Appendix G – NHS organisation statement template

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Single Technology Appraisal (STA)

Vedolizumab for treating moderately to severely active ulcerative colitis [ID691]

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

Clinical Commissioning Groups (CCGs) 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 CCG perspective on the issues you think the committee needs to consider, are what we need.

About you

Your name: [redacted]

Name of your organisation: *Kent and Medway Commissioning Support Unit acting for NHS South Kent Coast and NHS Thanet CCGs.*

Please indicate your position in the organisation:

- commissioning services for the CCG in general?
- commissioning services for the CCG specific to the condition for which NICE is considering this technology?
- responsible for quality of service delivery in the CCG (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). *Provide commissioning support for any matter relating to CCG funded High Cost Drugs (National Tariff exclusions). Ensure compliance with NICE TA's by the organisation, ensure patients can access NICE recommended treatments, and all other factors being equal try to ensure the most cost-effective treatments are used.*

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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?

Various immunosuppressants are used to treat ulcerative colitis, also infliximab for acute exacerbations of the disease. I do not think there are differences of opinion between professionals as the treatment has limited options and is well established. Neither am I aware of any significant geographical variation in current practice.
I have not yet seen any clinical evidence about the effectiveness of vedolizumab but understand it to be a treatment option in the event of lack of response to currently available immunosuppressants and infliximab.

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?

The technology is not being used in the local health economy.

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?

If recommended by NICE, the technology would appear to provide a potentially effective treatment option for patients that are not getting benefit (or full benefit) from current, limited, treatment options.

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)?

The decision to use the technology would be taken by a specialist in the disease, usually in secondary care. I do not know how the technology is given but if, like infliximab, it is by infusion then it is highly likely that this would have to be administered in secondary care. This would require infusion capacity including nursing staff, facilities and resuscitation equipment/expertise in the event of allergic reaction.

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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).
At present it is difficult to estimate the budget impact but the technology is for patients not responding, or poorly responding, to current therapy. This suggests some costs associated with the technology will be an additional burden on the healthcare budget. However, I think they will be offset to an extent by the cessation of e.g. infliximab in patients that are sub-optimal responders to infliximab.

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)?

I am unable to identify any other resource implications.

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

Education and training for specialists in the effectiveness and safety of the technology, its place in therapy and how to monitor. Likewise, education and training for staff involved with administering the technology on how to correctly administer and monitor for adverse events.

Equality

NICE is committed to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relations between people with particular protected characteristics and others. Please let us know if you think that this appraisal:

- could exclude from full consideration any people protected by the equality legislation who fall within the patient population for which [the treatment(s)] is/are/will be licensed;
- could lead to recommendations that have a different impact on people protected by the equality legislation than on the wider population, e.g. by making it more difficult in practice for a specific group to access the technology;
- could lead to recommendations that have any adverse impact on people with a particular disability or disabilities.

Please tell us what evidence should be obtained to enable the Committee to identify and consider such impacts.

I am not aware of any equality issues that are relevant to the technology.

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Other Issues

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

No other issues identified.