NICE National Institute for Health and Care Excellence

The story of HTA at NICE

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What is HTA?

The systematic evaluation of the properties and effects of a health technology, addressing the direct and intended effects of this technology, as well as its indirect and unintended consequences, and aimed mainly at informing decision making regarding health technologies.

Note: HTA is conducted by interdisciplinary groups that use explicit analytical frameworks drawing on a variety of methods.

ISPOR Retweeted

ISPORJournals @ISPORJournals · Jan 28

A new report by ISPOR's HTA Council Working Group identifies the need for good practices in health technology assessment. ow.ly/4WWp30nsNKi #HEOR #HTA

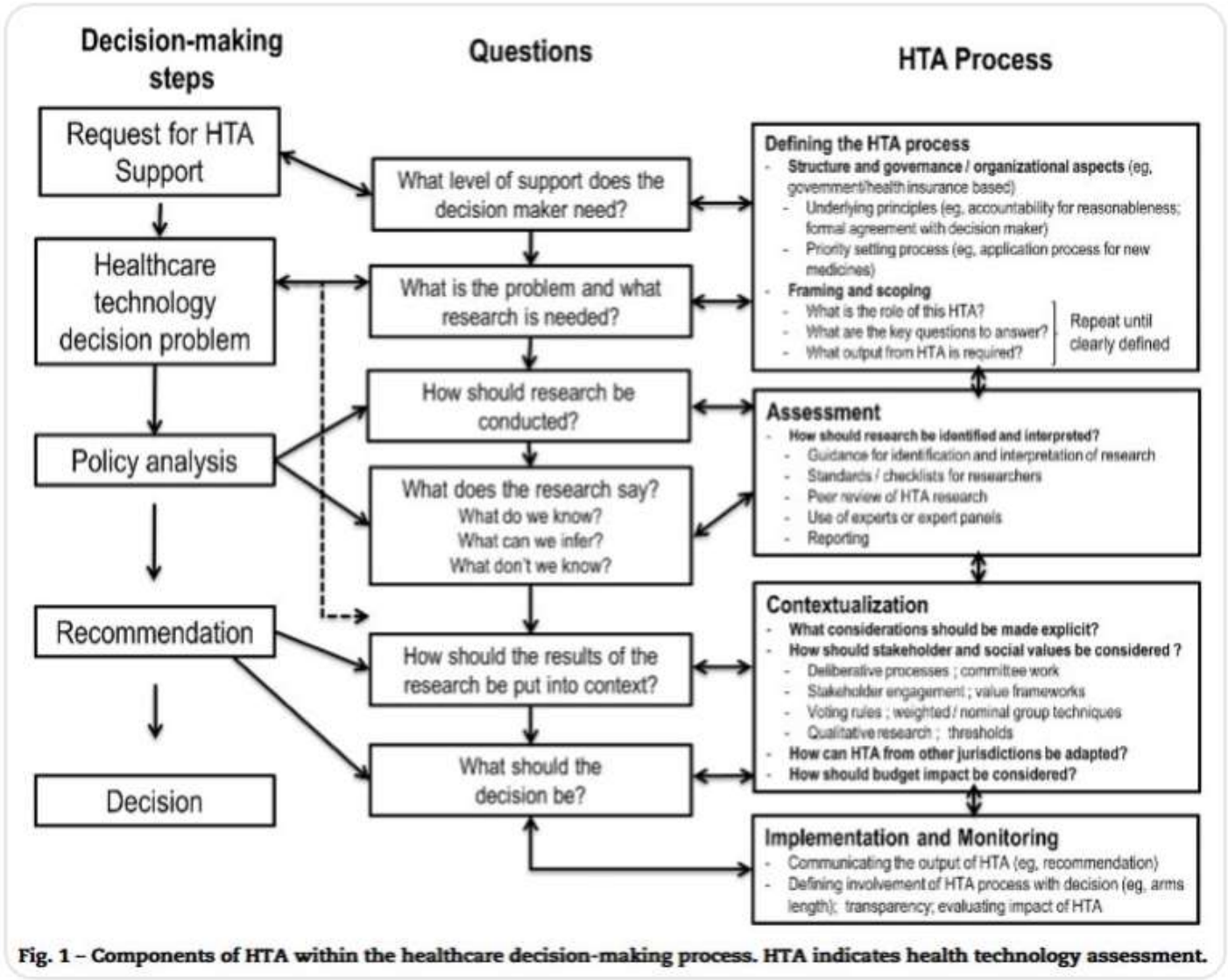

Fig. 1 – Components of HTA within the healthcare decision-making process. HTA indicates health technology assessment.

