

THE STATES OF DELIBERATION
of the
ISLAND OF GUERNSEY

21st July, 2021

Proposition No. P.2021/71

Policy & Resources Committee

GOVERNMENT WORK PLAN 2021-2025

AMENDMENT

Proposed by: Deputy HJR Soulsby
Seconded by: Deputy PTR Ferbrache

1. To insert the following Propositions immediately after Proposition 19:-

"19A. To direct that the Committee *for* Health & Social Care completes the full implementation of NICE TAs with an ICER up to £30,000 as resourced in the Government Work Plan and funded in the Funding & Investment Plan, with a review to take place after a full year of this policy being fully operational which it is anticipated would result in the review commencing no later than by the end of 2022.

19B. To direct the Policy & Resources Committee to make the relevant resourcing and phasing adjustments to actions in the Government Work Plan to accommodate the above, minimising the impact as far as possible on other actions..

19C. To direct that the Committee *for* Health & Social Care publish the review within four months of the review being finalised and, together with the Policy & Resources Committee, report to the States through the review of the Government Work Plan on the further implementation of NICE TAs with an ICER up to £40,000 to be further informed by the outcomes of this review.

Rule 4(3) Information

This Amendment directs the review of the first year of NICE TAs¹ with an ICER² up to £30,000 to be commenced 12 months from the completion of roll-out, rather than the end of 2023 as proposed in the Government Work Plan. The Policy & Resources Committee has re-iterated its support for the full roll-out of NICE TAs with an ICER up to £30,000, as previously agreed by the Assembly and set out in the Funding & Investment Plan.

The Amendment directs the Policy & Resources Committee to amend resourcing and consider implications on other actions within the Government Work Plan and Funding & Investment Plan. This is a matter of phasing and does not create additional cost or resource pressures for the Plans given funding provision has already been addressed within the Funding & Investment Plan.

The Amendment maintains the recommendation not to commence the introduction of NICE TAs with an ICER up to £40,000 before further consideration by the States of Deliberation on evidence and analysis secured by the review. The introduction of NICE TAs with an ICER up to £40,000 remains unfunded in the Funding & Investment Plan.

Explanatory note

In January 2020, the Assembly agreed to the phased introduction of NICE TAs, which consisted of the implementation of a first year of drugs and treatments with an ICER up to £30,000 to be followed in the second year with an ICER up to £40,000 before the Committee *for* Health & Social Care would carry out a review of the implementation to date, which would lead to recommendations for the next steps for consideration by the States of Deliberation. There was no identified funding source to sustain the medium to long term provision of these services which would also need to be addressed by a future Assembly.

As stated in the Government Work Plan 2021 – 2025 policy letter, re-evaluation of this policy is necessary given that the original decision pre-dates two lockdowns, the impact of the pandemic on the global economy and the context of today's public finances. With limited funds available and many competing policies, the Assembly needs to consider which actions will have a wider community impact.

This context led to the recommendation within the Government Work Plan to delay the extension of NICE approved drugs and treatments with an ICER up to £40,000 with the review to still take place two years after the implementation of the first year (2023). The outcomes of the review would then provide the basis for future decisions and development of a funding model.

¹ Drugs, treatments and devices that are part of the National Institute for Health & Care Excellence Technology Appraisal process

² Incremental Cost Effectiveness Ratio - a statistic used to summarise the cost-effectiveness of a health care intervention. It is defined by the difference in cost between two possible interventions, and in practice can help identify treatments that would have the most beneficial impact compared to others.

However, as discussions with the Committee *for* Health & Social Care have developed and in discussion with stakeholders, the Policy & Resources Committee has agreed to recommend an alternative approach while maintaining that the evidence base for Guernsey to accept the next tranche of NICE approved drugs and treatments must be further evaluated in the context of the COVID era and the wider pressures on health and community care services with the Bailiwick's ageing demographic.

This Amendment adjusts the timing of the review by bringing it forward by one year. This approach has several benefits, including:

- Reducing the period of uncertainty for clinicians and their patients seeking NICE TAs and providing greater clarity for the public; and
- Providing an opportunity to further explore the clinical view that increasing the ICER threshold from £30,000 to £40,000 may not provide the greatest possible health-gain or QALY³;

The major dis-benefit, and the rationale for the original timeframe, is the concern that this will provide for only 12 months of empirical operational data which has not been distorted by the impacts of COVID lockdowns and the delayed implementation of the first year of NICE TAs due to negotiation on costs for medication, recruitment of skilled professional staff and the development of appropriate facilities. This data will be vital for the review to be effective and proportionate but under these proposals is halved in timeframe although that would not necessarily mean halved in quantum as the provision of these drugs and treatments is prescription-led.

Clearly decisions made on healthcare interventions are challenging and will raise ethical issues and emotive debate. The Committee is of the opinion that this Amendment represents a good balance between improving the quality of life of islanders through the provision of appropriate medical treatments; that the introduction of new services is reviewed in the operating context of the day; and ensuring that government funding is used to service policies that provide widest positive outcomes possible and are evidence-based.

³ The quality-adjusted life year or quality-adjusted life-year (QALY) is a generic measure of disease burden, including both the quality and the quantity of life lived. It is used in economic evaluation to assess the value of medical interventions. One QALY equates to one year in perfect health. QALY scores range from 1 (perfect health) to 0 (dead). QALYs can be used to inform health insurance coverage determinations, treatment decisions, to evaluate programs, and to set priorities for future programs.