

The HTA Programme and NICE guidelines

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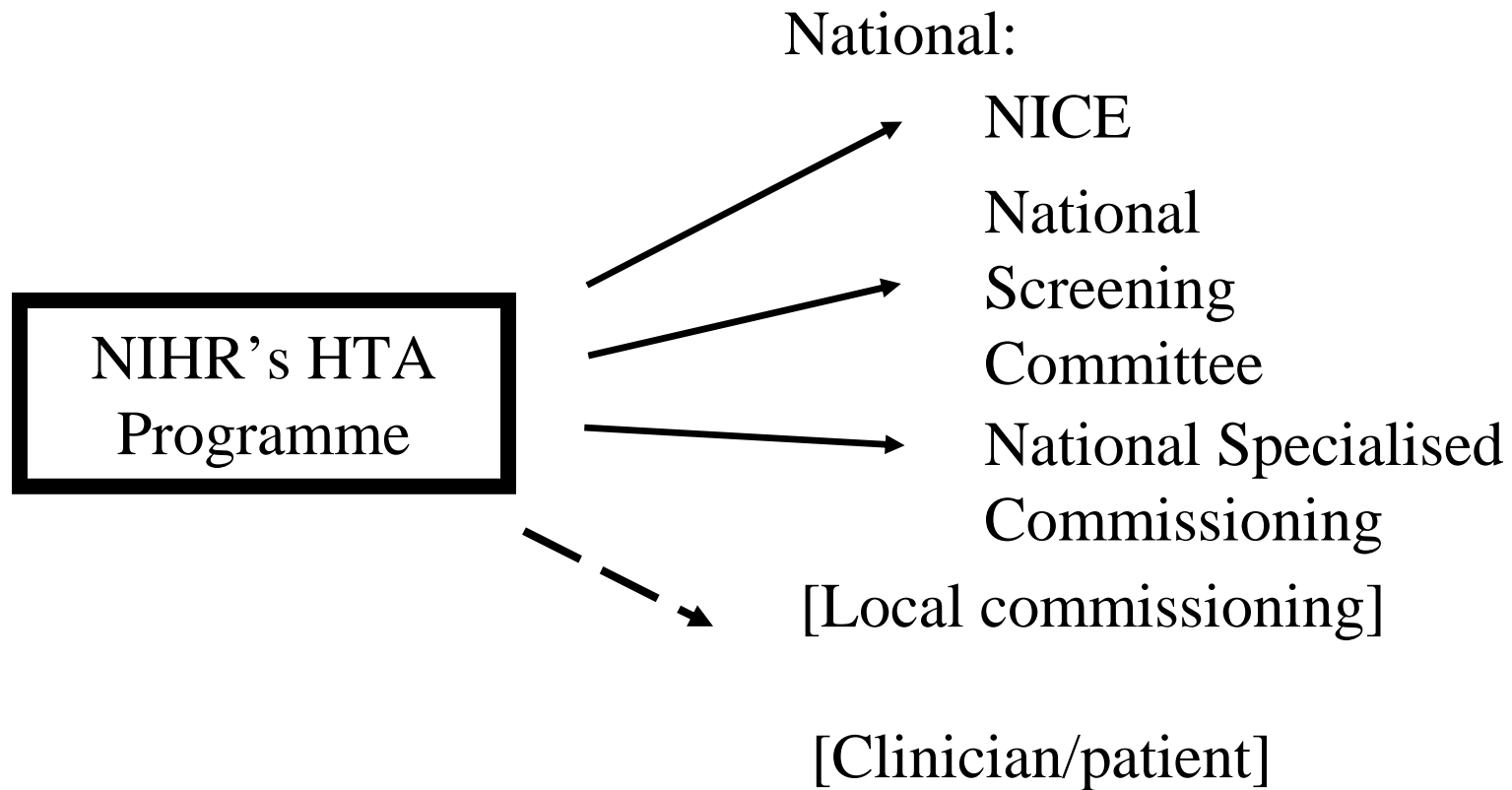
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Overview

- Role of HTA Programme
- Key terms
- HTA Programme funded research for NICE
- Research linked to NICE guidelines
- Possible developments

