

The value flower in bloom?

Emerging recognition of uncaptured benefits in NICE HTA decisions

HTA336

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KEY TAKEAWAYS

References to ‘uncaptured benefits’ or ‘benefits not captured in QALY calculations’ within NICE recommendation decisions have been increasing since 2018

UNCAPTURED BENEFITS CITED INCLUDE

The most common categories	• ‘impact on healthcare delivery and capacity’
	• ‘convenience and lifestyle impact’
	• ‘broader health-related quality of life considerations’
	• ‘alterations to the natural history of the disease’ and their downstream impact on how patients interact with the healthcare system
Other categories	• ‘easing strains on family planning’
	• ‘improved educational attainment for young people’
	• ‘maintenance of body image’
	• ‘alternative option for patients currently limited by strict dietary requirements’

Although all NICE Technology Appraisal Committees have published guidance referencing consideration of uncaptured benefits within their decision-making, final guidance from **Committee B** noted these broader value elements most frequently

Despite increasing consideration being given to broader value elements, there remains limited guidance to ensure consistent application. The recent NICE Position Statement on disease-specific reference case extensions and Health Economic Methods Advisory (HEMA) report on proposals for capturing additional benefits in HTA give some indication to the direction of travel^{1,2}

CONCLUSIONS

NICE guidance increasingly refers to the uncaptured benefits and broader value considerations outside of the reference case that directly or indirectly influence recommendation decisions

However, the elements considered most often have limited overlap with the ISPOR ‘Value Flower’. Minimal reference is made to elements such as scientific spillovers, value of knowing, real option value or insurance value

There is a clear opportunity, and potentially a growing need for NICE to expand its reference case and more explicitly align theoretical value frameworks with practical methodologies that guide real-world decision making within the UK setting

Applying consistent methodology would increase transparency around the role of broader value elements in UK HTA

INTRODUCTION

- The ISPOR ‘Value Flower’ was introduced in 2018, aiming to spotlight value elements not routinely captured by traditional assessment frameworks³
- The flower outlines 12 distinct value elements, eight of which, focus on broader and more novel considerations outside of the more widely cited ‘QALY framework’ (e.g., value of hope/knowing)
- While interest in these broader value elements has grown, formal acknowledgement of their role in UK HTA decision-making remains limited

OBJECTIVE

- This research aims to understand the extent to which NICE consider wider value elements outside of the standard reference case, and offer guidance to manufacturers on where the use of ‘uncaptured benefits’ may influence recommendation decisions

METHODS

- A literature review was conducted to identify NICE recommendations between February 2018 (publication of The ISPOR ‘Value Flower’) and June 2025
- Single technology appraisals were screened to assess whether NICE meaningfully considered broader value elements, beyond those within the reference case, during decision-making
- Data relating to the consideration of uncaptured benefits, therapeutic area and willingness-to-pay threshold were extracted and analysed to identify key trends in the influence of uncaptured benefits on committees’ decision-making
- Figure 1** presents the evidence base considered as part of the review

