NICE National Institute for Health and Care Excellence

MCDA at NICE

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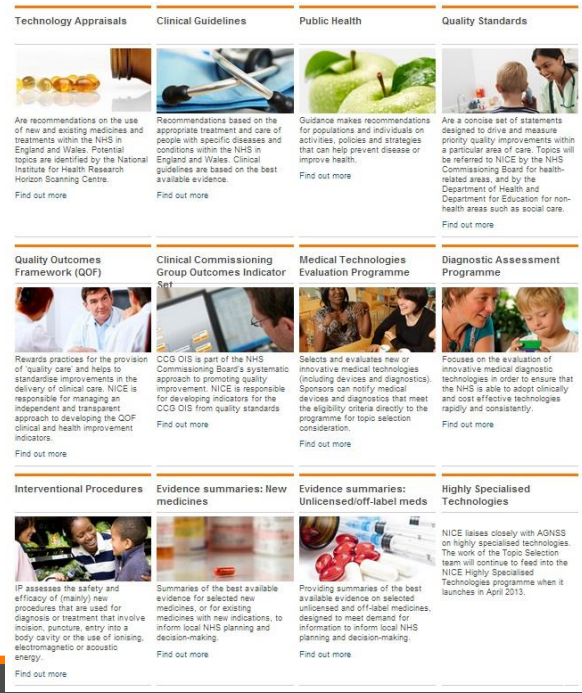
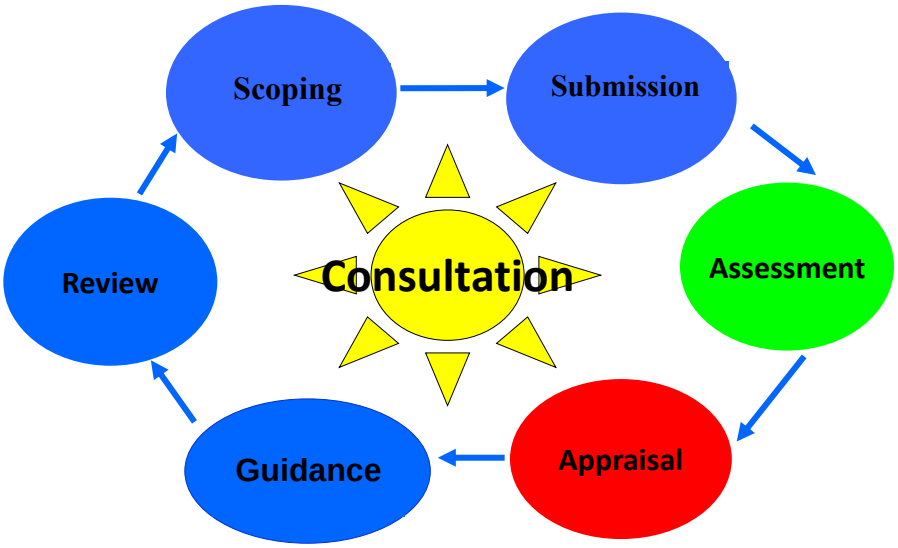
NICE guidance and information programmes



The Process



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Cost-consequences at NICE

Issue date: April 2011

Medical Technologies Evaluation Programme

Methods guide

Developing NICE guidelines: the manual

http://www.nice.org.uk/article/pmg20

Published: 31 October 2014

Interim methods guide for developing service guidance 2014

http://publications.nice.org.uk/pmg8

Published: 31 October 2014

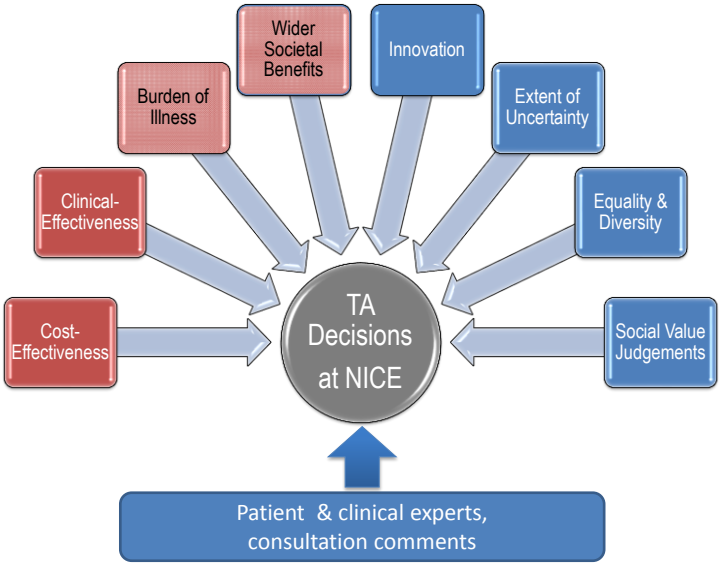
Methods for the development of NICE public health guidance (third edition)

http://www.nice.org.uk/aboutnice/howwework/developingnicepublichealthguidance/publichealthguidanceprocessandmethodguides/public_health_guidance_process_and_method_guides.jsp

Published: 26 September 2012

Recommendations for interventions informed by cost–consequences analysis

The Committee should ensure that, where possible, the different sets of consequences do not double count costs or benefits. The way that the sets of consequences have been implicitly weighted should be recorded as openly, transparently and as accurately as possible. Cost–consequences analysis then requires the decision-maker to decide which interventions represent the best value using a systematic and transparent process. Various tools, such as multi-criteria decision analysis (MCDA), are available to support this part of the process. MCDA is currently in its infancy in healthcare evaluation and if it is to be used, it should only be used experimentally.



