NHS organisation statement template

Thank you for agreeing to give us your views on the technology and the way it should be used in the NHS.

Primary Care Trusts (PCTs) provide a unique perspective on the technology, which is not typically available from the published literature. NICE believes it is important to involve NHS organisations that are responsible for commissioning and delivering care in the NHS in the process of making decisions about how technologies should be used in the NHS.

To help you give your views, we have provided a template. The questions are there as prompts to guide you. You do not have to answer every question. Short, focused answers, giving a PCT perspective on the issues you think the committee needs to consider, are what we need.

About you

Your name: [redacted]

Name of your organisation: NHS North of Tyne working on behalf of Newcastle and North Tyneside Primary Care Trusts and Northumberland Care Trust

Please indicate your position in the organisation:

- commissioning services for the PCT in general?
- commissioning services for the PCT specific to the condition for which NICE is considering this technology?
- responsible for quality of service delivery in the PCT (e.g. medical director, public health director, director of nursing)?
- a specialist in the treatment of people with the condition for which NICE is considering this technology?
- a specialist in the clinical evidence base that is to support the technology (e.g. participation in clinical trials for the technology)?
- other (please specify) – **Senior Medicines Management Adviser working alongside PCO commissioners of services**

What is the expected place of the technology in current practice?

How is the condition currently treated in the NHS? Is there significant geographical variation in current practice? Are there differences in opinion between professionals as to what current practice should be? What are the current alternatives (if any) to the technology, and what are their respective advantages and disadvantages?

Rheumatoid arthritis is treated with analgesics, DMARDs; biological agents are used in those who have an inadequate response to DMARDs. Rituximab is seldom used.

The reduced frequency of golimumab injections, compared to other TNF-alfa inhibitors, may be preferred by patients. However, it has not been shown to confer any better outcomes than other TNF-alfa inhibitors, as there have been no head to head trials.

To what extent and in which population(s) is the technology being used in your local health economy?

- is there variation in how it is being used in your local health economy?
- is it always used within its licensed indications? If not, under what circumstances does this occur?
- what is the impact of the current use of the technology on resources?
- what is the outcome of any evaluations or audits of the use of the technology?
- what is your opinion on the appropriate use of the technology?

Expenditure on biological agents is growing however precise data is difficult to quantify due to the differing contractual arrangements we have for paying for these agents with various secondary care trusts and the multiple indications for some agents.

Potential impact on the NHS if NICE recommends the technology

What impact would the guidance have on the delivery of care for patients with this condition?

The reduced administration frequency compared with other TNF-alfa inhibitors may be preferred by patients. However there are a number of other agents in this therapeutic group and golimumab has not been shown to have better outcomes than other similar agents as there have been no head to head trials.

In what setting should/could the technology be used – for example, primary or secondary care, specialist clinics? Would there be any requirements for additional resources (for example, staff, support services, facilities or equipment)?

It is expected that this drug would be prescribed in secondary care and that some patients would need to be trained to self-administer at home. Nursing staff will be required to administer the drug to patients unsuitable for self-administration training.

Can you estimate the likely budget impact? If this is not possible, please comment on what factors should be considered (for example, costs, and epidemiological and clinical assumptions).

No information is available on the expected cost of this drug.

Would implementing this technology have resource implications for other services (for example, the trade-off between using funds to buy more diabetes nurses versus more insulin pumps, or the loss of funds to other programmes)?

Unlikely to impact significantly unless golimumab is more expensive or recommended for use at an earlier stage in treatment compared with other TNF-alfa antagonists. TNF-alfa antagonists are already being used for this indication by the NHS.

Would there be any need for education and training of NHS staff?

Similar education scheme will be required to the one used for etanercept.

Other Issues

Please include here any other issues you would like the Appraisal Committee to consider when appraising this technology.