



Version 1, published January 2016

## **Announcement of methodological change to NICE Technology Appraisals in the NHS in England (Innovation Scorecard): Experimental Statistics**

### **Background**

The 'NICE Technology Appraisals in the NHS in England (Innovation Scorecard)' publication provides information relating to use of medicines and other technologies which have been positively appraised through the National Institute for Health and Care Excellence (NICE) Technology Appraisals (TAs) process. The publication brings together data from a number of sources and allows comparisons between organisations.

The publication is released under 'experimental' status. This is a concept used for statistics in certain defined circumstances, largely to develop (with user input) new data sets and the methodologies used to analyse the data. There have been developments and additions with each version of this publication, and the changes made in this version are outlined below.

This will be the last publication to be released under 'experimental' status.

### **1. Change to NHS England Regions from Area Teams**

13 NHS England Regions were established from 1<sup>st</sup> April 2015 to replace the previous 27 Area Teams. In this publication data for the latest quarter 2015/16 Q1 is available by NHS England Region. The previous 7 quarters of data have been mapped from Area Teams to the new NHS England regions to provide a consistent time series.

**Benefit:** The latest NHS England regional geography is used for reporting purposes and provides a consistent time series for analysing sub-national regional data for end users.

**Impact:** Low impact. Stakeholders supported this change.

### **2. Introduction of new medicine grouping spreadsheet and measures**

In this publication a new spreadsheet has been introduced for groups of medicines that are options for treatment of certain conditions. These 4 groupings are: Alzheimer's disease; Novel Oral Anti-coagulant (NOAC) split by primary and secondary care conditions; and Osteoporosis. The 13 medicines involved in the groupings have been removed from the individual medicine spreadsheet due to new measures that have been created to enable these medicines to be grouped.



The groups have been developed by a specialist working group from HSCIC, NICE, NHS England and ABPI in response to feedback from users that displaying medicines that are 'options for treating a condition' individually can lead to misinterpretation of the data.

Benefit: Grouping of medicines for certain conditions, enables a truer comparison of uptake to be made.

Impact: Low impact. Data for all grouped medicines is available both as a group and as individual medicines.

### **3. Introduction of new prescribing measure: Actual Daily Doses**

Actual Daily Doses (ADDs) are a new measure being introduced to the Innovation Scorecard in January 2016, for two of the new medicine groups: medicines to treat Alzheimer's disease and prescribing of NOACs in primary care. They have been developed where current prescribing measures, such as Defined Daily Doses (DDDs), are not representative of prescribing in England. ADDs use a unique value for each presentation based on actual dose likely to be taken and assumes that each dose is equal to a unit for each preparation. Further information on ADDs is provided in the accompanying innovation scorecard report.

Benefit: ADDs will provide a truer reflection of prescribing practices and uptake of NICE appraised medicines than current measures.

Impact: Low impact. A two year time series of ADDs has been calculated, though comparison with previously published figures will not be possible. Stakeholders have approved this change.

### **4. Introduction of ranges of estimates**

Two new estimates have been developed for this publication, on the medicines to treat metastatic castration-resistant prostate cancer and medicines to treat relapsing-remitting multiple sclerosis. These new estimates include ranges as recommended by the Government Statistical Service (GSS) Methodological Committee. Full details of the calculations are available within the estimate report.

Benefit: providing the range of estimated use of the medicines is more accurate than providing a single point estimate, with no measure of uncertainty around it.

Impact: Low impact. Stakeholders and users of the report support this change.



Health & Social Care  
Information Centre

## **Future Developments**

NHS England and HSCIC are keen to improve the value and benefits of the Innovation Scorecard, and welcome feedback on this work to assist in improving the process for data collection and validation for future iterations of the Innovation Scorecard.

Further planned developments include steps to incorporate more of the features in “The Use of NICE Appraised Medicines in the NHS in England” report.

Work will continue to explore further options for a longer term, strategic solution for Innovation Scorecard production.

## **Further Information**

Please contact the HSCIC on 0300 303 5678 or email [enquiries@hscic.gov.uk](mailto:enquiries@hscic.gov.uk).