

A CLINICAL REVIEW OF DRUGS AND TREATMENTS FOR THE STATES OF GUERNSEY



Identifying and reviewing treatments



Extensive clinical and public engagement



Quantitative analysis



Fully costed options appraisal

Overview

The healthcare system for the States of Guernsey (a British Crown Dependency) is different to the NHS in England, with secondary care treatments being funded by the States' Committee for Health and Social Care and primary care remaining privately funded.

Unlike the NHS in England, Guernsey is not mandated by law to make funding available for treatments recommended by National Institute of Health and Care Excellence (NICE) technology appraisal (TA) and Highly Specialised Technology appraisal (HST) guidance.

In November 2017, the States of Deliberation (Parliament for the island) adopted a new model of health and social care provision entitled 'A Partnership of Purpose: Transforming Bailiwick Health and Care'. During subsequent debates within the States of Deliberation, key issues were raised including:

- concern that NHS patients in England are routinely treated with a wider range of newer treatments than State funded Guernsey patients
- differing standards of care for patients treated on-island and those treated on the mainland

In December 2018, it was proposed that treatments recommended by NICE should be routinely funded by the States of Guernsey to improve patient outcomes and address health inequalities. The States of Deliberation recommended that there should be an independent review.

The Challenge

Solutions for Public Health (SPH) was commissioned to undertake this review to identify the extent to which new treatments recommended by NICE were funded for Guernsey patients, and how the gap might be addressed to reduce health inequalities and improve health outcomes. This five-month programme incorporated extensive clinical and public engagement, detailed data analysis and the development of a range of costed commissioning options.

Our Approach

Drawing on innovative engagement methodology, clinical and medicines management expertise and advanced data analytics, SPH embarked on an intensive five-month review of NICE TA/HST recommended drugs and treatments.

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Identifying and reviewing treatments. An initial quantitative analysis was completed to identify all NICE TAs and HSTs published since 2001, and to upload details of each into a bespoke database. Review of policy documentation identified that there were approximately 180 treatments that were recommended by NICE but not available for patients in Guernsey. Following detailed checking of each treatment with clinicians and pharmacists in Guernsey to confirm the funding/access status, a detailed analysis of each unfunded TA was then completed to estimate patient numbers, cost impact and potential health gains.

Engaging with stakeholders. To provide insight and understanding of the local healthcare system, over 25 senior stakeholders were interviewed including the Director of Public Health, the Medical Director, GPs, medical consultants including cancer leads, the CareWatch chair and committee, and members of a patient led group who had personal experience of not being able to get funding for NICE TA-recommended treatments. These confidential and unattributable one-to-one interviews explored their experience of treating Islanders, in the context of NICE recommended treatments and played a key role in the design and delivery of the broader engagement events.

To complete our qualitative analysis, we designed a series of workshop events (up to 100 attendees) to elicit stakeholder attitudes (patients, carers, clinicians, politicians and charities) to funding different treatments scenarios. Our approach to this engagement centred on delegates reviewing and prioritising six patient scenarios that had been co-produced with the client and utilised learning gained from the interviews with the local health system. We adapted the 'Chatboard' methodology to provide an engaging and interactive approach to participant feedback, ensuring that each delegate had an equal voice. Interestingly, this approach broke down preconceptions of cancer treatment prioritisation and some stakeholders prioritised other conditions such as mental health and long-term chronic diseases. Following a briefing by SPH, the round table discussions by participants were facilitated by members of the Guernsey Public Health Service which enabled knowledge transfer of our methodology, and transparency of our approach.

Calculating cost impact. In parallel with the stakeholder engagement, extensive quantitative analysis was undertaken for all identified unfunded NICE recommended treatments. This required identification of the cost effectiveness of treatments against comparator drugs and NICE negotiated costs (rather than published BNF price), thereby improving reliability of our estimates of cost impacts for introducing new treatments.

The Outcomes

Once quantitative and qualitative research had been reviewed, a comprehensive report was compiled that included a costed options appraisal for the introduction of new drugs and treatments. In addition, our detailed analysis of Pembrolizumab (a treatment for lung cancer) looked further than just the cost of drugs and provided an illustration of the costs and benefits associated with extending available treatments, for example additional equipment, bed and staff capacity, as well as significant improvement in overall survival and reduction in side effects.

To further enhance our findings, relevant island comparison and learning was taken from Jersey and the Isle of Man via interviews and an extensive document review to capture learning from other island jurisdictions that might be useful to Guernsey.

The primary output of our report was the appraisal of six commissioning options. Each one estimated the number of patients and the incremental cost associated with that option. The options included funding all NICE TA-recommended treatments, to prioritisation of selected treatments only (e.g. cancer, life extending drugs, common diseases) to prioritising the most cost-effective treatments first. Each option offered differing opportunities to improve services to patients, health outcomes, quality of life as well as address the inequality of access to treatments that are routinely funded by the NHS for patients in England.

Next Steps

The report was presented to The States of Guernsey Committee for Health & Social Care in June 2019 and discussions are progressing within the States of Guernsey around the preferred option and how to identify appropriate funding.

After the success of this review, SPH have recently been engaged to undertake a review of Tier 3 and Tier 4 Weight Management Services.

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