

## 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: **Caroline Court**

Name of your organisation NHS Cornwall and Isles of Scilly

Please indicate your position in the organisation: **Consultant in Public Health Medicine and Public Health lead for cancer**

- 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)? **Yes**
- 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)

**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?

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?

**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?

**If the increase in survival is marginal, it is unlikely to have significant impact. However due to opportunity costs there may be other impacts (see other issues)**

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)?

**Secondary care**

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).

**This would depend on the specific recommendations of technology appraisal**

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)?

**Yes, see other issues below**

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

**Unlikely to be significant**

**Other Issues**

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

**Cornwall has a disappointingly low rate of surgery for lung cancer. This is due to advanced stage at presentation and results in poorer 1 year and 5 year survival rates. Prescribing Erlotinib can not influence this.**

**In the coming year, in line with our strategic objective to reduce deaths from cancer, we plan to focus on improving early presentation and diagnosis of lung cancer. We have commitment from primary and secondary care clinicians for this. We believe this will have the most potential in improving patients' chances of survival and cure, and that the balance of overall resources in tackling lung cancer should be part of the consideration of NICE in making its judgements.**

**We will of course continue to focus on reducing smoking in the local population, which is another of our ten highest priorities for delivery.**

**The PCT has a clear commitment to ensuring all NHS patients have access to NICE approved drugs, in line with the NHS Constitution right. We believe that NICE are best placed to make overall judgements on which drugs should be made routinely available on the NHS.**