VP22 Cancer Drugs Fund Allocation Under The National Institute for Health and Care Excellence (NICE): The First Six Months

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INTRODUCTION:

As of July 2016, funding from England's Cancer Drugs Fund (CDF) is dispensed based on the results of National Institute for Health and Care Excellence (NICE) technology appraisal guidances instead of independent CDF appraisals (1). NICE can recommend providing temporary CDF funding for drugs that have potential to demonstrate cost-effectiveness after further data collection (2). This analysis examines drugs considered for temporary CDF funding since the start of this new process in July 2016.

METHODS:

We collected all final NICE oncology technology appraisal guidances completed before the end of 2016 and noted whether each drug was considered for or awarded CDF funding and which factors impacted the decision to give or withhold CDF funding (3).

RESULTS:

We identified twenty-one NICE oncology reviews completed between July 2016 and the end of 2016. Of these reviews, only one was recommended for temporary funding under the CDF because further data collection had the potential to significantly reduce incremental cost-effectiveness ratios (ICERs). Three further reviews were considered for temporary CDF funding but ultimately received negative decisions. In all three cases, NICE found no potential for further data collection to sufficiently improve ICERs. The evaluations also noted that the manufacturers either did not intend or did not have sufficient time to prepare a case for CDF funding.

CONCLUSIONS:

NICE focused strongly on evidence maturity in making CDF funding decisions. The only drug recommended for CDF funding had immature trial data with uncertainties that could be resolved by further data collection. The three drugs that did not receive CDF funding had relatively mature evidence that would not be improved through further data collection. Timing was also an issue: two reviews specifically noted that the manufacturers had insufficient time to prepare strong cases for CDF funding. The CDF historically had significant budget issues, so NICE may be trying to be more judicious in allocating CDF funding.

REFERENCES:

1. "Cancer? Cancer Drugs Fund." Accessed January 11, 2017. https://www.england.nhs.uk/cancer/cdf/.

2. "Cancer Drugs Fund | NICE Technology Appraisal Guidance | NICE Guidance | Our Programmes | What We Do | About | NICE." CorporatePage. Accessed January 11, 2017. https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-technology-appraisal-guidance/cancer-drugs-fund.

3. "Published | Guidance | NICE." Accessed January 11, 2017. https://www.nice.org.uk/guidance/published?type=ta.

VP24 The Development Of A Quality Management Tool For Health Technology Assessment Agencies In Spain

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https://doi.org/10.1017/S0266462317003142 Published online by Cambridge University Press

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INTRODUCTION:

The Spanish National Network (REDETS) is a group of eight agencies, units and services, depending on National and Regional Governments that coordinate their work within a common methodological framework, guided by the principles of mutual recognition and cooperation. The necessity of considering a Quality Management System has been detected and, consequently, a common tool for all the members needs to be developed. We describe in this study the process to achieve that goal.

METHODS:

Based on both a review of previous literature and the proposal for a self-evaluating tool, a group of experts from each agency through consensus have developed a tool for self-evaluation in Health Technology Assessment (HTA) agencies. Through the structure described in the handbook of the Andalusian Agency for Healthcare Quality (ACSA), each standard should have a statement or proposal that needs to also include evidence or good practices, and the corresponding evaluation questions. In separate workgroups, the definition of these proposals, evidence and evaluation questions were developed. One face-to-face meeting and two meetings via teleconference were necessary to achieve a final document with all the quality standards.

RESULTS:

From a proposed structure of sixty-six standards, the titles, definitions, statements and evidence as well as good practices and evaluation questions were established in workgroups with consensus among all of the members (1 - 3). The final version of the self-assessment tool was composed of sixty-eight standards, grouped in twelve quality criteria structured in four dimensions: I Responsibility, II Clients and Stakeholders, III Production Process, and IV Resources.

CONCLUSIONS:

Quality management requires an evaluation tool and this version, based on a systematic review and consensus, is a useful and practical instrument for developing a handbook by each member of REDETS. An online version of the tool is in process of development.

REFERENCES:

1. Drummond M, Neumann P, Jósson B, Luce B. Can we reliably benchmark heath technology assessment organizations? *Int J Technol Asses Health Care*. 2012;28:159-65.

2. Lafortune L, Farand L, Mondou I, Sicotte C, Battista R. Assessing the performance of health technology assessment organizations: a framework. *Int J Technol Assess Health Care*. 2008;24:76-86.

3. Sampietro-Colom L, Lach K, Pasternack I, et al. Guiding principles for good practices in hospital-based health technology assessment units. *Int J Technol Asses Health Care*. 2016;31:1-9.

VP25 African Countries Are Working Together To Enhance Medicine Use

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INTRODUCTION:

The socioeconomic burden of diseases is increasing in Africa. For instance in 2011, 70 percent of the world's human immunodeficiency virus (HIV) population resided in sub-Sahara Africa. There are also growing rates of Antimicrobial Resistance (AMR), which necessitates newer more expensive antibiotics adding to costs. There is also a growing burden of non-communicable diseases (NCDs), three out of four patients with hypertension currently live in low and middle income countries (LMICs), with prevalence rates up to 30 to 45 percent among adults in Africa. Alongside this, up to 70 percent of total healthcare expenditure is

https://doi.org/10.1017/S0266462317003142 Published online by Cambridge University Press