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Comments re. NICE STA “Natalizumab for the treatment of multiple sclerosis”

Dear Ms. Patel

Thank you for your invitation requesting comments on the ACD

I reply on behalf of Oldham PCT. I am a general practitioner and work as an associate director for the PCT. I have responsibilities for medicine management.

Natalizumab would appear to be an important new but expensive treatment for a small number of people with multiple sclerosis who have severe problems and no effective alternative therapies. The possibility of a treatment that might reduce the progression of disability would be attractive to both patients, clinicians and the PCT as commissionaires of MS services.

The PCT is committed to improving services for its population, including those with multiple sclerosis.

In commissioning services the PCT needs to take into account many factors in addition to the medical therapy. This would include housing and supportive services such as nursing, occupational, physiotherapy. The PCT would be concerned that the impact of any new therapy or technology should not have an adverse effect on existing services, not just services for people with MS.

I welcome the advice from NICE in helping the PCT to make evidence based decisions about commissioning services.

I have been asked to make comments on the following general headings

Relevant evidence

All relevant evidence appears to have been taken into account

Summaries of clinical and cost effectiveness

They appear to be reasonable interpretations of the evidence

Provisional recommendations

These appear to be sound given the evidence presented

I would however like more clarity Section 1 “Appraisal Committee’s recommendations”

1.1 No problems

1.2 I think PCTs and clinicians would like more specific recommendations about the appropriateness to continue therapy, in particular patients who are currently on a research programme or if any PCTs who may have funded under the exceptional use of resources rules.

1.3 You should consider including the recommendation that Natalizumab is not recommended for the suboptimal therapy group (4.7) in this section

I also note in 4.8 that the best comparator in current UK practice is best supportive care. Would it be possible to expand on this in the final recommendations? 7.1 refers to the appraisal guidance and clinical guidelines. It is likely that a number of people will be disappointed with the result and a recommendation that commissioning better supportive services might at this stage be appropriate

Yours sincerely

Richard Orr  
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