National Institute for Health and Care Excellence

**Medical Technologies Evaluation Programme**

**EXPERT QUESTIONNAIRE**

**Technology: [MTXXX Name for indication]**

**Your information**

**Please complete the declaration of interests section at the end of this questionnaire.**

|  |  |
| --- | --- |
| **Name:** |  |
| **Job title:** |  |
| **Organisation:** |  |
| **Email address:** |  |
| **Professional organisation or society membership/affiliation:** |  |

**Please read the attached draft of this briefing. If you have any comments on its factual accuracy, particularly the description of the current care pathway, indication and setting for the technology and associated costs please add these to the table below. Please add more rows if required.**

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| **Comment number** | **Page/section, line** | **Comment** |
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**Please answer the following questions as fully as possible to provide further information about the technology.**

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| --- | --- | --- |
| 1 | Please describe your level of experience with the technology, for example:* Are you familiar with the technology?
* Have you used it?
* Are you currently using it?
* Have you been involved in any research or development on this technology?
* Do you know how widely used this technology is in the UK health and social care system (for example, the NHS)?
 |  |
| 2 | Has the technology been superseded or replaced? |  |

**Current management**

|  |  |  |
| --- | --- | --- |
| 3 | How innovative is this technology, compared to the current standard of care? Is it a minor variation or a novel concept/design? |  |
| 4 | Are you aware of any other competing or alternative technologies available to the UK health and social care system which have a similar function/mode of action to the notified technology?If so, how do these products differ from the technology described in the briefing? |  |

**Potential patient\* benefits**

|  |  |  |
| --- | --- | --- |
| 5 | What do you consider to be the potential benefits to patients\* from using this technology? |  |
| 6 | Are there any patient\* groups who would particularly benefit from this technology? |  |
| 7 | Does this technology have the potential to change the current pathway or clinical outcomes? Could it lead, for example, to improved outcomes, fewer hospital visits or less invasive treatment? |  |

**Potential system impact**

|  |  |  |
| --- | --- | --- |
| 8 | What do you consider to be the potential benefits to the health and social care system from using this technology? |  |
| 9 | Considering the care pathway as a whole, including initial capital and possible future costs avoided, is the technology likely to cost more or less than current standard care, or about the same?  |  |
| 10 | What do you consider to be the resource impact from adopting this technology? Could it, for example, change the number or type of staff needed, the need for other equipment, or effect a shift in the care setting such as from inpatient to outpatient, or secondary to primary care? |  |
| 11 | Are any changes to facilities or infrastructure, or any specific training needed in order to use the technology?  |  |
| 12 | Are you aware of any safety concerns or regulatory issues surrounding this technology? |  |

**General advice**

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| --- | --- | --- |
| 13 | Please add any further comments on your particular experiences or knowledge of the technology, or experiences within your organisation. |  |

**Other considerations**

|  |  |  |
| --- | --- | --- |
| 14 | Approximately how many patients\* each year would be eligible for intervention with this technology, either as an estimated number, or a proportion of the target population? |  |
| 15 | Would this technology replace or be an addition to the current standard of care? |  |
| 16 | Are there any issues with the usability or practical aspects of the technology? |  |
| 17 | Are you aware of any issues which would prevent (or have prevented) this technology being adopted in your organisation or across the wider health and social care system in the UK?  |  |
| 18 | Are you aware of any further evidence for the technology that is not included in this briefing? |  |
| 19 | Are you aware of any further ongoing research or locally collected data (e.g. audit) on this technology? Please indicate if you would be able/willing to share this data with NICE. Any information you provide will be considered in confidence within the NICE process and will not be shared or published. |  |
| 20 | Is there any research that you feel would be needed to address uncertainties in the evidence base? |  |
| 21 | How useful would NICE guidance on this particular technology be to you or other health and social care system staff? |  |

**Declarations of interest**

## Please state any potential conflicts of interest relevant to this technology, or any involvements in disputes or complaints, in the previous 12 months or likely to exist in the future. Please use the [NICE conflict of interest policy](https://www.nice.org.uk/about/who-we-are/policies-and-procedures) as a guide when declaring any interests. Further advice can be obtained from the programme team.

