

## **Executive Summary of *Health Technology Assessment in the UK and Germany***

This paper examines the role and operation of Health Technology Assessment (or HTA) in the UK and in Germany. In both countries, health expenditure is constantly rising, yet tax revenues cannot be increased without the likelihood of incurring harmful economic side-effects. Within the given political consensus, which views health care as a public good, prioritising the use and reimbursement of medicines and treatments through HTA appears to be a non-arbitrary alternative to rationing by political bodies.

In this context, in 1999, the UK set up the National Institute for Clinical Excellence (NICE), now renamed the National Institute for Health and Clinical Excellence. Germany followed suit in 2004 with the Institute for Quality and Efficiency in Health Care (IQWiG). Both institutions pursue different strategies with different outcomes. NICE has generally portrayed itself as a technical evaluation body, IQWiG as a counterweight aimed at limiting the influence of the pharmaceutical industry. NICE has a wider scope than IQWiG, greater responsibilities, and tools for implementing its findings in practice.

Both institutions have aroused controversies. IQWiG has often been accused by producers and doctors' groups of using an arbitrary methodology. NICE has been criticised for focussing excessively on cost cutting, but some professionals have also demanded it should be endowed with much wider powers. Both countries have chosen intermediate positions between the two theoretical polar opposites of health care policies either entirely run by politicians, or conversely health care policies solely run by an autonomous professional body.

Operational issues of scientific rigour, methodological soundness and transparency can be improved, and most likely they will be addressed to some extent in Germany, in the course of the latest health care reform. But even the best implementation cannot alter the fact that HTA is a very rough tool. It is necessarily based on average values, standardisation and generalisation. It should be used much more flexibly, but within a public health care monopoly this can be done only in a very imperfect way.