



Neurological Alliance response to NHS England consultation on prioritisation process for investment in specialised services

May 2016

This is the Neurological Alliance's response to the NHS England consultation on a proposed method to support decision-making on relative prioritisation in specialised commissioning.

The Neurological Alliance is a charity providing a collective voice for over 80 organisations working together to make life better for millions of people in England with a neurological condition. Please see www.neural.org.uk for more information.

General comments on the consultation

NHS England has highlighted the difficulty of creating a prioritisation technique capable of prioritising the wide range of specialised treatments and products that it has to consider. We believe that a 30 day consultation on such a complex issue is too short and does not give stakeholders to consider the methods being proposed and to potentially develop alternative methods for consideration.

In addition, the period between the end of the consultation (11th May) and the planned first use of the prioritisation method within four weeks indicates that NHSE have not allowed for time to substantially amend the process, if needed, as a result of the consultation. This calls into question the value of the consultation.

Stakeholders are also being asked to respond to the proposed method for prioritisation without clarity in the consultation guide on what evidence CPAG will have to consider on the treatments and products being put forward. For licensed medicines, NICE will produce commissioning support documents for CPAG to use in its decision-making. However, at this stage we are not aware of what that evidence will consist of. This makes it impossible to provide an informed opinion on the method set out.

1. NHS England has concluded that there is no existing method for relative prioritisation that could be directly applied to the process of prioritising proposed investments in specialised services, and has described in this document the process for developing the proposed method. Do you agree with the proposed method?

The Neurological Alliance recognises the need for a clear and transparent method for relative prioritisation of treatments and agrees that no existing method can be directly applied. We support NHS England's development of an alternative method but there are some remaining concerns about the proposed approach.

Rarity: It is essential that rarer conditions, where the evidence base for treatment is more limited, are equitably treated by any prioritisation methodology. The consultation document notes the need to recognise the particular issues around treatments for rare conditions, but provides little detail on how they will be equitably prioritised against more common services. NHS England should clarify explicitly how it will ensure that treatments for rarer conditions are not disadvantaged by the relative lack of evidence. In addition, it must make clear how rare conditions will be defined for the purposes of prioritisation.

Transparency: NHS England must ensure that the prioritisation methodology and process is fully transparent so that the public can have confidence in its outcomes. NHS England should

publish the Clinical Priorities Advisory Group (CPAG)'s rationale for prioritisation decisions as well as the minutes of the relevant discussions held at the Specialised Commissioning Oversight Group (SCOG) and Specialised Commissioning Committee (SCC) meetings. These meetings should be held in public and all minutes should be publicly available. The publication of CPAG minutes should not be determined by the NHS England board.

Appeals: NHS England should ensure that there is a mechanism for contesting prioritisation decisions in the event of process error, as is common in public policy. In addition, NHS England should set out clearly all other grounds for appeal of a prioritisation decision, with a clear process for doing so and an indicative timeline for consideration of appeals.

In addition, treatments that are judged by CPAG as being of low relative patient benefit (box 5) should be able to reapply to the process in later years. The re-application should not solely be determined by further published evidence, but should be flexible allowing for potential future prices changes and other factors.

2. Do you agree that the method proposed by NHS England:

- **Is transparent**
- **Will facilitate rational and consistent decision-making**
- **Has, at its foundation, the core principles of demonstrating an evaluation of cost effectiveness in the decision making**

As above, we believe that NHS England should provide more clarity on the outcome of the process and the rationale for its decisions. NHS England is right to consider both clinical effectiveness and value in its prioritisation decisions. It should give a clearer indication of how it will assess value and how it will assess the cost of treatments, for example, whether they will be relative to the costs of comparable treatments. NHS England must ensure that the cost of treatments for rare conditions are assessed fairly and are not disadvantaged in this regard due to the comparatively low patient population.

In order to be transparent, NHS England should commit to publishing the minutes of CPAG, SCOG and SSC meetings, and to holding these meetings in public (as above). If these key aspects of the process are not open to scrutiny then the process cannot be said to be transparent. Stakeholders must be able to scrutinise the evidence presented to CPAG and the methodology by which value for money and clinical effectiveness are determined and assessed.

3. Please comment on whether the following four principles are applied at the appropriate point in the proposed method of relative prioritisation:

- **NHS England will normally only accord priority to treatments or interventions where there is adequate and clinically reliable evidence to demonstrate clinical effectiveness;**
- **NHS England may agree to fund interventions for rare conditions where there is limited published evidence on clinical effectiveness;**
- **NHS England will normally only accord priority to treatments or interventions where there is measureable benefit to patients;**
- **The treatment or intervention should demonstrate value for money.**

These principles appear to be applied at an appropriate point but require further clarity to ensure that they guide prioritisation effectively.

NHS England should publish clear guidelines on what constitutes reliable evidence and how this will be assessed. It must ensure that its criteria do not disadvantage certain types of treatment, for example by acknowledging the different forms of evidence commonly used for drugs and devices. It is positive that NHS England recognises the more limited availability of evidence for certain interventions for rarer conditions. It should aim to set out more clearly how will ensure that treatments for rarer conditions are not put at an unfair disadvantage due to the nature of the available evidence, including for rare conditions outside the highly specialised category.

In addition, NHS England should clarify how the value for money and clinical effectiveness of treatments will be assessed and should make these assessments available for public scrutiny.

5. Please comment on whether a proposed treatment or intervention should have a higher relative prioritisation if it meets one of the following principles:

- **Does the treatment or intervention significantly benefit the wider health and care system?**
- **Does the treatment or intervention significantly advance parity between mental and physical health?**
- **Does the treatment or intervention significantly offer the benefit of stimulating innovation?**
- **Does the treatment or intervention significantly reduce health inequalities?**

We support the proposal to consider the above principles as part of the prioritisation process. In particular, it is important that specialised services both support and benefit from the development of innovative treatments and interventions. Specialised service commissioning is an important route for innovative new treatments to enter the NHS with the potential of benefiting the entire system in future. In addition, ongoing consultations are being led by the Department of Health exploring potential ways to provide better support for the repurposing of off-patent treatments. NHS England should recognise that these represent innovative and cost effective new treatments within specialised commissioning that require greater support.

A treatment's level of benefit to the wider health and care system will depend in part on the quality of the service and support network to ensure that patients benefit from the intervention as much as possible. NHS England must ensure that new specialised treatments are integrated with and supported by the wider health service in order to maximise their benefit to both the individual and the system as a whole.

NHS England must ensure that treatments for rarer conditions are not disadvantaged under the above criteria due to smaller patient populations. Concepts of 'wider benefit to the health system' and 'significantly reducing health inequalities' should not be interpreted in such a way that will privilege treatments for more prevalent health conditions at the expense of rarer conditions.