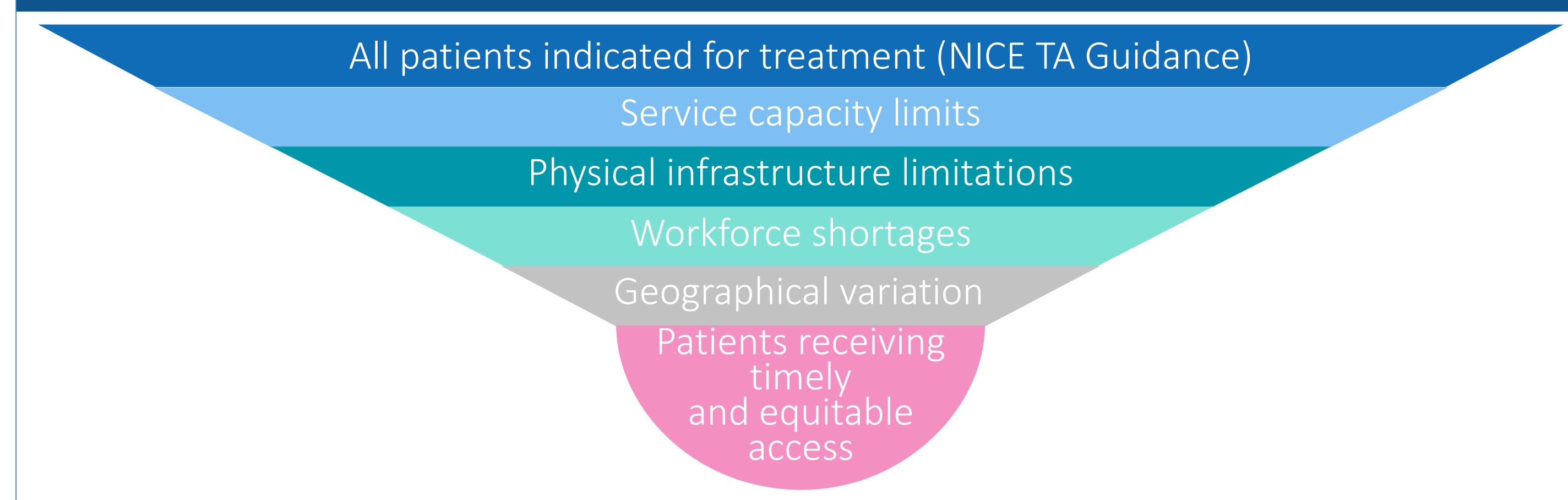
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Introduction

- The National Institute for Health and Care Excellence (NICE) conducts technology appraisals (TAs) to support patient access to effective treatments, but implementation may be limited by National Health Service (NHS) capacity and resource constraints (Figure 1).
- While NICE's methods suggest decisions should consider service delivery or infrastructure issues, including capacity constraints (CCs), they do not appear to mandate that CCs be incorporated into economic modelling or final recommendations.
- These factors can affect timely and equitable access to recommended treatments, potentially exacerbating health inequalities. It remains unclear to what extent CCs are reflected in NICE's TAs, in contrast to NICE service delivery guidelines that sometimes address these barriers.