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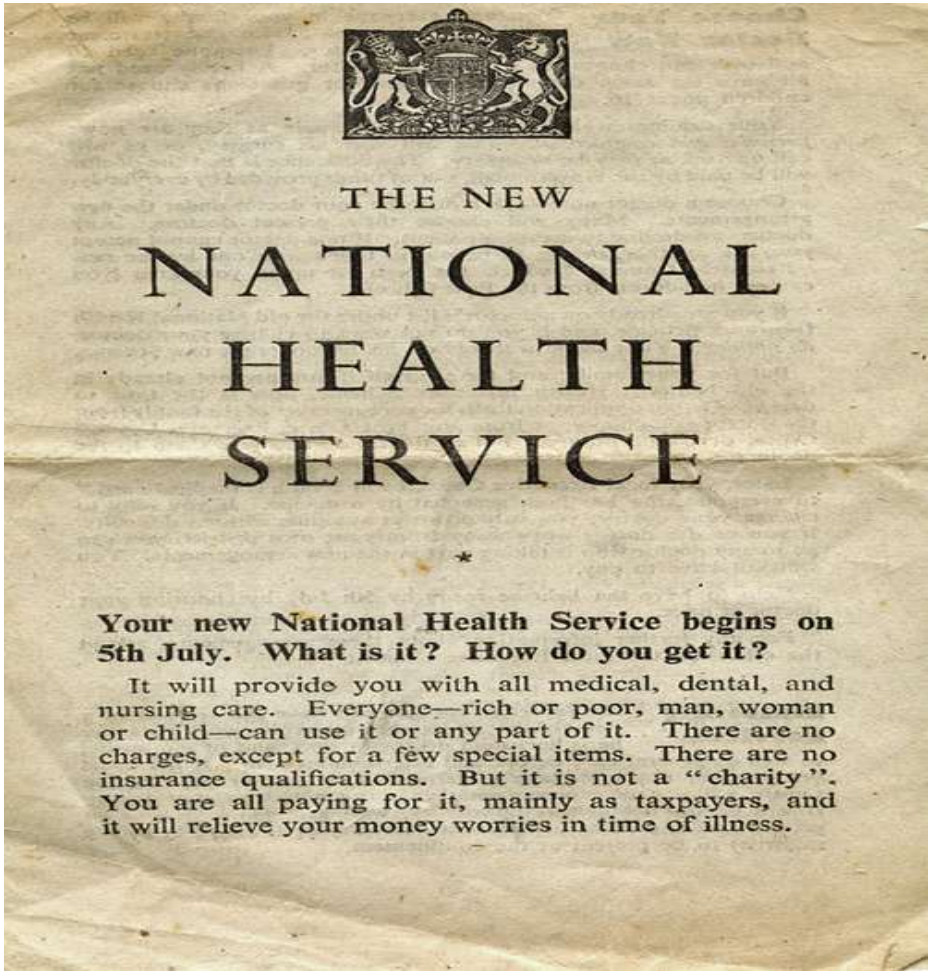

THE NEW

NATIONAL HEALTH SERVICE

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Your new National Health Service begins on 5th July. What is it? How do you get it?

It will provide you with all medical, dental, and nursing care. Everyone—rich or poor, man, woman or child—can use it or any part of it. There are no charges, except for a few special items. There are no insurance qualifications. But it is not a "charity". You are all paying for it, mainly as taxpayers, and it will relieve your money worries in time of illness.

