

Trends in Northern Ireland HTA Guidance Adoption:
NICE shows dominance over SMC and AWMSG

HTA68

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Background

The Strategic Planning and Performance Group (SGGP) of the Department of Health in Northern Ireland (NI) support timely introduction of medicines, ensuring that people in NI benefit from medical advances. It has a Managed Entry process based on adoption of HTA decisions from other UK bodies¹.

Objective

Identify trends of HTA adoption in NI, analysing the speed and variation of HTA guidance uptake.

Methods

- Two independent reviewers analysed SGGP recommendations between 21st January 2021 and 12th May 2023 for common themes.
- The key variables were identified and their relationship investigated via qualitative synthesis. The key variables included:
 - HTA body that published the original guidance and the status of guidance i.e. recommended, optimised recommendation, not recommended
 - Original publication date
 - NI publication date of guidance
 - Therapy area

Results

- Two-hundred and seventy-two appraisals were reviewed: 183 (67%) were adopted from NICE, in line with the SGGP board that NICE guidance is adopted as policy, 78 (29%) recommendations were adopted from SMC and 11 (4%) from AWMSG.
- The variation of therapy area is displayed in Table 1. Oncology appraisals constitute the majority of guidance adopted in NI.
- When negative guidance was published by other HTA bodies in the UK, Northern Ireland also adopted these outcomes, accounting for 23% of all adopted guidance since January 2021.
- SMC appears to be the default for negative guidance, with 73% of NI negative publications adopted from SMC.
- The most prominent reason for not being recommended by a HTA body was due to non-submission from the company.
- Out of the negative decisions adopted from SMC, 84% of these were due to non-submission by companies. Similarly, 100% of negative guidance adopted from AWMSG was due to company non-submission.
- Negative guidance adopted from NICE did not contain any non-submissions, with all technologies undergoing full appraisals. Additionally, when comparing the 62 negative decisions, 13 had differing guidance from HTA bodies.
- There were 5 instances where SMC recommended a technology and NICE did not, but NI adopted the negative guidance from NICE (following a full evidence submission). In 4 of these cases, SMC had published positive recommendations before NICE published their negative guidance. This indicates the timeline disparities between the NICE and SMC processes, in addition to the differing opinions of the HTA bodies.
- The majority of guidance is adopted within 6 months of initial publication from the correlating HTA body, with only 6% of technologies not adopted within this timeframe. Conversely to other HTA bodies, AWMSG guidance is adopted at a slower rate to NICE and SMC.

TAKE-HOME MESSAGES

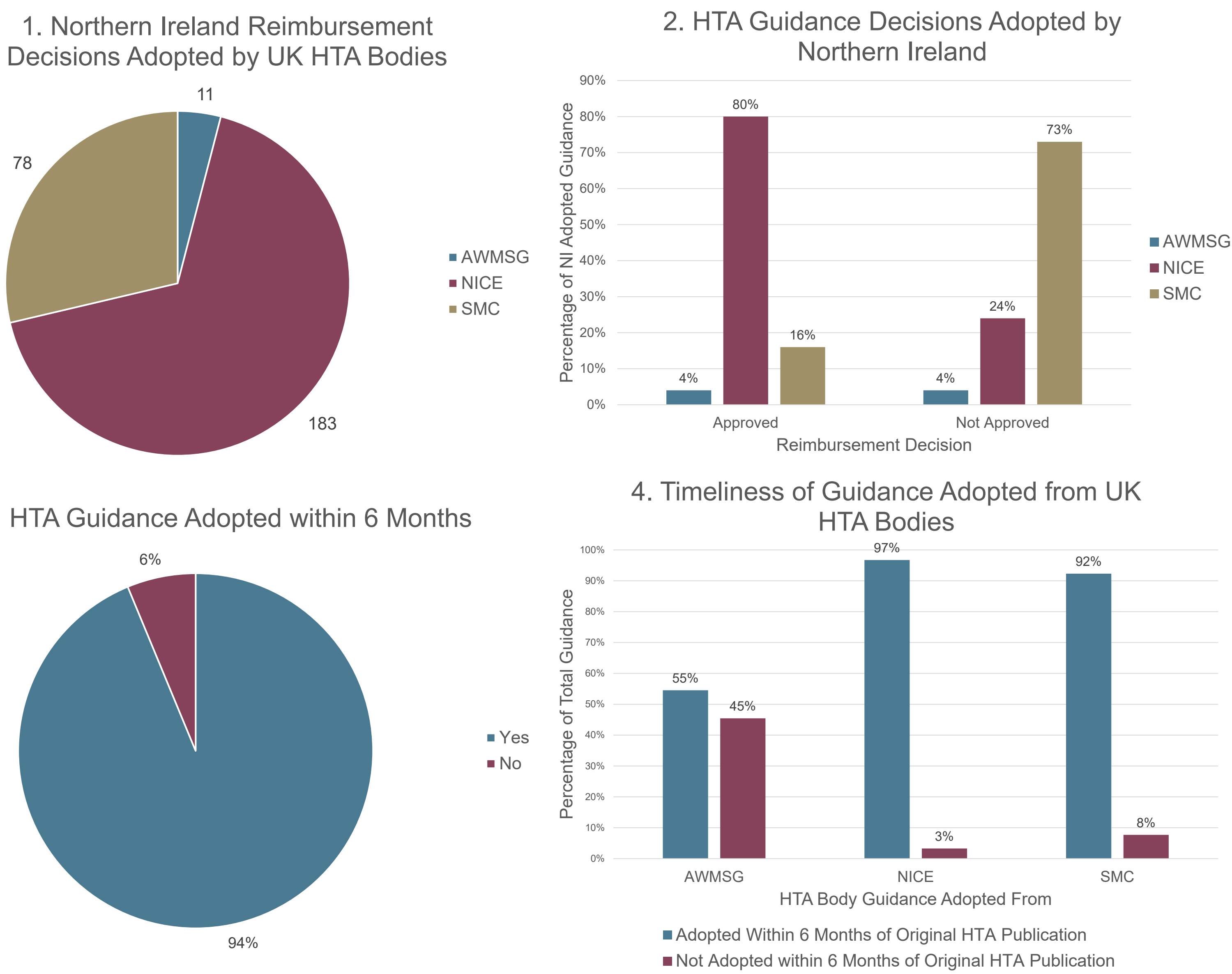
- Within the UK there are 3 nations with their own HTA bodies: NICE, SMC and AWMSG.
- Northern Ireland has the choice to adopt guidance from NICE, SMC or AWMSG and these patterns have been explored.
- NICE guidance is predominantly adopted by NI however there are opportunities for SMC or AWMSG guidance to be adopted in advance of NICE published guidance.