Figure 1. Constraints to timely and equitable patient access

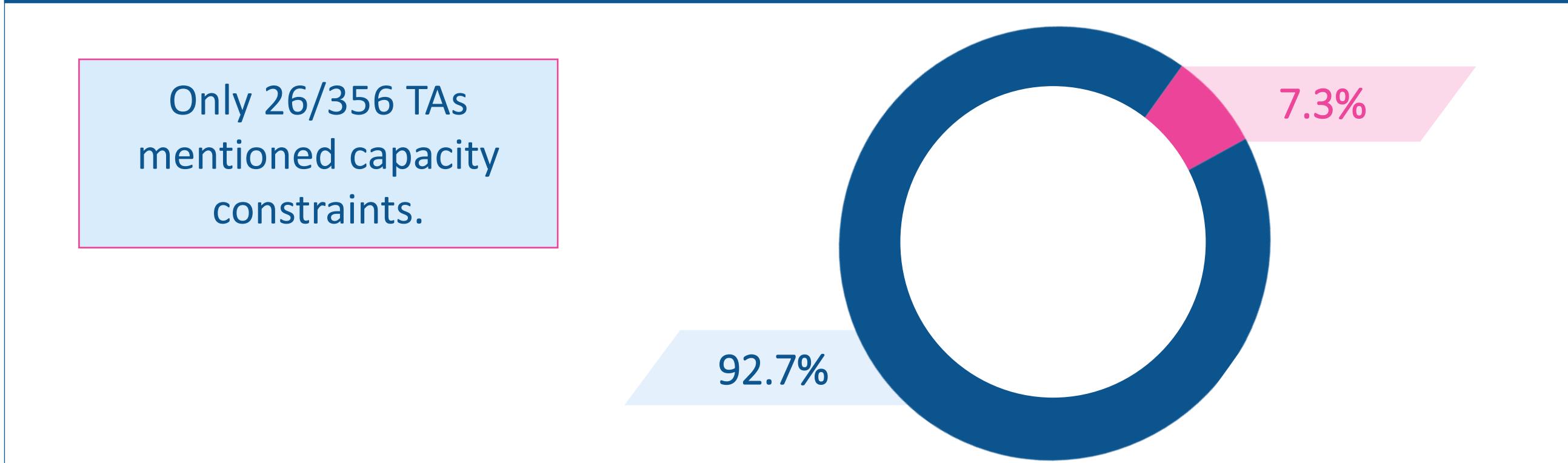


Abbreviations: NICE, National Institute for Health and Care Excellence; TA, technology appraisal.

General characteristics

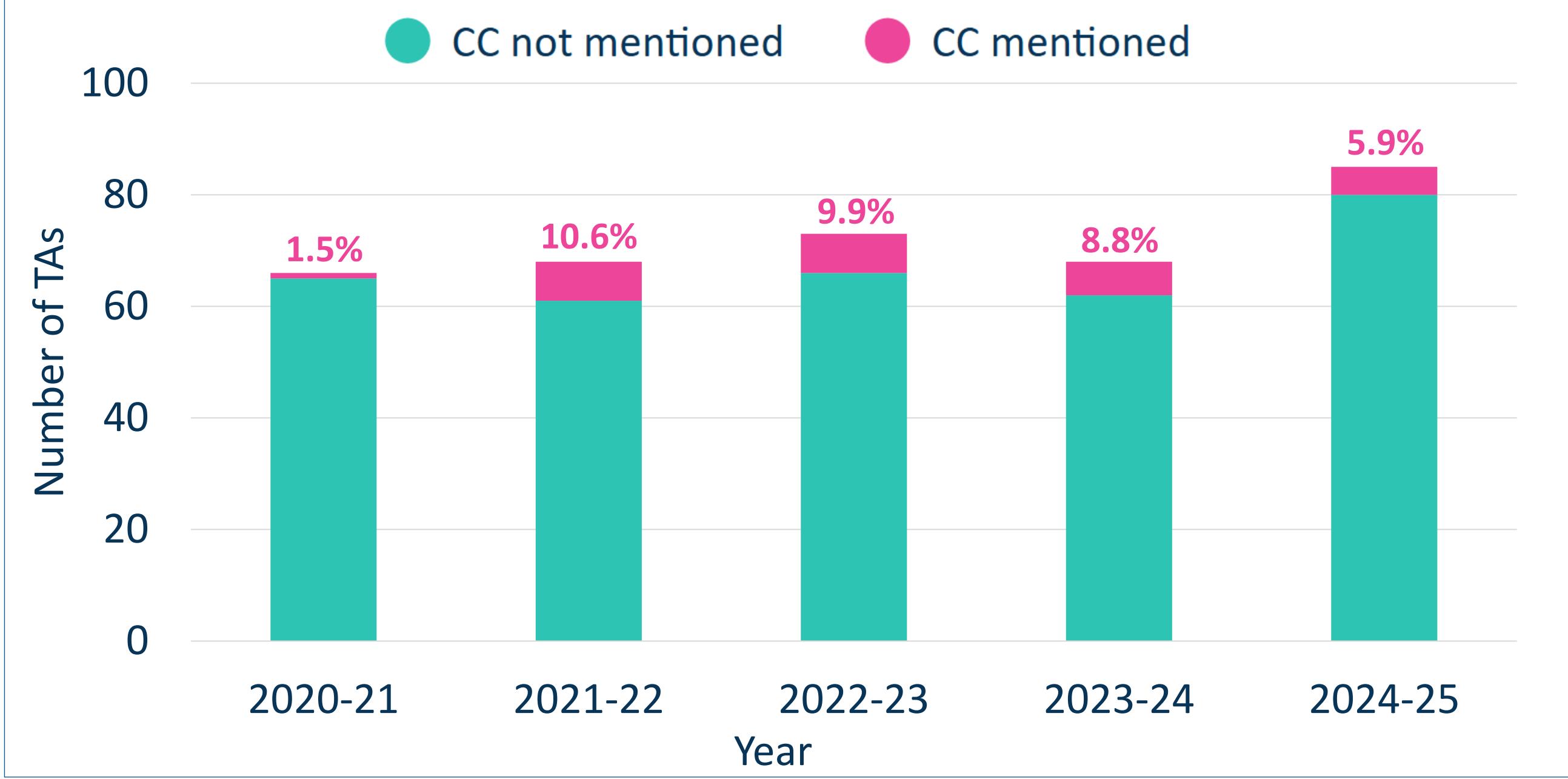
- Of the 356 TAs evaluated, only 26 (7.3%) explicitly mentioned capacity constraints (CCs). The vast majority (92.7%) did not mention them, as shown in Figure 3.
- Figure 4 shows the number of TAs that mentioned capacity constraints per year. The mentions remain consistently low each year (between 1 – 7 TAs per year), though have increased from 2021 onwards. This indicates that the issue is persistent but systematically under-discussed, though the increase could potentially be correlated with the pandemic due to backlogs of appointment and treatments.

