

## External Assessment Group correspondence log

### GID-HTE10023 DIGITALLY ENABLED WEIGHT MANAGEMENT

The purpose of this log is to show where the External Assessment Group relied in their assessment of the topic on information or evidence not included in the company's original submission. This is normally where the External Assessment Group:

- a) become aware of additional relevant evidence not submitted by the company;
- b) needs to check "real world" assumptions with NICE's expert advisers, or;
- c) needs to ask the company for additional information or data not included in the original submission, or;
- d) needs to correspond with an organisation or individual outside of NICE

These events are recorded in the table to ensure that all information relevant to the assessment of the topic is captured. The table is shared with the NICE medical technologies advisory committee (MTAC) as part of the committee documentation, and is published on the NICE website at public consultation.

#	Date	Who / Purpose	Question/request/EAC updates	Response received/NICE updates
1.	20.07.2023	<b>NICE meeting</b>  For project progress	<ul style="list-style-type: none"> <li>• How does the new weight management EVA differ from the previous weight management EVA.</li> <li>• When would the scope be available for this EVA?</li> <li>• It is anticipated that this work will be an add on to the previous EVA with addition of new technologies that did not meet the scope of the previous EVA as well as an additional comparator for no treatment or delayed treatment. Therefore, the EAC will</li> </ul>	<ul style="list-style-type: none"> <li>• NICE clarified that this weight management EVA will be including technologies that provide weight management support, such as lifestyle changes, but do not have prescription services included. Additionally, a further comparator would need to be considered, no or delayed treatment.</li> <li>• The scope is currently being finalised and will be shared soon. Do not anticipate the scope to change substantially from the</li> </ul>

EAC correspondence log: GID-HTE10023 Digitally Enabled Weight Management

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			<p>be planning to build on the previous work undertaken. When can the EAC expect the review and economic materials from the previous EVA?</p> <ul style="list-style-type: none"> <li>• Checked when the call-off order is likely to be signed as project cannot progress without this.</li> </ul>	<p>previous weight management other than the clarifications made in point a.</p> <ul style="list-style-type: none"> <li>• NICE will get in touch to obtain the relevant materials, including the economic model, for sharing with the EAC.</li> <li>• NICE to check regarding the call-off order.</li> </ul>
2.	31.07.2023	<p><b>NICE meeting</b></p> <p>For project progress</p>	<ul style="list-style-type: none"> <li>• Preferred method for providing progress report. For other EVAs this has been completed through weekly calls.</li> <li>• Requested an update on the updated scope and materials from the previous EVA to base current EVA as the work cannot commence without these documents.</li> <li>• How are the delays factored into the project timelines?</li> </ul>	<ul style="list-style-type: none"> <li>• Confirmed that progress reports by phone call would be sufficient.</li> <li>• NICE will check internally regarding access to the relevant materials for sharing with the EAC.</li> <li>• NICE to check internally regarding timelines, however, mentioned that the committee meeting is unlikely to be moved.</li> <li>• NICE clarified that there is unlikely to be any new technologies for this EVA.</li> </ul>
3.	07.07.2023	<p><b>NICE meeting</b></p> <p>For project progress</p>	<ul style="list-style-type: none"> <li>• EAC queried how the report should be worded because there are no new technologies included in this EVA and it is unclear whether the previous evidence assessment report for weight management EVA can be cited.</li> <li>• Confirmed receipt of documents including access to the economic model in TreeAge.</li> <li>• EAC confirmed that the model development has proceeded during the waiting period and do not consider the structure to change other than the addition of the no/delayed treatment comparator.</li> </ul>	<ul style="list-style-type: none"> <li>• Clarified that the EAR for this EVA must be redrafted and cannot cite the previous EVA.</li> <li>• NICE will be checking internally regarding project timeline.</li> </ul>

