Professional Expert Questionnaire

**Technology/Procedure name & indication: IP692/2 Direct skeletal fixation of limb or digit prostheses using intraosseous transcutaneous implants**

**Your information**

|  |  |
| --- | --- |
| Name: | Click here to enter text. |
| Job title: | Click here to enter text. |
| Organisation: | Click here to enter text. |
| Email address: | Click here to enter text. |
| Professional organisation or society membership/affiliation: | Click here to enter text. |
| Nominated/ratified by (if applicable): | Click here to enter text. |
| Registration number (e.g. GMC, NMC, HCPC) | Click here to enter text. |

**How NICE will use this information:**

The information that you provide on this form will be used to develop guidance on this procedure.

Please tick this box if you would like to receive information about other NICE topics.

Your advice and views represent your individual opinion and not that of your employer, professional society or a consensus view. Your name, job title, organisation and your responses, along with your declared interests will also be published online on the NICE website as part of public consultation on the draft guidance, except in circumstances but not limited to, where comments are considered voluminous, or publication would be unlawful or inappropriate.

**For more information about how we process your data please see** [**our privacy notice**](https://www.nice.org.uk/privacy-notice)**.**

I give my consent for the information in this questionnaire to be used and may be published on the NICE website as outlined above. If consent is NOT given, please state reasons below:

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| --- |
| Click here to enter text. |

Please answer the following questions as fully as possible to provide further information about the procedure/technology and/or your experience.

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| --- | --- | --- |
| 1 | Please describe your level of experience with the procedure/technology, for example:  Are you familiar with the procedure/technology?  Have you used it or are you currently using it?   * Do you know how widely this procedure/technology is used in the NHS or what is the likely speed of uptake? * Is this procedure/technology performed/used by clinicians in specialities other than your own? * If your specialty is involved in patient selection or referral to another specialty for this procedure/technology, please indicate your experience with it. |  |
| 2 | * Please indicate your research experience relating to this procedure (please choose one or more if relevant): | I have done bibliographic research on this procedure.  I have done research on this procedure in laboratory settings (e.g. device-related research).  I have done clinical research on this procedure involving patients or healthy volunteers.  I have published this research.  I have had no involvement in research on this procedure.  Other (please comment) |
| 3 | Does the title adequately reflect the procedure?  How innovative is this procedure/technology, compared to the current standard of care? Is it a minor variation or a novel approach/concept/design?  Which of the following best describes the procedure (please choose one): | Established practice and no longer new.  A minor variation on an existing procedure, which is unlikely to alter the procedure’s safety and efficacy.  Definitely novel and of uncertain safety and efficacy.  The first in a new class of procedure. |
| 4 | Does this procedure/technology have the potential to replace current standard care or would it be used as an addition to existing standard care? |  |
| 5 | Have there been any substantial modifications to the procedure technique or, if applicable, to devices involved in the procedure?  Has the evidence base on the efficacy and safety of this procedure changed substantially since publication of the guidance? |  |

Current management

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| --- | --- | --- |
| 6 | Please describe the current standard of care that is used in the NHS. |  |
| 7 | Are you aware of any other competing or alternative procedure/technology available to the NHS which have a similar function/mode of action to this?  If so, how do these differ from the procedure/technology described in the briefing? |  |

Potential patient benefits and impact on the health system

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| 8 | What do you consider to be the potential benefits to patients from using this procedure/technology? |  |
| 9 | Are there any groups of patients who would particularly benefit from using this procedure/technology? |  |
| 10 | Does this procedure/technology have the potential to change the current pathway or clinical outcomes to benefit the healthcare system?  Could it lead, for example, to improved outcomes, fewer hospital visits or less invasive treatment? |  |
| 11 | What clinical facilities (or changes to existing facilities) are needed to do this procedure/technology safely? |  |
| 12 | Is any specific training needed in order to use the procedure/technology with respect to efficacy or safety? |  |

Safety and efficacy of the procedure/technology

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| 13 | What are the potential harms of the procedure/technology?  Please list any adverse events and potential risks (even if uncommon) and, if possible, estimate their incidence:  Adverse events reported in the literature (if possible, please cite literature)  Anecdotal adverse events (known from experience)  Theoretical adverse events |  |
| 14 | Please list the key efficacy outcomes for this procedure/technology? |  |
| 15 | Please list any uncertainties or concerns about the efficacy and safety of this procedure/? |  |
| 16 | Is there controversy, or important uncertainty, about any aspect of the procedure/technology? |  |
| 17 | If it is safe and efficacious, in your opinion, will this procedure be carried out in (please choose one): | Most or all district general hospitals.  A minority of hospitals, but at least 10 in the UK.  Fewer than 10 specialist centres in the UK.  Cannot predict at present. |

Abstracts and ongoing studies

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| 18 | Please list any abstracts or conference proceedings that you are aware of that have been recently presented / published on this procedure/technology (this can include your own work).  Please note that NICE will do a comprehensive literature search; we are only asking you for any very recent abstracts or conference proceedings which might not be found using standard literature searches. You do not need to supply a comprehensive reference list but it will help us if you list any that you think are particularly important. |  |
| 19 | Are there any major trials or registries of this procedure/technology currently in progress? If so, please list. |  |
| 20 | Please list any other data (published and/or unpublished) that you would like to share. |  |

Other considerations

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| 21 | Approximately how many people each year would be eligible for an intervention with this procedure/technology, (give either as an estimated number, or a proportion of the target population)? |  |
| 22 | Please suggest potential audit criteria for this procedure/technology. If known, please describe:   * Beneficial outcome measures. These should include short- and long-term clinical outcomes, quality-of-life measures and patient-related outcomes. Please suggest the most appropriate method of measurement for each and the timescales over which these should be measured. * Adverse outcome measures. These should include early and late complications. Please state the post procedure timescales over which these should be measured: | Beneficial outcome measures:  Adverse outcome measures: |

Further comments

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| 23 | If you have any further comments (e.g. issues with usability or implementation, the need for further research), please describe. |  |

**Declarations of interests**

Please state any potential conflicts of interest relevant to the procedure/technology (or competitor technologies) on which you are providing advice, or any involvements in disputes or complaints, in the previous **12 months** or likely to exist in the future. Please use the [NICE policy on declaring and managing interests](https://www.nice.org.uk/Media/Default/About/Who-we-are/Policies-and-procedures/declaring-and-managing-interests-board-and-employees.pdf) as a guide when declaring any interests. Further advice can be obtained from the NICE team.

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| **Type of interest \*** | **Description of interest** | **Relevant dates** | |
| **Interest arose** | **Interest ceased** |
| **Choose an item.** |  |  |  |
| **Choose an item.** |  |  |  |
| **Choose an item.** |  |  |  |

I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations during the course of my work with NICE, must be notified to NICE as soon as practicable and no later than 28 days after the interest arises. I am aware that if I do not make full, accurate and timely declarations then my advice may be excluded from being considered by the NICE committee.

**Please note, all declarations of interest will be made publicly available on the NICE website.**

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| **Print name:** | **Click here to enter text.** |
| **Dated:** | **Click here to enter text.** |