Figure 3. Proportion of TAs mentioning capacity constraints



Abbreviations: TAs, technology appraisals.

Figure 4. TAs mentioning capacity constraints (Aug 2020 – Aug 2025)



Abbreviations: CC, capacity constraints; TAs, technology appraisals.

Capacity constraints mentioned

- A detailed review of the 26 TAs that mentioned capacity constraints, is shown in Table 1. The most frequently cited theme was NHS wide CCs, which appeared in 20 TAs. This was closely followed by staff availability/training, cited in 15 TAs. This indicates that systemic pressure on services and workforce shortages are the primary capacity concerns recognised within NICE deliberations.
- Limitations in physical infrastructure/clinic setting were explicitly mentioned in 9 TAs, and equipment/medicine shortages were mentioned in 4 TAs. These constraints included a lack of specialist treatment centres, insufficient genomic testing capacity, a lack of equipment, and the need to build or convert clinics for new therapies.
- Regional differences in service delivery were implicated in 6 TAs whereas constraints directly impacting timing (waiting lists, rollout speed) were identified in 3 TAs.
- Oncology TAs had the most CC mentions (9 TAs), potentially since the specialised infrastructure and complexity of new cancer therapies bring capacity issues into more focus.

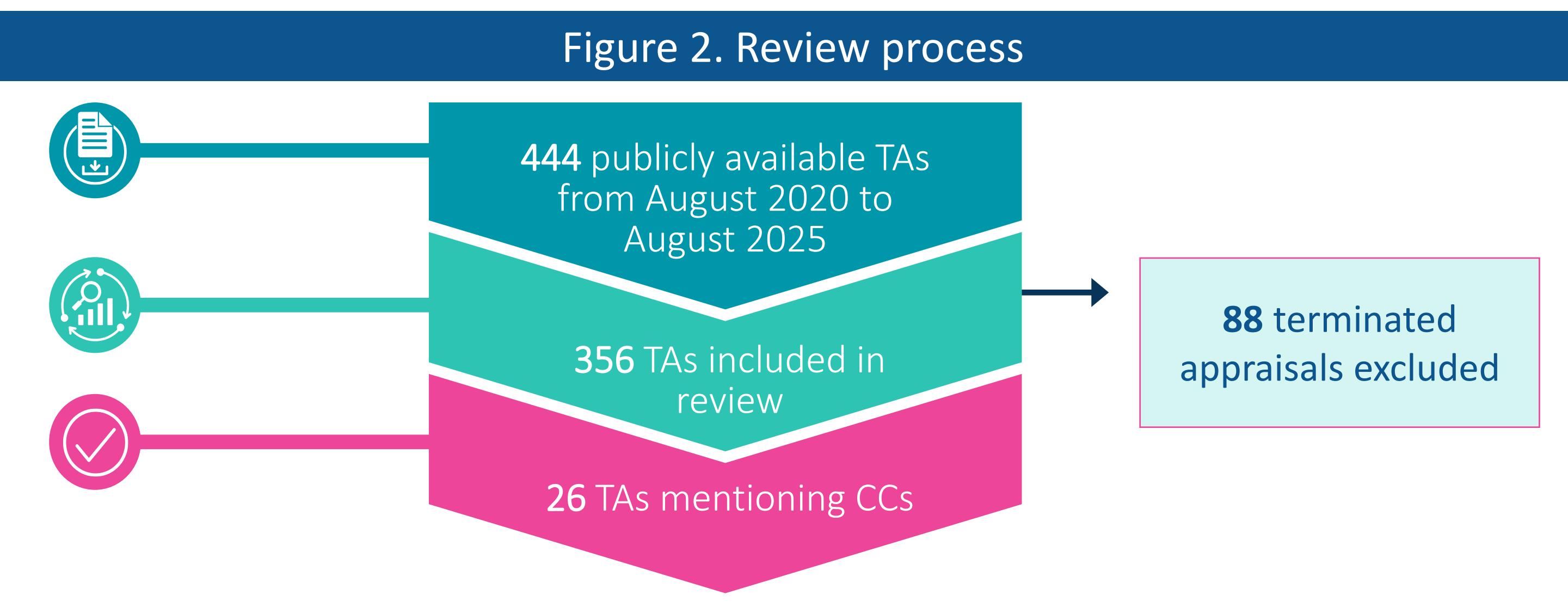
Guidance implications

- NICE TA recommendations are largely developed with a "resource-neutral" approach, ignoring real-world barriers which may mean recommendations cannot be implemented practically.
- This omission in guidance documents creates the risk that a patient's access to a NICE-recommended treatment depends on their local NHS trust's capacity, rather than on a national commitment to equitable care. NICE guidance may therefore be setting an ideal standard that the health system is not fully resourced to deliver.
- When noted, CCs are mostly raised by clinical experts, not systematically by the committee, highlighting that constraints are most frequently identified by those directly involved in service delivery rather than through the approval process. NICE should consider formally integrating a capacity and deliverability assessment into the TA process to systematically evaluate the potential impact of identified CCs on equitable and timely access.

Methods

- We reviewed the final appraisal determinations (FADs) for all NICE TAs published between August 2020 and August 2025.
- Each FAD was searched electronically using keywords related to CCs ("capacity", "constraint", "resource", "workforce", "infrastructure", "staff", "hospital") and then checked manually to confirm relevance and eligibility. Figure 2 presents the selection process for the review.

