Reallocating resources: an update of NICE activities

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The problem

A fixed 'budget' and lost 'opportunity costs'

Hewitt, Herceptin and the £100m bill PCTs can't afford to pay

8 DECEMBER, 2005 | BY MARY-LOUISE HARDING

DRUG FUNDING

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Women with early-stage breast cancer see Herceptin as a potential life-saver, but health economies must cater for the needs of the whole population. And political interference makes a difficult situation even worse, as Mary-Louise Harding reports

It started with Somerset nurse Barbara Clark preparing to sell her house to fund a course of drugs that could be crucial in her fight against breast cancer.

By November, the battle for NHS funding for Herceptin for women with a certain aggressive form of early-stage breast cancer was all over the media and being discussed in parliament. The publicity culminated in a dramatic order from health secretary Patricia Hewitt that if a clinical case can be made in these cases primary care trusts should fund

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NHS disinvestment: the 'List'

Relatively Ineffective Interventions	Largely Cosmetic Interventions	Effective Interventions with a Close benefit/ risk balance in Mild cases	Effective Interventions where cost – effective alternatives should be tried first
Dilatation and Curettage Under 40 Grommets Knee washouts Spinal cord Stimulation Tonsillectomy Trigger finger	Breast, ENT, Opthalmology, Plastic Surgery Minor skin lesions Varicose veins Orthodontics	Female Genital Prolapse/stress incontinence Hip, Knee and Joint replacement/revisio n Dupuytren's contracture Wisdom tooth extraction Simple hernia repair Cataract surgery	Carpal tunnel Hysterectomy for heavy menstrual bleeding

The pilot

- Sources
  - existing sources of effectiveness evidence
  - cost information
  - NHS topic selection the opportunity to suggest topics.
  - NICE database
- Criteria
  - Interventions are thought to be of equal or lesser effectiveness than a cheaper alternative
  - The annual resource cost to the NHS is in excess of £1 million
  - Recommendations on the use of the technology are not already covered by NICE guidance (published or in preparation)
- Process
  - Development of scope and evidence directory
  - Consultation
  - Scoping workshop

Topics investigated

- Atopic eczema - bath emollients
- Varicose veins
- Grommets for otitis media
- Corticosteroids acute head injury
- Lumbar puncture
- Anticoagulants TIA
- LMW heparin
- Cervical screening (BMJ 1996)
- Tetracyclines for acne
- Topical antibiotics/steroids for acute superficial inflammatory dermatoses
- Topical antibiotics for suspected acute bacterial conjunctivitis
- Antibiotics for RTI

Lessons from the pilot

- NHS is responsive
- NICE already issuing disinvestment guidance
  - over 200 in 2006
- Very few candidates for total disinvestment
  - Antibiotics/ Diagnostic tests ?
- New things implicitly replace old things
- Refocus (sub-group targeting)
- Different types
  - Evidence of lack of (cost) effectiveness or harm
  - Uncertainty- lack of evidence of (cost) effectiveness
  - Low quality or no evidence, lack of clinical or statistical significance

Benefits of implementation
NICE implementation programme
Commissioning guides supporting clinical service redesign
Implementation tools
Help implement NICE guidance
Education
EGAP
Evaluation and review of NICE implementation evidence ERNIE
Shared learning implementing NICE guidance
Optimal practice review recommendation reminders

Optimal practice review: recommendation reminders

NICE has issued the following reminders of recommendations to help the NHS reduce ineffective practice. The reminder should be read in conjunction with the NICE guidance in which the recommendation appears. To access this, simply follow the links of the reminder you are interested in.

Recommendation reminders

Results 1-20 of 29

Title
Anxiety
Asthma (children under 5) - inhaler devices
Asthma (older children) - inhaler devices
Atopic dermatitis (eczema) - pimecrolimus and tacrolimus
Atopic dermatitis (eczema) - topical steroids
Caesarean section
Chronic heart failure
Chronic obstructive pulmonary disease
Depression
Depression in children and young people
Dyspepsia
Eating disorders
Electroconvulsive therapy (ECT)
Epilepsy
Fertility
Growth hormone deficiency (adults) - human growth hormone
Haemodialysis - home versus hospital
Hypertension
Intrapartum care
Long-acting reversible contraception

Internet 100%

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Optimal practice review recommendation reminders

