National Institute for Health and Care Excellence

TNF-alpha inhibitors for ankylosing spondylitis and non-radiographic axial spondyloarthritis (including a review of TA143 and TA233)

Royal College of Nursing

Introduction

The Royal College of Nursing (RCN) was invited to review the Appraisal Consultation Document (ACD) for TNF-alpha inhibitors for ankylosing spondylitis and non-radiographic axial spondyloarthritis (including a review of
TA143 and TA233).

The RCN invited members caring for people with ankylosing spondylitis to review the documents on its behalf.

Appraisal Consultation Document – RCN Response

The Royal College of Nursing welcomes the opportunity to review this document. The RCN's response to the questions on which comments were requested is set out below:

i) **Has the relevant evidence been taken into account?**

The evidence considered seems comprehensive.

ii) **Are the summaries of clinical and cost effectiveness reasonable interpretations of the evidence?**

Our members have asked that the summaries of the clinical and cost effectiveness of this appraisal should be aligned to the clinical pathway followed by patients with ankylosing spondylitis. The preliminary views on resource impact and implications should be in line with established standard clinical practice.

iii) **Are the provisional recommendations sound and a suitable basis for guidance to the NHS?**

Our members working in this area of health reviewed the recommendations of the Appraisal Committee and refer to section 4.12 of the ACD, in which the Assessment Group concluded that sequential treatment with TNF-alpha inhibitors can be beneficial for people with ankylosing spondylitis.

Our members are however, concerned that despite this evidence the committee has still not agreed to the sequential use of TNF-alpha inhibitors in the draft recommendations. In this respect, the committee seems to be ignoring the average age of patients with ankylosing spondylitis and the need to keep this group of patients in employment. In view of this, would like to ask the committee to reconsider its decision in the light of the conclusion of the Assessment Group for this group of patients.

We would advise that the recommendation should allow treatment with another TNF-alpha inhibitor for people whose disease has not responded to treatment with the first TNF-alpha inhibitor.

Our members also raised a query about the assessment timings. At present patients have to wait three months between assessments before they can have biologics. They are the only patients in the rheumatology group that have to wait that long. Is there any evidence that supports the rationale for this wait and would the committee consider reducing it to a monthly gap as per rheumatology arthritis and psoriatic arthritis patients? It seems odd and unfair that only this group of patients have to wait this long between assessments.

Other than the point made above, our members consider that the ACD seems to have addressed issues relating to non-radiographic axial spondyloarthritis.

iv) **Are there any aspects of the recommendations that need particular consideration to ensure we avoid unlawful discrimination against any group of people on the grounds of gender, race, disability, age, sexual orientation, religion or belief?**

None that we are currently aware of.

v) **Are there any equality-related issues that need special consideration that are not covered in the appraisal consultation document?**

We are not aware of any specific issue at this stage. We would ask that any guidance issued should show that an equality impact analysis has been considered and that the guidance demonstrates an understanding of issues relating to all the protected characteristics where appropriate.