Table 1. Therapy Areas of Guidance Adopted by NI based on UK HTA Bodies

Therapy Area	AWMSG n (%)	NICE n (%)	SMC n (%)	Total	Percentage of Total Guidance
Autoimmune disorders	1 (5.6)	15 (83.3)	2 (11.1)	18	6.60%
Blood Disorder	0 (0)	2 (100)	0 (0)	2	0.70%
Cardiovascular Disease	1 (11.1)	5 (55.6)	3 (33.3)	9	3.30%
COVID	0 (0)	1 (100)	0 (0)	1	0.40%
Dermatology	1 (6.7)	10 (66.7)	4 (26.7)	15	5.50%
Infectious Disease	2 (16.7)	2 (16.7)	8 (66.7)	12	4.40%
Lung Disease	1 (10)	5 (50)	4 (26.7)	10	3.70%
Mental Health	0 (0)	1 (50)	1 (50)	2	0.70%
Neuroscience	1 (11.1)	6 (66.7)	2 (22.2)	9	3.30%
Oncology	2 (1.7)	89 (77.4)	24 (20.9)	115	42.30%
Other	1 (1.8)	29 (52.7)	25 (45.5)	55	20.20%
Rare Disease*	1 (4.2)	18 (75)	5 (20.8)	24	8.80%

*Rare disease defined as <5 in 10,000 in the EU.

Figures 1 – 4.



CONCLUSIONS

Northern Ireland refers to NICE guidance as policy, reviewing technologies for uptake upon receipt of the Final Draft Guidance. NI does not appraise technologies when there is a lack of submission to SMC, NICE and AWMSG, instead adopting the “negative” guidance issued due to lack of appraisal. Additionally, there is variety across HTA body submissions from companies, process timelines and decisions, which can lead to health inequalities across the UK due to the fast-paced environment. Upon publication, patient access in NI to technologies recommended by NICE, SMC and AWMSG generally occurs within 6 months of their recommendation.

Author Contributions
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MH & EW]; Final approval of the publication: [KH, MH & EW].


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Abbreviations
AWMSG, All Wales Medicines Strategy Group; HTA, health technology assessment; NICE, National Institute for Health and Care Excellence; SMC, Scottish Medicines Consortium.

References
1. Northern Ireland Department of Health – Circular HSC (SQSD) 12/22. Date of Issue: 1/04/2022. Accessed October 2023.
2. Northern Ireland Formulary: Managed Entry Decisions. Available at: <https://niformulary.hscni.net/managed-entry/managed-entry-decisions/> Accessed September 2023.

For further information, please send your question(s) to **Katie Hill (katie.hill@ipsen.com)**.

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