

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

GUIDANCE EXECUTIVE (GE)

Consideration of consultation responses on review proposal

Review of TA213; Aripiprazole for schizophrenia in people aged 15 to 17 years

This guidance was issued January 2011 with a review date of November 2013.

Background

At the GE meeting of 3 May 2011 it was agreed we would consult on the review plans for this guidance. A four week consultation has been conducted with consultees and commentators and the responses are presented below.

Proposal put to consultees:	The guidance should be incorporated, verbatim, into the ongoing clinical guideline on the recognition and management of schizophrenia presenting up to 18 years of age. The technology appraisal guidance should be placed on the 'static guidance list' so that the technology appraisal remains extant alongside the guideline. This has the consequence of preserving the funding direction associated with a positive recommendation in a NICE technology appraisal.
Rationale for selecting this proposal	This review proposal has been prepared ahead of the review date specified in the guidance because there is a related Clinical Guideline in development. In considering the options for this proposal the principles outlined in the Department of Health policy document PWG IB (10)05 have been taken into account. The criteria for updating a technology appraisal in an ongoing guideline and a summary of options considered can be found in Appendix 1. This guidance was published only recently (January 2011) and there have been no significant new developments in the evidence base to suggest that an update is necessary. Given the recentness of the guidance and noting that the extension of the marketing authorisation to include the treatment of schizophrenia in people aged 15 to 17 years was granted less than two years ago, it is not anticipated that this treatment will be established and embedded in the NHS. Spending on aripiprazole continues to rise (see Appendix 3 – note that the data are not linked to diagnosis and the age of the patient). Therefore the guidance

	<p>does not meet the criteria for updating within a Clinical Guideline.</p> <p>Consequently it is recommended that the technology appraisal guidance is incorporated, verbatim, into the clinical guideline. The Technology Appraisal guidance will be moved to the static list until the relevant Clinical Guideline is reviewed. This has the consequence of preserving the funding direction for the guidance.</p>
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GE is asked to consider the original proposal in the light of the comments received from consultees and commentators, together with any responses from the appraisal team. It is asked to agree on the final course of action for the review.

Recommendation post consultation:	<p>The guidance will be incorporated, verbatim, into the ongoing clinical guideline on the recognition and management of schizophrenia presenting up to 18 years of age.</p> <p>The technology appraisal guidance will be placed on the 'static guidance list'</p>
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Respondent	Response to proposal	Details	Comment from Technology Appraisals
Department of Health	No comment	The Department of Health has no comments to make, regarding NICE's review proposal	Comment noted, no action required.
Mental Health Foundation	No comment	We feel it is not appropriate for the Mental Health Foundation to comment on this topic	Comment noted, no action required.
Medicines and Healthcare products Regulatory Agency	No comment	We can confirm that we have no comment on this appraisal	Comment noted, no action required.

Respondent	Response to proposal	Details	Comment from Technology Appraisals
Bristol Myers Squibb	Agree	<p>BMS and Otsuka are in agreement with the recommendation that TA213 should be incorporated, verbatim, into the ongoing clinical guideline on the recognition and management of schizophrenia presenting up to 18 years of age. We are also in agreement that the technology appraisal guidance should be placed on the 'static guidance list' so that the technology appraisal remains extant alongside the guideline</p>	<p>Comment noted, no action required.</p>
Cochrane Schizophrenia Group	Agree	<p>This seems a sensible idea. I am aware of the update regarding the Schizophrenia in young people guideline and TA213 would seem to fit neatly in that guidance. I too am unaware of any additional data but that does not mean that update is not warranted.</p> <ul style="list-style-type: none"> • I would support its incorporation into the existing guidance. • I think it would benefit from critical update in which the reader's attention is drawn to the fact that the relevant trials are so explanatory and far from NHS care as to be - at best - problematic - and more likely - almost impossible to generalise to everyday care. The structure for undertaking this exercise is helpfully provided in a relatively recent paper.(1) 	<p>Comment noted, no action required.</p> <p>Guidance placed on the static list can still be updated if and when new data become available. No action required.</p>

Respondent	Response to proposal	Details	Comment from Technology Appraisals
Cochrane Schizophrenia Group (continued)		<ul style="list-style-type: none"> Use of critical grading of the evidence is also helpful and this may need update. If the quality of trials, their relevance, directness, precision is limited and if funding is by those with a pecuniary interest in the findings it is important that emphases on the strength of findings are downgraded. I am not aware that such an exercise has been overtly undertaken in a way that is explicit. I think I am right in remembering that the GRADEPro system(2) has not been adopted within the Technology Appraisal systems. I am sure that there are good reasons for this but there are advantages to this system – or something like it – that are not immediately apparent unless such a system is used. Cochrane has increasingly adopted this system and – with misgivings at the start – generally found it of use – especially at the write up phase. Often the people doing the reviewing critically appraise the studies – perhaps thoughtfully and dispassionately – but then when it comes to the write up none of us is immune to forgetting that critical appraisal amidst the confusion of data. As a result – with no good way of putting objective implications on the necessary subjective judgement regarding quality, bias and applicability – the hard work in critically appraising the data is in great danger of being forgotten. This is evident in Technology Appraisals in general and not this one specifically. 	Technology appraisals do not grade recommendations. Recommendations are based on both a systematic review of the clinical evidence <u>and</u> consideration of cost effectiveness (usually based on a model).

