Macular degeneration

Consultation on draft guideline – deadline for comments 5pm on 24th August 2017 **email: MacularDegeneration@nice.org.uk**

	Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly. We would like to hear your views on the draft recommendations presented in the short version and any comments you may have on the evidence presented in the full version. We would also welcome views on the Equality Impact Assessment. We would like to hear your views on these questions: 1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why. 2. Would implementation of any of the draft recommendations have significant cost implications? 3. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.) 4. [Insert any specific questions about the recommendations from the Developer, or delete if not needed] See section 3.9 of Developing NICE guidance: how to get involved for suggestions of general points to think about when commenting.
Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):	[**NHS Clinical Commissioners (NHSCC) the representative body of clinical commissioners groups (CCGs) with 90% of CCGs in membership. The response was developed in partnership with members of the NHSCC medicines task group which represents CCG medicines optimisation and management teams**]

Macular degeneration

NICE National Institute for Health and Care Excellence

Consultation on draft guideline – deadline for comments 5pm on 24th August 2017 **email: MacularDegeneration@nice.org.uk**

Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	[**N/A**]
Name of commentator person completing form:	[**N/A**]
Type	[office use only]

Comment number	**Document** (**full** version, **short** version or the **appendices**	**Page number** Or **'general'** for comments on the whole document	**Line number** Or **'general'** for comments on the whole document	**Comments** Insert each comment in a new row. Do not paste other tables into this table, because your comments could get lost – type directly into this table.
1	Short version	8 of 22 9 of 22	26-27 1-24	We would like to focus our response on behalf of our members to the recommendations relating to Bevacizumab and Ranibizumab with reference to the economic assessment that was shared in support of the recommendations. The recommendation that Bevacizumab should not be used for the treatment of age related macular degeneration simply because it is cheaper or more cost effective will have significant cost implications for the NHS and will impact on patients' ability to access these treatments. The financial challenges currently being experienced by the NHS are well documented as funding fails to keep pace with increasing demand and the rising cost of services. The statement that "Bevacizumab may not be prescribed for intraocular use for AMD simply because it is cheaper or more cost effective" will place considerable limitations on a prescriber's ability to deliver the best value for members of the public.

Please return to: MacularDegeneration@nice.org.uk

				We have previously raised this issue in May 2015 highlighting views from over 120 CCGs that this is a long standing challenge within the NHS and that there is a need to ensure that we have all the available options to be able to deliver the best possible care for our patients. One of the benefits of clinical commissioning groups has been the involvement of clinicians in the commissioning process. Our members report that there has been an increase in the incidence of this chronic eye condition due to an ageing population, and as commissioners we have a responsibility to ensure that the limited NHS pound is spent most effectively. The economic analysis shows that there are considerable savings to be made from the use of Bevacizumab when compared to other treatments, particularly Ranibizumab, and that there is clinical equivalence in terms of outcomes. The committee "noted the clear evidence that all the strategies providing best value for money were those based on Bevacizumab" and "were satisfied that the visual acuity outcomes were neither clinically nor statistically significantly different between aflibercept, bevacizumab and ranibizumab, such that they can be considered equally effective." There would therefore seem to be considerable benefits to be accrued directly for CCGs from making this switch which could then be reinvested for the benefit of the local population. We have heard that the failure to effectively licence a product for a specified purpose is a limitation on a CCG's ability to change prescribing habit as clinicians legally require a clear justification for administering a drug on an unlicensed basis which is not based upon cost-effectiveness. We therefore call on NICE to: 1. Withdraw the recommendation that Bevacizumab should not be prescribed simply because it is cheaper or more cost effective than a licensed alternative. We believe this goes beyond the remit of the NICE role in assessing the suitability of products based on clinical effectiveness and economic analysis. 2. Given the acceptance that there is no clinically significant differences between Aflibercept, Ranibizumab and Bevacizumab identified in the clinical trials considered by the guideline committee and considerable cost savings could be released, undertake to support partners such as Department of Health and MHRA in reviewing the licensing arrangements for Bevacizumab for the treatment of wet age-related macular degeneration.
2	Full version	72	5	Given the current lack of evidence for the effectiveness and cost-effectiveness of antioxidant and zinc supplements on the progression of AMD it would be helpful to have a stronger statement from the GDG about NOT using them. If the committee feel that these supplements are 'unlikely to represent good value for money' then a 'do not do' recommendation would seem appropriate until further research has been undertaken.
3	Full	126	35-36	"Moreover, the UK government has previously decided that it will not disregard drug licensing purely to save money on drug costs". This statement is not referenced and we would be grateful for clarity on the source of this policy.

Insert extra rows as needed

Macular degeneration

Consultation on draft guideline – deadline for comments 5pm on 24th August 2017 **email: MacularDegeneration@nice.org.uk**

Checklist for submitting comments

- Use this comment form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include page and line number (not section number) of the text each comment is about.
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- For copyright reasons, comment forms do not include attachments such as research articles, letters or leaflets (for copyright reasons). We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.

You can see any guidance that we have produced on topics related to this guideline by checking NICE Pathways.

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.