

# POSITION PAPER 56

12 May 2017



## ABHI Position Paper on NHS Clinical Evaluation Team (CET)

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The SDMA fully supports the following ABHI Position Paper on the NHS Clinical Evaluation Team (CET) – and the ABHI have kindly given permission for the SDMA to adopt it.



### **Background**

The CET was established in May 2016 with a remit to provide independent clinical review of “everyday healthcare products” used by the NHS. The products are generally used across a multitude of healthcare settings and are currently available to the NHS through NHS Supply. CET is about quality of patient care and safety, realised by standardisation and therefore removing variation.

### **ABHI Position**

Industry is supportive of the purpose and principles of the CET and welcome the approach taken to ensure that the reports facilitate, rather than replace clinical choice. To ensure its work maximises patient and systems benefit we recommend the following:

#### **1. Improve engagement with manufacturers**

The emphasis on the CET’s process being independent of suppliers is resulting in limited engagement with industry. We acknowledge that the final decisions are those of the CET, however those decisions can be made on a better-informed basis by early engagement, dialogue and consultation with suppliers. This is necessary to:

- Help in the intelligence gathering stage
- Provision of factual and material information e.g. confidential commercial data
- Access to expertise on materials testing methodology.
- Agree how confidential commercial data will be managed

#### **2. Improved process through formalised collaboration and transparency**

Several elements in the generic process can be improved to deliver a more robust output:

- Agree and adopt realistic timescales for information turn around
- Agree points of contact between CET and suppliers at the start of a review to ensure requests are sent to the right place and questions receive a response
- Inclusion of a system and patient impact assessment of the recommendations
- Establish a mechanism to review innovations and product updates

Additionally to enable better stakeholder understanding for each specific category review the following information should be set out and made public prior to the start:

- The approach for seeking clinical input on the criteria
- Methodology for testing of products and quality assurance for testing
- The relative weighting in the decision-making process of published clinical data, manufacturer data on file, CET lab testing and real world evidence

### **3. Clarify the interaction between CET and procurement**

Any procurement activity based on the CET report should retain its broad principles, in that it is:

- Focused on quality and safety
- Maintaining choice for appropriate clinical situations.

To achieve this ABHI recommends the following:

- Publish a statement as part of each CET report outlining its interaction with procurement activities and intended use by the NHS
  - Procurement activities to state objectives and methodology on use of the CET report
  - Alignment between CET process and NHSSC procurement activities
  - Statement on how star ratings will be utilised as part of procurement activity
  - Impact on existing frameworks
  - Product cost should not be the dominant award criterion
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The SDMA would add the following points, specific to the wound care industry:

- There have been no indications on the frequency of reviews in products areas. This is especially important as products continually change and improve, thus quickly rendering comparative assessments out-of-date.
- There is no appeals process, thus increasing the danger of a poor assessments effecting product choice and procurement.
- There is the risk of assessments being published without full data being available.
- SDMA Position Paper 54 concerns the appropriate testing of wound care products and identifies cautions in the use of table-top assessments.