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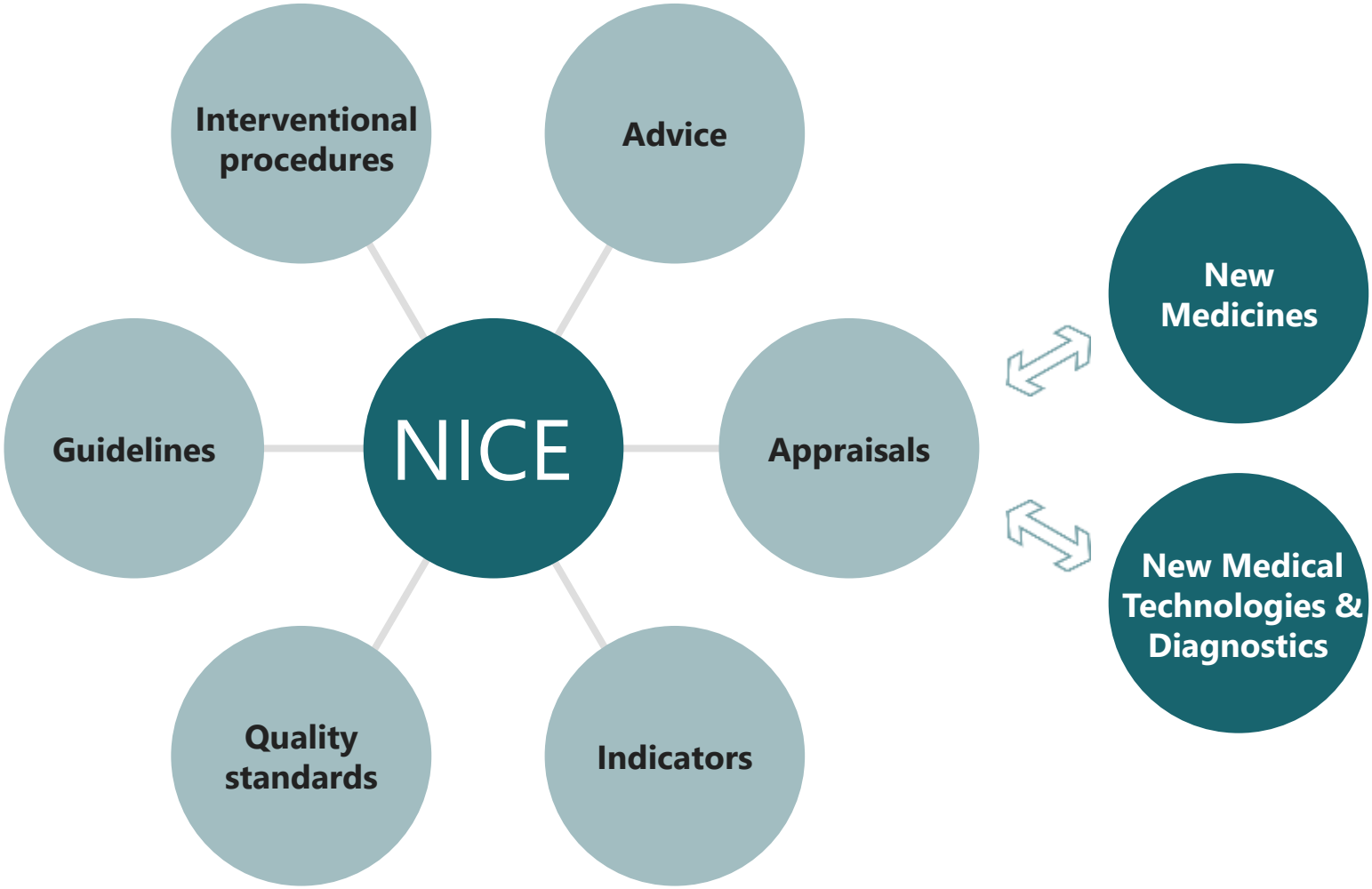
NICE

