Appendix G -Professional organisation statement template

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

Single Technology Appraisal (STA)

Rifaximin for maintaining remission from episodes of hepatic encephalopathy

Thank you for agreeing to give us a statement on your organisation's view of the technology and the way it should be used in the NHS.

Healthcare professionals can provide a unique perspective on the technology within the context of current clinical practice which is not typically available from the published literature.

To help you in making your statement, we have provided a template. The questions are there as prompts to guide you. It is not essential that you answer all of them.

Please do not exceed the 8-page limit.

About you

Your name: Dr Sulleman Moreea

Name of your organisation: British Society of Gastroenterology

Are you (tick all that apply):

- 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. involved in clinical trials for the technology)? No
- an employee of a healthcare professional organisation that represents clinicians treating the condition for which NICE is considering the technology? If so, what is your position in the organisation where appropriate (e.g. policy officer, trustee, member etc)? √
- . Consultant Hepatologist at the Bradford Teaching Hospitals NHS Foundation Trust
- other? (please specify)

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What is the expected place of the technology in current practice?

There are no guidelines for the management of hepatic encephalopathy (HE) that are widely used across the NHS. The diagnosis can be difficult to establish, specially for sub-clinical (early) HE.
Treatment is ad-hoc, with a high morbidity and mortality. There will be significant geographical variation in current practice.
The use of laxatives for HE is well accepted but the use of antibiotics remains debatable. There are side effects to the use of the current antibiotic (neomycin).
There is good evidence that Rifaximin is effective.

The subgroup of patients with chronic liver disease who develop HE is difficult to predict but they should benefit from the potential use of this technology.

Rifaximin will probably first be used in secondary care and the prescription continued in primary care. In time, it will probably be prescribed de novo in primary care in the small subset of patients with HE. There will not be any additional requirements for its use.

Rifaximin will be used under its licenced indications.

There are no recent guidelines from the BSG, EASL or the American Gastroenterology Association concerning the use of Rifaximin in HE.

The advantages and disadvantages of the technology

Rifaximin is an antibiotic and therefore will be easy to prescribe and use. There are no disadvantages to this technology. It has now been used for a number of years to treat Traveller's diarrhoea.

Side effects and adverse reactions are as per the BNF.I am not aware of new side effects that have come to light during its use so far.

Any additional sources of evidence

None

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Implementation issues

There should be no implementation issues. No additional resources will be required.

Equality

There are no equality issues concerning the use of this technology for HE.