Respondent	Response to proposal	Details	Comment from Technology Appraisals
Cochrane Schizophrenia Group (continued)		<ul style="list-style-type: none"> • By incorporating this appraisal into the guidance would there be the possibility for cost saving? If so this would seem to be indicated in these times. In addition, in light of the recent plagiarism debacle over the Psychosis and substance misuse guidance – where the unacknowledged Cochrane data was clearly cut and pasted into the appraisal - it would seem sensible that every effort is made to either save costs or use funding more prudently. This is where my conflict of interest is evident. It would seem sensible that any update of the Technology Appraisal of relevant trials is shared with the voluntary sector – Cochrane already receives infrastructure funding from the DoH for this end – and would allow maintenance of the review in perpetuity by trained volunteer systematic reviewers whilst funds allocated to update the review may be best diverted into important additions to the review that are not done well by Cochrane – see below. Such an exercise is not just hypothetical and is underway for the update of the Management of Violence update – in this the DoH has funded the Cochrane group to undertake and update reviews in a timely fashion for the Technology Appraisal to see if efficiencies can be generated (please reference Phil Alderson). • If there is not to be cost saving and allocated funds could be used to improve the technology appraisal it would seem that more effort could be made to systematically investigate important issues such as adverse effects – those not so readily picked up by trials. Investment of quality time in this area would greatly improve confidence in the guidance. 	<p>Cost savings are not anticipated.</p> <p>The priorities for the clinical guideline will be determined by the scoping exercise.</p>

Respondent	Response to proposal	Details	Comment from Technology Appraisals
Royal College of Nursing	Agree	The proposals to update this health technology appraisal guidance was sent to nurses caring for people with schizophrenia for their comments. The feedback I have received suggest that it makes sense to incorporate the review of this health technology appraisal guidance into the on-going NICE guideline on <i>Schizophrenia: recognition and management of schizophrenia presenting up to 18 years of age</i> , which is currently in development.	Comment noted, no action required.
Royal College of Paediatrics and Child Health	Agree	The College seems eminently sensible to incorporate the technology appraisal into the clinical guideline.	Comment noted, no action required.

No response received from:

<p><u>Patient/carer groups</u></p> <ul style="list-style-type: none"> • Action for Sick Children • Afiya Trust • Black Health Agency • Changes • Children's Society • Chinese Mental Health Association • Chinese National Healthy Living Centre • Equalities National Council • Max Appeal • Mental Health Matters • Mental Health Providers Forum 	<p><u>General</u></p> <ul style="list-style-type: none"> • Board of Community Health Councils in Wales • British National Formulary • Care Quality Commission • Commissioning Support Appraisals Service • Department of Health, Social Services and Public Safety for Northern Ireland • Hafal • Healthcare Improvement Scotland • MIND Cymru • National Association of Primary Care • National Mental Health Development Unit
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- Mind
- Muslim Council of Britain
- Muslim Health Network
- National Children's Bureau
- National Parent Partnership Network
- National Perceptions Forum
- Rethink
- SANE
- South Asian Health Foundation
- Specialised Healthcare Alliance
- Together
- UK Advocacy Network
- United Response
- WellChild
- YoungMinds

Professional groups

- Association for Young People's Health
- British Association for Counselling and Psychotherapy
- British Association for Psychopharmacology
- British Association of Behavioural and Cognitive Psychotherapies
- British Association of Psychotherapists
- British Confederation of Psychotherapists
- British Neuropsychiatry Association
- British Psychological Society
- Mental Health Nurses Association
- Primary Care Mental Health Education
- Royal College of General Practitioners
- Royal College of Pathologists

- National Pharmacy Association
- NHS Alliance
- NHS Commercial Medicines Unit
- NHS Confederation
- Public Health Wales NHS Trust
- Scottish Medicines Consortium

Comparator manufacturers

- Actavis UK (risperidone)
- AstraZeneca (quetiapine)
- Dexcel Pharma (risperidone)
- Eli Lilly & Company (olanzapine)
- Janssen-Cilag (risperidone)
- Merz (clozapine)
- Novartis Pharmaceuticals (clozapine)
- Sandoz (risperidone)
- Sanofi-aventis (risperidone)
- Teva UK (clozapine)

Relevant research groups

- Institute of Psychiatry
- MRC Clinical Trials Unit
- National Institute for Health Research
- National Primary Care Research & Development Centre

Assessment Group

- Assessment Group tbc
- National Institute for Health Research Health Technology Assessment Programme

<ul style="list-style-type: none"> • Royal College of Physicians • Royal College of Psychiatrists • Royal Society of Medicine • United Kingdom Clinical Pharmacy Association • United Kingdom Council for Psychotherapy • United Kingdom Psychiatric Pharmacy Group <p><u>Others</u></p> <ul style="list-style-type: none"> • NHS Hillingdon • Torbay Care NHS Trust • Welsh Assembly Government 	<p><u>Associated Guideline groups</u></p> <ul style="list-style-type: none"> • National Collaborating Centre for Mental Health <p><u>Associated Public Health groups</u></p> <ul style="list-style-type: none"> • None
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