The NICE portfolio in 2018

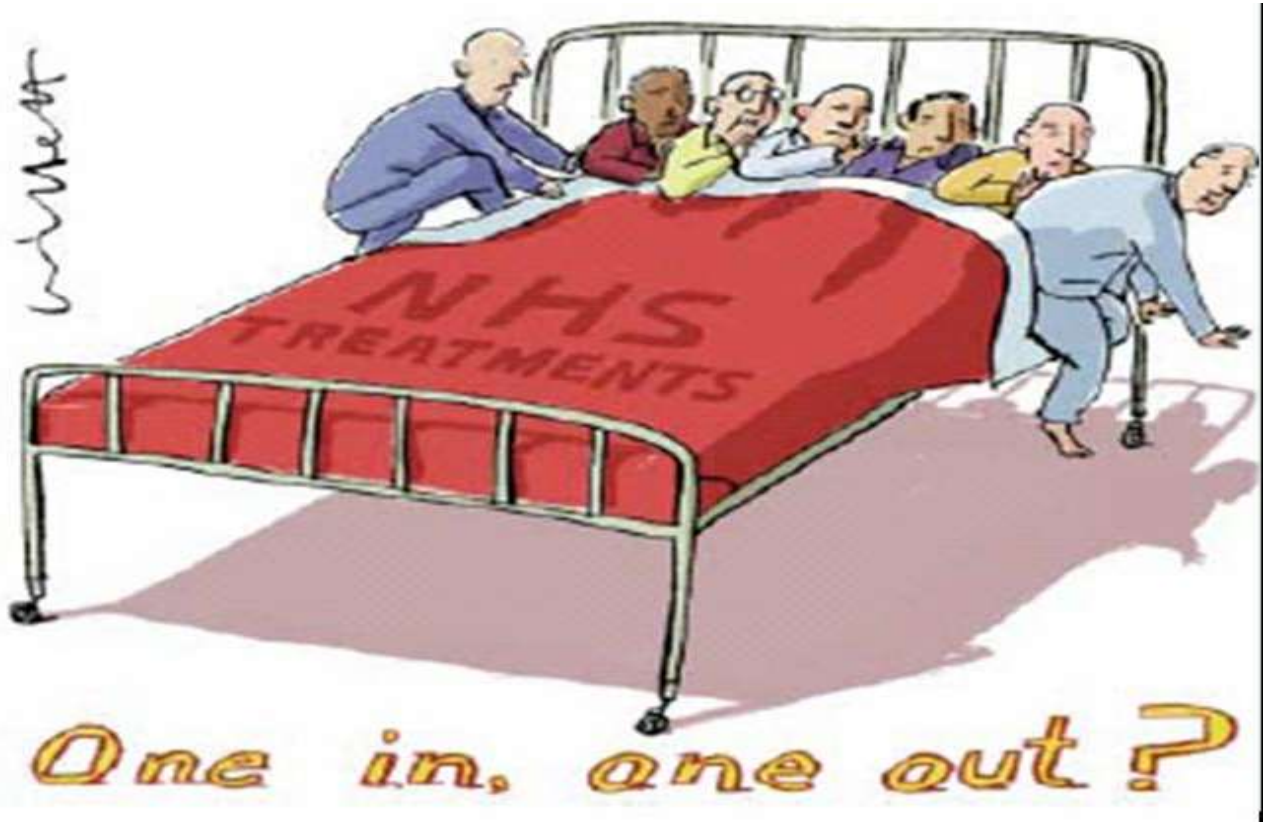
Health

Public Health

Social Care

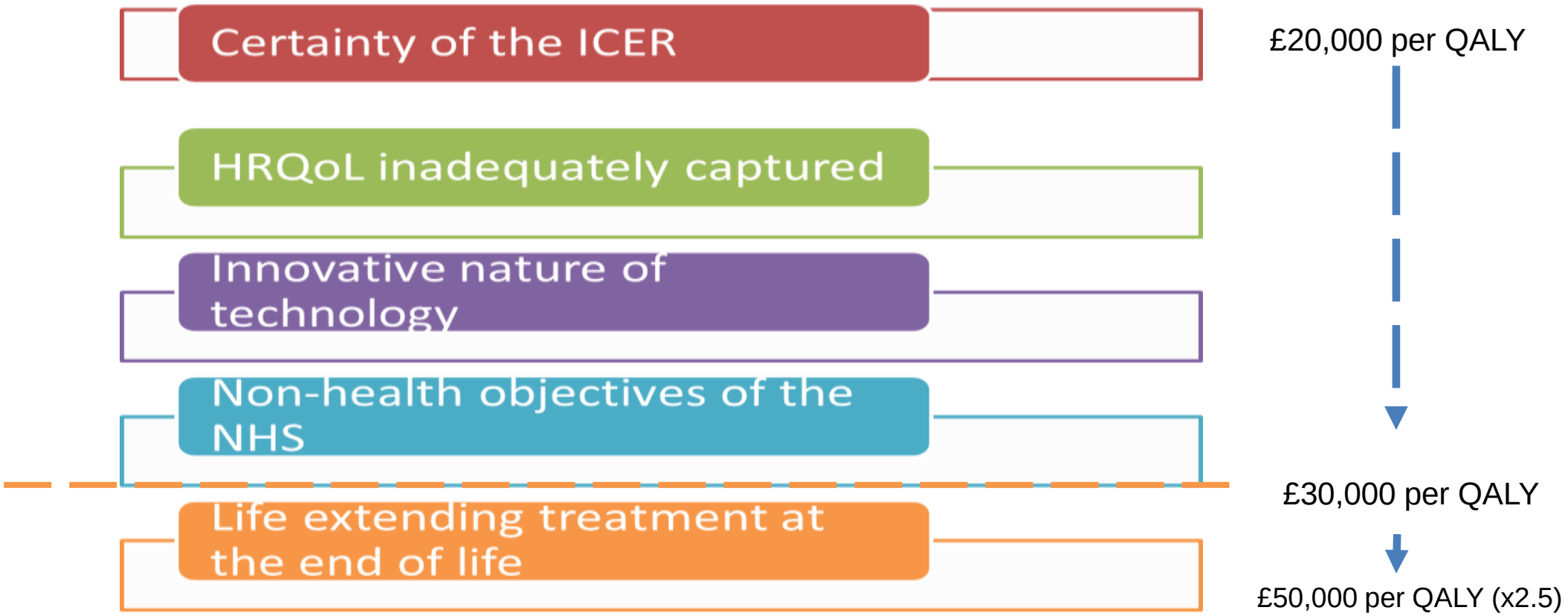


1. Prepare guidance and standards on topics that reflect national priorities for the population's health and care
2. Use evidence that is relevant, reliable and robust
3. Set out frameworks for interpreting the evidence in our process and methods manuals, and review them regularly
4. Use independent advisory committees to develop recommendations
5. Take into account the advice and experience of people using services, health and social care professionals, commissioners and providers
6. Base our recommendations on an assessment of population benefits and value for money
7. Give people interested in the topic area the opportunity to comment on and influence our recommendations
8. Lead work with partners in the health and care system to encourage and support the adoption of our recommendations
9. Assess the need to update our publications in line with new evidence
10. Propose new research questions and data collection to resolve uncertainties in the evidence



NICE

Flexible decision-making: current approach



Appraising Life-Extending, End of Life Treatments

Criteria:

- Life expectancy < 24 months
- Extension to life > 3 months

Allows Appraisal Committee to consider:

- Giving greater weight to QALYs achieved in later stage of terminal disease
- The magnitude of additional weight needed to bring QALY benefits within a range that is normally accepted as good use of NHS resources

In practice, it means that drugs with ICERs > £30,000 can be approved for this population.

However, the Appraisal Committee must be satisfied that both evidence and assumptions are plausible

The NHS Constitution

"You have the right to drugs and treatments that have been recommended by NICE for use in the NHS, if your doctor says they are clinically appropriate for you."

Breakdown of decisions contained in appraisals 1 – 559

Recommendation	1 March 2000 to 31 January 2019			1 January 2019 to 31 January 2019
	STA	**MTA**	**Total**	
Yes	182 (49%)	275 (61%)	457 (56%)	0 (0%)
Optimised	97 (26%)	89 (20%)	186 (23%)	1 (20%)
CDF	24 (7%)	0 (0%)	24 (3%)	3 (60%)
Only in research	5 (1%)	23 (5%)	28 (3%)	0 (0%)
No	63 (17%)	61 (14%)	124 (15%)	1 (20%)
TOTAL	**371 (100%)**	**448 (100%)**	**819 (100%)**	**5 (100%)**
STA, single technology appraisal; MTA, multiple technology appraisal				

NB: 13 withdrawn recommendations and 38 non-submission recommendations have been excluded

Implementing the budget impact test

Reconcile the roles of NICE and NHS England

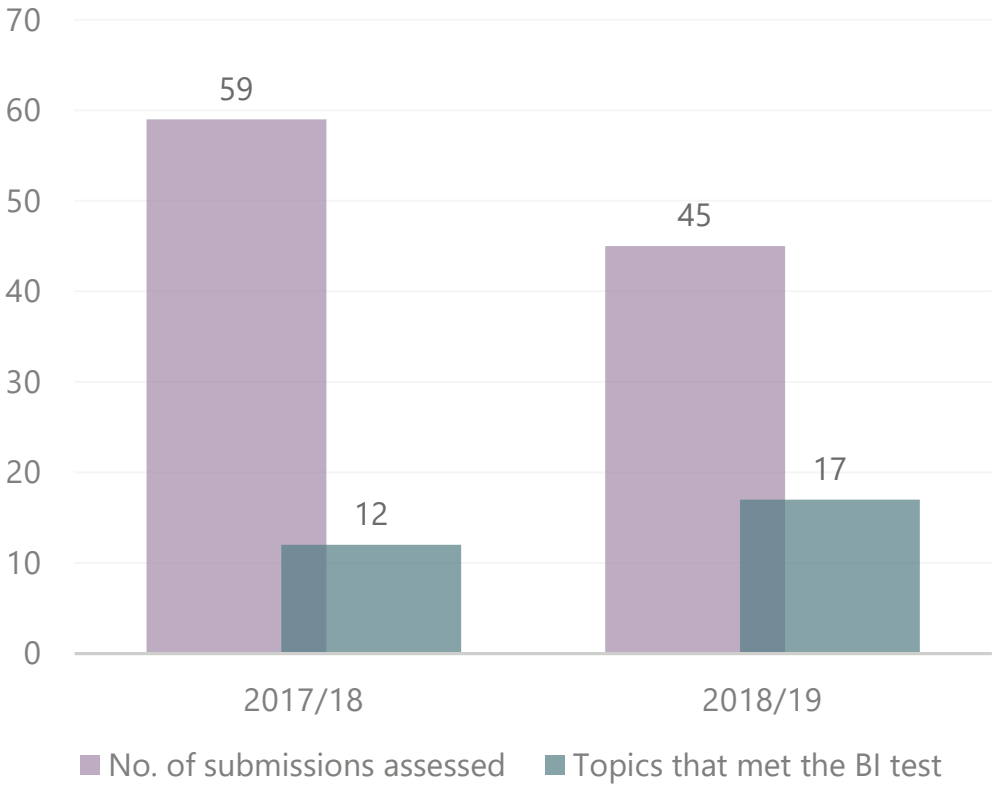
- Clinical & cost effectiveness → Effective service delivery