Objective: We aimed to examine whether recent NICE TAs explicitly consider the impact of resource constraints on equitable access to new treatments



Abbreviations: CCs, capacity constraints; TAs, technology appraisals.

Results

- When noted, CCs were primarily raised by clinical experts (19) or patient experts (4), substantially more often than the NICE committee itself (6) or the external assessment group (3). They were also mentioned once each from NHS England and the submitting company.
- Most TAs evaluated orally administered drugs (12), with other administration types including intravenous (IV) infusion (4), subcutaneous injection (SCI) (2), intravitreal injection (1) intranasal (1), topical (1), combined IV infusion and SCI (2), medical devices (2), and gene therapy (1). This could potentially mean that implementation barriers extend beyond drug administration complexity.

Table 1. Capacity constraint themes identified in TAs

TA number	Treatment admin type	CC raised by	CC themes					
			Staffing/training	Infrastructure/clinic setting	NHS-wide CC	Timing	Regional differences	Equipment/medicine
Oncology								
TA781	Oral	CEs	✓	✓	✓			
TA786	Oral	CEs			✓			
TA798	IV	CEs			✓			
TA801	IV	CEs			✓			
TA865	IV	PEs, CEs		✓	✓		✓	
TA898	Oral	CEs			✓			
TA909	Oral	EAG		✓			✓	
TA951	Oral	CEs	✓	✓				
TA1015	SCI	PEs		✓	✓			
Genetic disorders								
TA729	Oral	PEs, CEs	✓	✓	✓	✓	✓	
TA821	IV	Company			✓			
TA1003	Oral	CEs	✓			✓		
TA1044	Gene	CEs, Committee	✓		✓		✓	
Mental health/behavioral/neurological conditions								
TA854	Intranasal	Committee	✓	✓				
TA922	Oral	CEs	✓		✓			✓
TA973	Oral	CEs	✓		✓			
Metabolic conditions								
TA943	MD	Committee	✓		✓			
TA1026	SCI	NHS	✓		✓			
TA824	IVI	CEs			✓			
Autoimmune conditions								
TA667	IV & SCI	Committee		✓	✓			✓
TA1088	Topical	CEs, EAG			✓			
Infectious diseases								
TA757	IV & SCI	CEs	✓	✓	✓	✓		
TA971	Oral	CEs, Committee	✓					✓
Cardiovascular diseases								
TA902	Oral	CEs, Committee	✓					
TA913	Oral	CEs, EAG	✓		✓		✓	✓
Respiratory conditions								
TA139	MD	PEs, CEs	✓		✓			

Abbreviations: CEs, clinical experts; EAG, external assessment group; IV, intravenous infusion; IVI, intravitreal injection; MD, medical device; NHS, National Health Service; NICE, National Institute for Health and Care Excellence; PEs, patient experts; SCI, subcutaneous injection; TAs, technology appraisals.

Conclusions

Study limitations

- The analysis only captured explicit mentions of constraints using key word searches; implicit/informally discussed barriers or alternative constraint phrasing may have been missed.
- The 5-year timeframe may not be long enough to reflect evolving trends in capacity constraints mentioned in TAs.
- The approach did not differentiate between constraints discussed in the context of recommendations as opposed to general system-wide NHS constraints.