

**Nice Implementation
Collaborative
Pilot 1 Update - Denosumab**

What is the NIC?

The NICE Implementation Collaborative (NIC) harnesses the skills, experience and dedication of organisations and individuals from across the healthcare system to support faster and more consistent access to NICE recommended medicines, treatments and technologies. It is an independent partnership between the NHS, the life sciences industry, healthcare professional bodies, patient advocates and key health organisations. The NIC is committed to a collaborative approach that will improve patient outcomes for the whole population.

The NIC has begun pilot work related to four specific pieces of NICE guidance, these are:

1. Denosumab for post-menopausal women with osteoporosis (NICE TA204)
2. Novel Oral Anti-coagulants for prevention of stroke in patients with a trial fibrillation (NICE TA 249 & 256)
3. Insulin pumps in type I diabetes mellitus (TA151)
4. Natriuretic peptide testing in heart failure (CG108)

These pilots will allow the NIC to better understand the barriers within the system and develop knowledge of how it can work most effectively and within the new NHS environment. The pilots will also develop solutions that promote better and more consistent access to NICE recommended treatments, medicines and technologies.

Pilot 1 Denosumab

Denosumab (Prolia) is indicated for the treatment of osteoporosis in postmenopausal women at increased risk of fractures and is administered in the form of a 6-monthly subcutaneous injection. It is a £1/day treatment for osteoporosis, recommended in NICE Technology Appraisal 204.

Denosumab is a treatment option for the primary prevention of osteoporotic fragility fractures in postmenopausal women at increased risk of fractures who are unsuitable (contraindicated, intolerant or unable to comply with special instructions for administration) to oral bisphosphonates (alendronate and either risedronate or etidronate) and have a combination of T-score, age and number of independent clinical risk factors for fracture, and for secondary prevention of osteoporotic fragility fractures in postmenopausal women at increased risk of fractures who are unsuitable to oral bisphosphonates.

NICE TA 204 was published on October 2010. However, currently 11% of PCTs continue to have no guidance or formulary inclusion for denosumab and 28% continue to have denosumab restricted to secondary care use only. In 47% of PCTs there continues to be no funding agreed for denosumab, and in 55% of hospitals have no or limited funding in place. This inconsistency of availability to patients, balanced by the benefits of treatment is why Denosumab was selected as one of the NIC pilots.

Key Facts

- 1 in 2 women and 1 in 5 men over 50 in the UK will break a bone mainly due to poor bone health
- The total cost to the UK economy is in excess of £2.3 billion per year
- For women over 60 years of age, fragility fractures account for more days spent in hospital than many other chronic diseases

- Hip fracture patients occupy more than one in five orthopaedic beds
- The incidence of 89,000 a year is predicted to rise to 140,000 by 2036, causing substantial increased morbidity and mortality
- Thirty percent of hip fracture sufferers die within one year and over 50% remain permanently disabled with an impaired quality of life, compounded by fear of falling

What are the barriers to uptake of NICE guidance?

The NIC has worked with the system to better understand the barriers that exist to the adoption of Denosumab in the treatment of osteoporosis. These include:

- Uncertainty around exact patient groups & eligibility when initiated in primary care
- Benefit of treatment to patients and the local economy is not always realised
- Implementers struggle to own the need and understand roles and responsibility to implement NICE guidance and be accountable for such
- Lack of clinical advocacy that will drive change requiring a statement from clinical experts/organisations on best use and pathway
- Insufficient measurement of implementation and understanding of what good implementation is, including detail on patient numbers expected
- Redesign of current services required and removal of some perverse incentives in places to revamp patient pathway especially through use of Fracture Liaison Services to maximise benefit of new medicine

How will the NIC support the system?

As part of its pilot work, the NIC is committed to identifying solutions and recommending practical steps that will overcome the barriers to adoption. As well as recommending specific steps that will improve patient outcomes through better patient access to Denosumab, the pilots also will help the NIC understand how it can best support innovation in the system while respecting clinical autonomy and local commissioning decisions.

The NIC has established a pilot advisory board that will help it develop and test solutions that will deliver the maximum benefit to patients across the system. The NIC is looking at solutions that include:

- Education through company sales teams
- Patient education programme co-developed by NIC partners
- Extended/clearer NICE guidance and clear statement of accountability
- Development of exemplar sites focused on different models of care
- Development of exemplar case studies to drive best practice through the AHSN network

The NIC is also committed to measuring the success of the solutions it develops to establish how it can best support the system to improve patient outcomes.

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