Flexibility in the adoption of cost-effective, high budget impact technologies

- Balance value and affordability
- Avoid compromising other forms of care

Budget impact threshold: £20m/year in first 3 years	
Negotiate access arrangements	Variation to the 90 day funding direction

BIT considerations @ company submission stage

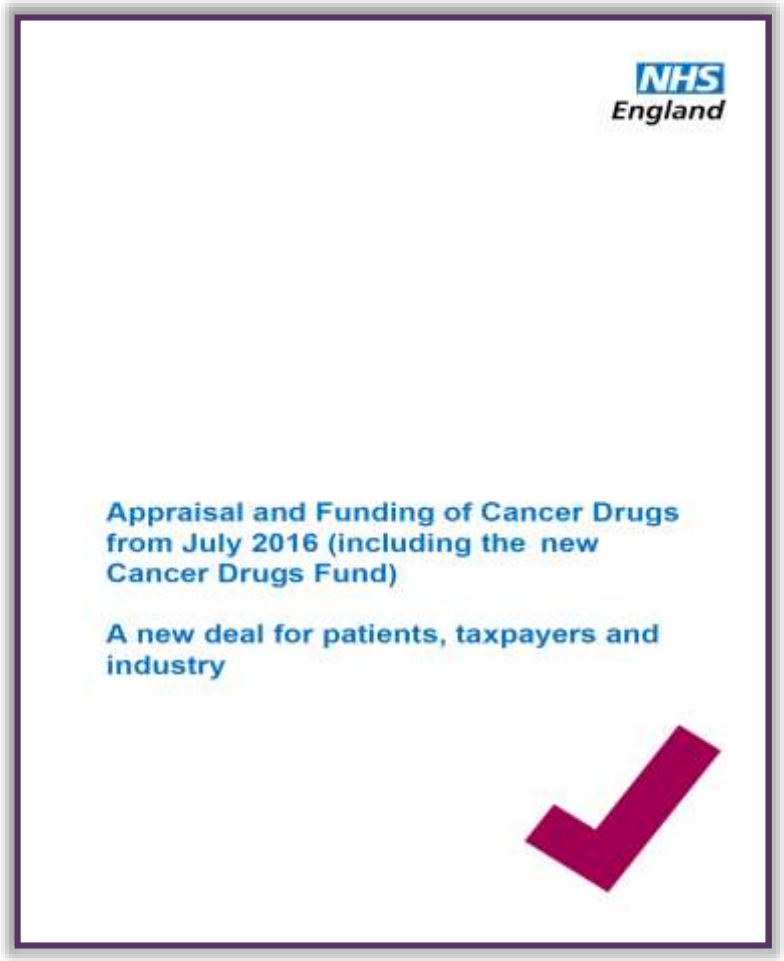


Financial impact	Number of Tests	%
2017/18		
Total number of budget impact tests	59	
£20 million or above	12	20%
£15 million to £19,999 million	8	14%
Below £14,999 million	39	66%
2018/19 (April – Oct)		
Total number of budget impact tests	45	
£20 million or above	17	38%
£15 million to £19,999 million	2	4%
Below £14,999 million	26	58%

NICE

Objectives of the new Cancer Drugs Fund (CDF)

29 July 2016, a new approach to the appraisal and funding of cancer drugs in England began operating in a partnership between **NICE** and **NHS England**.