4.	14.07.2023	<p><b>NICE meeting</b></p> <p>For project progress</p>	<ul style="list-style-type: none"> <li>• Rescreening by applying the same criteria as we are doing for Second Nature.</li> <li>• Good to know when the new timelines are since the current timeline will be difficult to meet.</li> </ul>	<ul style="list-style-type: none"> <li>• Positive response received from two companies, Habitual and Thrive Tribe. We are awaiting confirmation of whether they meet the criteria.</li> <li>• Not going to MTAC in September but it will go to a panel, no date set but it will likely to be in early October.</li> <li>• A reworked timeline will be shared with YHEC.</li> <li>• Agreed not to rerun economic searches.</li> <li>• NICE to share clinical expert contact details. Company contacts already shared.</li> </ul>
5.	14.07.2023	<p><b>All companies</b></p> <p>Checking costs of technologies.</p>	<ul style="list-style-type: none"> <li>• Please confirm if the costs provided for the technology is the same as those provided for the previous EVA even with the exclusion of prescribing functionality.</li> </ul>	<ul style="list-style-type: none"> <li>• CheqUp, Gro Health, and Second Nature costs have all remained the same.</li> <li>• Roczen has lowered their cost to £540 per patient per year (£45 monthly).</li> <li>• Liva price also been lowered, new cost was submitted to NICE Docs portal and not via email, EAC unable to access.</li> <li>• Oviva has lowered their cost by 10%.</li> </ul>
6.	21.08.2023	<p><b>NICE meeting</b></p> <p>For project progress</p>	<ul style="list-style-type: none"> <li>• EAC confirmed that the draft model is undergoing QA and that the model results do not deviate from the previous EVA. The no treatment arm currently dominates digital technology intervention due to the higher cost of intervention and small QALY impact, however, this may be subject to change due to the lack of evidence identified to inform the no treatment arm.</li> <li>• EAC have been in touch with the companies regarding the costs and have received feedback from six companies.</li> </ul>	<ul style="list-style-type: none"> <li>• NICE confirmed that Juniper is now likely to be included in this EVA.</li> <li>• NICE to send across additional company evidence as when they become available.</li> <li>• Confirmed that Thrive Tribe, Oviva and Juniper will be submitting evidence by 22.08.2023.</li> </ul>

			<ul style="list-style-type: none"> <li>EAC will be contacting Juniper, Habitual, and Thrive Tribe regarding the technology costs for completeness.</li> <li>EAC have completed the additional searches for Thrive Tribe and Habitual and very little new evidence was identified. We are currently up to date with extraction of everything received so far.</li> </ul>	
7.	31.08.2023	<p><b>Dr Karen Coulman</b></p> <p>Checking cost for Tier 3 weight management services</p>	<ul style="list-style-type: none"> <li>Please confirm if the cost calculated in the previous EVA for Tier 3 weight management services is the same with the exclusion of prescribing.</li> </ul>	<ul style="list-style-type: none"> <li>Advised that the cost is the same but is associated with great uncertainty.</li> <li>Believes the cost is over-costed, provided an alternative Tier 3 costing.</li> </ul>
8.	08.09.2023	<p><b>NICE meeting</b></p> <p>For project progress</p>	<ul style="list-style-type: none"> <li>Draft report will be sent out by the end of Monday (04.09.23).</li> </ul>	<ul style="list-style-type: none"> <li>NICE stated that there were four more technologies that may be eligible.</li> <li>NICE requested that two of the technologies were added in an appendix to the final report.</li> </ul>
9.	02.10.2023	<p><b>Dr Helen Parretti, Dr Jennifer James</b></p> <p>Checking what additional costs and resource use may occur with the digital technology</p>	<ul style="list-style-type: none"> <li>Could you provide guidance on approximate resource use/costs that would seem reasonable to test out in scenario analyses?</li> </ul>	<ul style="list-style-type: none"> <li>Health care assistant and phlebotomy time.</li> <li>Lab costs for new patient appointments.</li> <li>Costs and resources use associated with side effects.</li> <li>Tier 3 costing is currently much more comprehensive than expected.</li> </ul>