ARE THE SMC GETTING NICEr? A TIME-TREND ANALYSIS OF NICE AND SMC APPRAISAL OUTCOMES

INTRODUCTION

• The National Institute for Health and Care Excellence (NICE) and Scottish Medicines Consortium (SMC) are technology assessment bodies that issue guidance on whether health technologies should be adopted by their respective health systems [NICE: England and Wales, SMC: Scotland] based upon their clinical- and cost-effectiveness.

• This research aims to compare how acceptance rates between NICE and SMC have varied over time.

RESULTS

Comparison of NICE and SMC recommendations

• 216 NICE STA appraisals were identified: 50% recommended, 16% optimised, 20% not recommended, 2% only in research and 12% non-submissions.

• 1255 SMC appraisals were identified: 31% accepted, 30% restricted, 23% not recommended, 13% non-submissions and 1% withdrawn.

Time-trend analysis of NICE and SMC recommendations

• How NICE and SMC appraisal outcomes varied over time is depicted in Figures 3 and 4, respectively.

• Approval rates, defined as either accepted/recommended or restricted/optimised (excluding non-submissions), were 73% for SMC [range: 59% (2007)–86% (2014)] and 77% for NICE [range: 64% (2013)–87% (2009)] respectively.

• Neither NICE nor SMC approval rates significantly varied over time, though SMC showed a positive correlation approaching significance (r=0.52, p=0.057).

• When approval was defined only as recommended in line with the label – i.e. excluding restricted approvals – rates (excluding non-submissions) were 37% for the SMC (range: 22% [2002]–52% [2015]) and 58% for NICE (range: 81% [2012]–29% [2010]).

• NICE approval rates showed a non-significant weak negative correlation over time (r=-0.14, p=0.70) whereas SMC approval rates showed a strong, highly significant positive correlation (r=0.72, p=0.004). Indeed, SMC approval rates in 2014 (43%) and 2015 (52%) were higher than any other year.

CONCLUSIONS

• The SMC are issuing a significantly higher percentage of positive recommendations in more recent years.

• This may be linked to the new Patient and Clinician Engagement Group (PACE) process introduced in 2014, enabling more flexible consideration of ICERs by the SMC.