

November 2019 Prioritisation Decisions

Twice a year, NHS England makes decisions on which new specialised treatments should be routinely commissioned. The decisions are taken by the NHS England Board based on recommendations from the [Clinical Priorities Advisory Group](#) (CPAG) which is made up of doctors, health experts, and patient representatives.

Treatments are grouped into five levels of priority, with those that have the highest relative clinical benefit for patients and the lowest relative cost classified as level one, and treatments with the lowest relative clinical benefit and highest relative cost are classified as level five.

The ranking of treatments considered in the November 2019 prioritisation round is set out below.

Level 1

- Temozolomide as adjuvant treatment for people with newly diagnosed anaplastic astrocytoma without 1p/19q codeletion following surgery and radiotherapy (adults)

Level 2

- Dexrazoxane for preventing cardiotoxicity in children and young people (< 25 years) receiving high-dose anthracyclines or related drugs for the treatment of cancer

Level 3

- Human coagulation factor X for hereditary factor X deficiency (all ages)
- Canakinumab for treating periodic fever syndromes: TRAPS, HIDS/MKD and FMF (ages 2 years and older)
- Lung volume reduction by surgery or endobronchial valve for severe emphysema in adults

Level 4

- Mercaptamine hydrochloride for corneal cystine deposits in people aged older than 2 years
 - Vonicog alfa for the treatment and prevention of bleeding in adults with von Willebrand disease
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NHS England will fund as many of the treatments, by order of priority, as it can from the available budget at that time.

For this round we are pleased to announce there was sufficient available resource to fund treatments falling in level one and two. There was not, however, sufficient remaining resource to fund all policies falling in level three. On the basis of CPAG advising that of the level three priorities human coagulation factor X and Canakinumab had the greatest clinical benefit, the Board took the decision to fund these two policies with the remaining resource.

The unfunded policies will have an opportunity to be considered again for a future prioritisation round.

Two stereotactic ablative radiotherapy (SABR) policies were also considered for patients with metachronous extracranial oligometastatic cancer (all ages), and for hepatocellular carcinoma (adults). It was subsequently decided that as patient access for these treatments had already been available through NHS England's Commissioning through Evaluation programme, and they directly support the Long-Term Plan commitments to improve cancer survival and further modernise radiotherapy, access should continue for these policies without drawing on the available funding for all other policies being considered for the CPAG prioritisation round. They are therefore excluded from the above list.

For more information on our prioritisation process, please watch our video: [Making decisions about which new treatments to fund](#)

Open meeting pilot and patient impact reports

NHS England is keen to enhance awareness and public understanding of our prioritisation process, to demonstrate how difficult decisions are made about prioritising resources fairly. A pilot was run at the May 2019 and November 2019 rounds to trial both the opening of Part I of the prioritisation meeting to observers and a new patient impact report. This report provided background information, completed by patient charities in most cases, about the impact of a disease on patients to the Clinical Priorities Advisory Group.

Opening Part I of the meeting has proved successful with positive feedback, and NHS England can confirm this will now become a permanent arrangement. At the end of the November 2019 meeting we also trialled using the web app sli.do to enable the audience to ask clarification questions of CPAG around the prioritisation process and this will continue for future meetings. We look forward to inviting the public to our next round in May 2020 and details will be made available shortly.

NHS England and NHS Improvement



The patient impact reports had a more mixed reception with a number of stakeholders declining to take part due to an organisations' policy, lack of resource, and/or questions about how the reports differ from information already reviewed at CPAG and through consultations. After speaking to stakeholders, we will therefore discontinue these particular reports and instead invest even more time in raising awareness about consultations with the patient community and ensuring the patient impact of a disease continues to be fully integrated into the process and reflected in documents reviewed by CPAG.