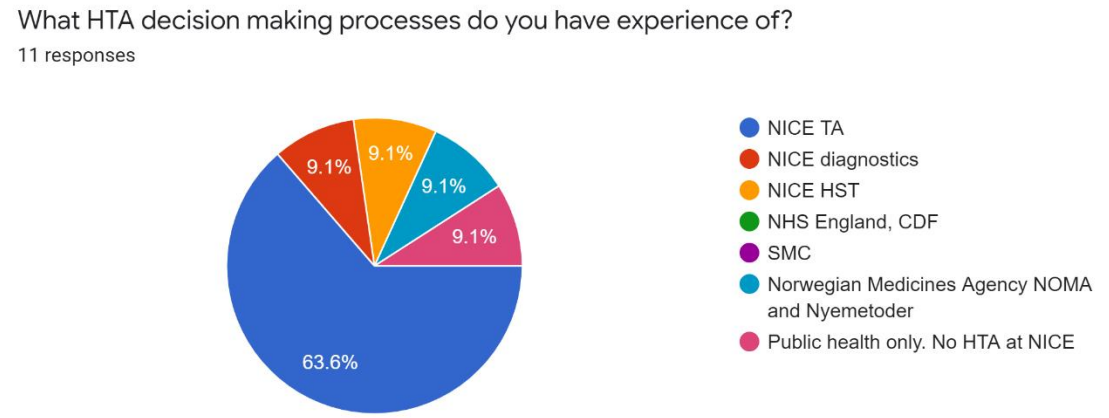
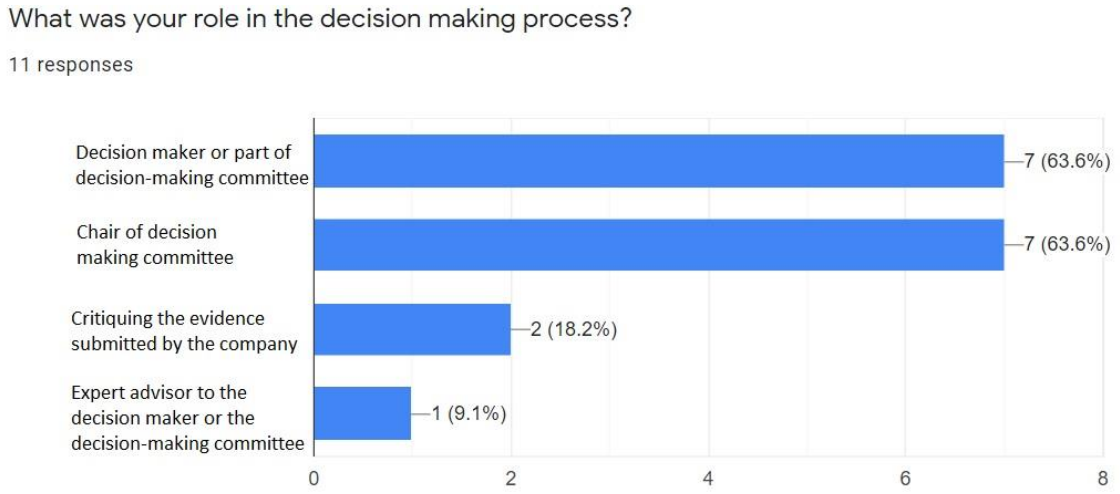
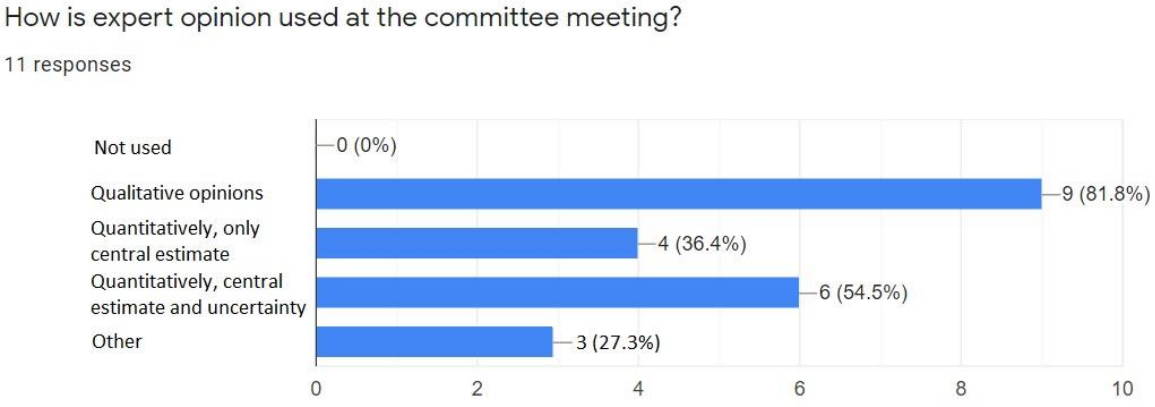
Section 1: Background



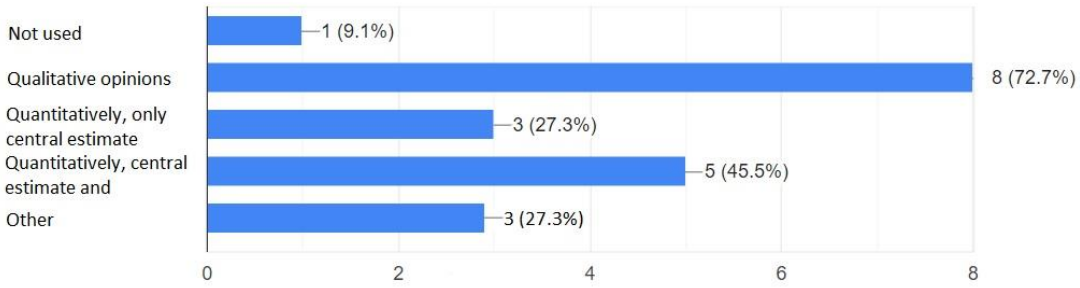


Section 2: In the HTA decision making processes you have experience of, in establishing if a treatment is cost-effective and potentially should be reimbursed, please tell us where and how is expert opinion currently used



How is expert opinion used as part of evidence generation, i.e. prior to committee meeting as part of evidence submitted or of the critique of this evidence?

11 responses



Section 2: Question 3

Is expert opinion used in contexts other than at the meeting or as part of evidence generation? If so, please describe.

-At TE

-No. We should consider the evidence presented to and discussed by committee at the meetings.

-During the 'engagement' in the new process

-Yes, may also inform the diagnostics assessment review in terms of areas of uncertainty including scenario and sensitivity analyses

-At scoping comparators, proportion of eligible patients likely to take up treatment etc

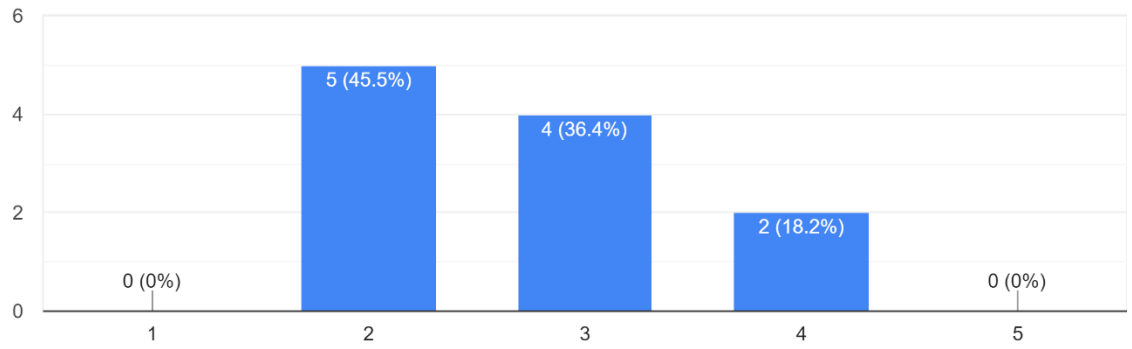
-Price negotiations and tenders (not in NOMA scope)

-Sometimes through email consultation among committee members.

Section 3: In your experience how easy is it to incorporate expert opinion into decision making?

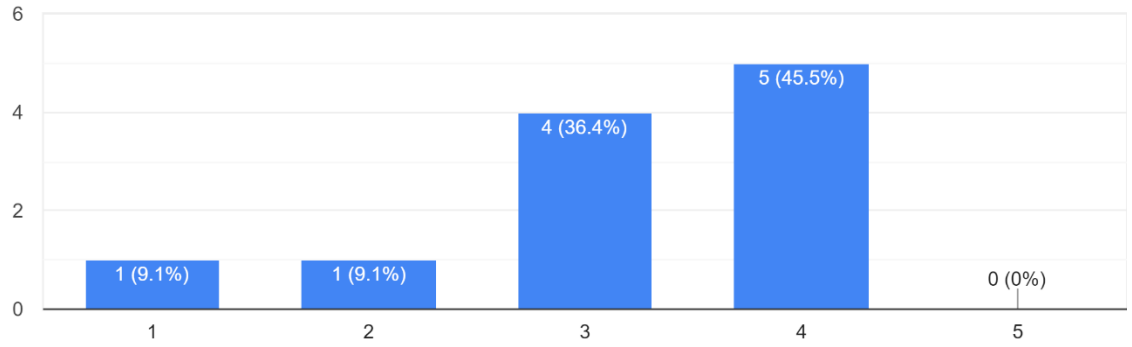
Qualitative opinions

11 responses



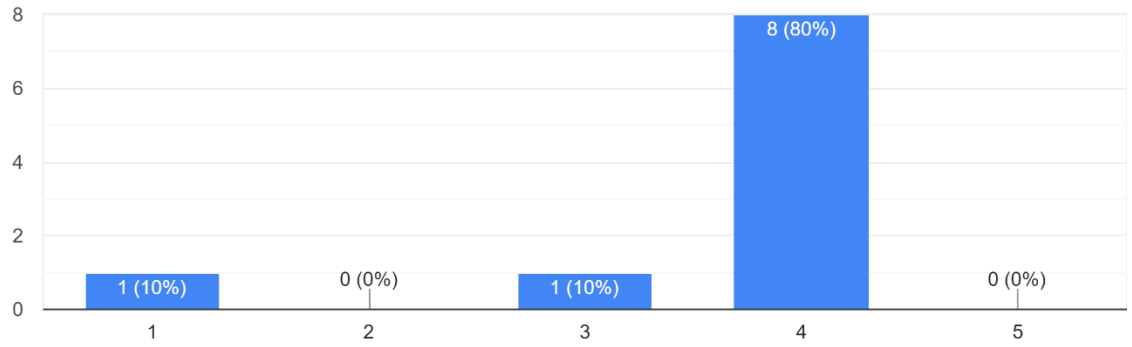
Quantitative opinions where experts provide a central estimate

11 responses



Quantitative opinions where experts provide a central estimate and some measure of uncertainty

10 responses

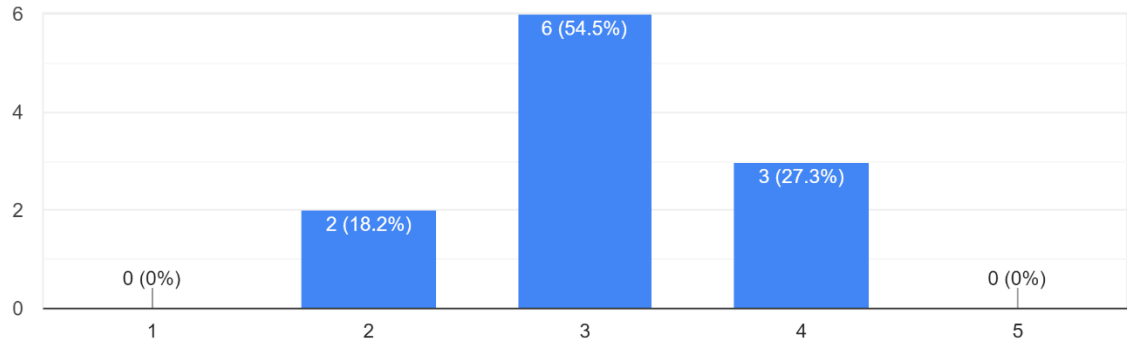


Difficult Easy

Section 4: The following are some perceived limitations associated with expert opinion. In your experience, is expert opinion taken at face value or is it somehow ‘down weighted’ due to the following factors?

