user feedback, add steps tracking	Thank you for your comment. The suggestion to recommend user feedback has been added. Step tracking is captured by the 'general health monitoring aspects' statement.
8	2	Association of Respiratory Nurses	Benefits of the technologies 3.8	Requires integration with all HCPs across the interface, aim to have one shared doc between patients and carers / systems	Thank you for your comment. A statement has been added to highlight that it would be ideal for a single system to be accessible by patients, carers and clinicians.
9	2	Association of Respiratory Nurses	Benefits of the technologies 3.9	Though remote monitoring may not always be needed, would have benefits during exacerbations	Thank you for your comment. This suggestion has been added to highlight that monitoring may be reserved for periods of increased risk.
10	3	Spirit Digital	General	Consultation response Spirit Digital agrees with prioritising digitally-supported self-management of patients with COPD. 1.9million people could potentially benefit[1]. Spirit Digital also thinks that more emphasis in the guidance should be placed on the scope to reduce acute COPD admissions in the cohort of patients who are frequently re-admitted to hospital. "Clinical experts and committee members agreed that by recruiting people who have had an acute exacerbation of COPD, there is a tendency for the COPD to improve over time, independently of the technology." (NICE draft guidance[1], paragraph 3.12 page 19) This is indeed the case for the vast majority of patients with milder disease and infrequent exacerbations. However, for patients with GOLD stage 3 / 4 E, this appears unlikely to be the case. "The strongest predictor of a patient's future exacerbation frequency remains the number of exacerbations they have had in the	Thank you for your comment. It is important to reduce readmissions following an exacerbation. A line has been added in section 3.9 to suggest the use of self-management technologies in the post-exacerbation period, when patients are at increased risk.

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				prior year."[2,3] It has also been demonstrated that the history of previous acute COPD admissions is strongly predictive of the likelihood of future acute COPD admissions[4,5]. Data from NHS Digital 2019/2020, demonstrated that 20.4% of patients admitted with a COPD diagnosis accounted for 44.9% of COPD admissions[6]. Data from NHS England supports the contention that people with a history of frequent hospitalisations related to COPD exacerbations exacerbate and are admitted with a high degree of frequency, mean frequency, 3.04 COPD hospitalisations in 12 months in those with two or more acute COPD admissions[6]. The draft guidance states, "The COPD clinical audit from the National Asthma and COPD Audit Programme reports that 23.9% of people are readmitted within 30 days and 43.2% within 90 days after discharge."[1] The draft guidance also stated, "COPD is a common cause of emergency hospital admissions, accounting for 1 in 8 UK hospital admissions." [1] Spirit Digital agrees that self-management informed by education is an integral part of COPD management and that it can be facilitated by digital interventions, including Clinitouch. Data suggests that just over a fifth of patients admitted with COPD accounted for almost half of all COPD admissions (45%)[6]. A focused intervention in this cohort of patients that also monitors patients and can advise that they are in the process of exacerbating and provoke early access to exacerbation packs and if necessary, a clinical intervention is also likely to prove very useful. The NHS is in the midst of a capacity-related crisis. The inability of bed capacity to meet demand has led to overcrowded emergency departments (EDs). EDs have patients who otherwise would have been admitted lying on trolleys and requiring attention from staff leading to longer lead times for patients in the ED and worse outcomes for the patients on the trolleys waiting for specialist care including an increased risk of mortality[7]. The backlog in EDs has led to ambulances queuing to discharge patients, which in turn has reduced emergency response times. The lack of beds has also led to a reduction in elective capacity and an inability to cut down waiting lists and waiting times. Despite an increase in staff and budgets, NHS productivity has not increased to pre-COVID levels[8]. In the acute sector the NHS estimated that in 2023/24, productivity declined by an estimated 11%, 3% of which was attributed to industrial action[8]. At Spirit Digital, we agree with the guidance having a focus on education, exercise and enhanced patient self-management. We also think encouraging the NHS to adopt mechanisms to increase capacity through reducing admissions in a patient cohort that appears to be amenable to digital and responsive to monitoring coupled with education and reducing the rate of readmission from 3 to 1 per annum would be desirable, such as has been seen with Clinitouch [9-11]. A meaningful way to reduce pressure in the system and free up capacity in a capacity	