What evidence does NICE use?

Consideration of cost effectiveness: threshold range

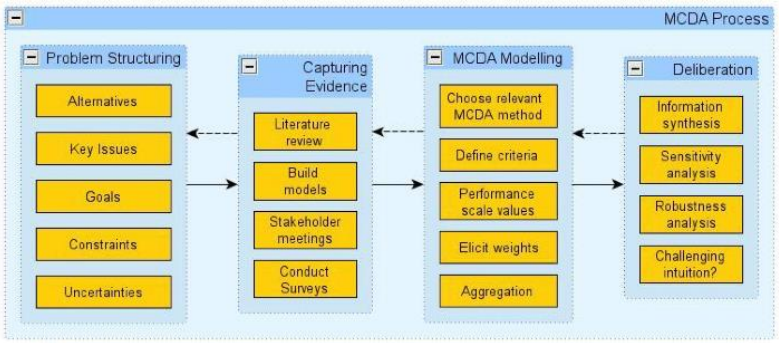
less than £20,000 per QALY gained	between £20,000 and £30,000 per QALY gained	more than £30,000 per QALY gained

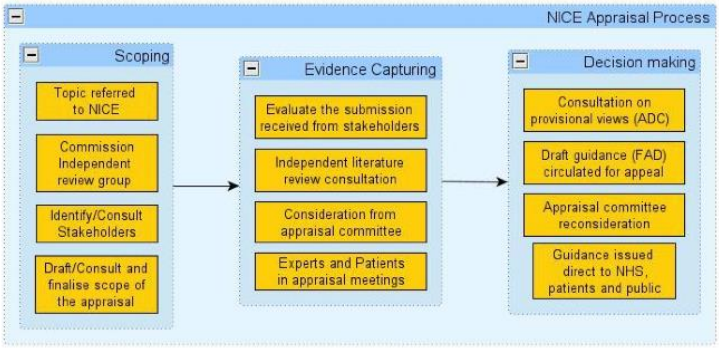
Probably cost effective

Increasingly likely that the NHS could lose more health than it gains by funding a new drug/device

Consideration of cost effectiveness: threshold range

less than £20,000 per QALY gained	between £20,000 and £30,000 per QALY gained	more than £30,000 per QALY gained
Probably cost effective	Make explicit reference to these factors: • Uncertainty • Quality of life adequately captured? • **Innovation**	Need to identify an increasingly strong case with regard to same factors.





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MCDA in Technology Appraisals?

1. Purpose of appraisal and role of ranking?
2. Practicalities
3. When to agree the criteria and collect evidence?
4. How to integrate cost-utility analysis?
5. QALY maximization and Opportunity cost?
6. Can all the decision inputs be quantified and modeled?
7. Whose preferences/weights and when/how to collect them? 'Deliberation of the preferences'…
   - Committee?
   - Public?
   - Patients
   - Company?
8. Consistency of preferences over time?
9. Everyone will agree until the decision is no….

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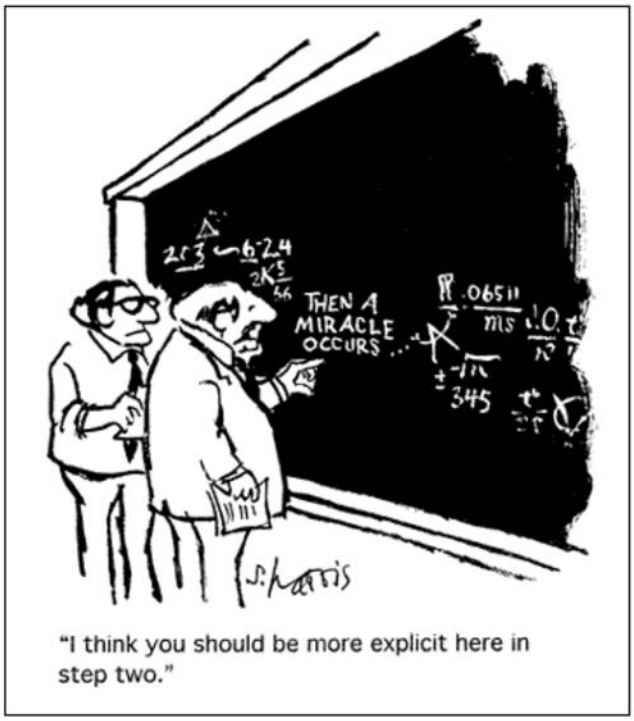

"I think you should be more explicit here in step two."

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