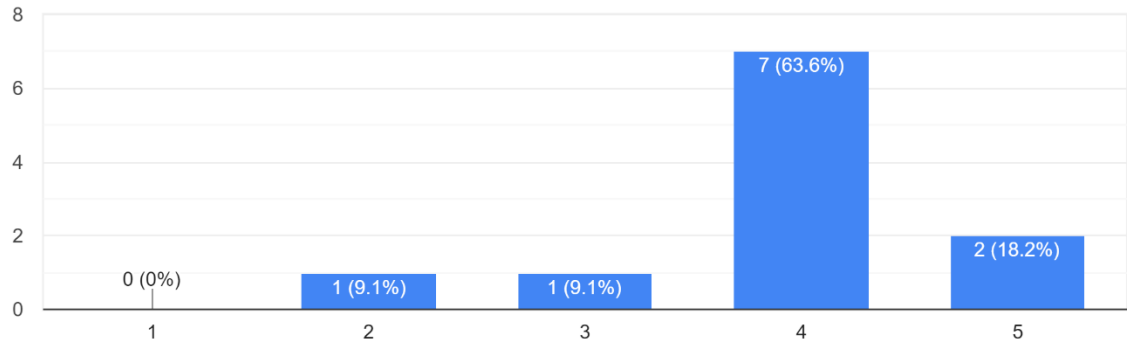
Experts provide subjective opinions and evidence provided should be considered of low quality, i.e. not empirical or experimental evidence

11 responses

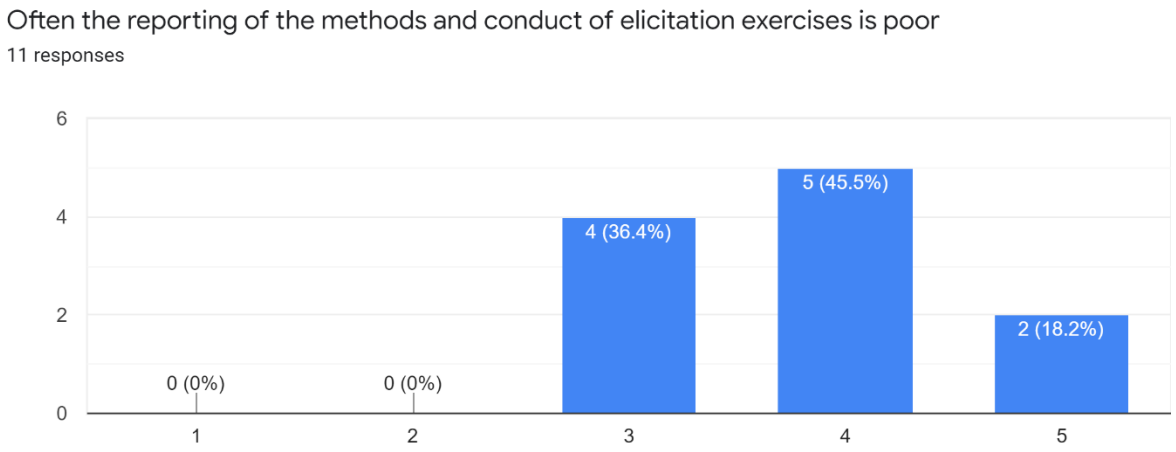


Experts are conflicted, e.g. individual paid to act as expert by the company

11 responses



Taken at face value significantly ‘down-weighted’



Taken at face value

significantly ‘down-weighted’

Are there other factors that lead to 'down weighting' of experts opinions in reaching a decision?

-If there is a lack of consensus amongst the experts.

-If company nominated then sh be downgraded ++++

-It very much depends on the committees perception of the individual in front of us. We accept that experts are conflicted but some seem more biased than others. This may simply be a performance issue i.e. some experts are better than others at getting their message across without seeming biased. Also too often, experts can contribute to crucial data such as setting clinical important change in a variable to determine a continuation or stopping rule and I worry that we make a decision based on this without wider input although the consultation process negates this slightly

-If there is no acknowlegement of the limitations of the data and only positive views regarding the technology are expressed the value of the information is questionable. If , for example, survival estimates are suggested that are out of keeping with committee experience and opinions heard at previous meetings ie an outlier then I would downgrade this advice.

-Nominated by industry

-Depends on what level of other evidence is available. For example if there is RCT level evidence that is generalisable to the UK and expert opinion is different from results there maybe down weighting. I do not understand the third question presented on this page.

-Perceived lack of objectivity

-When it is clear that there is significant heterogeneity amongst experts

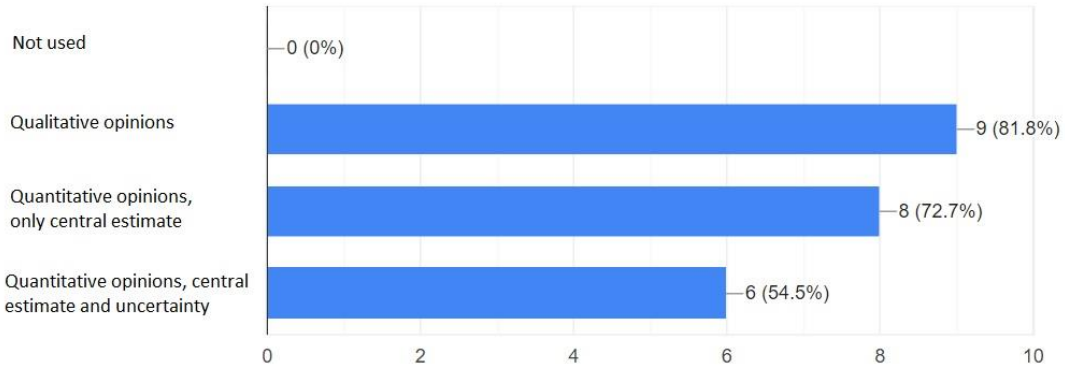
-Strong focus on own patient group, public media engagement

-When experts differ markedly in their estimates

Section 5: The following are types of evidence required to inform economic models. For each of these, what form of expert opinion is typically sought?

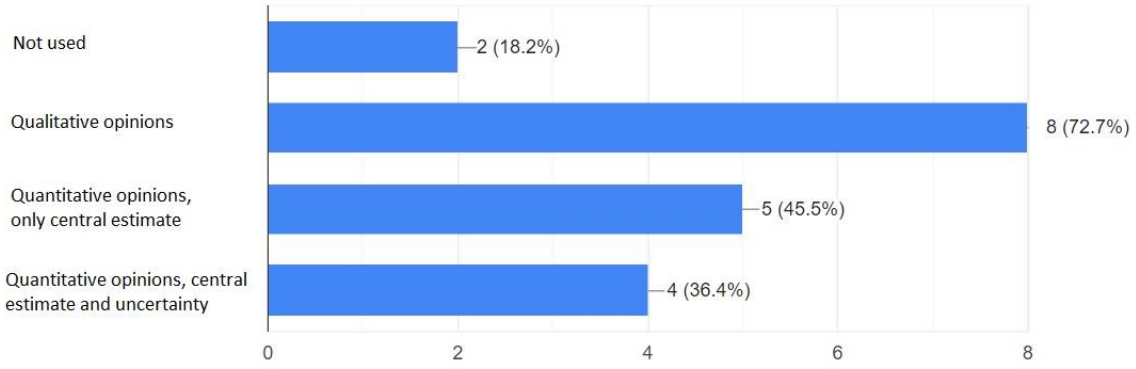
Extrapolation of treatment effects to longer term (beyond the follow-up of existing experimental evidence) e.g. over a life time

11 responses



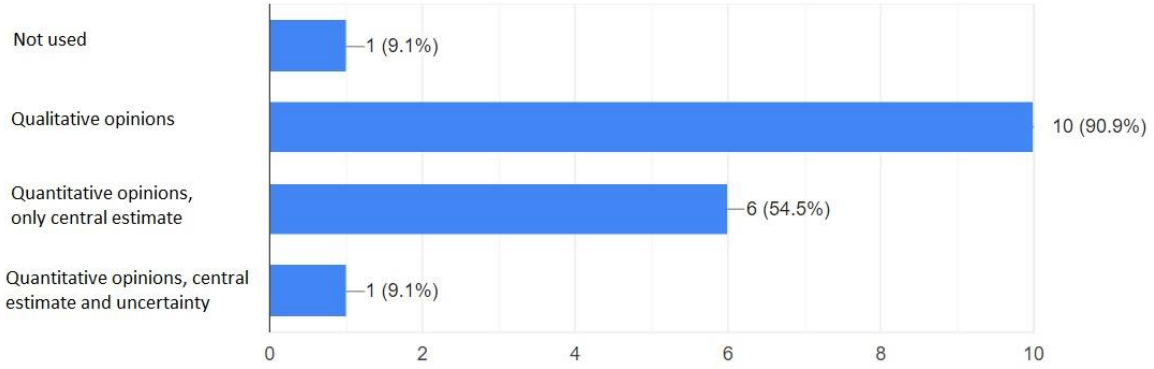
Treatment effects for the short term, for example when existing experimental evidence is limited

