

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 Waltham Forest

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) [REDACTED]

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?

Treated with:

Interferon α (IFN α) this is given by SC injection. Both patients and patient experts agree that this treatment is highly toxic with limited effectiveness.

Sunitinib – this is an oral preparation.

To what extent and in which population(s) is the technology being used in your local health economy? It is not currently being used.

- 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?

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?

This would be an alternative to Sunitinib in the treatment of advanced RCC.

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)?

This would be suitable for secondary specialist use only.
There would be no need for additional resources.

Appendix I – NHS organisation statement template

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).

As there are no costings available for pazopanib it is difficult to assess the cost effectiveness.

Cost will therefore be needed. It would be useful if the exact population group is identified, i.e. are they similar for Sunitinib or is there a subset.

Whether there would be a patient access scheme associated with the drug.

For a PCT population of 300,000 it would be expected that 17 patients with advanced RCC would be eligible for treatment with pazopanib.

If the patient selection for pazopanib was based on a similar performance status to that of Sunitinib then the eligible patients would be 11.

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)?

There should be no resource implications

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

No

Other Issues

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