



Onkologie -

Quo Vadis ?

**Individualebene: Ärztliche Prinzipien
gerechter Verteilung**

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NICE is taking on a new role in helping to improve quality in the NHS: setting quality standards, advising on indicators for the Quality and Outcomes Framework, and developing a fellowship programme to reward contributions to quality care.

NICE cost-saving support



- Disinvestment. Decommissioning. Saving money. Whatever you call it, the NHS faces an unprecedented financial



National Institute for
Health and Clinical Excellence

Cost saving guidance

In recognition of the challenging financial situation that the NHS is facing we have reviewed the national cost estimates we have made and the list below summarises that which we consider deliver savings. The national estimated saving exceeds £600 million, however, this is across a variety of settings and in some cases may free up resources and capacity that can be used for other services, rather than delivering cash savings. For example, reductions in admissions need to reach a critical mass before it is possible to reduce inpatient facilities; although, of course, any capacity freed up will help deal with increasing demand without having to deploy additional resources, so represents an improvement in productivity.

This list is based on costing work undertaken at the time the guidance is published and covers all clinical guidelines from January 2005 and technology appraisals from January 2006. All guidance that was considered to deliver a net saving has been identified. There may be elements of other guidelines that will deliver savings, but in some circumstances, fully implementing the guidance requires investment. There are also other times when we know that guidance will improve patient care and deliver savings, but the data is not robust enough to allow us to quantify the level of savings. Our forward planner now includes a column that highlights non-quantifiable savings as well as showing the net cost or saving for each piece of guidance. We also produce recommendation reminders to help the NHS reduce ineffective practice

These figures are estimates only and not to be taken as the NICE view of desirable, maximum or minimum figures, but should be useful to provide a sense of the scale of savings achievable. We encourage users of the costing templates to modify the assumptions used in the templates to more accurately reflect local circumstances. The costing tools can be found at the bottom of each of the guidance pages.

Guidance Number	Short title	Why does this guidance save money?	Estimated saving per 100,000
TA097	Depression and anxiety - computerised cognitive behaviour therapy (CCBT)	This guidance may result in a shift from delivery of CBT by therapists to CCBT for some patients. We anticipated that for the patients suitable for cCBT the cost would be £96 million compared with £348 million to deliver face to face CBT.	-504,000
CG34	Hypertension (partial update of CG18)	The recommendations update previous guidance on prescribing drugs for hypertension. Following the revised recommendations will cost more in drugs, but this is far outweighed by the	-446,627

TA111	Alzheimer's disease - donepezil, rivastigmine, galantamine and memantine	This is a review of existing guidance and it is estimated that following the recommendations will result in a saving compared with current practice.	-26,095
CG81	Breast cancer (Advanced)	One of the recommendations in this guidance recommended a change to current practice relating to patients receiving trastuzumab for advanced breast cancer. It is recommended that treatment is discontinued if the disease progresses outside of the central nervous system. It was considered that 50% of women taking trastuzumab and where the disease progresses outside of the central nervous system currently continue to take trastuzumab. In addition to quantified savings relating to trastuzumab we anticipate a reduction in hospital admissions as a result of improved treatment of patients with bone metastases. Bone metastases account for over a third of all nights in hospital in advanced breast cancer care.	-15,080
TA152	Ischaemic heart disease - coronary artery stents (review)	The recommendation is anticipated to lead to a reduction in the cost of drug eluting stents, as they are only considered cost effective where the the additional cost of the drug-eluting stents over bare-metal stents is £300	-10,294

Onkologie

Ärztliche Prinzipien gerechter Verteilung

- Ärztliche Entscheidung alleine orientiert an sachlicher Notwendigkeit nach aktuellem Wissensstand
- ohne pekuniäre Bewertung

Onkologie - Quo Vadis ?

Ärztliche Prinzipien gerechter Verteilung

Ökonomisierung der Medizin

- Indikationsstellung und Kosten
- „Selektivangebot“
- Übertherapie

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Ärztliche Prinzipien gerechter Verteilung

- **Ressourcen für Versorgungsforschung
(Langzeitevaluierung, „Post-Zulassungs“-Studien)**
- **Nationaler Krebsplan mit Fokus auf Ergebnisklarheit**
- **Leistungsorientiertes Entgelt**
- **Bürgerorientierung (transsektoral)**
- **Schaffung von Transparenzinstrumenten durch
klinische Register**
- **Datenschutz**
- **„Geld folgt Qualität“**

Ergebnisse zur sekundären Metastasenresektion:

- Resezierte/randomisierte Patienten bei 176 verfügbaren Patienten in beiden Behandlungsgruppen kombiniert pro Zentrum:
- Dep. 1: 0/26 (0%)
- Dep. 2: 1/12 (8,3%)
- Dep. 3: 10/27 (37%)
- Dep. 4: 21/68 (30,9%)
- Dep. 5: 8/43 (18,6%)

Obwohl in der Gesamtpopulation eine beachtenswerte Resektionsrate (40/176) (22,7%) erzielt wurde, ist der **Unterschied** zwischen den **einzelnen Departments hochsignifikant** (Chi2-Test: $p=0.0043$).

Rektumkarzinom

Tiefe ant. Rektumresektion

Qualität und Entgeld

Keinerlei Komplikation 7.361,- DM

Kein Rezidiv

Postop. Anastomoseninsuff. Ø 46.473,- DM

Lokalrezidiv 21.658,- DM – 61.868,- DM

Ärztliche Prinzipien gerechter Verteilung

Wahrung durch Kostensenkung und Verbesserung der Behandlungsqualität

● **Onkologische Zentren**

- Leitlinien
- Tumorboard
- Qualitätsüberprüfung

● **Nationaler Krebsplan**