

BACKGROUND

In May 2019, the Accelerated Access Collaborative (AAC) selected 12 products for “rapid uptake” within the National Health Service (NHS) England¹. Within the selection of products, the AAC specified the following criteria:

- Evidence of clinical- and cost-effectiveness
- Addressing significant unmet need
- Application to large populations or high-budget impact
- Enabling a novel mode of action or significant changes to the care pathway²

The “rapid uptake” products selected by the AAC were:

- A non-invasive personalised cardiac test
- Two tests for early diagnosis of pre-eclampsia
- Two cholesterol-lowering drugs
- Two heart attack diagnostic tests
- Three diagnostic tests for colorectal cancer
- A multiple sclerosis drug
- A urinary tract symptoms device in men³

OBJECTIVE

This research explored whether products need to match all of the criteria specified by the AAC, in order to achieve “rapid uptake” status and receive additional support, advice and direction from the AAC.

METHODOLOGY

The guidance from National Institute for Health and Care Excellence (NICE) for each of the 12 “rapid uptake” products was reviewed, with a focus on the criteria specified as of interest to the AAC. This was done to identify whether all 12 products matched the specified criteria. This research took place in September 2019.

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RESULTS

Figure 1 gives a summary of which of the 12 products match the specified criteria of the AAC. All the products gave evidence of a significant unmet need, but none gave any evidence of addressing a high-budget impact. The two cholesterol-lowering drugs (alirocumab and evolocumab) were the only products to give evidence of significant improvements in clinical effectiveness, with five products (the two tests for early diagnosis of pre-eclampsia in women (the Elecsys Immunoassay soluble fms-like tyrosine kinase 1 (sFit-1)/Placental Growth Factor (PIGF) Ratio and Triage PIGF Test) and the three automated faecal immunochemical diagnostic tests for colorectal cancer (OC Sensor, HM-JACKarc and Faecal Occult Blood (FOB) Gold)) not showing any clinical efficacy data compared to current SoC. Only two of the three automated faecal immunochemical diagnostic tests for colorectal cancer (HM-JACKarc and FOB Gold) gave evidence of improved cost-effectiveness compared to SoC, whereas the third (OC Sensor) showed more negative than positive evidence of cost-effectiveness compared to SoC. HeartFlow Fractional Flow Reserve derived from Computerized Tomography (FFR_{CT}) Analysis was the only product to show evidence of targeting a large population, with 14% of adults being diagnosed with Cardiovascular Disease (CVD) in 2017⁵.

FIGURE 1: SUMMARY OF WHICH “RAPID UPTAKE” PRODUCTS MATCH THE AAC’S SPECIFIED CRITERIA⁴⁻¹⁹

Area	Product	Evidence of significant...							
		Clinical effectiveness	Cost effectiveness	Unmet need	Population size	Budget impact	New mode of action	Changes to care pathway	
Non-invasive personalised cardiac test	HeartFlow FFR _{CT} Analysis		✓	✓	✓	✗	✓	✓	
Test for early diagnosis of pre-eclampsia	Elecsys Immunoassay sFit-1/PIGF Ratio	N/A	✓	✓	✗	✗	✓		
	Triage PIGF Test	N/A	✓	✓	✗	✗	✓		
Cholesterol-lowering drug	Alirocumab	✓	✗	✓	✗	✗	✓	✗	
	Evolocumab	✓	✗	✓	✗	✗	✓	✗	
Heart attack diagnostic test	Elecsys Troponin T High Sensitive		✗	✓	✗	✗			
	ARCHITECT STAT High Sensitive Troponin-I		✗	✓	✗	✗			
Diagnostic test for colorectal cancer	OC Sensor	N/A	✗	✓	✗	✗	✓		
	HM-JACKarc	N/A	✓	✓	✗	✗	✓		
	FOB Gold	N/A	✓	✓	✗	✗	✓		
Multiple sclerosis drug	Cladribine	✗	✗	✓	✗	✗	✓	✗	
A urinary tract symptoms in men	UroLift	✗		✓		✗	✓	✓	
KEY	No data was available in the NICE guidance								N/A
	There was more data showing lower value of the product compared to SoC								✗
	There was data showing higher and lower value of the product compared to SoC								
	There was more data showing higher value of the product compared to SoC								✓

CONCLUSIONS

All of the products selected by the AAC for “rapid uptake” within NHS England address a significant unmet need within that therapy area, with most also demonstrating a novel mode of action. But the other areas specified as of interest to the AAC were not offered by the majority of the products – for example, none showed evidence of high budget impact and few showed application to large populations. No evidence was found of a “one-size-fits-all” approach for the criteria specified by the AAC, even within a therapy area. For example, only two of the three diagnostic tests for colorectal cancer gave evidence of lower cost-effectiveness, compared to SoC, with the others showing more evidence of a negative impact upon cost effectiveness.

DISCUSSION

This research shows that in order for products to be selected for “rapid uptake” in NHS England, they do not have to show evidence of significant improvements in all areas specified as of interest to the AAC, and there is not a universal selection criteria. However, all currently selected products demonstrate that they address an area of significant unmet need, and also show improvements in at least one of the other areas specified by the AAC.