11 responses



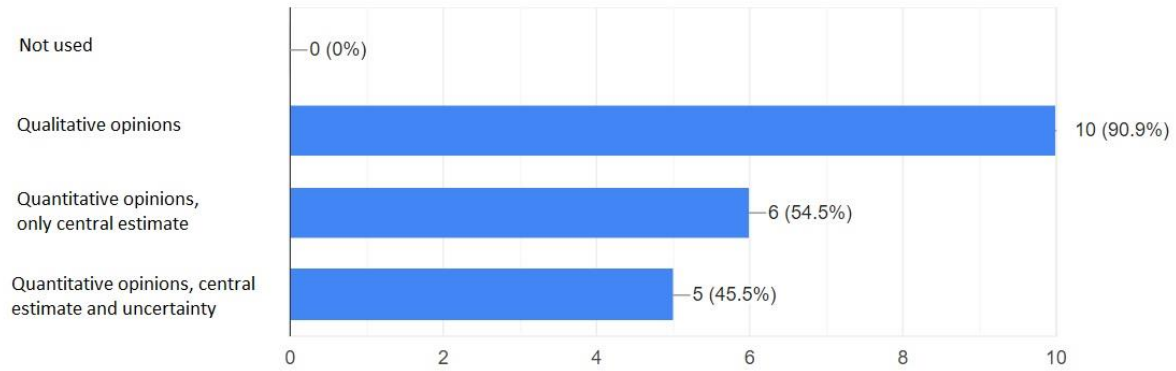
Resource use or costs

11 responses



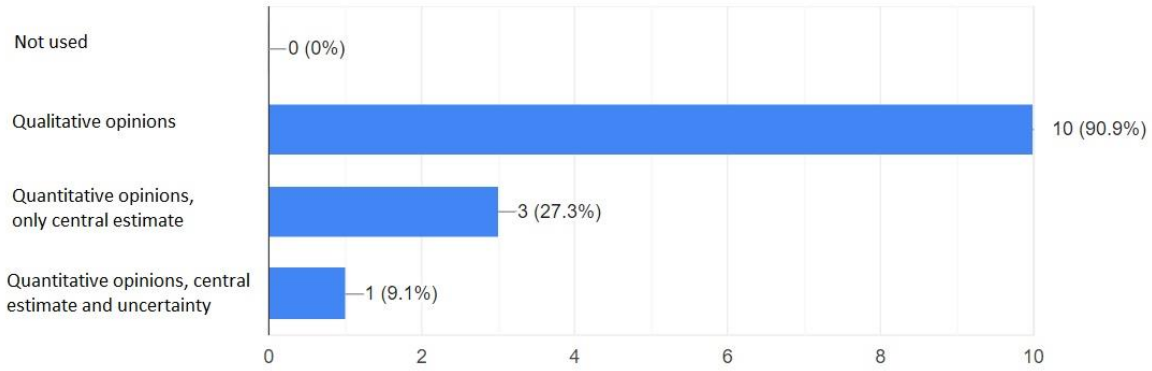
Natural history of disease over time

11 responses



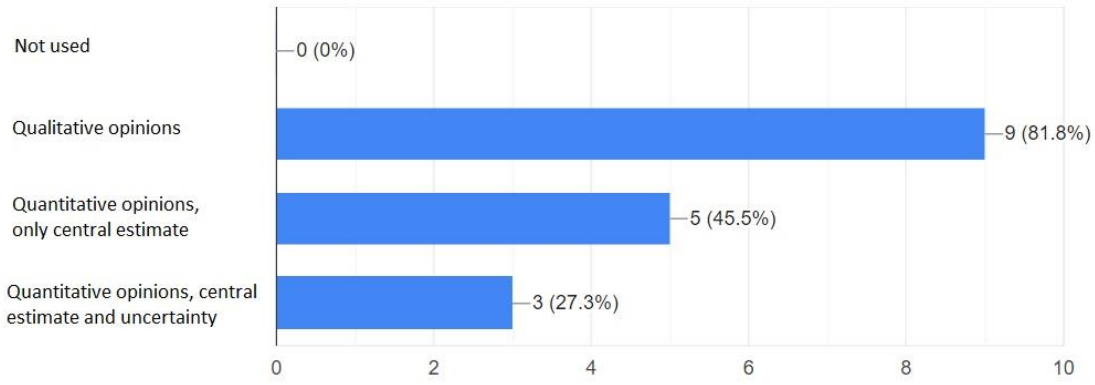
Quality of life

11 responses



Describing the eligible population or the relevance/generalisability of evidence

11 responses



In your experience, what other types of evidence have expert opinion been used to inform?

-For this question I have ticked both but usually it is qualitative for the majority of these questions

-Adverse effects

-Establishing the details of the care pathway for both the intervention and the comparator.

-They have been vital in committee discussions of the uncertainty in clinical behaviours, intervention effects and outcomes.

-Patient issues and real-world experience

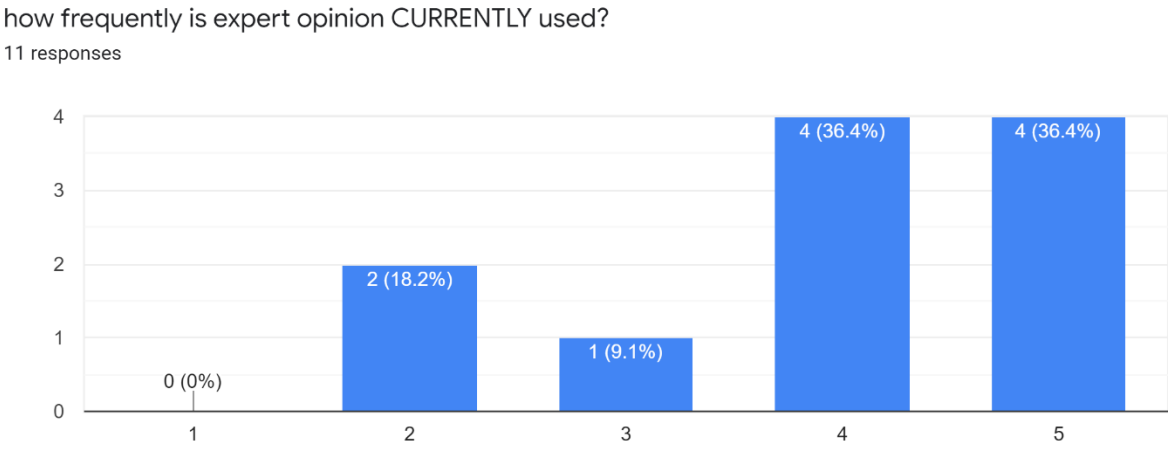
-Link between surrogates and clinical outcome

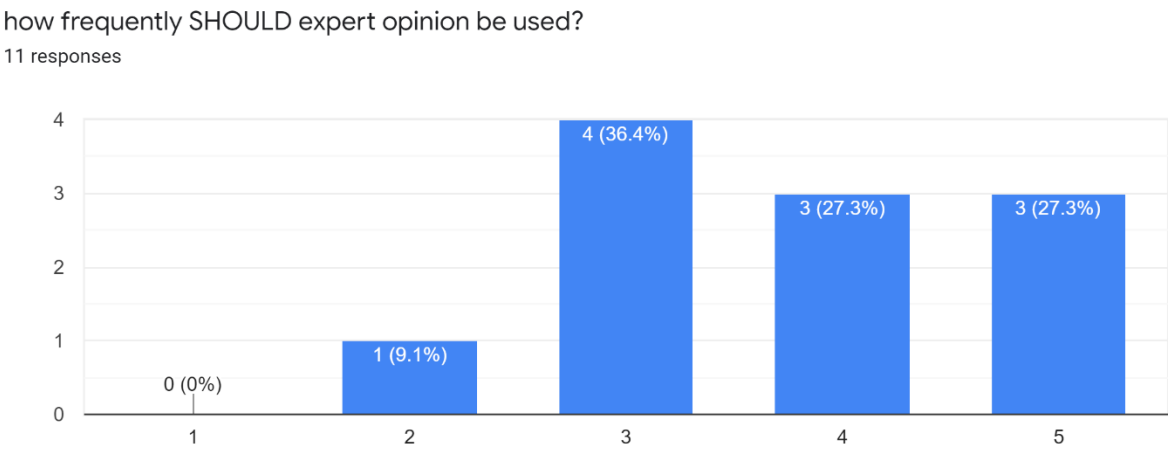
-Alternative treatment/comparator(s)

-Completeness or otherwise of the literature searches

Section 6: Consider the following features of a decision problem. In which circumstances do decision makers seek for expert opinion? And also, when should they seek for experts' opinion more often/consistently?

1. Where the population is significantly heterogeneous, e.g. multiple subgroups or multiple indications. To assess whether the model (and evidence underlying it) fully reflects the expected level of heterogeneity in clinical practice.



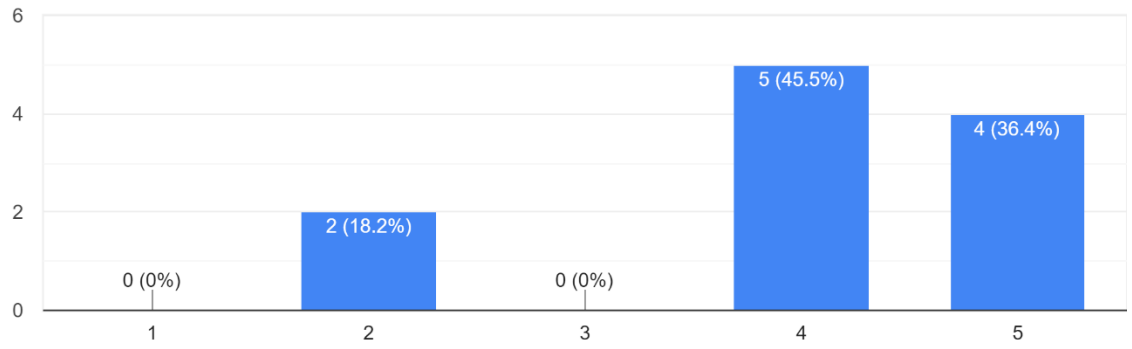


Not used Always used

2. Where there is uncertainty about the population which may benefit from the technology. To assess whether the model (and evidence underlying it) fully reflects the eligible population expected in clinical practice.

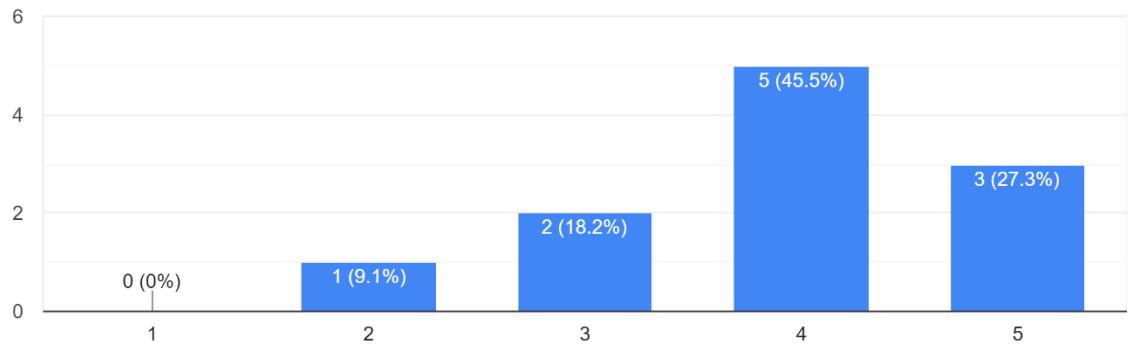
how frequently is expert opinion CURRENTLY used?

11 responses



how frequently SHOULD expert opinion be used?