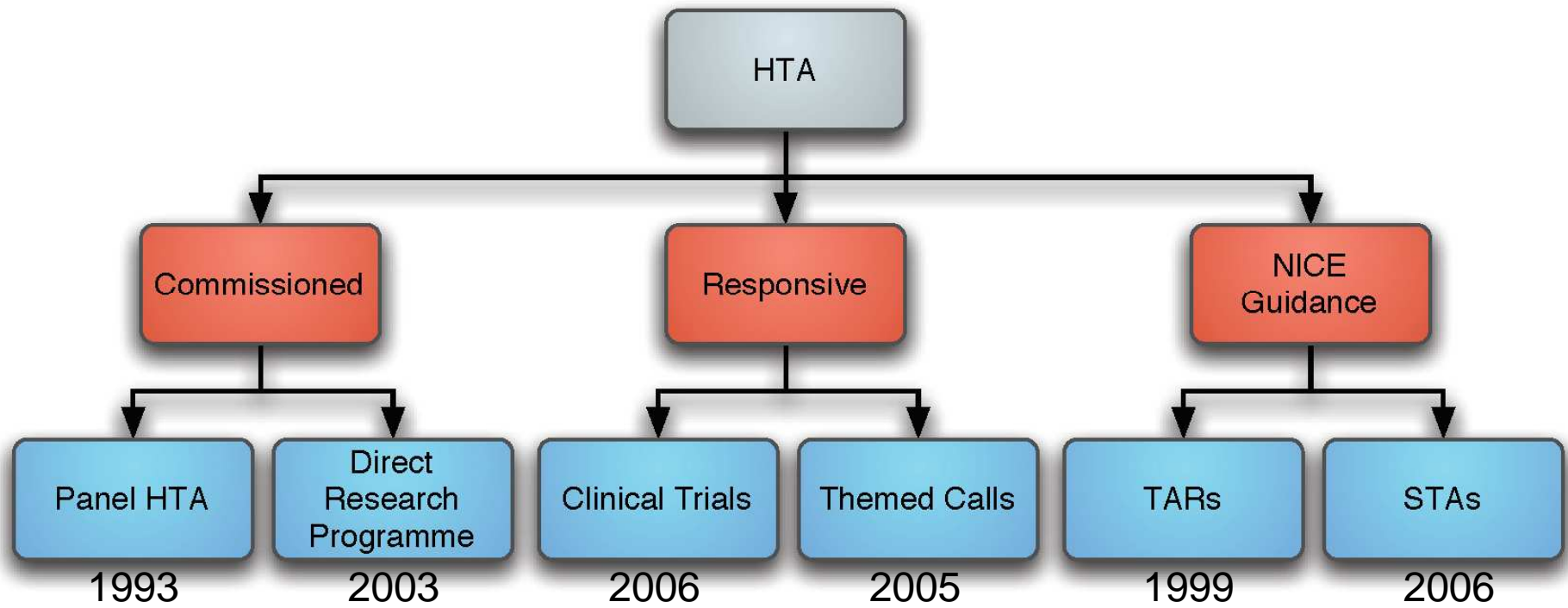
Assessment

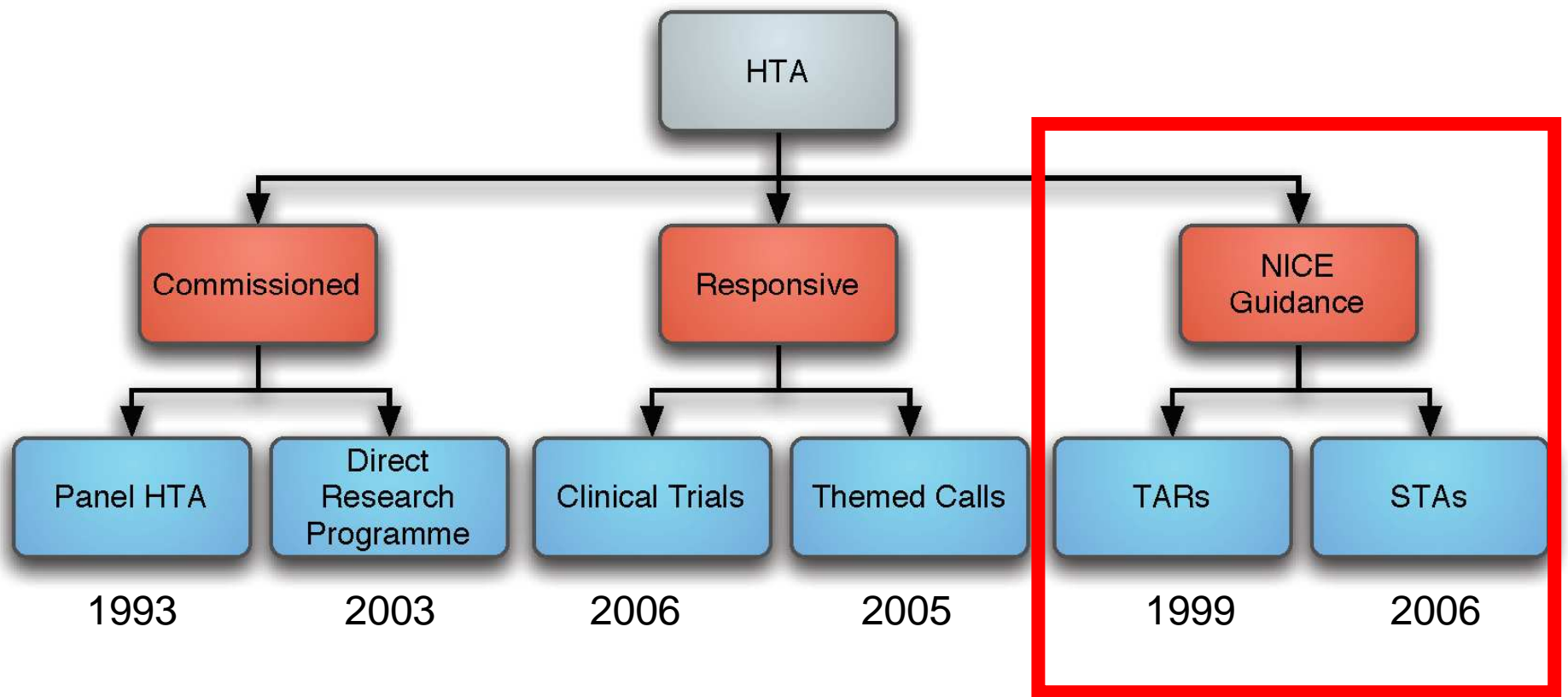
Appraisal



Key terms

- Assessment versus appraisal:
or science v judgement
- Guidance v guidelines:
mandatory recommendations usually on single
technology v
looser recommendations on treatments in a
disease pathway
- HTA Programme contracts for assessments for
NICE, mainly for guidance based on technology
appraisal
- But NICE is only one of many customers for a
range of products





