Let's open whole process of cost effective modelling

BMJ 2007; 334 doi: http://dx.doi.org/10.1136/bmj.39169.919630.1F (Published 05 April 2007) Cite this as: BMJ 2007;334:709

Jack Dowie, emeritus professor of health impact analysis (jack.dowie@lshtm.ac.uk)

London School of Hygiene and Tropical Medicine, London WC1E 7HT

The National Institute for Health and Clinical Excellence (NICE) needs to go much further than allowing access to its modelling data.1 The whole cost effectiveness modelling process needs to be opened up to involvement by all stakeholders, and inspection by the public, as it happens. The independent group should be contracted to develop the one and only model that NICE will consider in its appraisal, and it should do so in full and continuous collaboration with all registered stakeholders and interested parties who sign up to the NICE guidelines. The model will be run with any alternative parameters suggested by various parties and the alternative results (along with their evidential basis) submitted to the appraisal committee in a single report. No subsequent questioning of, or submissions regarding, the model structure, the results, or the underlying principles would be accepted in the context of any particular case.

Footnotes

- Competing interests: None declared.

References