11 responses

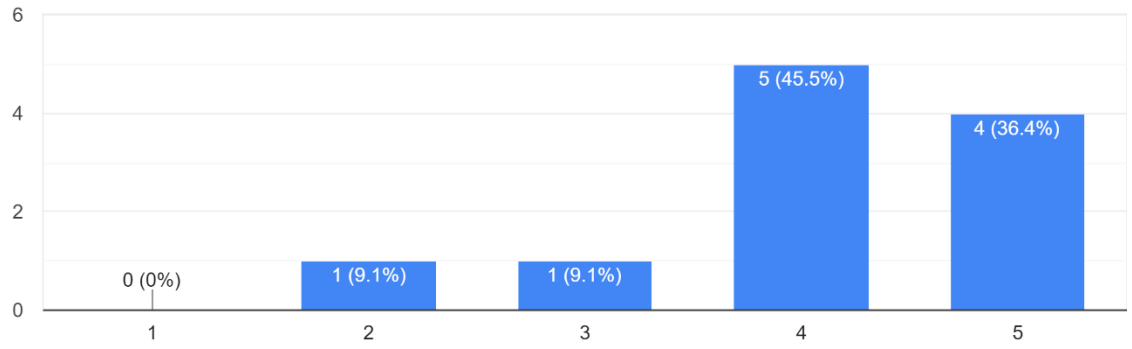


Not used Always used

3. Where there is uncertainty about the natural history of the condition. To assess whether the model (and evidence underlying it) fully reflects the natural history expected in clinical practice.

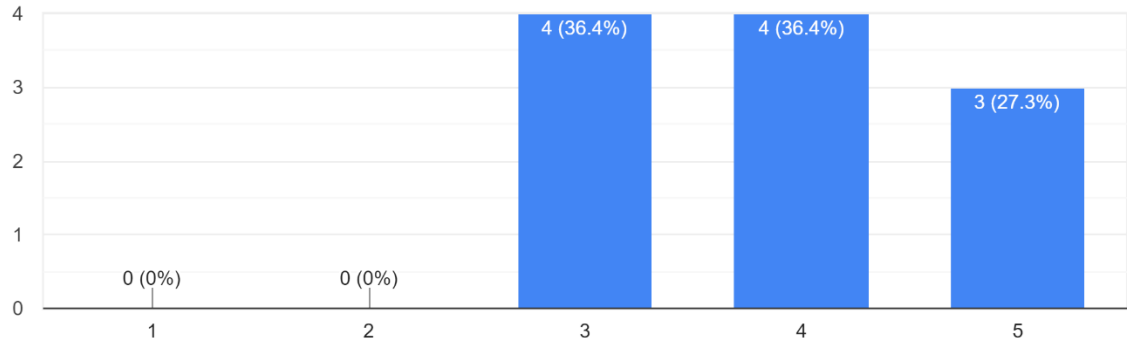
how frequently is expert opinion CURRENTLY used?

11 responses



how frequently SHOULD expert opinion be used?

11 responses

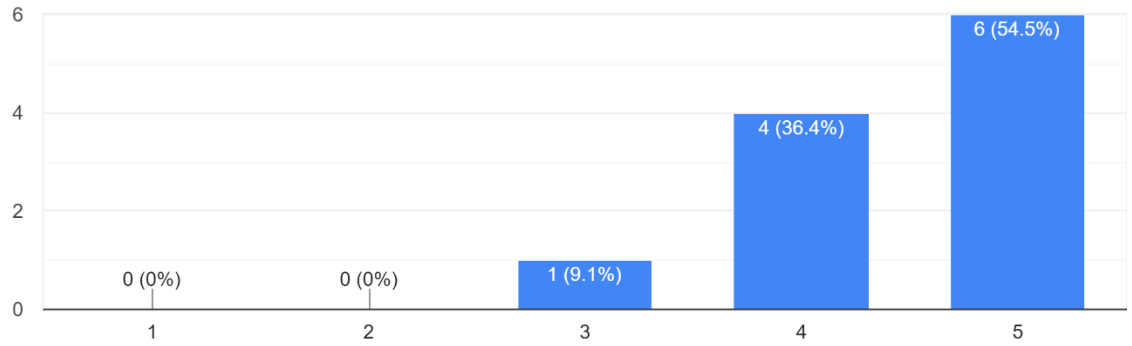


Not used Always used

4. Where there is uncertainty about treatment/diagnostic pathways. To validate pathways modelled.

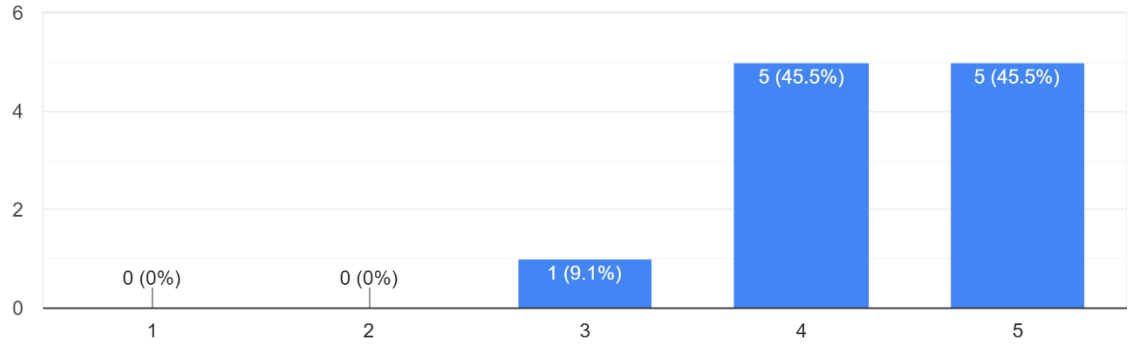
how frequently is expert opinion CURRENTLY used?

11 responses



how frequently SHOULD expert opinion be used?

11 responses



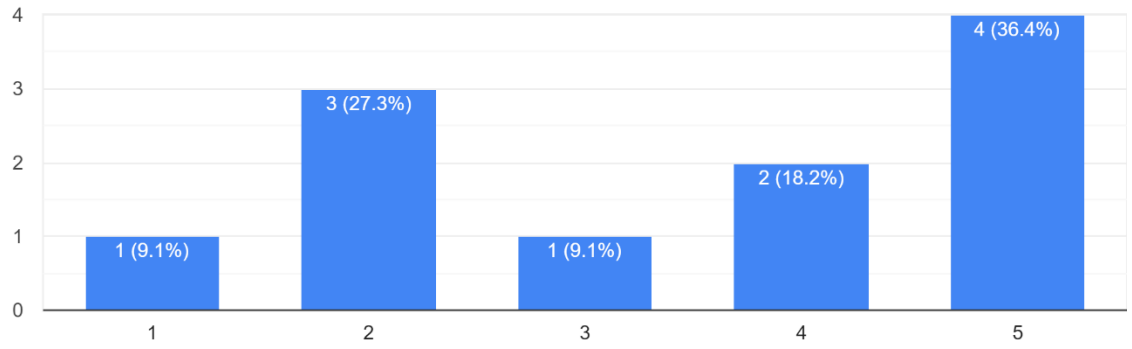
Not used

Always used

5. Where there is uncertainty about the technology or the mechanism of action of the treatment. To support assumptions regarding the effects of the technology/treatments.

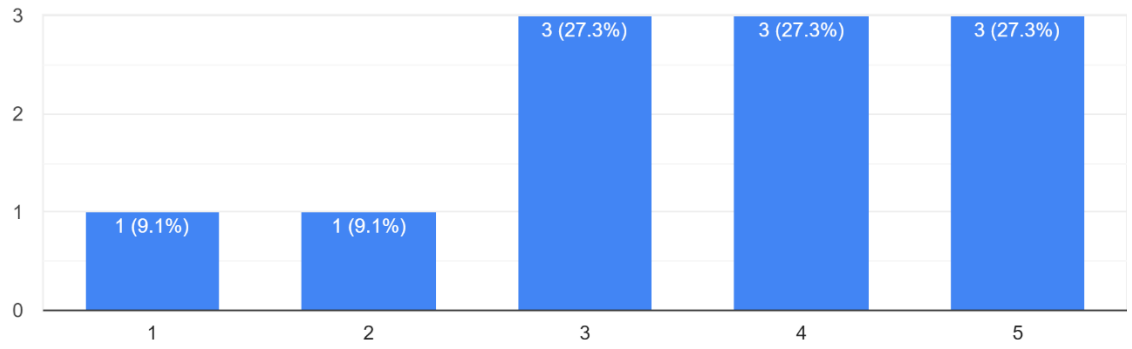
how frequently is expert opinion CURRENTLY used?

11 responses



how frequently SHOULD expert opinion be used?

11 responses



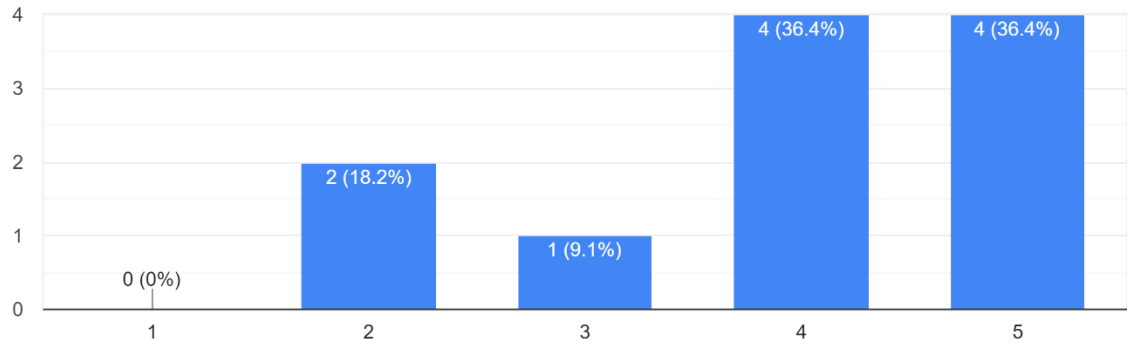
Not used

Always used

6. Where there are multiple alternative positions within treatment/diagnostic pathways. To support recommendations regarding different lines of treatment.

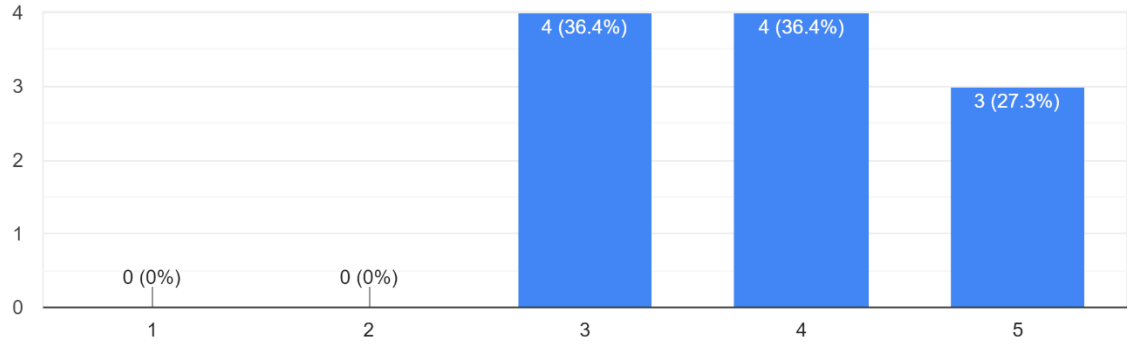
how frequently is expert opinion CURRENTLY used?