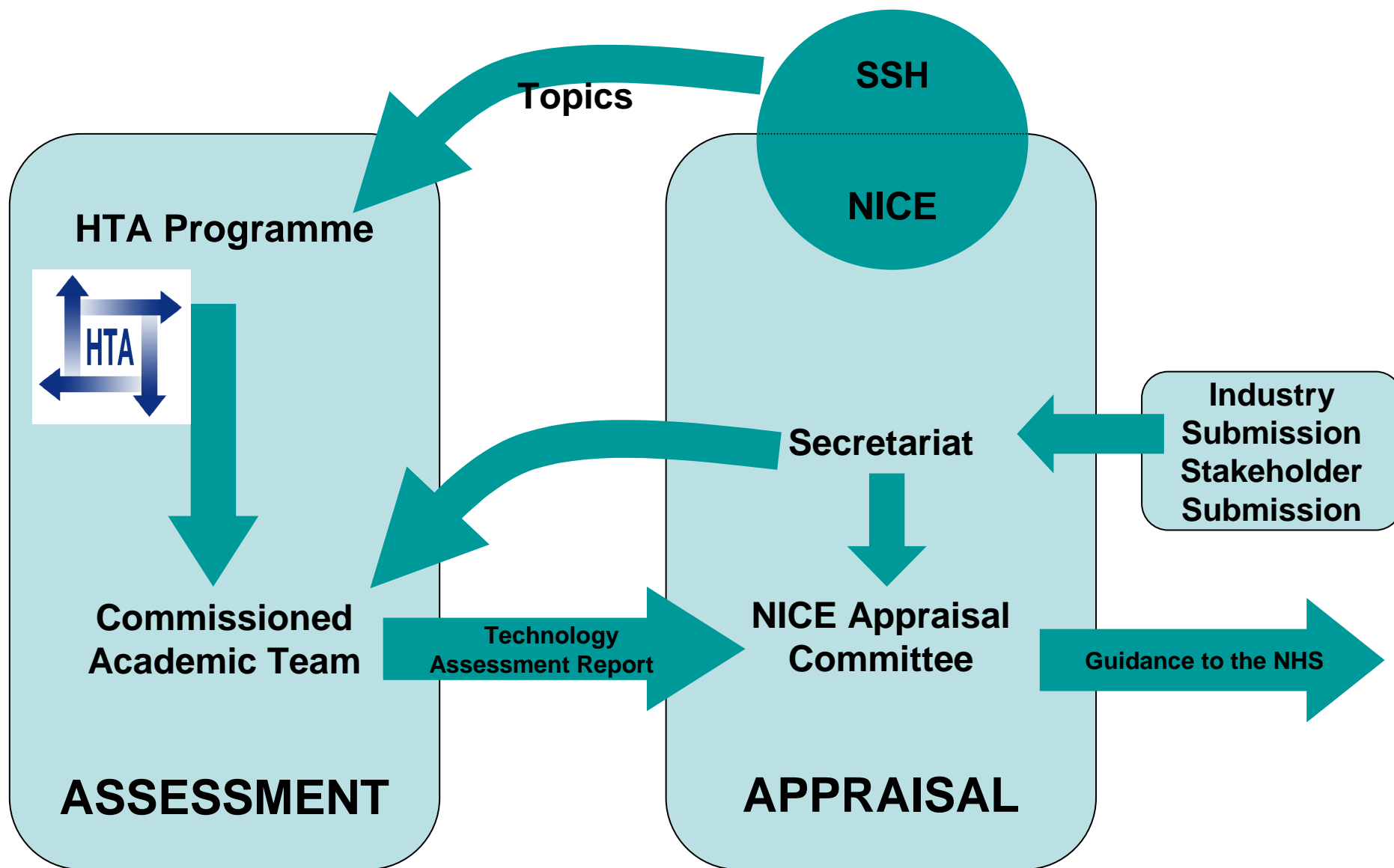
Work for NICE by HTA Program

- Work for NICE is a relatively small part of the HTA Programs work.
- Main work for NICE is assessments for Technology Appraisal.
- Plus:
- Primary research to inform future NICE guidance
 - Clinical trial such as Photodynamic therapy for AMD
- Picking up NICE research recommendations
 - E.g. non pharmacological treatments for depression in children

NICE Old and New Processes supporting technology appraisal

Call-off contract with seven university teams

- Multiple TA process
- Systematic review
- Economic model
- Consideration of issues for the NHS
- Review industry submission
- Academic publication
- Single TA process
- Review industry submission
- Drugs only
- Shift in burden of proof
- Faster
- Less expensive
- Evolving process



Primary Research For NICE

Picking up NICE research recommendations - to inform future NICE guidance

- ▶ Annual round of Identification and prioritisation
- ▶ Converting NICE recommendation into a researchable question
- ▶ 15 topics in 2005/6, 21 in 2006/7
- ▶ Most linked to guidelines
- ▶ Around half still active, rest not

Research topics from NICE

- 2005/6: Depression & psych interventions for children, pre-op: tests, fluids, Obesity: prevention in children, maintaining weight loss in adults, Epilepsy: diagnosis of epilepsy, HF & home oxygen, Renal immunosuppression drugs, Hep C drug therapies, Trauma: psych & drugs
- 2006/7: Smoking (brief, pregnancy, models, exercise), Obesity (drugs, exercise, children) Statins (type, ethnicity), Depression (CBT, self help), OCD (2), Dementia (2), TB (DOT), Breast Cancer (dx), contraception (LARC), teledermatology.

Difficulties with research topics

- HTA implies a well defined HT, not a problem
- HTs are less developed for recent 'epidemics' such as obesity. Interventions need to be refined/defined in phase I & II studies.
- Evidence synthesis relies on existing literature which is often lacking
- RCTs are costly, complex and slow.

Modelling and research gaps

- Technology assessment & some guidelines for NICE use models in evidence synthesis
- These can indicate the main evidence gaps, whether informally or formally via Value of Information analysis
- Gaps often require observational studies
- But modelling becoming less common with STAs.

Future

- Scope for research meeting needs of NICE improved by move to a NIHR as single funder with increased funding,
- Difficulties mainly to do with specifying the research required.....improving
- Primary research is costly (RCT costs over £1m) and slow (five years start to finish)
- Modelling often helpful in identifying priorities for research.

