Guy's and St Thomas' NHS
NHS Foundation Trust

St Thomas' Hospital
Westminster Bridge Road
Department of Gastroenterology
1st Floor, College House, South Wing
London SE1 7EH

26th August 2014

[redacted] Committee A National Institute for Health and Care Excellence 10 Spring Gardens London SW1A 2BU

Dear Mrs Joshi

Re: Infliximab, adalimumab and golimumab for treating moderately to severely active ulcerative colitis after the failure of conventional therapy (including a review of TA140 and TA262) [ID695]

Thank you for the opportunity to comment on the above Assessment Report. I support the submissions from the British Society of Gastroenterology, expert patients and Crohn's and Colitis UK.

I am concerned the current document does not address the options available to those patients refractory to conventional therapy who cannot, or choose not to, have surgery. These are a relatively small, but important, cohort of patients who are at risk of complications related to poorly managed disease or inappropriate use of medicines (such as long term steroid use). In addition to deleterious potential physical effects, poorly controlled disease can impact on a person's quality of life and their ability to fulfil potential socially, educationally or at work. Offering this cohort no alternative to surgery seems at odds with NHS England's position on managing long term conditions which advocate patient centred care and encourage health care professionals to engage with and inform their patient's thus improving adherence to treatments and supporting self-management.

Currently access to biologics for people with inflammatory bowel disease is unequal. I consider it important for people with ulcerative colitis to have parity with people diagnosed with Crohn's disease and hope the HTA can address this and the current variance in access experienced throughout the country.

Yours sincerely

[redacted]
Lead Clinical Nurse Specialist – Inflammatory Bowel Disease