

Social Values and Health Priority Setting Comment Sheet

Title of case study on which you are commenting	Mifamurtide for the treatment of osteosarcoma in the UK
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Comments	<p>This case study highlights the complexity of seeking to combine formal and informal assessments of the “value” of new interventions. Despite being considered by many commentators as only being interested in “cost-effectiveness”, this example supports Sir Michael Rawlins’ (Chairman of the National Institute for Health and Clinical Excellence - NICE) often quoted maxim that NICE committees should consider :</p> <p><i>“Cost effectiveness is a tool rather than a rule”.</i></p> <p>The expectation being that the Institute’s advisory committees should agree the best estimate of the cost-effectiveness of an intervention <u>and</u> consider the 8 principles presented in the social value principles framework before coming to a final decision on the value of the intervention to patients using the NHS (ref 1)</p> <p>However the lack of a formal process for how to combine these approaches has led to criticism. In a recent book published by the Kings Fund (ref 2) “Thinking about Rationing, Rudolph Klein considers that:</p> <p><i>The National Institute for Health and Clinical Excellence (NICE) represents an attempt both to depoliticise decisions and to base them on expert evidence. However, its reliance on Quality Adjusted Life Years (QALYs) continues to be conceptually and methodologically controversial, making NICE vulnerable to political pressure. NICE acknowledges that social value judgements have to inform its decisions, but it is not clear how they do so.</i></p> <p>A more detailed analysis of the workings of NICE committees suggests that there are many examples of social values being taken into account but rarely has the Institute defined a “social value” in detail or been specific about the criteria for initiating the deliberation. Even when it has, the degree to which the “social value” should affect the decision has been left up to the committee to decide (ie the adjusted indicative cost-effectiveness threshold). (ref 3)</p>

In practice there have been 2 occasions: the first specific “social value” was concerning the “extra value” given to years of life at the end of life when life expectancy is short (ref 4) and the second (the subject of this case study) when an intervention’s “value” is highly sensitive to the “discounting” of costs and benefits (ref 5).

These 2 examples demonstrate that the Institute appears willing to respond to specific clinical circumstances that challenge their normal methods. The fact that the general methods have only been supplemented twice in 12 years (after 250 technology appraisals) suggests that the current system is not without merit.

Dr Clark in her discussion rightly highlights that while “discounting” future benefits is the key social value driving the decision there are a host of other social values that have also explicitly (clinical and cost-effectiveness) and implicitly (age – because applying differential discount rates benefits children) appear to have been taken into account by the committee in coming to their decision. The natural history of this decision from a “no” to a “yes” via the Institute’s Board issuing clarification on the assessment of value, demonstrates the iterative nature of this type of working. This approach is perceived by some as the Institute responding to real concerns over its methodology and by others as responding to “special pleading”. Dr Clark mentions this interaction but to get a full picture would need further analysis of the Institute’s (published) Guidance Executive and Board Meeting minutes. Such activity should be undertaken as part of further research.

In practical terms there appear to be 2 ways forward to respond to Klein’s criticism.

First by using the formal quantitative approach more actively, which would require deriving weights for all social values that can contribute to a single weighted QALY. Or a more pragmatic approach, where there will always be an element of judgement of how social values should be applied. In the latter case the emphasis has to be on ensuring that the decision making is as open and transparent as possible. However this does not preclude striving to be more explicit about the criteria for when and how certain social values should be considered. This will only come from detailed analysis of how individual decisions are currently made in different countries and systems. The publication of these case studies to simulate discussion and generate debate is the first step in this process.

**Reference/Useful
Links**

Ref 1

<http://www.nice.org.uk/aboutnice/howwework/socialvaluejudgements/socialvaluejudgements.jsp>

Ref 2

<http://www.kingsfund.org.uk/publications/rationing.html>

Ref 3

<http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=8560178&fulltextType=RA&fileId=S1744133112000096>

Ref 4

<http://www.nice.org.uk/aboutnice/howwework/devnicetech/endoflifetreatments.jsp>

Ref 5

[http://www.nice.org.uk/media/955/4F/Clarification to section 5.6 of the Guide to Methods of Technology Appraisals.pdf](http://www.nice.org.uk/media/955/4F/Clarification_to_section_5.6_of_the_Guide_to_Methods_of_Technology_Appraisals.pdf)