11 responses



how frequently SHOULD expert opinion be used?

11 responses



Not used

Always used

In your experience, what other features of the decision problem is expert opinion CURRENTLY used to inform?

-guessing survival in future

-Extropolating survival - but this makes little sense since 1. experts don't have access to the new drug and 2. Biases. Only live people show up to clinic - this would bias the experts estimates

-See previous response

-Patient related, clinical and 'real-world' issues, not strictly the evidence unless they can cite other studies to give insight

-Impact on carers/infrastructure requirements

-Translating evidence from, say, the US to its application in the UK/England real world.

In your experience, what other features of the decision problem SHOULD expert opinion be used to inform?

-As above

-Probably we should think more about modelling the cost-effectiveness if the NHS population, rather than being too fixated on the trial. But, it's important to say that expert opinion should only be used if it's elicited in an appropriate way.

-individual opinions unsafe for long term extrapolation

-I think all the above should remain as requiring expert input. getting true non biased expert opinion from experts with no CoIs is more problematic. I think there is some variation in the quality of the opinions conveyed to committee.

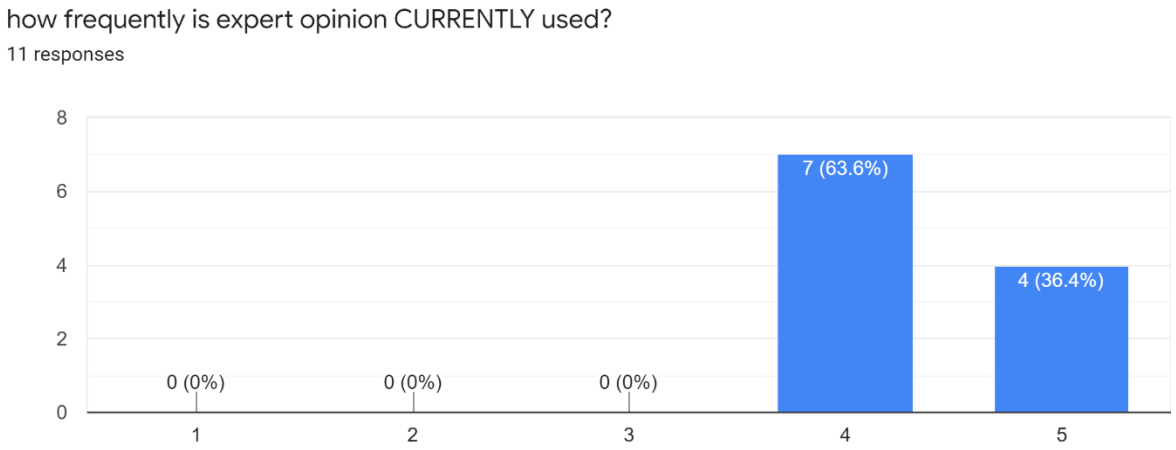
-ERGs should probably have more expert input

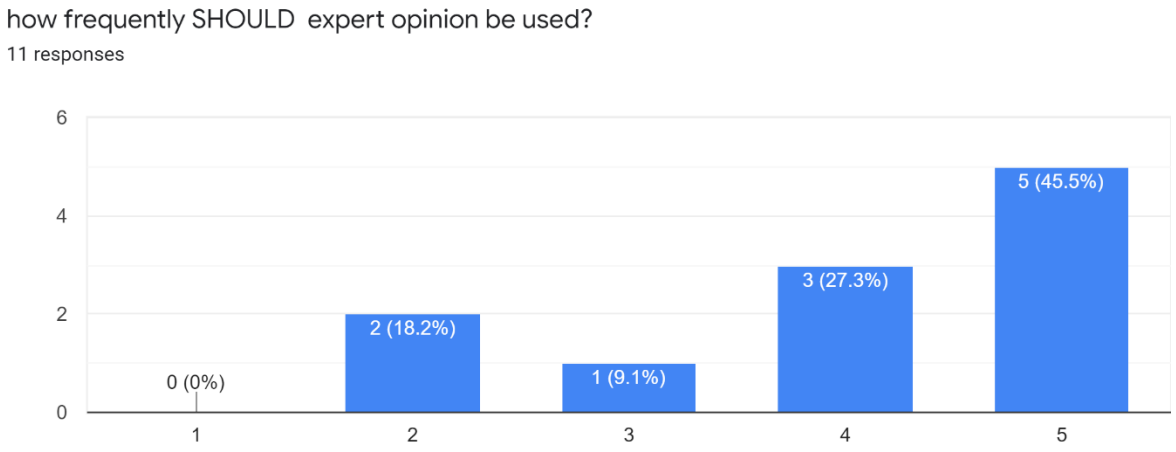
-See previous response

-Expert opinion should always be used in an intuitive Bayesian manner. For HST also useful to test with some cynicism whether EQ-5D etc is sensitive to condition as poplns so small never validated

Section 7: Consider the following limitations of the evidence used to inform a decision problem. In which circumstances do decision makers seek for expert opinion? And also, when should they seek for experts' opinion more often/consistently?

1. Where clinical/diagnostic accuracy evidence is sparse, e.g. small studies



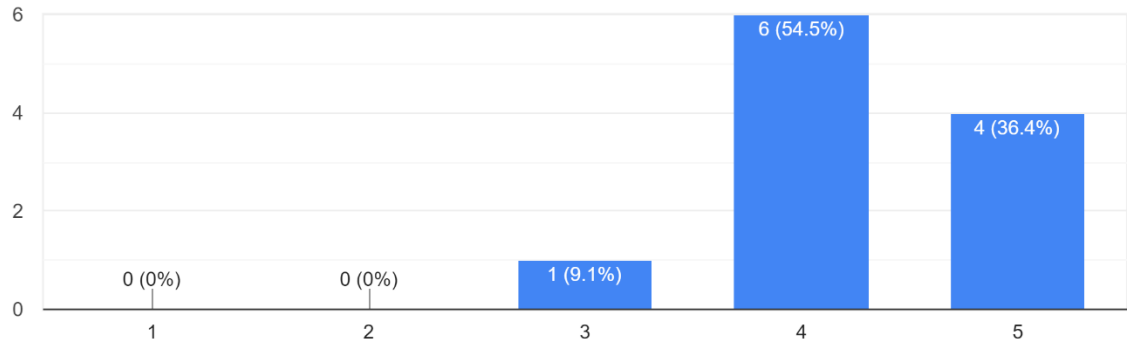


Not used Always used

2. Where clinical/diagnostic accuracy evidence is compromised for decision making, e.g. from another country

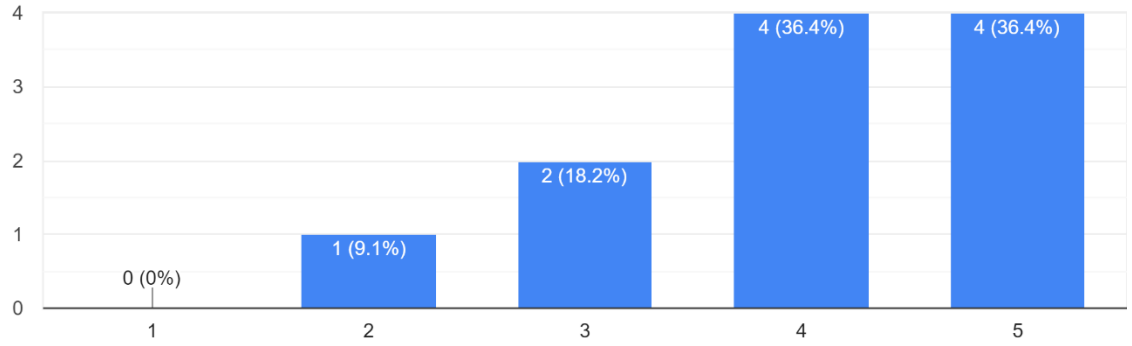
how frequently is expert opinion CURRENTLY used?

11 responses



how frequently SHOULD expert opinion be used?

11 responses

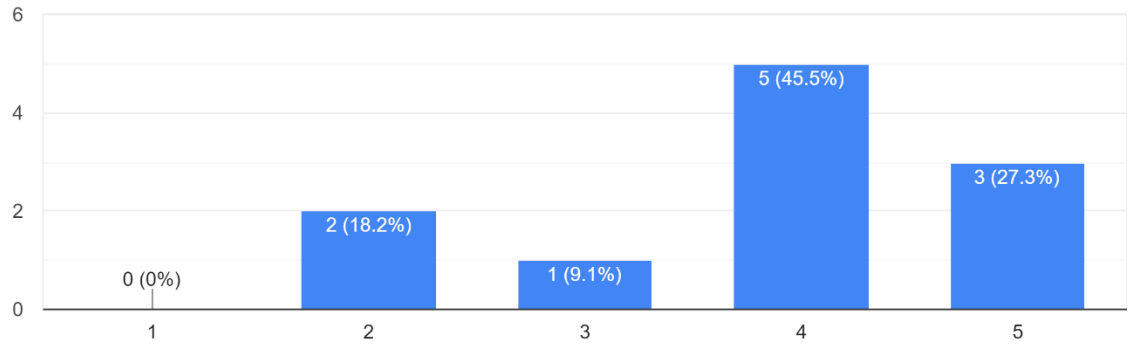


Not used Always used

3. Where there is potential for bias in the evidence, e.g. single arm trial or absence of gold standard in a diagnostic accuracy study

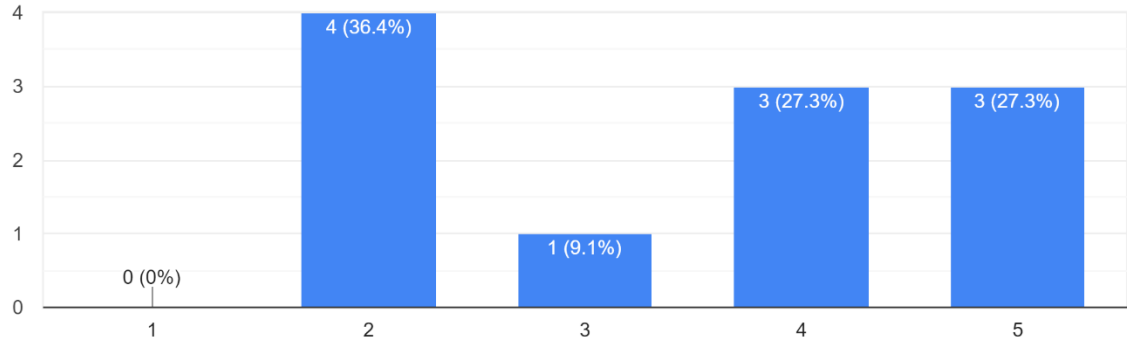
how frequently is expert opinion CURRENTLY used?

11 responses



how frequently SHOULD expert opinion be used?

