Re: NICE - ACD - Arthritis of the hip (end stage) - hip replacement (total) and resurfacing arthroplasty [ID540]

Stryker supports the points outlined in the response from ABHI (below):

In response to the NICE consultation on its preliminary recommendations for total hip replacement and resurfacing arthroplasty for end-stage arthritis of the hip (review of TA guidance 2 and 44), the ABHI Orthopaedic Special Interest Section would like to make the following comments to the Technology Appraisal Committee (TAC) for their consideration.

Firstly we were disappointed to note the absence of any practicing surgeon members of the British Orthopaedic Association (BOA) or British Hip Society (BHS) at the TAC meeting on 18th September 2013 when the Committee made its preliminary recommendations. It is critical that recommendations be appropriately informed through professional input across the range of clinical experience across different types of fixation and technology. To that end we feel strongly that the BOA and BHS should provide the TAC with independent expert opinion and very much hope the second committee meeting will take account of this point.

In addition, the ABHI believe NICE's preliminary recommendations do not account for the importance of surgeon training and experience when choosing types of prostheses. The provision of training, education and support by the manufacturer is an important component of the decision to select a particular prosthesis to ensure long-term clinical outcomes for the patient and we do not consider that sufficient emphasis has been placed on this. We request that the Committee carefully consider this important aspect as context against which section 1.2 must be balanced when making its final recommendations to ensure the outcome is pragmatic and relevant to the NHS.

Section 1.2 of the draft guidance currently recommends use of the prosthesis with the lowest acquisition cost. We believe that whilst this is one important factor for the NHS, patient characteristics, surgeon training and experience with a particular prosthesis and non-implant procedure costs (e.g. consumables and theatre time) should be taken into account in the guidance.

In Addition Stryker would like the Committee to address the following questions/concerns:

2.4 How will ODEP define the different categories in light of the reduction of the 10 year revision rate to 5%? Will this impact on the failure rates at other time points eg 3, 5, 7 years?

4.3.15 **Furthermore, the Committee agreed that there should be a 'stopping rule' –** how will this be managed? There will be a number of Contracts/Tenders with lengthy timelines that do not meet this criteria.

4.3.16 The recommendations do not refer to the causes for revision which may influence the revision rate. Also, the combination of different manufacturers product and the variety therin may influence revision rates, and affect the rate of different components. It is also unclear how products with revision rates lower than 5% will be preferenced.

Regards