

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 **Breast Cancer Care**

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) **Policy and Public Affairs Manager (in breast cancer charity)**

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?

Drug therapies that may be used in the treatment of advanced or metastatic breast cancer include: trastuzumab (although we understand that this appraisal excludes HER-2 positive metastatic breast cancer), gemcitabine, taxanes, capecitabine and vinorelbine.

The recently published NICE Advanced breast cancer clinical guidelines recommended hormone therapy as the first line treatment for people living with metastatic breast cancer. We understand, however, that the focus in this appraisal is on patients for whom hormone therapy is not suitable or whose disease requires a more rapid response than that which a hormone therapy might elicit.

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

Question not applicable to our organisation

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?

Patients with metastatic breast cancer typically have limited treatment options and therefore increased treatment options that are safe, tolerable, effectively delay progression and improve survival are vital for this patient group.

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)?

Breast Cancer Care believes that patients with metastatic breast cancer would benefit from a breast care nurse, or another named key worker, to provide a similar style of support to that offered to most primary breast cancer patients. Breast Cancer Care's Secondary Breast Cancer Taskforce emphasises that the key worker needs to be a clinical nurse specialist with skills and knowledge in managing metastatic breast cancer.

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).

Question not applicable to our organisation

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)?

Question not applicable to our organisation

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

See above comment about the need for breast care nurses (or other named key workers) who have the skills and knowledge to manage metastatic breast cancer. This key worker would co-ordinate care, act as the patient's advocate and provide or signpost the patient to support and information.

Other Issues

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

Appendix I – NHS organisation statement template

