

Consultation – Selection of Topics for work programme - National Institute for Health and Clinical Excellence (NICE) – Selection of Topics Consultation

Please use this form for submitting your comments to the Department of Health

- Please put each new comment in a new row.
- Please do not paste other tables into this table, as your comments could get lost – type directly into this table.

Name	Anthony Ormerod
Organisation	British Association of Dermatologists

Question	Comments
Q1.	One set of criteria would be ideal but because the two areas are so disparate, this may be difficult to achieve and it may end up better to keep the 2 sets in their present format.
Q2.	We have no changes to suggest to the criteria
Q3.	If topics are thoroughly appraised and appropriate expert opinion sought then yes. We suggest you might also include “details of outcome measures” along with current treatments/practice in 4.5. Further information may be required regarding the characteristics and size of the population affected by the condition and an assessment of associated morbidity and mortality
Q4.	<p>If you have too many panels you will have overlap and communication will be needed to avoid duplication. However, as a specialty, having all dermatological topics grouped together would be seen as an advantage to us and would potentially lead to less time for specialists out of post. (This is now a problem with several different consultations ongoing). Dermatology could potentially cross the groups of cancer, elderly, children acute surgical intervention and chronic disease. Where might wound care be positioned?</p> <p>The proposed headings seem sensible but it is worth considering whether they lend themselves to efficiency for stakeholder input and what form our involvement in these would take. It would be good to have an example of a chronic skin disease e.g. eczema or psoriasis quoted in the chronic condition list.</p> <p>Could you broaden public health to public and occupational health including allergy? Should a NICE panel get involved in what should or should not be funded by the NHS e.g. laser treatment? Lots of new technologies here- perhaps the surgery group should also cover this and it should not be limited to acute surgery / trauma</p>
Q5	No, we couldn't see much scope for the merging of panels. Perhaps current

	activity in NICE can determine optimal groupings
Q6.	The composition of panels is too vague May include healthcare professionals is particularly vague. Later in section 4. 13 you speak of “will engage with the specialist community”. Being headed by a leading clinician is appropriate but experts in the field examined are as important as for example industry and are yet are not specifically mentioned here. Does healthcare professional include doctors with expertise in the field under discussion? Membership of the panel seems reasonable provided the health professionals are adequate in number and type.
Q7.	Consistency would be desirable. It is important to try to consistently address the important problems facing the NHS rather than constraining to licensed indications. Adhere to a core of criteria that are not discriminatory towards the traditional low priority areas.
Q8.	Possibly.
Q9.	We suggest you build in some measure of being fair to distribute resource and activity to different specialty areas.
Q10.	Yes
Q11.	Yes
Q12.	

Please submit your comments to our email address (responsesniceconsultation@dh.gsi.gov.uk)

General Comments

As stakeholders we welcome the more rapid assessment and streamlining of the process but this should not be at the expense of the opportunity to have influence and to input the specialist professional opinion. We would like to preserve the possibility of initiating an idea or putting one forward to the consideration panel and where dermatology is concerned to be able to advise the consideration panel on the suitability of a topic and whether it has been fairly represented to them.

This is particularly important for horizon scanning and anticipating important developments before licensing of a product. Consider the use of infliximab in psoriasis, it was foreseeable that this would be important to appraise. The selection process needs to identify significant problems that we face as clinicians early and this is where consistency is desirable.

Is the final decision by ministers appropriate after a rigorous selection process? Accepting that NICE is a government body, a minister may not have sufficient grasp of economics and medicine and understanding of interventions and their impact?