

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

Single technology appraisal (STA)

Dapagliflozin in combination therapy for the treatment of type 2 diabetes

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

Patients and patient advocates can provide a unique perspective on the technology, which is not typically available from the published literature.

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. Please do not exceed the 8-page limit.

About you

Your name: Cathy Moulton

Name of your organisation: Diabetes UK

Are you (tick all that apply):

- a patient with the condition for which NICE is considering this technology?
- a carer of a patient with the condition for which NICE is considering this technology?
- an employee of a patient organisation that represents patients with the condition for which NICE is considering the technology? If so, give your position in the organisation where appropriate (e.g. policy officer, trustee, member, etc)
- other? (please specify)

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What do patients and/or carers consider to be the advantages and disadvantages of the technology for the condition?

1. Advantages

(a) Please list the specific aspect(s) of the condition that you expect the technology to help with. For each aspect you list please describe, if possible, what difference you expect the technology to make.

This technology offers further choice of medication for people with Type 2 diabetes

(b) Please list any short-term and/or long-term benefits that patients expect to gain from using the technology. These might include the effect of the technology on:

- the course and/or outcome of the condition
- physical symptoms
- pain
- level of disability
- mental health
- quality of life (lifestyle, work, social functioning etc.)
- other quality of life issues not listed above
- other people (for example family, friends, employers)
- other issues not listed above.

Diabetes is a chronic condition which can have devastating outcomes due to the effect of persistent high blood glucose levels.

Technology which helps to effectively reduce hyperglycaemia has the potential to reduce the cost to the NHS of hospital admissions due to the complications of diabetes as well as offering improved quality of life.

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What do patients and/or carers consider to be the advantages and disadvantages of the technology for the condition? (continued)

2. Disadvantages

Please list any problems with or concerns you have about the technology.

Disadvantages might include:

- aspects of the condition that the technology cannot help with or might make worse.
- difficulties in taking or using the technology
- side effects (please describe which side effects patients might be willing to accept or tolerate and which would be difficult to accept or tolerate)
- impact on others (for example family, friends, employers)
- financial impact on the patient and/or their family (for example cost of travel needed to access the technology, or the cost of paying a carer).

Some of the side effects of this new technology may cause the patient to be non-compliant.

The fact that glucose will be excreted in the urine may cause anxiety amongst a group of people who are conditioned to believe that no glycosuria is a sign of good diabetes management.

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3. Are there differences in opinion between patients about the usefulness or otherwise of this technology? If so, please describe them.

We have no information from any of our members about this technology.

4. Are there any groups of patients who might benefit **more** from the technology than others? Are there any groups of patients who might benefit **less** from the technology than others?

As with all treatments for Type 2 diabetes, the group of people who will benefit will be those who have not been able to manage their blood glucose levels with other agents, often experiencing polypharmacy.

There is a recognised group of patients who should not be considered for this technology.

Comparing the technology with alternative available treatments or technologies

NICE is interested in your views on how the technology compares with with existing treatments for this condition in the UK.

I do not have the expertise to comment on this.

(i) Please list any current standard practice (alternatives if any) used in the UK.

(ii) If you think that the new technology has any **advantages** for patients over other current standard practice, please describe them. Advantages might include:

- improvement in the condition overall
- improvement in certain aspects of the condition
- ease of use (for example tablets rather than injection)
- where the technology has to be used (for example at home rather than in hospital)
- side effects (please describe nature and number of problems, frequency, duration, severity etc.)

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(iii) If you think that the new technology has any **disadvantages** for patients compared with current standard practice, please describe them. Disadvantages might include:

- worsening of the condition overall
- worsening of specific aspects of the condition
- difficulty in use (for example injection rather than tablets)
- where the technology has to be used (for example in hospital rather than at home)
- side effects (for example nature or number of problems, how often, for how long, how severe).

Research evidence on patient or carer views of the technology

If you are familiar with the evidence base for the technology, please comment on whether patients' experience of using the technology as part of their routine NHS care reflects that observed under clinical trial conditions.

Are there any adverse effects that were not apparent in the clinical trials but have come to light since, during routine NHS care?

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Are you aware of any research carried out on patient or carer views of the condition or existing treatments that is relevant to an appraisal of this technology? If yes, please provide references to the relevant studies.

No

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Availability of this technology to patients in the NHS

What key differences, if any, would it make to patients and/or carers if this technology was made available on the NHS?

It is hoped that this technology will help those people who are unable to achieve good blood glucose control with other diabetes medication to achieve their agreed targets so maintaining good health and reducing the risk of long term complications.

What implications would it have for patients and/or carers if the technology was **not** made available to patients on the NHS?

It will mean that another choice of treatment is not available to them.

Are there groups of patients that have difficulties using the technology?

I don't know

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Other Issues

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