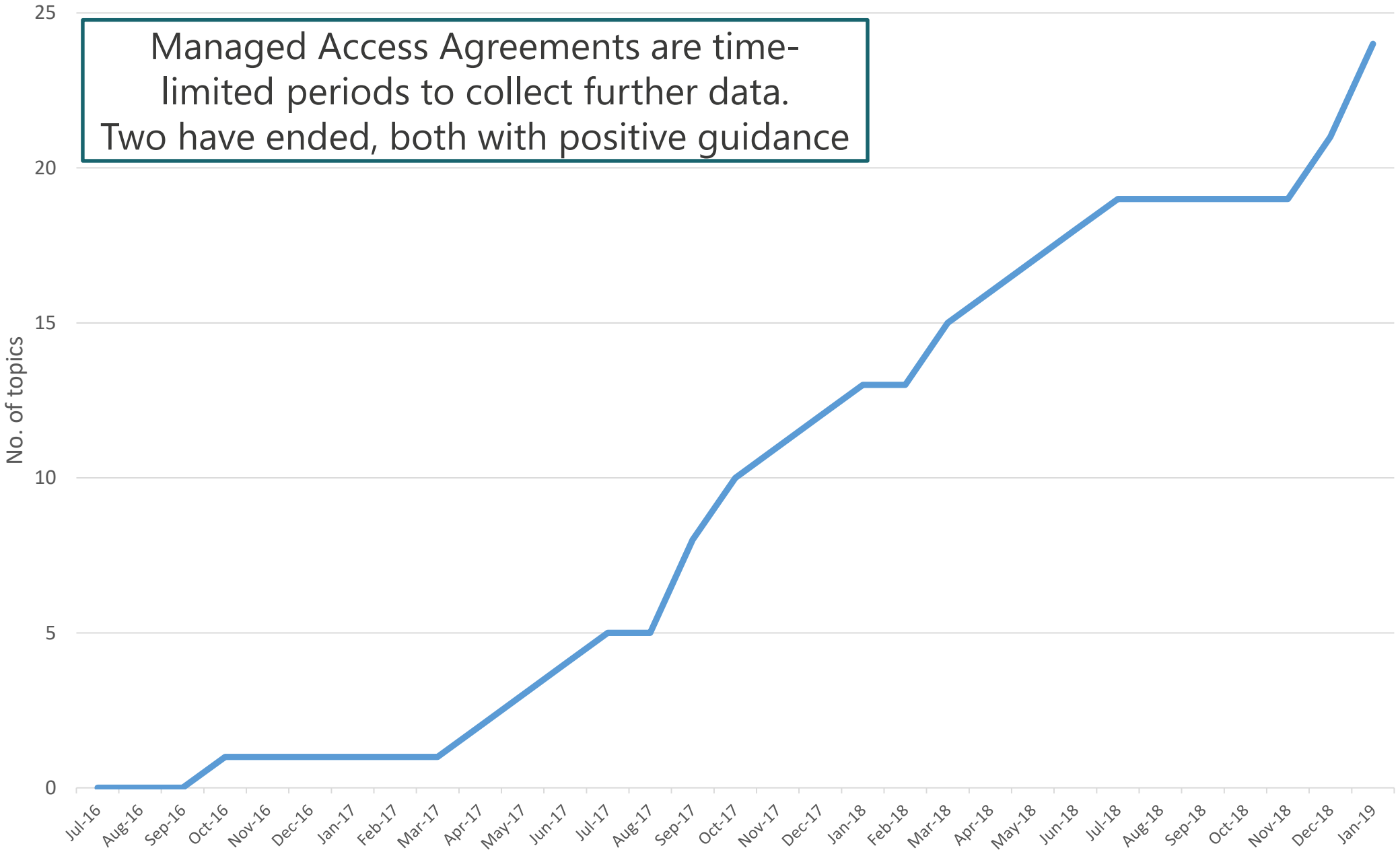


The objectives of the reformed CDF are:

- To provide faster access to new cancer treatments
- Drive stronger value for money for taxpayers
- Address uncertainty about the effects of new cancer treatments through ongoing data collection
- Offer a new fast-track route to the most promising drugs when companies price responsibly.

