

## NICE Medical Technologies Evaluation Programme

### TECHNOLOGY SELECTION QUESTIONNAIRE

<insert title of briefing note> has been notified as a technology for possible inclusion in NICE's medical technologies work programme. <insert brief description of technology and clinical setting if appropriate> The NICE Medical Technologies Advisory Committee, which includes lay people, will consider this technology and assess it against formal criteria to decide how important it is that NICE develops guidance on the technology in the future.

To inform the work of the Committee, we welcome your views on this technology, the condition it treats, and any opinions you might have as to advantages or disadvantages of adoption of the technology. We would particularly ask you to comment about this technology in comparison with existing methods of diagnosis or treatment. Any information you can provide would be helpful. If you feel that a question isn't relevant or you don't have a particular view on that question, please leave it blank.

Please note that the fact that NICE is considering this technology is confidential at this stage. Please do not elicit comments via your website, or advertise this opportunity publically in any other way. You may circulate this questionnaire internally within your organisation.

#### <insert technology>

##### A. About you

1. Your name	
2. Name of organisation	
3. Job title or position	
4. Are you (please tick all that apply)	<input type="checkbox"/> an employee of a patient/voluntary organisation relevant to the technology
	<input type="checkbox"/> a patient with a condition relevant to the technology
	<input type="checkbox"/> a carer of a patient with a condition relevant to the technology
	<input type="checkbox"/> a health professional with expertise in this area (please specify which patient or carer organisation you are linked to):

	<input type="checkbox"/> other (please specify):
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**B. Benefits for patients**

5. What do patients and/or carers consider to be the benefits of **<insert technology>** for **<insert condition>** compared with how the condition is currently treated or diagnosed?

These might include the effect of **<insert technology>** on:

- their physical symptoms, level of disability, pain, mental health etc.
- their quality of life (e.g. lifestyle, work, activities of daily living etc.)
- how quickly and/or accurately they receive a diagnosis
- greater convenience or comfort of their investigation or treatment (e.g. outpatient rather than inpatient, less painful, quicker, less travel/expense involved for them and their carers/family)

6. Do you think that there are any particular subgroups of patients with **<insert condition>** who might get particular benefit from **<insert technology>** compared with current management? If so, please describe who these patients are and what particular benefits they might expect.

7. Is **<insert condition>** associated with any social stigma, which makes its diagnosis and/or treatment using **<insert technology>** a matter of particular importance for patients?

Yes

No

If you have ticked Yes, please explain:

**C. Disadvantages for patients**

8. Please list any possible disadvantages or possible problems that might arise from being treated or diagnosed with **<insert technology>** for **<insert condition>** compared with current management.

Disadvantages might include:

- Possible side effects
- Potential to make the condition worse, or no better
- Practical difficulties, for patients and/or carers, in using the technology
- Raising the possibility of an unexpected diagnosis which might cause distress and require further investigations, which would not otherwise have been done
- Increased inconvenience for patients and/or their families (e.g. additional cost of travel, or the cost of paying a carer)

#### D. Equalities issues

9. Do any of the following subgroups of patients need special consideration in relation to **<insert technology>** compared to the general patient population (e.g., because they have higher levels of ill health, poorer outcomes, problems accessing or using treatments or procedures)?

Please tick all that apply. If there is a specific group within a ticked category, please give further details.

- Gender groups, for example: sex, sexual orientation, gender identity
- Specific age groups
- People with physical disabilities
- People with communication difficulties
- People with learning disabilities
- People with mental health problems
- People from black and minority ethnic groups
- People of particular religions or beliefs
- Any other groups

If you have ticked any of the above, please explain why they need special consideration:

**E. Usefulness of NICE guidance on <insert technology> for <insert condition>**

10. Is there any evidence and/or reason to believe that, if NICE does not produce guidance on <insert technology> there is, or will be, difficulty for some groups of patients, or for patients in some parts of England, getting access to this technology for their diagnosis or treatment?

**Yes**

**No** If you have ticked Yes, please explain

11. Do you believe that NICE guidance on <insert technology> would improve equal access to the technology for all patients who might benefit from its use, throughout England?

**Yes**

**No** If you have ticked Yes, please explain

12. Do you believe that there are any particular obstacles or barriers to the introduction of <insert technology> into the health service and/or to patients getting access to it?

**Yes**

**No**

If you have ticked Yes, please explain

**F. Timeliness and urgency**

13. Are there any factors not covered in earlier sections that suggest that guidance on **<insert technology> should** be produced as a matter of urgency, such as:

- it provides a significant change in the way **<insert condition>** is diagnosed or treated
- it is needed for a newly recognised disease
- it addresses an issue of significant public concern

 Yes No

If **yes**, please list the factors(s) that suggest an urgent need for this guidance:

**G. Importance of the proposed topic**

14. Are there other technologies or treatments for **<insert condition>** that you would consider more important for NICE to develop guidance on?

 Yes No

If yes: please state alternative technology or treatment:

**H. Other comments**

15. Even if you have been unable to complete the specific questions in this questionnaire, please identify whether this is a technology you would be interested in learning more about/getting involved in if it is selected by NICE for development of guidance.

 Yes No

16. Please use the space below for any other comments relating to the selection or non selection of this technology for future NICE guidance:

Thank you for your time.

Please return your completed questionnaire, declaration of interests form and consent form to [laura.norburn@nice.org.uk](mailto:laura.norburn@nice.org.uk)

For more information about the NICE Medical Technologies Evaluation Programme, please visit the NICE website:

<http://www.nice.org.uk/aboutnice/whatwedo/aboutmedicaltechnologies/medicaltechnologiesprogramme.jsp>