



**"Re: IN CONFIDENCE - NICE guidance on Patient safety and reduction of risk of transmission of Creutzfeldt-Jacob disease (CJD) via interventional procedures"**

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Who has edited?	Neil Ebenezer/PH5/DOH/GB
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**Eileen Lawrence**

28/02/2006 12:03

Ebenezer/PH5/DOH/GB **GRO-C**

To: Neil

cc:

bcc:

Subject: Re: IN

CONFIDENCE - NICE guidance on Patient safety and reduction of risk of transmission of Creutzfeldt-Jacob disease (CJD) via interventional procedures

Previous email refers.

Eileen Lawrence  
General Health Protection Branch  
Standards and Quality Group  
530 Wellington House  
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----- Forwarded by Eileen Lawrence/PH5/DOH/GB on 28/02/2006 12:02 -----

**Peter Bennett**

27/02/2006 11:58

Lawrence/PH5/DOH/GB **GRO-C**

To: Eileen

cc: John

Stephenson/RD2/DOH/GB **GRO-C**

Wight/PH6/DOH/GB **GRO-C** Peter Grove/SAT/DOH/GB **GRO-C**

Daniel M Wood/SAT/DOH/GB[GRO-C] Stephen  
Dobra/SAT/DOH/GB[GRO-C]

bcc:

Subject: Re: IN

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Eileen / John / Ailsa

Some quick thoughts.

1. From what I can see (and not having the main report) it does not look as though there is anything incompatible with our own risk assessment.
2. However the "big story" is obviously that NICE have bitten the bullet in recommending **single use instruments for all high risk procedures**. (The first recommendation, para 1.1.1.1 is quite blunt and uncompromising on this.) I'm a little surprised that the costs per QALY come out so favourably, but am quite happy to accept that they were able to go into costs much more fully than we were able to. (The implication is that a good deal of this kit is not that expensive.) I'm also a bit surprised that each infection via neurosurgery accounts for as much as 15 QALYs, and would like to see what evidence they got on survival rates and age distributions. They are presumably assuming that everyone infected would eventually develop symptoms, regardless of genotype?
4. The big danger here is a repeat of the single-use tonsillectomy saga: not so much on costs (assuming NICE have done their sums) or quality of kit, but in terms of **continuity of supply**. The last thing anyone needs is operations being suspended due to unavailability of kit. DH may need to respond quite robustly on this. It would be helpful if NICE could at least acknowledge the problem more fully. As they stand, their recommendations simply assume that moving immediately to all-single-use is feasible without compromising patient care and safety. This may be too optimistic.
4. There will undoubtedly be criticism that NICE are **exaggerating the scale of the problem** given the lack of any observed surgical transmissions to date. They might be well-advised to anticipate these, by explaining up-front why rather large current and future risks are compatible with lack of evidence to date. (I believe that this can be done, as you know.)
5. Para 3.1.7 refers to "cases of onward transmission", which are then elided to "cases". This is confusion: it needs to be made clear whether they are talking about numbers of **transmissions** (i.e. secondary infections) or **clinical cases** of vCJD. These are two very different things!
6. The two bullets on p 23 (last part of para 3.2.9) are not easy to follow. I think the point here is that because the distribution of risk estimates is highly-skewed, some very high-risk scenarios pull the **mean** cost per QALY saved below the £30K benchmark, whereas in **most** scenarios the costs come in above this. Could this be said more simply?

Hope this is helpful: happy to discuss. And then there's dentistry.... it might be helpful if we can have a quick word about this, following Friday's SEAC.

Peter

Ailsa Wight

**Ailsa Wight**

27/02/2006 10:03

To: Bennett/SAT/DOH/GB [GRO-C] John Peter  
Stephenson/RD2/DOH/GB [GRO-C]  
cc: Lawrence/PH5/DOH/GB [GRO-C] Eileen  
bcc:  
Subject: IN  
CONFIDENCE - NICE guidance on Patient safety and reduction  
of risk of transmission of Creutzfeldt-Jacob disease (CJD) via  
interventional procedures

Comments today to Eileen. Thanks

Dr Ailsa Wight  
Head of Programme  
General Health Protection  
524 Wellington House  
133/155 Waterloo Road  
London  
SE1 8UG

**GRO-C**

----- Forwarded by Ailsa Wight/PH6/DOH/GB on 27/02/2006 10:03 -----

**Gerard Hetherington**

24/02/2006 22:23

To: eileen  
lawrence/PH5/DOH/GB  
cc: ailsa  
wight/PH6/DOH/GB, rowena jecock/PH6/DOH/GB, sally  
wellsteed/PH6/DOH/GB  
bcc:  
Subject: IN  
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of risk of transmission of Creutzfeldt-Jacob disease (CJD) via  
interventional procedures

Eileen

Please consider. Happy to discuss on Monday.

