



Overview of Cancer52 response to NICE consultation on Technology Appraisals Process Guide

On the basis of the increasing experience of our members with NICE Technology Appraisals Cancer52 commented in detail on a number of aspects of the consultation, but identified three key interrelated issues that it believes important for NICE to truly meet their aspiration of 'Putting patients and the public at the heart of NICE's work'.

David Ryner, Head of Policy for Cancer52ⁱ, said of the response, "Technology Appraisal processes are complex; participation and engagement represents real challenges for smaller patient groups, such as many Cancer 52 member groups.., That's why our response presses NICE to make improvements to the assistance it offers to potential patient group and patient participants."

Says Chair of Cancer52 Allyson Kaye, MBE, "Understanding the complexities of NICE and the system of approving drugs is vital, we must make this process easier for patients and charities that represent less common cancer.. Currently mortality rates for less common cancers, that is those outside the big four cancersⁱⁱ are increasing and now account for 54% of cancer deaths, an increase of 3% per cent in seven years, We need to give this group extra support"

Cancer52's summary of asks to NICE is given below/here and covers the three key interrelated areas of process, methods and implementation.

1. A process: that supports genuine involvement and engagement with patients and their representative organisations. Changes to the process guide are part of this (for example, the potential for a stakeholder information meeting to include patients and their representative organisations) and we believe that the following would also support an improved process, building on the good work of NICE to date:

- a) Aligning the process guide with on-going changes to appraisal under Value Based Assessment and Highly Specialised Technologies
- b) Adding qualified social scientist(s) whose speciality is the study of social relationships expertise
- c) Piloting a more flexible approach to patient expert submissions
- d) Evaluating the success or otherwise of lay representatives as members of the Committees as advocates for patients and the public
- e) Updating guidance specifically for patients to engage with Technology Appraisals

2. Methods: that allow the full breadth and depth of patient experience with and without new technologies and the value that they bring to patients, to be considered by the Committees.



3. Implementation: of NICE guidance so that the benefits of technologies are experienced across the country – not just set out in theory in guidance.

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ⁱ [Cancer52](#) is a not for profit alliance of 76 predominantly small patient group charities working in the field of rare and less common cancers

ⁱⁱ the 'big four' cancers are usually understood to be breast, bowel, lung and prostate