INTRODUCTION

During the health technology assessment (HTA) process, reviewers are required to make informed decisions about the clinical benefits and cost-effectiveness of new medicines. This process relies on the availability of evidence and comparisons to existing clinical practice. However, in some situations, clinical practice can vary, leading to uncertainty surrounding the relative value of the technology under appraisal. In these situations, high-quality published evidence may be scarce, contradictory or unavailable, and the future prospects of data collection may be limited.

There are a number of widely-used and accepted consensus techniques, which may be used when uncertainty exists. These include the Delphi, nominal group and elicitation techniques. Such techniques aim to achieve a convergence of opinion on a specific issue and may be used to provide consensus in areas such as resource use, treatment pathways and utility values. Consensus techniques can be of particular use in rare (orphan) diseases and patient sub-populations where published data may be lacking.

Although consensus techniques have been used to enhance healthcare decision-making, for example in guideline development, their use in support of technology appraisals has not been documented. As such, the objective of this review was to assess the use of consensus techniques to inform appraisals conducted by the three UK HTA bodies – the All Wales Medicines Strategy Group (AWMSG), the National Institute for Health and Care Excellence (NICE) and the Scottish Medicines Consortium (SMC).

METHODS

A search of the websites of the AWMSG, NICE and SMC was conducted using the search terms ‘consensus’, ‘delphi’, ‘elicitation’ and ‘nominal’. The search results from each HTA body were combined and duplicate records removed. Full text documents were obtained for records meeting the following inclusion criteria:

- Appraisals published between 1st January 2013 and 31st December 2015
- Technology appraisal documents (AWMSG secretariat appraisal reports, NICE technology appraisal guidance and SMC detailed advice documents).

RESULTS

The searches identified 731 records (AWMSG = 40, SMC = 325 and NICE = 366), 20 of which were duplicates. Following their removal, 711 records were screened for inclusion. A summary of the search procedure is shown in Figure 1.

Of the nine appraisals reporting the use of consensus techniques, one was conducted in 2013, four in 2014 and four in 2015. One was a NICE single technology appraisal, three were SMC appraisals and five were AWMSG appraisals. A summary of appraisals, grouped by year and HTA body, is shown in Figure 2. Five of the nine appraisals issued a positive recommendation (see Figure 3).

In all nine appraisals, consensus techniques informed the health economic model; in six cases to inform resource use (two of which also informed the use of comparators) and in three cases to elicit utility values. Five of the appraisals were of medicines that satisfied orphan or ultra-orphan criteria.

CONCLUSIONS

The reported use of consensus techniques to inform UK HTAs increased between 2013 and 2015. During this period, AWMSG and SMC reported the use of consensus techniques more frequently than NICE. In all cases, these techniques were used to inform health-economic aspects of the appraisal, where there may be a paucity of high-quality evidence compared with clinical aspects.

The majority of appraisals that reported the use of consensus techniques were of orphan/ultra-orphan medicines, possibly reflecting a lack of evidence in such therapy areas.

The main limitation of this study was the reliance on the reporting of consensus techniques within the published appraisal reports. As such, the number of appraisals identified as using consensus techniques may have been underestimated. Date restrictions may also have limited the number of appraisals identified; further studies may, therefore, be warranted.

REFERENCES