NICE National Institute for Health and Care Excellence

National Institute for Health and Care Excellence
Centre for Health Technology Evaluation

Pro forma Response

External Assessment Centre Report factual check

MT 234 Sherlock 3CG Tip Confirmation System for placement of peripherally inserted central catheters

Please find enclosed the assessment report prepared for this assessment by the External Assessment Centre (EAC).

You are asked to check the assessment report from Cedar to ensure there are no factual inaccuracies contained within it. If you do identify any factual inaccuracies you must inform NICE by 4pm, **10th September 2014** using the below pro forma comments table. All your comments on factual inaccuracies will receive a response from the EAC and when appropriate, will be amended in the EAC report. This table, including EAC responses will be presented to the Medical Technologies Advisory Committee and will subsequently be published on the NICE website with the Assessment report.

Submitted to sponsor: 8th September 2014

Issue 1

Description of factual inaccuracy	Description of proposed amendment	Justification for amendment	EAC response
The major criticism of the model is that the nurse time with Sherlock but no X-ray should be the same as bedside placement with X-ray. The EAC is correct that we state in the assumptions in 9.1.6 that the time taken to achieve successful placement with Sherlock 3CG TCS is equal to bedside placement. However, this is a typo and should have read: • The time taken to achieve successful placement with Sherlock 3CG TCS *with x-ray* is equal to the time taken for successful placement at the bedside without the technology. The fact that initial placement cost is cheaper with Sherlock 3CG TCS and no X-ray is stated three assumptions down from this assumption. The reasons and supporting evidence are given in 9.37 that clearly states the assumed time differences with and without X-ray. Table 6.1 and 6.2 also describes this difference.	No amendment required beyond the correction of the typo. The analysis does not need to change.	Provides clarity to the reader and removes potential confusion. We believe the evidence supports Sherlock 3CG TCS without X-ray being less demanding on nurse time and this was in any case fully explored in sensitivity analysis.	The EAC accept that this makes the assumption in line with the model inputs; however we believe that all the points in the report remain valid. In addition, the sensitivity analysis did not fully explore the issue since at no time were nurse times set as equal for the two model branches. We suggest that we add an additional line in Table 12, reading: Column 1: The sponsor has clarified that the assumption above should read "The time taken to achieve successful placement with Sherlock 3CG TCS ***with x-ray*** is equal to the time taken for successful placement at the bedside without the technology." Column 2: This now matches the input in the model, and is a reasonable assumption. However the EAC still believe that there is no valid reason to assign a shorter nurse time to Sherlock 3CG TCS ***without x-ray***. It is plausible that the patient pathway might be shorter; however the time for insertion of the PICC will remain similar. The cost of x-ray (including radiologist time) is costed separately (both in the model and in the data source (Walker et al. 2013). Column 3: As above

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