Optimal practice review: recommendation reminders list

Guidance: **Fertility**
Date issued: **February 2004**

Recommendation reminders from this guidance

- Recommendation 1 - Women should not be offered an endometrial biopsy to evaluate the luteal phase as part of the investi...
- Recommendation 2 - Women who are concerned about their fertility should not be offered a blood test to measure prolactin...
- Recommendation 3 - Women with possible fertility problems are no more likely than the general populatio to have thyroid...
- Recommendation 4 - Women should not be offered hysteroscopy on its own as part of the initial investigation unless clini...
- Recommendation 5 - Screening for antisperm antibodies should not be offered because there is no evider of effective tr...
- Recommendation 6 - Women should be informed that the value of assessing ovarian reserve using inhibir is uncertain and...
- Recommendation 7 - Men with idiopathic semen abnormalities should not be offered antioestrogens, gonadotrophins, androge...
- Recommendation 8 - Men with leucocytes in their semen should not be offered antibiotic treatment unless there is an iden...
- Recommendation 9 - Men should not be offered surgery for varicoceles as a form of fertility treatment because it does no...
- Recommendation 10 - Human menopausal gonadotrophin, urinary follicle-stimulating hormone and recombinant follicle-stimul...
- Recommendation 11 - Women with polycystic ovary syndrome who are being treated with gonadotrophins should not be offered...
- Recommendation 12 - The use of gonadotrophin-releasing hormone antagonists is associated with reduce pregnancy rates an...
- Recommendation 13 - The use of adjuvant growth hormone treatment with gonadotrophin-releasing

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Optimal practice review: recommendation reminders detail

Recommendation reminder 1: Women should not be offered an endometrial biopsy to evaluate the luteal phase as part of the investigation of fertility problems because there is no evidence that medical treatment of luteal phase defect improves pregnancy rates.

Guidance: **Fertility**

Date issued: **February 2004**

It is estimated that infertility affects one in seven couples in the UK. A typical primary care trust, health board or strategic health authority may therefore expect to see around 230 new consultant referrals (couples) per 250,000 head of population per year. It appears that there has been no major change in the prevalence of fertility problems but that more people now seek help for such problems than did so previously. A cause of infertility is not identified in 30% of couples. In a further 27% of couples the cause is attributed to ovulatory disorders; in 14% of couples tubal damage. A low sperm count or quality is thought to contribute to infertility in 19% of couples. However, the presence of disorders in both the man and the woman has been reported to occur in about 39% of cases.

National Health Service (NHS) funding for investigation of fertility problems is generally available but there is wide variation and often limited access to NHS-funded treatment, particularly assisted reproduction techniques. The recommendation reminders from this guidance refer to specific tests sometimes carried out as part of the investigation of infertility problems rather than for their treatment.

Luteal phase defect has been defined as either a defect of progesterone secretion by the corpus luteum or a defect in endometrial response to hormonal stimulation, resulting in an inadequate endometrium for blastocyst implantation and subsequent pregnancy. The defect is estimated to affect 3–20% of the infertile population and 23–60% of women with recurrent miscarriage.

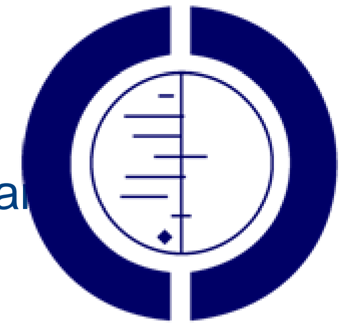
There is no consensus of opinion about the diagnosis or effective treatment of luteal phase defect. Its role as a cause of infertility has also been questioned. Traditionally, luteal phase defect is diagnosed by a timed endometrial biopsy based on a standard set of criteria, repeated on at least two occasions. However, it has been suggested that this diagnosis of luteal phase defect based on histological dating of endometrial biopsy could be a chance event. There is currently a lot of uncertainty surrounding not only using biopsy to diagnose luteal phase defect but also the impact of treating luteal phase defect on improving pregnancy rates.

Read this recommendation within the NICE guidance

Calculate cost implications

The Cochrane report – the results

In 62.7%* (1590) of Cochrane reviews the authors suggest that a intervention is ***harmful***, ***neutral*** or ***unproven***.



THE COCHRANE COLLABORATION®

Evidence base	**Cochrane recommendation**	**Percentage of total (2535)**
Evidence of lack of effectiveness or harm	"The intervention should NOT be used"	8.1% (206)
Uncertainty – lack of evidence of effectiveness	"The intervention should only be used in the context of research"	2.6% (67)
Low quality or no evidence, lack of clinical or statistical significance…	"The intervention cannot be recommended"	54.9% (1391)

Issues 1,2 and 3 2007
60 possible topics

Interventions already covered by NICE guidance (published/in progress) or in the Topic Selection process	17
Interventions to be recommended to include in a Review of NICE guidance	7
Interventions not in NICE remit or unsuitable for NICE	5
Interventions to be put through the Topic Selection process as potential Disinvestment topics	31

Challenges

- Evidence or lack of effectiveness or harm ⟶ **DISINVEST**
- Uncertainty
  - Lack of evidence of effectiveness
  - Weak evidence base/low quality
  - Lack of statistical significance
  - Lack of clinical significance

- Role of cost-effectiveness?
- Clinical importance?
- Budget implications?

Future developments…

1. PCT survey and liaison
2. Collaboration on methodology and topics
3. Topic selection (Cochrane and NHS)
4. Raise awareness during guidance production
5. Promoting guidance (EGAP)
   - New technologies: clinical and cost-effective standards
   - Established practice: review and/or targeting
6. Recommendation reminders
   - Review and make necessary modifications
   - Searchable web database
7. Service delivery?