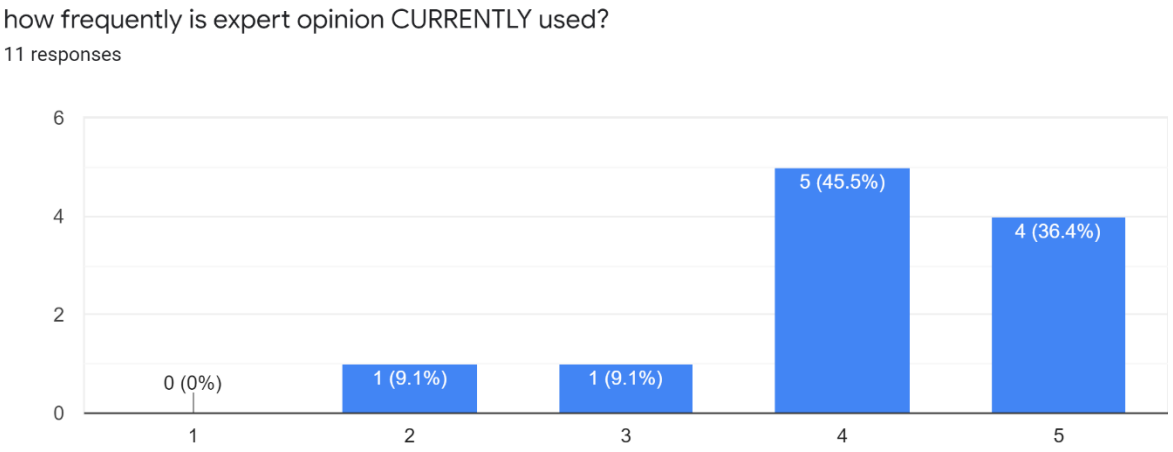
11 responses

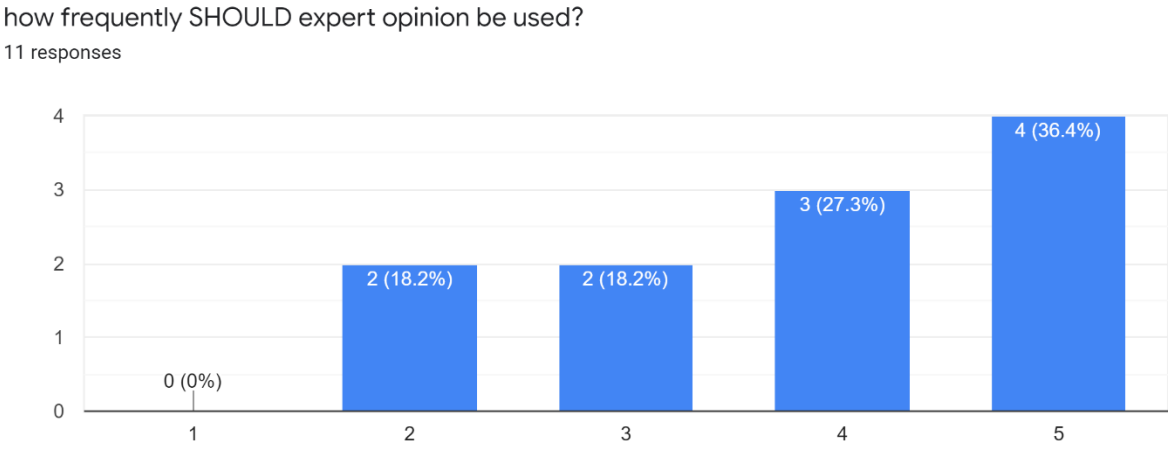


Not used

Always used

4. Where clinical evidence does not relate to the outcome of interest or is insufficient, e.g. on surrogate outcomes such as response or progression free survival



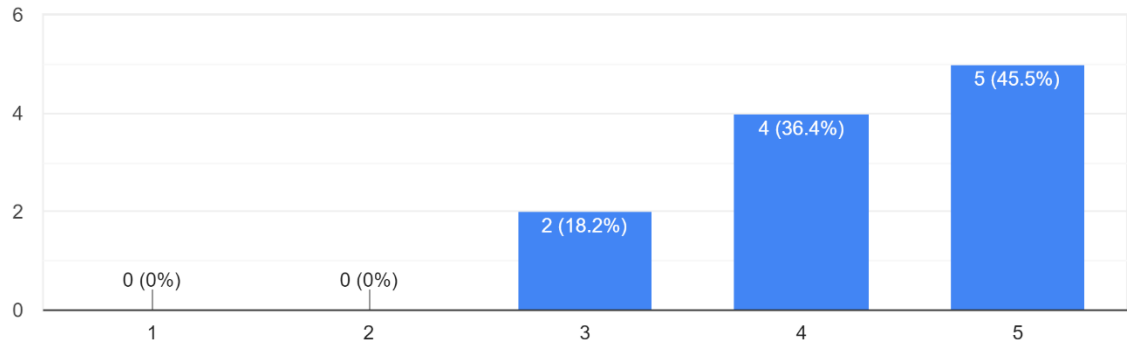


Not used Always used

5. Where the observed clinical evidence is insufficient to describe the longer term effect of treatment or evolution of the disease

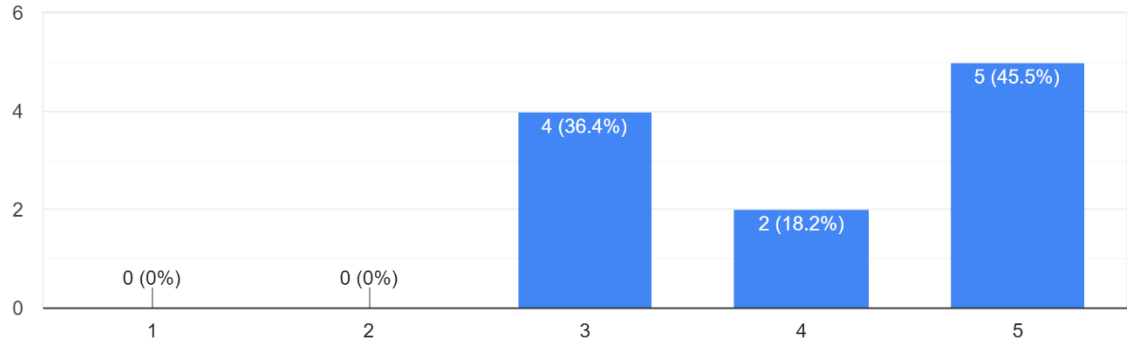
how frequently is expert opinion CURRENTLY used?

11 responses



how frequently SHOULD expert opinion be used?

11 responses

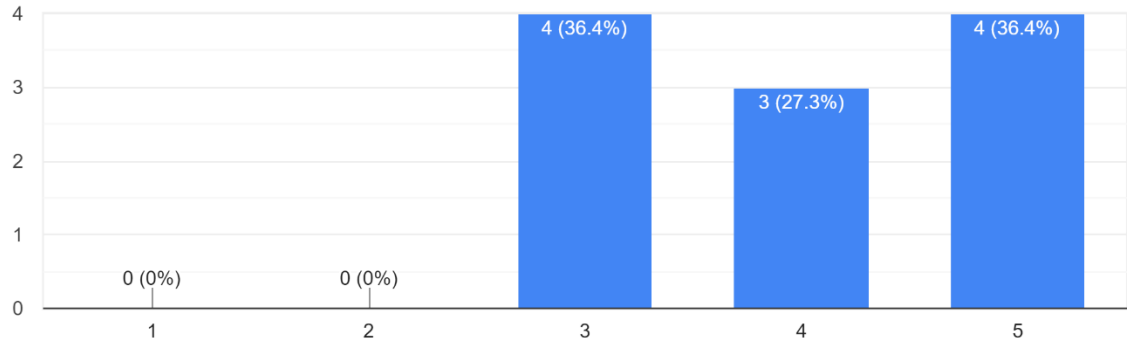


Not used Always used

6. Where evidence on how a diagnostic test changes treatment/diagnostic pathway is insufficient/limited

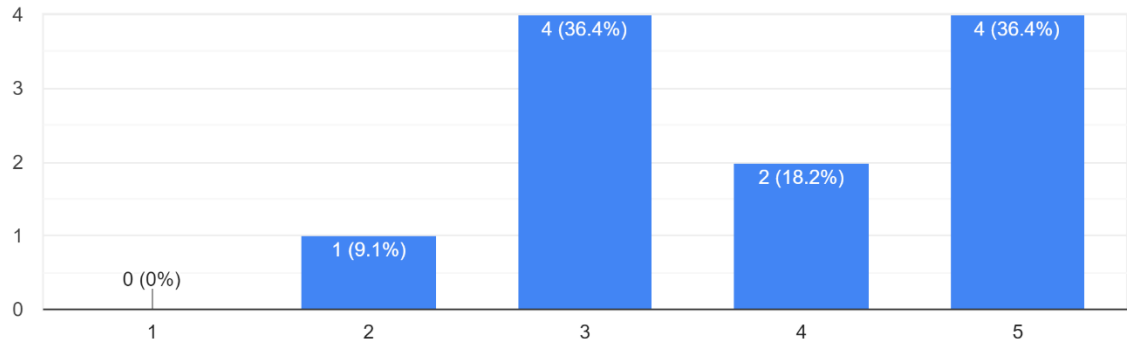
how frequently is expert opinion CURRENTLY used?

11 responses



how frequently SHOULD expert opinion be used?

11 responses

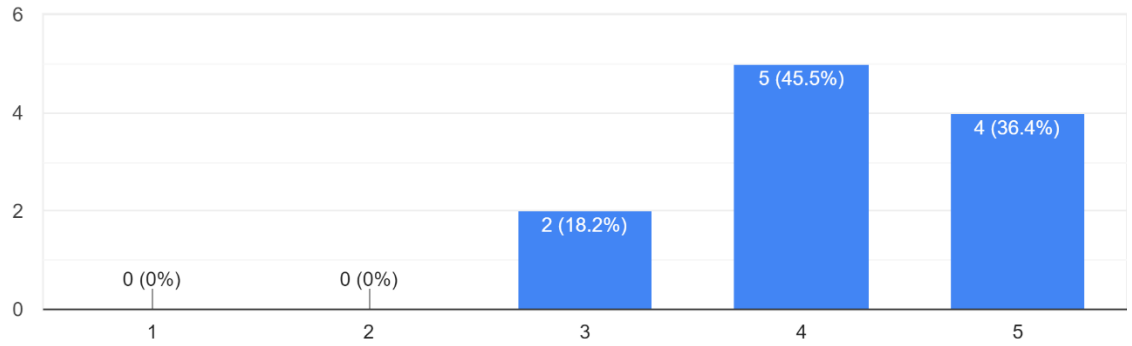


Not used Always used

7. Insufficient evidence to describe alternative positioning of treatments/diagnostics, e.g. sequencing of treatments, multiple testing

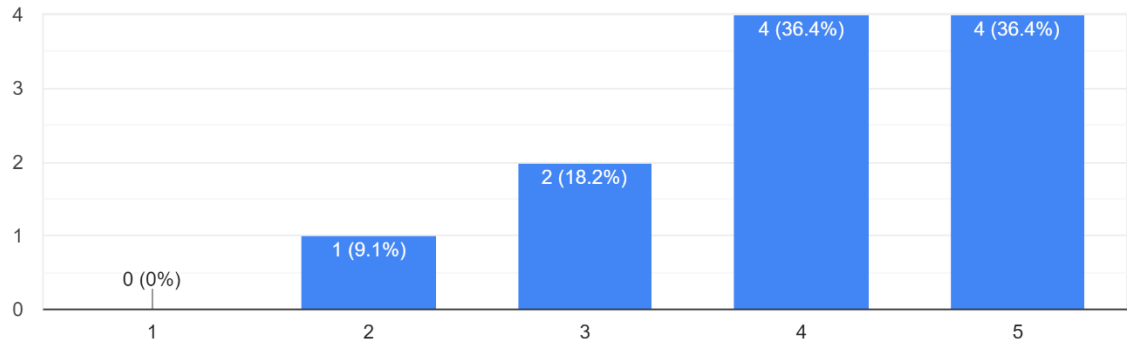
how frequently is expert opinion CURRENTLY used?

