NHS organisation statement template

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

Primary Care Trusts (PCTs) 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 PCT perspective on the issues you think the committee needs to consider, are what we need.

About you

Your name: [redacted]

Name of your organisation: **NHS Greenwich**

Please indicate your position in the organisation:

- Commissioning services for the PCT in general?
- **√ commissioning services for the PCT specific to the condition for which NICE is considering this technology?**
- Responsible for quality of service delivery in the PCT (e.g. medical director, public health director, director of nursing)?
- a specialist in the treatment of people with the condition for which NICE is considering this technology?
- a specialist in the clinical evidence base that is to support the technology (e.g. participation in clinical trials for the technology)?
- other (please specify)

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?

Currently the condition is predominantly managed in Primary Care, unless there are severe cases or complex cases. There are some variations in current practice but nothing dramatically different to the treatment of any other condition. Most patients are fairly well treated with oral preparations with a few complex or treatment resistant patients needing a rectal preparations, faecal softeners or Cleansing Preparations.

To what extent and in which population(s) is the technology being used in your local health economy?
- is there variation in how it is being used in your local health economy?
- is it always used within its licensed indications? If not, under what circumstances does this occur?

The current TA is not yet used in the PCT, hence no variations noted.

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

The current technology will have to be funded potentially from decommissioning some of the activity costs associated with GI services, if approved by NICE. Additionally PCT prescribing budgets will pick up the costs for complex cases.

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

None done

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

Currently cannot see a role in therapy, as the trials are too short to evaluate any overall benefit or safety profiles.

Additionally it is not clear whether the treatment with Prucalopride needs to be treated beyond 12 weeks and if that is the case, it does not make economic savings at all.
Perhaps for a select few patients it may be worth considering but that decision should be made by a Specialist experienced in managing chronic treatment resistant constipation and not for primary care clinicians.

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?

If approved, potentially very few patients with chronic constipation will be adequately treated as these patients were largely dissatisfied with their previous treatments and had a low quality of life.

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)?

1. Primary Care
2. No specialist support services, facilities or equipment needed.

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 prevalence factors for treatment resistant chronic constipation are too wide (8% - 52%). This makes the economic modelling a bit difficult. Assuming 8% for NHS Greenwich, we will need to treat approximately 87 women and for 52% we will need to treat 563 women.

Assuming a cost of £2.31 per tab for 2mg it will cost us £194
12 weeks treatment per patient will therefore cost:
87 x £194 = £16,878 **OR** 563 x £194 = £109,222

This expenditure will need to be offset by the current hospital admission cost and may also have a small element of other laxative costs included within the total expenditure. The other factor to be considered within hospital admission data is the lack of robust data i.e admissions for primary constipation does not state whether patient had severe treatment resistant constipation or just constipation and hence difficult to assess the budget impact.

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)?

This technology will have to be part of any care-pathways NHS Greenwich develops as part of the commissioning strategy plan for 10-11 and beyond. The major trade-off will potentially be the possible decommissioning of secondary care services.

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

None additionally

Other Issues

Please include here any other issues you would like the Appraisal Committee to consider when appraising this technology.

The Technology does not provide any major clinical benefit over existing treatment portfolio. There is bound to be patient variations but currently there are several options already available on the NHS treatment.

Managing patients with constipation needs time and clinicians need to provide non pharmacological advice where applicable in conjunction with any prescribed treatment.

Bowel movement is very subjective and therefore difficult to assess patient satisfaction especially the completeness of evacuation.

Additionally will the Pharmaceutical company then extend the license of the product to other disorders that also leads to constipation such as functional constipation, irritable bowel syndrome or outlet obstruction.