

DERBYSHIRE COUNTY COUNCIL

MEETING WITH CABINET MEMBER, HEALTH AND COMMUNITIES

01 September 2015

Report of the Director of Public Health

**PROVISION OF NALMEFENE TO REDUCE ALCOHOL CONSUMPTION IN
PEOPLE WITH ALCOHOL DEPENDENCE**

1. Purpose of the report:

This report is provided to advise the Cabinet Member regarding the implementation of *NICE technology appraisal guidance 325: Nalmefene for reducing alcohol consumption in people with alcohol dependence*.

2. Information and analysis:

The National Institute for Health and Care Excellence (NICE) is a non-departmental public body, which is accountable to the Department of Health, but operationally independent of government. Its primary aim is to improve standards of health and social care through the production of evidence-based guidance and the development of quality standards.

NICE technology appraisal guidance gives recommendations on the use of medicines, medical devices, diagnostic techniques, surgical procedures and health promotion activities. Under the *National Institute for Health and Care Excellence (Constitution and Functions) and the Health and Social care Information Centre (Functions) Regulations 2013*, there is a statutory requirement for clinical commissioning groups, NHS England and, with respect to their public health functions, local authorities to implement any technology appraisal guidance within three months of its publication.

NICE technology appraisal guidance 325 was published in November 2014. It recommends the use of the opioid receptor modulator, nalmefene for the reduction of alcohol consumption in adult patients with alcohol dependence, who have a high drinking risk level, without physical withdrawal symptoms and who do not require immediate detoxification. High drinking risk level is defined as alcohol consumption of more than 60g (7.5 units) per day for men and more than 40g (5 units) per day for women. The guidance recommends that nalmefene should only be prescribed in conjunction with continuous psychosocial support and should only be initiated in patients who continue to report high drinking risk level two weeks after initial

assessment. It recognises that it is the psychosocial support which provides the greatest impact on levels of alcohol consumption and that nalmefene offers a small, but cost effective, additional benefit.

Nalmefene has been reviewed by the Joint Area Prescribing Committee, which manages the introduction of new medicines in Derbyshire. It is classified as Red under its traffic light system, which means it requires specialist assessment, initiation and continuation of treatment. The medicine should not be prescribed in primary care. It is important to note that in Glossopdale, which falls under jurisdiction of the Greater Manchester Medicines Management Group, it has been agreed that GPs may prescribe nalmefene.

The Council currently commissions two specialist alcohol services. Derbyshire Alcohol Advice Service (DAAS) provides a single point of access for anyone affected by alcohol misuse and delivers extended brief interventions for those drinking at higher risk levels. Structured treatment for those dependent on alcohol, including assisted withdrawal in the community, is provided by Addaction. The population recommended as suitable for nalmefene would normally fall under the remit of DAAS, however specialist prescribing is only available within Addaction. A care pathway has been developed with the two services, in which nalmefene will be prescribed by non-medical prescribers within Addaction and the psychosocial support will be provided by DAAS. An alternative pathway will be developed for Glossopdale.

The prescribing of nalmefene by Addaction and the continuous psychosocial support, beyond the standard six sessions offered by DAAS, fall outside of the current service contracts. An additional payment mechanism based on activity has been agreed with the two providers.

Recognising that this technology appraisal should have been implemented by the end of February 2015, nalmefene will be made available in Derbyshire as soon as practicable. The public health substance misuse commissioning team has requested that the treatment services closely monitor the uptake, treatment compliance and impact of nalmefene and will review after six months.

3. Financial Considerations

The costs involved in implementing this guidance are extremely difficult to estimate.

NICE estimate the annual cost will be £15,000 per 100,000 population in year one, rising to £45,000 per 100,000 population by year five. For

Derbyshire this would equate to £116,000 p.a. rising to £349,000 p.a. These figures are based on a number of assumptions, including that 6% of the eligible population will present for treatment, that 90% percentage of these will return for a follow-up appointment and that 50% of these will access psychosocial support alone.

Nalmefene costs £3.03 per tablet. Patients are directed to take one tablet on each day they perceive a risk of drinking. NICE give no guidance on how long the drug should be prescribed. Assuming the drug is taken 50% of days, the annual drug cost will be £553 per patient. The additional payments to the alcohol service providers for prescribing and psychosocial support have been agreed at £540 and £368 per patient per annum respectively. The cost of the equivalent of ten patients on continuous treatment would therefore be £14,610 per annum. Until the demand for nalmefene can be established, an interim budget of £25,000 has been allocated for 2015/16.

The demand for nalmefene to date, among patients contacting the Derbyshire alcohol services, has been limited. However any significant increase in demand poses a financial risk to the substance misuse budget. This highlights the need to review uptake at six months and if necessary introduce restrictions, for example on duration of prescribing.

4. Other Considerations

In preparing this report the relevance of the following factors has been considered: legal, prevention of crime and disorder, equality of opportunity, human resources, environmental, health, property and transport considerations.

5. Background Papers

National Institute for Health and Care Excellence 2014 *NICE technology appraisal guidance 325: Nalmefene for reducing alcohol consumption in people with alcohol dependence*.

National Institute for Health and Care Excellence 2014 *Costing report: Implementing the NICE guidance on nalmefene for reducing alcohol consumption in people with alcohol dependence (TA325)*.

6. Key Decision

No

7. Call-in

Is it required that call-in be waived for any decision on this report? No

8. Officer's recommendation:

That the Cabinet Member notes the statutory requirement for the Council to implement NICE technology appraisal guidance in respect of nalmefene and approves the allocation of a budget of £25,000 for the remainder of 2015/16.

Elaine Michel
Director of Public Health