Gerard

Gerard Hetherington  
Head of Health Protection  
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Tel: **GRO-C**

----- Forwarded by Gerard Hetherington/HPIHSD/DOH/GB on 24/02/2006 22:21 -----

**Carole Dobson**  
24/02/2006 12:44

To: Gerard  
Hetherington/HPIHSD/DOH/GB **GRO-C**  
cc: Mike De  
Silva/HPIHSD/DOH/GB **GRO-C** Tanya  
Nickols/HPIHSD/DOH/GB **GRO-C**  
bcc:  
Subject: IN  
CONFIDENCE - NICE guidance on Patient safety and reduction  
of risk of transmission of Creutzfeldt-Jacob disease (CJD) via  
interventional procedures



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Gerard

Please see below e-mail from Catherine.

David would appreciate your views on the enclosed (in confidence) copy of NICE guidance on patient safety and reduction on risk of transmission of CJD via interventional procedures.

Would be grateful for views/comments by close Tuesday 28th February in time for David's 1:1 with CMO on Wednesday 1st March.

Thanks

Carole

Carole Dobson  
Senior Personal Assistant to  
Dr David Harper  
Director of Health Protection, International Health  
and Scientific Development

----- Forwarded by Carole Dobson/HPIHSD/DOH/GB on 24/02/2006 12:41 -----

**Catherine Pearson**  
24/02/2006 09:53

To: David  
Harper/HPIHSD/DOH/GB **GRO-C**  
cc: Mike De  
Silva/HPIHSD/DOH/GB **GRO-C** Gerard  
Hetherington/HPIHSD/DOH/GB **GRO-C** Sophie  
Coppel/COMMS/DOH/GB **GRO-C**  
bcc:  
Subject: IN  
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**IN CONFIDENCE**

David

Please see the attached email and letter from Professor Peter Littlejohns at NICE, enclosing an advance copy of draft guidance on patient safety and reduction of risk of transmission of CJD via interventional procedures.

I've put this to CMO and he would like to discuss this with you at your next 1:1 (on Wednesday). However, I'm conscious that this is too late to pick up any major comments or concerns before the beginning of the consultation on 28th February, so I would be very grateful if you could take a look at this sooner and let me have any comments.

Sophie - I've copied you in to be aware of this consultation.

Please note, NICE have sent this to us in confidence as this will not become public until 28 February.

Many thanks

Catherine

Catherine Pearson  
APS to the Chief Medical Officer  
Tel **GRO-C**

----- Forwarded by Catherine Pearson/PR-OFF/DOH/GB on 23/02/2006 18:02 -----

"Adelle Spouge"  
<Adelle.Spouge**GRO-C**>  
**GRO-C** 21/02/2006 16:08

To: Catherine Pearson/PR-OFF/DOH/GB **GRO-C**  
cc: "Peter Littlejohns" <Peter.Littlejohns**GRO-C**>, "Kalipso Chalkidou" <Kalipso.Chalkidou**GRO-C**>, "Sarah Willett" <Sarah.Willett**GRO-C**>  
bcc: NICE guidance on Patient safety and reduction of risk of transmission of Creutzfeldt-Jacob disease (CJD) via interventional procedures

Dear Catherine,

**Re: NICE guidance on Patient safety and reduction of risk of transmission of Creutzfeldt-Jacob disease (CJD) via interventional procedures**



Please find attached an advance copy of this draft guidance for the attention of Professor Sir Liam Donaldson prior to the consultation period beginning on 28<sup>th</sup> February. Also attached is a covering letter from Professor Peter Littlejohns, Clinical and Public Health Director, NICE who is the Executive Lead for this piece of guidance.

I would be grateful if you could confirm receipt of this email. If you have any further questions or queries please do not hesitate to contact us directly.

Sent with best wishes,

Adelle

*Adelle Spouge*

*Research & Development Administrator*

*National Institute for Health & Clinical Excellence (NICE)*

*MidCity Place*

*71 High Holborn*

*London WC1V 6NA*

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