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				crisis is in reducing unnecessary re-admissions in a common cause of readmissions. “COPD is a common cause of emergency hospital admissions, accounting for 1 in 8 UK hospital admissions.”1 Reducing the 45% of admissions by two-thirds would effectively reduce total COPD admissions by 30% and release over 200,000 bed days[6]. This would help enhance patient flow through the system by reducing COPD demand-led pressure and as importantly help patients stay well and in their own homes. References 1. National Institute For Health And Care Excellence. Early value assessment draft guidance 2. Digital technologies to support self-management of COPD: early value assessment. GID-HTE10030. September 2024. https://www.nice.org.uk/guidance/indevelopment/gid-hte10030/consultation/html-content-3 2. Agustí A, Celli BR, Criner GJ, Halpin D, Anzueto A, Barnes P, Bourbeau J, Han MK, Martinez FJ, Montes de Oca M, Mortimer K, Papi A, Pavord I, Roche N, Salvi S, Sin DD, Singh D, Stockley R, López Varela MV, Wedzicha JA, Vogelmeier CF. Global Initiative For Chronic Obstructive Lung Disease Report 2023. Eur Respir J. 2023 Apr 1;61(4):2300239. doi: 10.1183/13993003.00239-2023. 3. Hurst JR, Vestbo J, Anzueto A, et al. Susceptibility to exacerbation in chronic obstructive pulmonary disease. N Engl J Med 2010; 363(12): 1128-38. 4. Connolly MJ, Lowe D, Anstey K, Hosker HS, Pearson MG, Roberts CM; British Thoracic Society and the Royal College of Physicians Clinical Effectiveness Evaluation Unit (CEEu). Admissions to hospital with exacerbations of chronic obstructive pulmonary disease: Effect of age related factors and service organisation. Thorax. 2006 Oct;61(10):843-8. doi: 10.1136/thx.2005.054924. 5. Baker CL, Zou KH, Su J. Risk assessment of readmissions following an initial COPD-related hospitalization. Int J Chron Obstruct Pulmon Dis. 2013; 8: 551-9. doi: 10.2147/COPD.S51507. 6. Data on File. Spirit Digital. HES dataset, COPD patient dataset. NHS Digital. 2021 7. Jones S, Moulton C, Swift S, et al. Association between delays to patient admission from the emergency department and all-cause 30-day mortality. Emergency Medicine Journal 2022; 39: 168-173. 8. Kelly J. NHS England. NHS productivity. Agenda item: 6 (public session). May 2024. https://www.england.nhs.uk/long-read/nhs-productivity/ [accessed 25th September 2024] 9. Ghosh S et al. Combined interventions for COPD admissions within an urban setting. Br. J HCM, 2016; 22 (3): 225-233 https://www.magonlinelibrary.com/doi/abs/10.12968/bjhc.2016.22.3.123	

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				10. Ghosh S et al. A cost saving intervention for patients with severe breathlessness. Br. J HCM, 2018; 24 (11): 1-4 https://doi.org/10.12968/bjhc.2018.24.11.526 11. Data on File. Spirit Health. Ceri Mansell. Central Lancs-June22.	
11	3	Spirit Digital		Has all of the relevant evidence been taken into account? Yes	Thank you for your comment.
12	3	Spirit Digital		Are the summaries of clinical and cost effectiveness reasonable interpretations of the evidence? Yes	Thank you for your comment.
13	3	Spirit Digital		Are the recommendations sound and a suitable basis for guidance to the NHS? They make sense. Spirit Digital considers that the emphasis on self-management is fair. Spirit Digital considers that there should be more emphasis on the combination of education, exercise and the use of digital to enhance patient monitoring to reduce unscheduled COPD hospitalisations in the cohort of patients who are frequently admitted. See final comment for more detailed response.	Thank you for your comment.
14	3	Spirit Digital		Are there any equality issues that need special consideration and are not covered in the medical technology consultation document? No	Thank you for your comment.
15	3	Spirit Digital		Are there any implementation considerations for digital technologies for supporting self-management of COPD that we may have missed? No	Thank you for your comment.
16	4	Doccla		Doccla should be removed from the finalised version of GID-HTE10030: Digital Technologies to Support Self-Management of COPD EVA as we are out of scope, and agreed to await your discussion with the committee. Our reason for this is that the Doccla patient app does not include the components of self-management outlined in 2.1 of the guidance: 1) The Doccla patient app does not include any clinical decision support. It is an interface for the patient to submit observational readings and responses to symptom questionnaires. The onus is not on the patient to track their symptoms; the clinical team is responsible for this. Responses are reviewed by a clinician and it remains the responsibility of the clinician to further assess the patient and advise on management. 2) The Doccla patient app does not hold digital management plans, education about the condition or exercise advice in the context of self management of COPD. 3) The only relevant communication feature within the Doccla patient app is the ability to make contact with the patient's clinical team (eg via messages, video consulting).	Thank you for your comment. The removal of Doccla has been discussed, however, the technology is considered to meet the use-case for this EVA. Doccla will remain in this EVA.
17	4	Doccla		Should the committee deem that Doccla should remain in scope, we would kindly request amendment to the following aspects to provide clarity: 1.4 of the guidance	

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				currently states: "Can only be used in research: More research is needed on Doccla to support self-management of COPD before it can be used in the NHS" We request this is amended to: "Can only be used in research for standalone self-management of COPD: More research is needed on the use of the standalone Doccla patient app to support self-management of COPD. For the avoidance of doubt, Doccla's services may still be used in the context of Virtual Wards or Remote Patient Monitoring, as described for instance in the separate NICE Early Value Assessment "Virtual ward platform technologies for acute respiratory infections" 3.14 currently states: "The committee concluded that Active+me REMOTE, Clinitouch, COPDhub, COPDPredict, Lenus, Luscii, myCOPD, and SPACE for COPD can be used in the NHS while more evidence is generated, because they showed potential benefit in their existing evidence base. More research is needed on Doccla before it can be used in the NHS." We believe this implies there is no potential benefit of using Doccla for COPD, which would run counter to the existing NICE EVA around Virtual Wards ARI. We therefore suggest the reference to Doccla is either removed, or is amended to: "The committee concluded that Active+me REMOTE, Clinitouch, COPDhub, COPDPredict, Lenus, Luscii, myCOPD, and SPACE for COPD can be used in the NHS while more evidence is generated, because they showed potential benefit in their existing evidence base. More research is needed on the standalone Doccla patient app before it can be used in the NHS for the purposes of standalone self-management, although the technology may be used in the context of Virtual Wards or Remote Patient Monitoring, as described for instance in the separate NICE Early Value Assessment "Virtual ward platform technologies for acute respiratory infections"."	