

Consultation notification: developing a method to assist investment decisions in specialised commissioning: relevant to PET-CT, PET-MR and general

Q1. 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. Do you agree / disagree / don't know

Q1b. If you disagree, please provide details of alternative method(s):

DON'T KNOW

Q2. Do you agree that the method proposed by NHS England: -

2a. is transparent; **No. A distinction is made between commissioning drugs (by NICE) and commissioning other areas of specialised treatment (by the commissioning group). This distinction is lost later on in the document. It is important that there is clarity and coordination, as some specialised treatments and diagnostic procedures such as PET/CT and PET/MR require both drugs, e.g. novel radioactive tracers, and specialised equipment.**

2b. will facilitate rational and consistent decision-making -**YES**

2c. has, at its foundation, the core principles of demonstrating an evaluation of cost effectiveness in the decision making.-**YES. The comparators used to assess cost effectiveness must be clearly identified in the evaluation exercise.**

Q3. Please comment on whether the following four principles are applied at the appropriate point in the proposed method of relative prioritisation:

3a. NHS England will normally only accord priority to treatments or interventions where there is adequate and clinically reliable evidence to demonstrate clinical effectiveness. **This is fair. However there must be a mechanism for reconsidering treatments or interventions as the body of evidence increases with time.**

3b. NHS England may agree to fund interventions for rare conditions where there is limited published evidence on clinical effectiveness. **This is fair. However there must be a mechanism for reconsidering treatments or interventions as the body of evidence increases with time.**

3c. NHS England will normally only accord priority to treatments or interventions where there is measureable benefit to patients **No comment.**

3d. The treatment or intervention should demonstrate value for money. **No comment.**

Q4. Do you have any comments on how NHS England's Clinical Priorities Advisory Group (CPAG) should interpret and consider 'patient benefit', including the list of excluded factors?

The impact on quality of life should be fully considered. For example, the use of a diagnostic procedure may stop a treatment such as chemotherapy when the tumour is not responding. In this instance stopping a treatment may shorten the patient's life but improve their quality of life.

For diagnostic procedures there perhaps should be an appraisal of both the direct patient benefit but also of the opportunities created to re-allocate resources: for example, tailoring patients treatment appropriately can reduce the drugs used by removing inappropriate drugs

and the drugs used to cater for side-effects to those drugs. The unused resources are then available for other patients.

Q5. Please comment on whether a proposed treatment of intervention should have a higher relative prioritisation if it meets one of the following principles:

5a. Does the treatment or intervention significantly benefit the wider health and care system? **Imaging procedures such as PET/CT and PET/MR could have this effect as shown in the example given in answer to question 4 and should therefore be encouraged.**

5b. Does the treatment or intervention significantly advance parity between mental and physical health? **No comment.**

5c. Does the treatment or intervention significantly offer the benefit of stimulating innovation? **Yes. Imaging procedures such as PET/CT and PET/MR are at the frontier of imaging innovation and should be encouraged as they will develop clinical practice.**

5d. Does the treatment or intervention significantly reduce health inequalities? **No comment.**

Q6. Would adoption of the proposed method unfairly discriminate against any group with protected characteristics?

unsure

Q7. Would adoption of the proposed method assist NHS England in promoting equality and in reducing health inequalities?

unsure