


12th Asia Oceania Otolaryngology Congress, Auckland, March 1-4 2011

UK NICE Guidelines for Cochlear Implantation (Adults and Children)

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NHS
National Institute for Health
and Clinical Excellence



Two NICE guys



Sir Michael Rawlins
Chairman



Sir Andrew Dillon
Chief Executive

What is NICE and what does it do?

- ▣ National Institute for Health and Clinical Excellence
- ▣ NHS organisation established 1999. Advises government. Produces guidelines
- ▣ Assesses a wide range of new and existing medical treatments, pharmacological, and technical.
- ▣ Effectiveness and cost effectiveness.
- ▣ Defines and develops quality standards
- ▣ Offers advice to drug companies and medical device manufacturers.

- ▣ Is the increment in the cost of the treatment worth the increment in health gain?

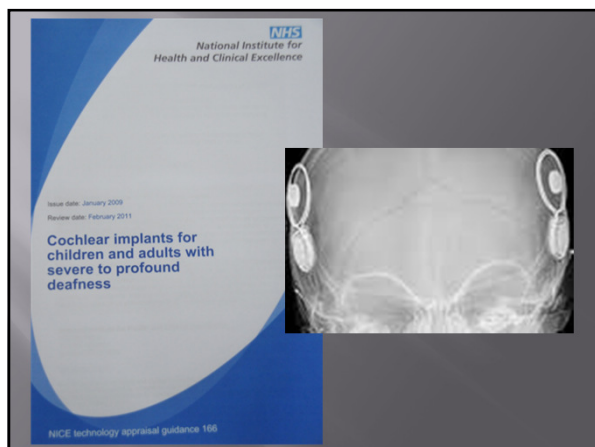
QALY

- ▣ Quality -Adjusted Life Years
- ▣ Score from 0 to 1
- ▣ 0 - you're dead. 1 - you're in perfect health
- ▣ Eg after hip replacement move up scale from 0.5 to 0.7, a gain of 0.2
- ▣ Assume live 15 years after hip replacement
- ▣ Therefore 3 QALYs
- ▣ Hip replacement costs £10,000
- ▣ Therefore cost per QALY = £3000

- ❑ Department of Transport has cost-per-life-saved threshold for new roads at £30,000 per life year gained.
- ❑ Health economists reckon on £20-£30,000 per QALY as the threshold but not a strict limit

QALYs for CI

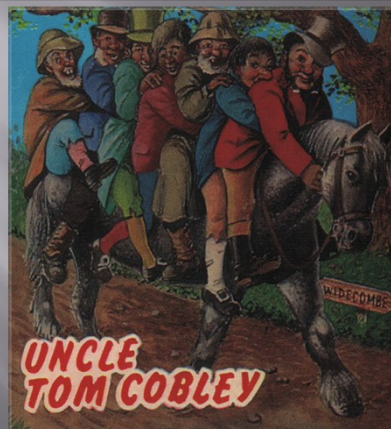
- ❑ Cost per QALY for CI initially worked out at £31-£40,000 depending on method of calculation
- ❑ Reduced to around £30,000 if second implant discounted



Appraisal Committee Members N=35

- Consultant Radiologist
- Professor of Public Health
- 2 Consultant Physicians
- 3 GPs
- Professor of Clinical Pharmacology
- Another Consultant Pharmacologist
- Professor of Pain Relief
- 3 Professors of Epidemiological (one Psychiatrist)
- 2 Diabetologists (one Professor)

- ❑ Consultant Neonatologist
- ❑ 4 Health Economists
- ❑ Director of Commissioning
- ❑ Trust Chairman
- ❑ PCT Chairman
- ❑ Support Services Manager
- ❑ Strategic Affairs man from Johnson and Johnson
- ❑ Statistician
- ❑ 2 Nurses
- ❑ 6 Lay Members



Consultees

- 4 Manufacturers
- 13 Patients / Carer Groups
 - Including BCI
- 8 Professional Groups
 - Including ENTUK (BAOL)
- 3 Research Groups
- 11 Commentators (no right of appeal)
- Assessment team
 - National Coordinating Centre for Health technology Assessment
 - Peninsula Technology Assessment
- Others

First ACD December 2007

- Unilateral CI was an option for children and adults with severe to profound hearing loss
- Prelingual deaf children should be offered simultaneous bilateral CI. Bilateral CI would be an option for the registered blind and those at risk of ossification of the cochlea
- Bilateral CI not recommended for postlingual children except in the context of research
- Bilateral CI not recommended for adults

Second ACD March 2008

- Unilateral CI still recommended as an option for children and adults with severe to profound hearing loss
- Bilateral CI is now only recommended for children and adults who are blind or who have signs of bilateral ossification
- Bilateral implantation in all other pre- and post-lingual children and adults is not recommended except in the context of clinical research



Final Appraisal August 08

- ❖ Unilateral CI is recommended as an option for people with severe to profound deafness who do not receive benefit from acoustic hearing aids
- ❖ Simultaneous bilateral CI is recommended for
 - ❖ Children
 - ❖ Adults who are blind or have other disabilities that increase their reliance on auditory stimuli
- ❖ Sequential bilateral CI is not recommended for people with severe to profound deafness.
- ❖ People who had a unilateral implant before publication of this guidance should have the option of a contralateral implant

Appeal September 2008

- Brought by South Central Specialised Commissioning Group and Yorkshire and the Humber Specialised Commissioning Group.
- Representing 23 Primary Care Trusts
- 3 Grounds
 - Incremental cost effective ratio >£30000 / QALY
 - NICE not entitled to stipulate 40% discount, and its calculation of ICER based on assumed 40% discount
 - Sequential CI not appropriate use of NHS resources

Appeal Hearing

- ❑ Appeal Dismissed
- ❑ No further appeal possible
- ❑ Option to take the case to judicial review within 3 months
- ❑ No further action taken

End of Story ?
Appraisal due for
routine review Feb
2011