11 responses



how frequently SHOULD expert opinion be used?

11 responses



Not used

Always used

In your experience, what other limitations of the evidence base is expert opinion CURRENTLY used to inform?

-Clinicians are often deeply conflicted - yet the NICE process does not have a solution for this. -The 'KOLs' are certainly not the only people who know clinical medicine - indeed, the doctors who remain at work seeing patient often know more than those who take off work and attend advisory boards. The scoping part of NICE seems more responsive to finding experts that are good. The technology appraisal programme seems very passive by comparison.

-See previous responses

-See previous answer, those areas where their view may have value from general knowledge of the disease, patient pathway and other literature, but the evidence itself is different and to a degree has to stand alone

-'Direction of travel' of the evidence. Commonsensical 'at least do no harm' approach.

In your experience, what other limitations of the evidence base SHOULD expert opinion been used to inform?

-As above

-individual opinions not ribust enough for NICE decisions

-We always ask the experts to comment on these questions and then judge how viable the answer is. As before the "performance" in committee can sway the committee significantly

-To remain relevant NICE should always seek expert opinion when there is uncertainty in any of the areas described above. I do think experts should be briefed regarding their role when presenting to committee.The information provided should reflect the evidence base and be presented in an unbiased way providing realistic and not optimistic way and explicitly acknowledge the uncertainties in the model outputs and the magnitude of the uncertainty if possible.

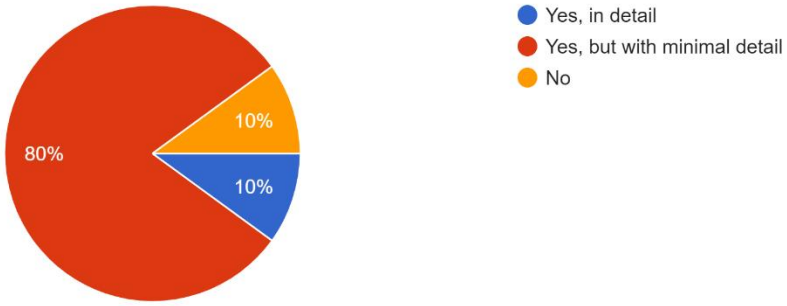
-As noted, clinicians are asked things they cannot possibly know. Just as dead patient experts cannot come to meetings (and tell us how the drug did not work), nor can dead patients come to clinic. It gives doctors a biased view of survival.

-See previous responses

Section 8: Where expert opinion is gathered quantitatively as part of evidence generation (i.e. as part of the company's submission or as part of the assessment group's critique), are the methods, conduct and results of elicitation used described in any detail?

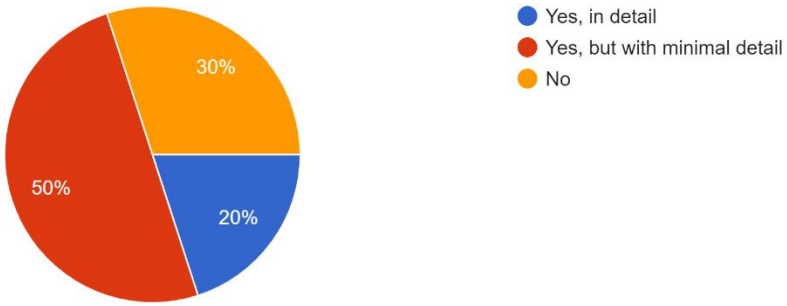
Is the sample of experts described?

10 responses



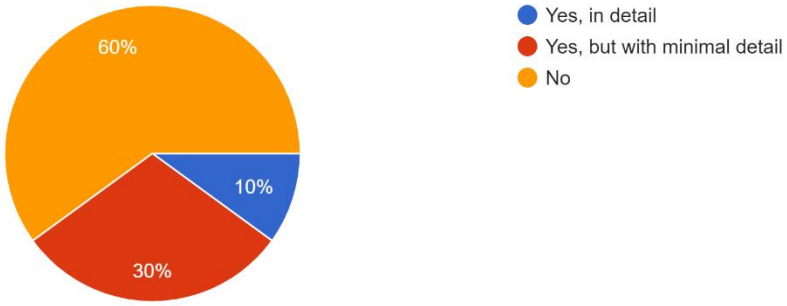
Are the questions asked of experts described?

10 responses



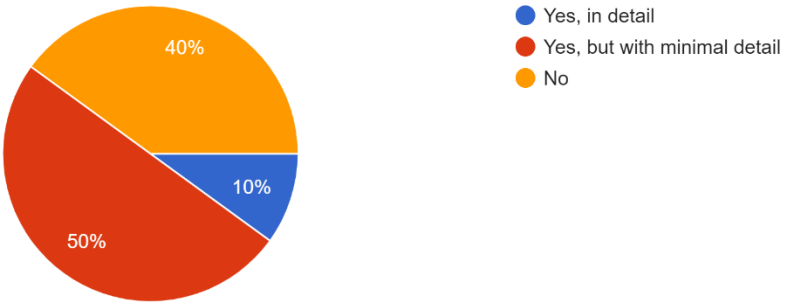
In eliciting quantitatively, is it clear whether uncertainty was elicited?

10 responses



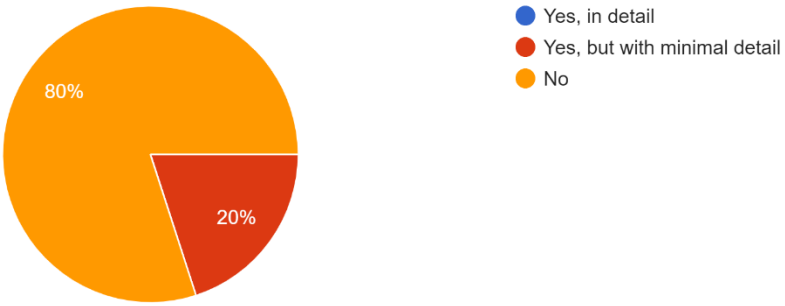
In eliciting quantitatively and where uncertainty was elicited, is there a description of how uncertainty was elicited?

10 responses



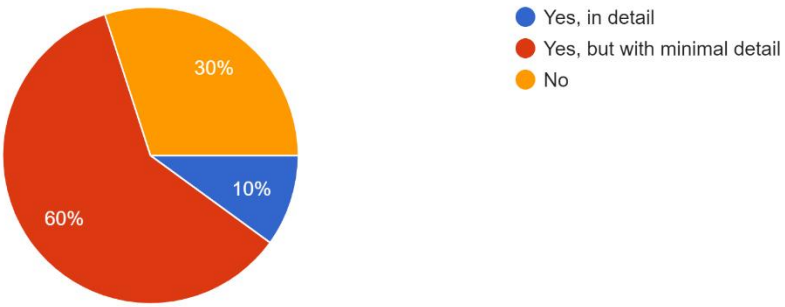
Is the conduct of the elicitation described (e.g. whether there was a facilitator, whether experts were trained)

10 responses



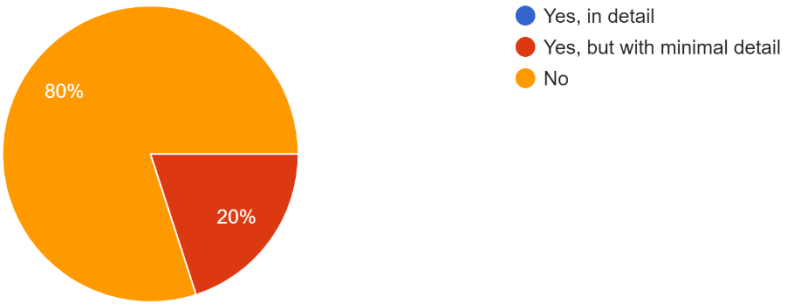
Are the results of the elicitation described?

10 responses



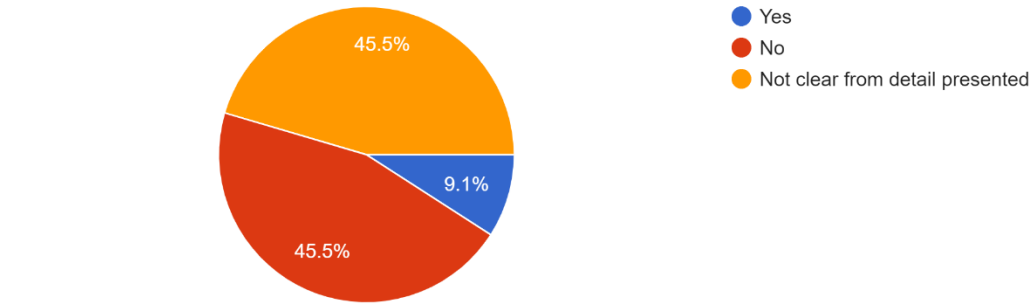
When more than one expert is included, are the values elicited by each individual expert provided?

10 responses

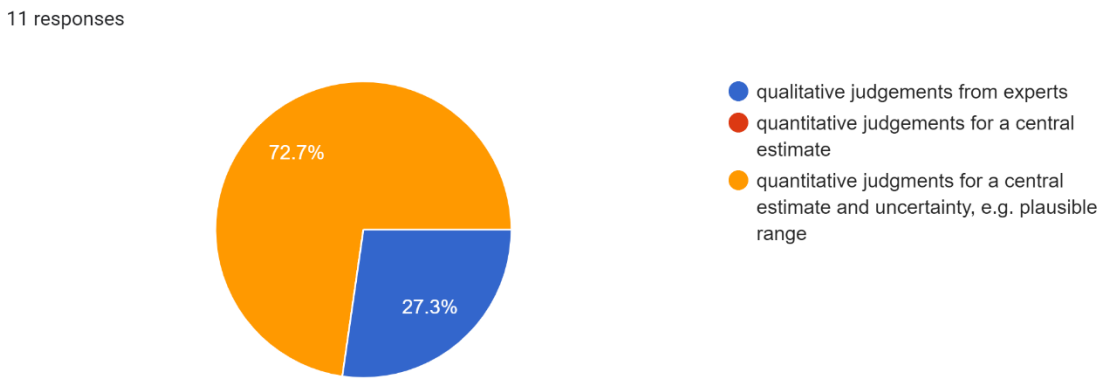


Section 9: Have you encountered any examples of a more structured process of eliciting quantitative parameters, for example using methods of elicitation that were referenced and training experts?

