### 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: Oge Chesa
Name of your organisation:
Please indicate your position in the organisation:
<ul> <li>Medicines management decision maker and expert commissioner involved with funding new drug treatments (including cancer) in the PCT</li> </ul>

## 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?

Patients that meet the criteria access the Cancer Drug fund (CDF) via their clinicians in the acute setting. Outside CDF criteria a case for exceptionality is made to the PCT and based on the merits of the case funding is allocated via the individual funding request budget. We are unaware of geographical variation. The CDF mitigates against professional differences. The technology is available to our patients that meet the criteria via the CDF.

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?

The technology is available to patients in our PCT via the CDF for 1<sup>st</sup> line in advanced (stage IIIc/IV) ovarian cancer, either sub-optimally debulked at primary or delayed primary surgery, or not suitable for debulking surgery.

### 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?

Will allow patients access to a treatment with an OS of approx 7.8 months. PCTs will have to fund from its baseline allocation.

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)?

The same considerations	as applies to its	s use under	the CDF.	Acute special	ist
setting.					

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).

Currently under CDF average duration of treatment per patient = circa £37k

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)?

It will have resource implications for the PCT baseline NICE uplift equating to demand. Will welcome a patient access/rebate scheme.

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

The same considerations as applies to its use under the CDF

# **Equality and Diversity**

NICE is committed to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relations between people with particular protected characteristics and others. Please let us know if you think that this appraisal:

- Could exclude from full consideration any people protected by the equality legislation who fall within the patient population for which [the treatment(s)] is/are/will be licensed;

- Could lead to recommendations that have a different impact on people protected by the equality legislation than on the wider population, e.g. by making it more difficult in practice for a specific group to access the technology;

- Could lead to recommendations that have any adverse impact on people with a particular disability or disabilities

Please tell us what evidence should be obtained to enable the Committee to identify and consider such impacts

Nothing to add

## Other Issues

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

Nothing to add