|  |
| --- |
| **Please declare any personal financial interests held by you or a member of your family[[1]](#footnote-1). The main examples are as follows:** |
| **Consultancy, directorships, position in or work in the commercial healthcare sector** attracting regular or occasional payments or benefits in kind  | **Yes** [ ]  | **No** [ ]  |
| **Clinicians receiving payment** from the commercial sector for undertaking a procedure while giving advice on that procedure to NICE | **Yes** [ ]  | **No** [ ]  |
| Any **fee-paid work** commissioned by the commercial healthcare sector for which the individual receives payment or financial benefit in kind | **Yes** [ ]  | **No** [ ]  |
| Any **shareholdings** in the commercial healthcare sector held by the individual  | **Yes** [ ]  | **No** [ ]  |
| A financial interest in a company’s product that is, or may become, a competitor to the product under consideration | **Yes** [ ]  | **No** [ ]  |
| Expenses and hospitality provided by the commercial healthcare sector beyond those reasonably required for accommodation, meals and travel to attend meetings and conferences  | **Yes** [ ]  | **No** [ ]  |
| Funds which include investments in the commercial healthcare sector that are held in a portfolio where the individual has the ability to instruct as to the composition of the fund  | **Yes** [ ]  | **No** [ ]  |
| If you have answered Yes to any of the questions above, or think you may have another personal financial interest not listed, please describe the nature of this interest: |  |

Please declare any personal non-financial interests in the technology under consideration, for example if you have:

|  |  |  |
| --- | --- | --- |
| * Expressed a clear opinion reached as a conclusion of a research project or in a published statement
* Been an author on a document submitted as an evidence publication to a NICE advisory committee
* Held or are holding office in a professional organisation, charity or advocacy group with a direct interest in the topic
* Any other reputational risks in relation to the topic.
 | **Yes** [ ]  | **No** [ ]  |
| If you have answered Yes to any of the questions above, or think you may have another personal non-financial interest not listed, please describe the nature of this interest: |  |
| **Please declare any non-personal interests, involving payment or other benefits to a department or organisation in which the individual is employed but not received personally, such as:**  |
| A **grant** from a company for the running of a unit or department where the individual is employed | **Yes** [ ]  | **No** [ ]  |
| A **grant** or **fellowship** or other payment to sponsor a post or member of staff in the unit where the individual is employed | **Yes** [ ]  | **No** [ ]  |
| The commissioning of research or other work by, or advice from, staff who work in a unit where the individual is employed | **Yes** [ ]  | **No** [ ]  |
| Contracts with, or grants from, NICE | **Yes** [ ]  | **No** [ ]  |
| If you have answered Yes to any of the questions above, or think you may have another non-personal interest not listed, please describe the nature of this interest: |  |

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| --- | --- | --- |
| Do you or your organisation or department have any links with, or funding from the tobacco industry? | **Yes** [ ]  | **No** [ ]  |
| If you have answered Yes to the question above, please describe the nature of this relationship: |  |

**Data protection**

NICE is committed to transparency. As part of this commitment your name and your comments may be placed in the public domain, in future publications and on our [website](http://www.nice.org.uk). This information will be viewable worldwide and may be passed to third parties connected with the work of NICE.

If a professional organisation has nominated or ratified an adviser, a copy of the advice provided may be sent to the organisation, if requested.

You should be aware that full implementation of the Freedom of Information Act (2000) may oblige us to release expert advice on request. The Freedom of Information Act (2000) favours the disclosure of information however requests will be considered on a case by case basis against the exemptions in the Act. Information may be made available but personal data will be removed in accordance with the Data Protection Act 1998. **In light of this please ensure that you have not named or identified individuals in your comments.**

Any personal data you provide such as your name, job title, mailing or email address, telephone number, membership of professional organisations and specialist professional interests will be used by NICE to carry out its work around medical technologies and will be kept on a NICE database for future reference.

**The fact that NICE is considering a technology is confidential until the production process begins and information about it is added to the NICE website.**

Thank you for taking the time to provide comments on this technology. Please return your completed questionnaire to medtech@nice.org.uk.

1. ‘Family members’ refers to a spouse or partner living in the same residence as the member or employee, children for whom the member or employee is legally responsible, and adults for whom the member or employee is legally responsible (for example, an adult whose full power of attorney is held by the individual). [↑](#footnote-ref-1)