11 responses



Section 10: What form of expert opinion would you value the most in the decision making processes you are involved with?



Please justify your choice

-Just a note on previous questions, this varies massively between appraisals. Almost never do you get a lot of detail - but there is a mixture of some detail and no detail - I have answered "little detail" for all of them.

-need range for TAC to judge effects of optimistic/perssimsitc assumptions

-We are usually faced with trials that are short, not always applicable to patients in the NHS, with downstream treatments that are not available or used in the NHS and often with an inappropriate comparator. Having appropriate quantitative data with adequately described methodology would be useful

-Sometimes we can only have a qualitative judgement but my choice above is preferred if possible.

-Virtually in all our assessments there will be uncertainty about various elements of the care pathway, the use of the diagnostic and the clinical outcomes. Our experts (Specialist committee members) are involved in the committee discussions and the committee regularly seeks their input on these. I think the question framed above is unhelpful i.e. only one answer possible - we regularly ask our experts to provide both qualitative and quantitative advice if possible.

-Comments on the plausibility of estimates is generally preferable to quantitative off the cuff estimates but if given, the level of uncertainty around those should be clear, The company and ERG use clinical advisers so the clinical experts are bringing an additional not an entirely new perspective one would hope.

-A lot depends on the information required sometimes just a qualitative view on the generalisability of the model at others quantitative estimates If the latter better that they are properly elicited

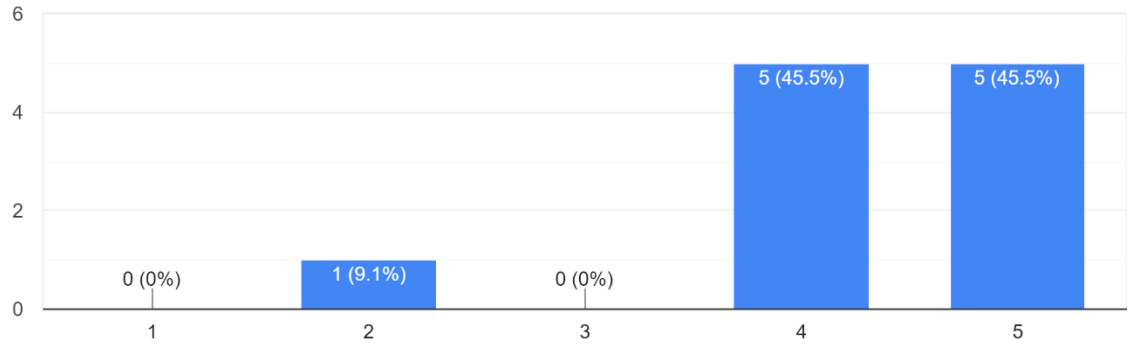
-consistency, all central estimates should be reported with uncertainty

Central estimates generally provided from the literature rather than via our experts.

Section 11: How could expert opinion be more useful in decision making processes?

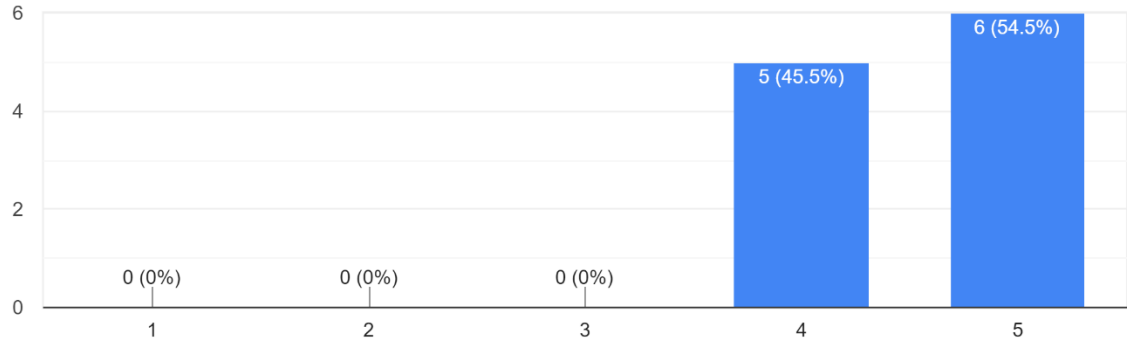
If it is conducted on key uncertainties needed to reach a decision

11 responses



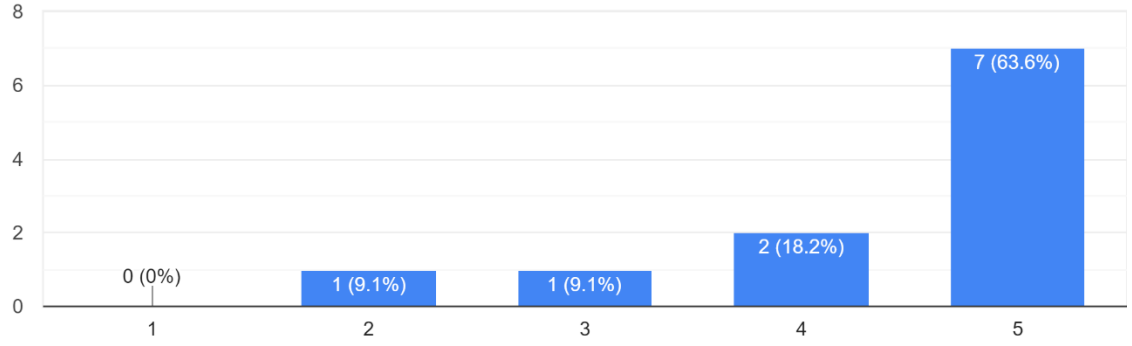
If it ensures an appropriately selected sample of experts, e.g. minimises conflicts, sufficient sized sample

11 responses



If it is well described in terms of methods and conduct

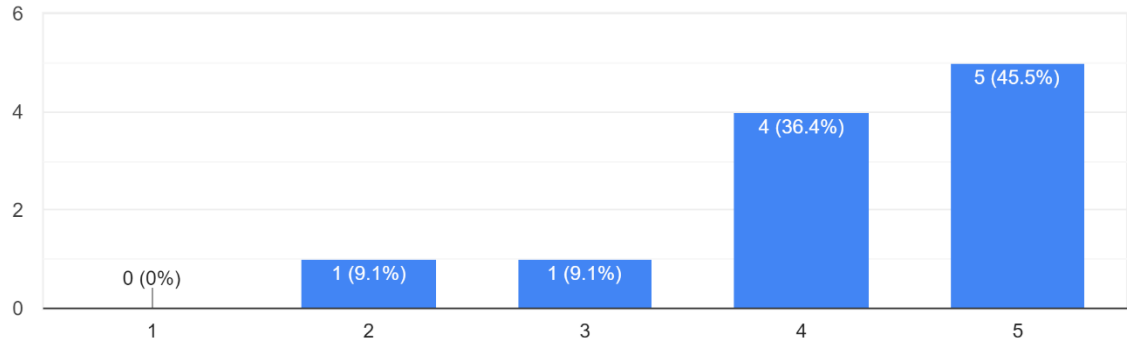
11 responses



Not important Most important

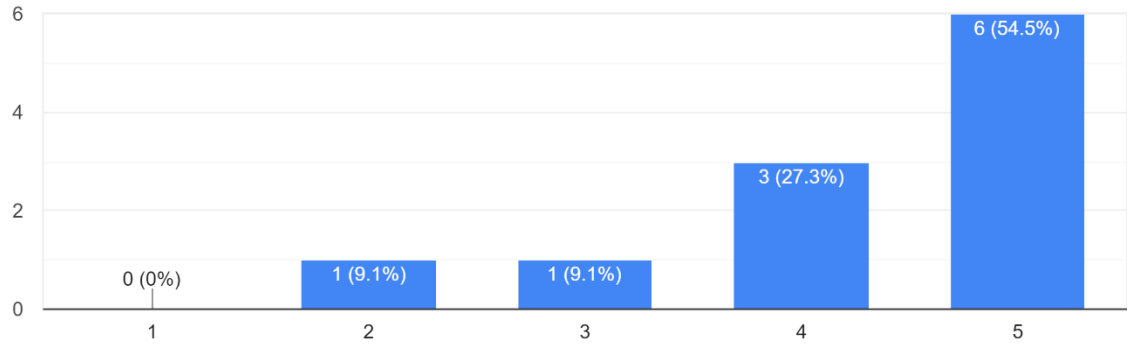
If it is conducted at an appropriate time in the process, e.g. before a committee meeting

11 responses



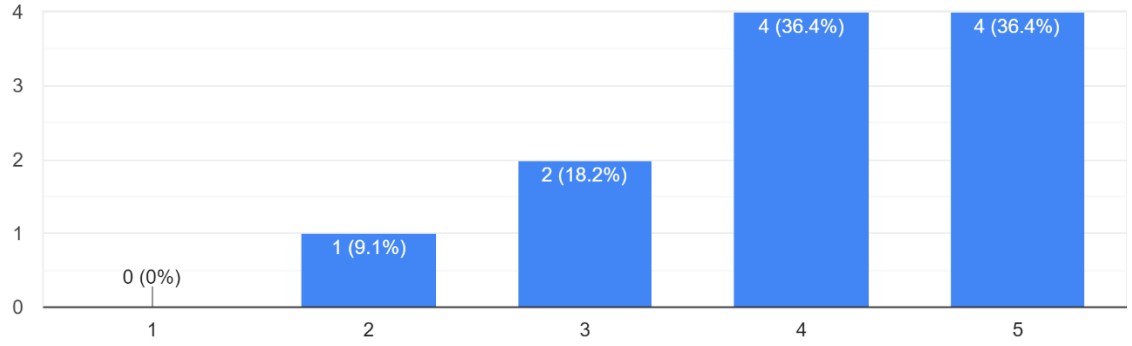
If experts are made accountable for their opinions by documenting these

11 responses



If it uses existing published structured process, e.g. SHELF, IDEAs protocol

11 responses



Not important

Most important

Other

-An agreed protocol would be most helpful for eliciting opinions

-I think this survey is conflating the use of experts in the evidence generation and contributions to the assessment report and their involvement in the consideration of the evidence in committee and helping the committee address key uncertainties. For me the questions above relate to the evidence generation and assessment process and I have scored these accordingly. The role of experts in decision making is different.

-Experts need to be utilised for their value to the process in a real world setting, which they are in the strongest position to reflect, however structuring input further could reduce the opportunity to explore and challenge what they say

Section 12: Please give any further details you wish to add on the use of expert opinion

-HST often has to rely on this but the standard provided is usually poor. A template for elicitation provided by NICE would be helpful

-This questionnaire assumes I am involved in HTA. I chair a Public Health Advisory Committee. My answers should be interpreted in that light.