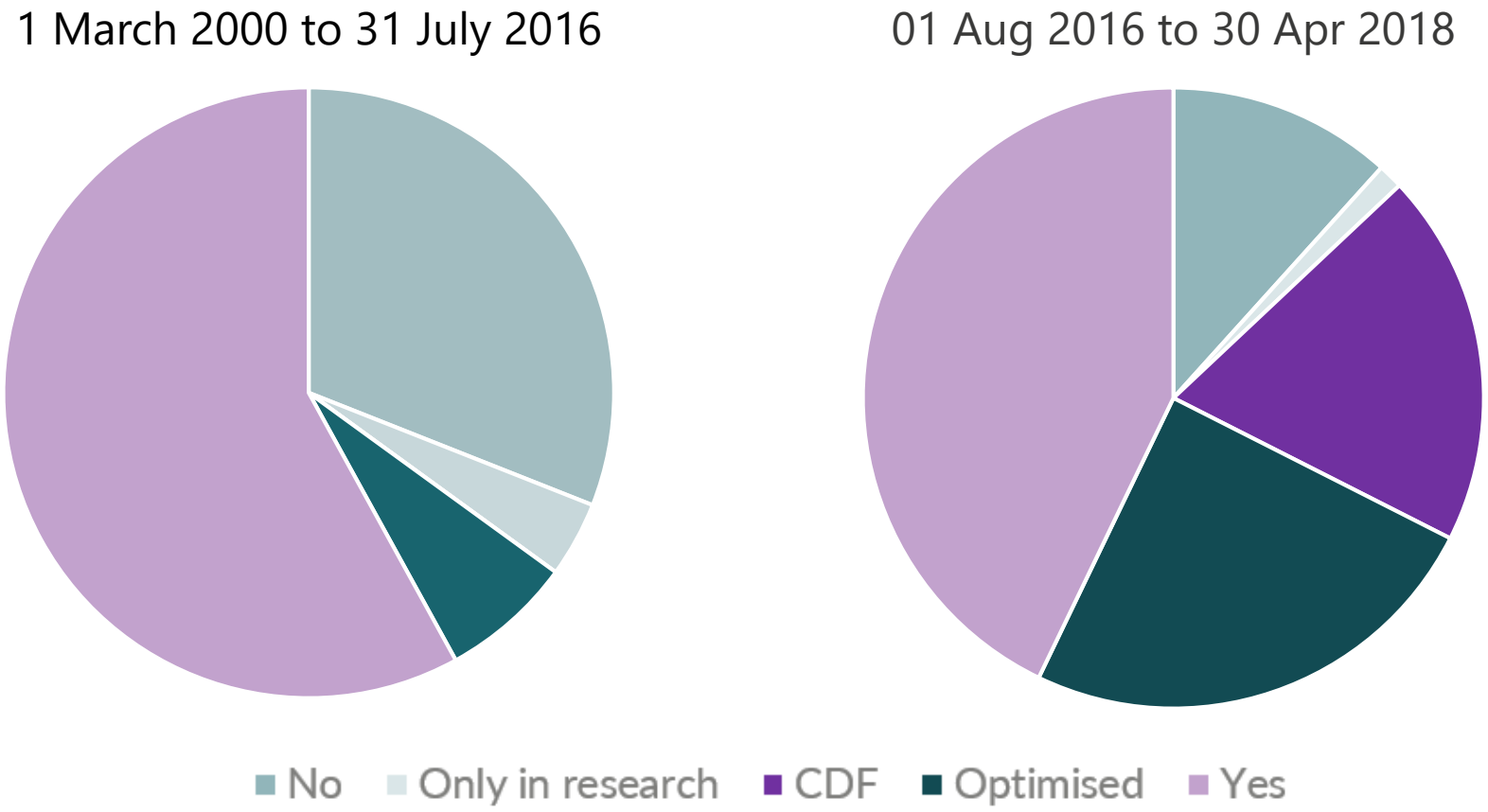
NICE

Published CDF Managed Access Agreements



NICE

Breakdown of decisions in published technology appraisals for anti-cancer agents



Non-submissions and withdrawn recommendations have been excluded from both analyses

Highly Specialised Technologies

36. Given the very small numbers of patients living with these very rare conditions a simple utilitarian approach, in which the greatest gain for the greatest number is valued highly, is unlikely to produce guidance which would recognise the particular circumstances of these vary rare conditions. These circumstances include the vulnerability of very small patient groups with limited treatment options, the nature and extent of the evidence, and the challenge for manufacturers in making a reasonable return on their research and development investment because of the very small populations treated.

QALY weighting for HSTs

A perceived societal preference in circumstances where people experience substantial incremental quantity and/or quality of life benefits

- Valuing those QALYs more highly than other types of QALYs

This has the impact of re-setting the incremental cost effectiveness ratio higher than the £100,000/QALY threshold

Incremental QALYs gained (per patient, using lifetime horizon)	Weight versus 100k/QALY
Less than or equal to 10	1
10 - 30	Between 1 and 3 (using equal increments)
Greater than 30	3