Figure 1. Appraisals identified in review



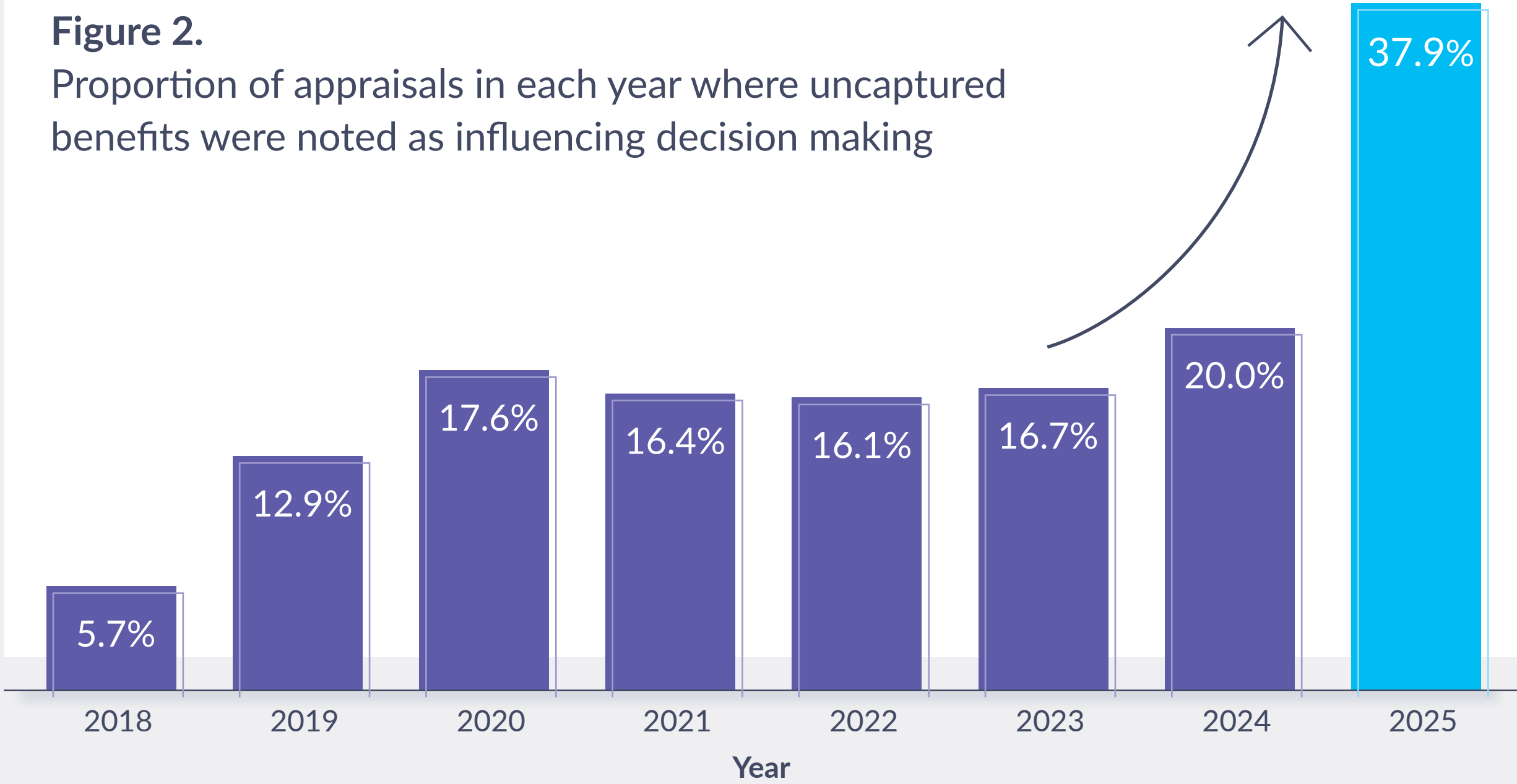
RESULTS

In the 356 appraisals identified, a presence of uncaptured benefits was noted in 62 (17.4%) cases

Of the 62 appraisals, the majority have been since 2022, with an increasing proportion since 2023

Of these 62 cases, 58 (93.5%) resulted in a positive NICE recommendation, compared with the overall recommendation rate for NICE appraisals of 85%⁴

Figure 2. Proportion of appraisals in each year where uncaptured benefits were noted as influencing decision making



Acknowledgement of uncaptured benefits was not consistently reported in guidance across NICE Committees: 26% of Committee B appraisals, but only 12%, 12%, and 17% of Committee A, C, D appraisals, respectively. On 10 occasions, the HST committee reviewed topics listed for an STA, and noted uncaptured benefits in the published recommendations of 6 of those appraisals

Uncaptured improvements in the quality of life of the patient, their family or the patient’s carer were considered in 16 appraisals (e.g. TA538, TA808, TA1050). In most cases, this was related to the impact on the quality of life of caregivers and immediate family (including siblings, for paediatric conditions)

The committee considered system-level efficiencies generated by reduced healthcare resource utilisation in ten appraisals, noting how the interventions could ease NHS pressures by reducing hospital visits, optimising the use of scarce resources, and alleviating concerns around intensive care bed capacity (e.g., TA667, TA1048). Health-system efficiencies were also referenced in TA630 and TA644, describing wider improvements to service delivery that the intervention may offer through advances in genomic testing that would arise following approval

One appraisal (TA1012), considered **the potential relief offered for patients whose access to current therapy is limited by dietary requirement**

Although NICE increasingly acknowledged ‘uncaptured benefits’, **several of the broader, theoretical value constructs highlighted in the ISPOR Value Flower** (particularly the value of hope, the value of knowing, insurance value, real option value and scientific spillovers) **were not considered in any of the recommendations reviewed**. This disconnect reflects a conceptual and methodological gap; namely that these elements lack accepted metrics, guidance, or evidentiary standards allowing them to be incorporated into a NICE reference case underpinned by measurable costs and QALYs

Convenience/lifestyle impact for patients was the most commonly referenced uncaptured benefit (19 appraisals), and incorporated factors such as preferred administration routes, greater autonomy via self-administration, improved family planning ability, simplified dosing schedules, and more predictable symptom control

Several appraisals evaluating treatments for pediatric or young patients highlighted the ability of the technology to positively influence the child’s ability to partake in recreational activities and improve school attendance (e.g TA558, TA769, TA977)

Potential for the alteration of the disease natural history beyond that captured in the economic analyses was considered in ten appraisals, with particular focus on how this would have a downstream impact on patient interactions with the healthcare system e.g., where the intervention impacted disease metastases (TA786), the risk of developing brain damage (TA729) the need for downstream organ transplant (TA804)

Of the 62 cases, 27 referred to a **Committee-determined WTP threshold at or above the upper end of the ICER range usually considered acceptable**. This proportion (43.5%) is substantially more than the proportion estimated in prior research covering all appraisals over a 10-year date range (<10%), suggesting a potential link between the presence of uncaptured benefits and Committee willingness to consider ICERs towards the upper end of the threshold⁵

ABBREVIATIONS
ICER, incremental cost-effectiveness ratio; HST, highly specialised technologies; MTA, multiple technology appraisal; NHS, National Health Service; NICE, National Institute for Health and Care Excellence; QALY, quality-adjusted life year; WTP, willingness to pay

REFERENCES
1. NICE. Use of disease-specific reference models in economic evaluations: NICE position statement. 2025. Available from: <https://www.nice.org.uk/corporate/ecd18/chapter/overview>; 2. HEMA. 2025. Defining Appropriate Benefits for Economic Evaluation of Health Care Technologies. Available from: https://hemamethods.org/wp-content/uploads/2025/10/HEMA-Draft-Report_For-Publication_100925.pdf; 3. Neumann et al. Value in Health. 25(4):558-565; 4. NICE. Technology appraisal data: appraisal recommendations. Available from: <https://www.nice.org.uk/what-nice-does/our-guidance/about-technology-appraisal-guidance/technology-appraisal-data-appraisal-recommendations>; 5. Critchlow, S. and Lilley, C., 2024. HTA319 A 10-Year Review of the Willingness-to-Pay (WTP) Thresholds for Single Technology Appraisals From the National Institute for Health and Care Excellence (NICE). Value in Health, 27(12), p.S417