Longitude Prize - open review

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- Please indicate whether you are happy for your comments to be attributed to you or you would like to remain anonymous. *

- I am happy for my comments to be attributed to me

1. Is the proposed assessment method logical?

Would you propose any alternative criteria?

Are there any assessment criteria in stage one that should be in stage two, or vice versa?

The assessment method is logical, however if a novel diagnostic is found that can be used in a variety of settings, it may be that this could be at a higher cost, but the benefits could potentially outweigh the risks of not exploring a novel diagnostic that appears to have only a minimal impact [the dream would be for a one size fits all novel diagnostic]. As an example in a number of London hospitals it is likely that a move to screening for MDR gram negative bacteria may become the norm due to a number of outbreaks that have caused problems in ICUs etc, although the impact could be described as minimal if a novel diagnostic tool is designed to deal with this, compared to a tool that could be used in general practice impacting a far greater number of patients, in the grand scheme of antimicrobial resistance both of these issues are of significant importance. Whilst developing diagnostics and algorithms for both ends of the spectrum, other app roaches to preventing and treating the MDR gram negatives needs to be reviewed, since the gram negatives are not as receptive to antibiotic therapy as the gram positive bacteria. The patient should not be forgotten in all of this discussion - rectal swabbing may be required and acceptability and safety need to be considered in patients who may have compromised colon health.

2. How can we make sure that the proposed solution will be relevant across different healthcare settings?

Does the table on page 26 reflect an accurate way to categorise healthcare resources required?

Is there an accurate way to calculate the percentage of the global population with access to these different levels of healthcare resources?

Access to resources needs to be addressed in terms of the diagnostic capabilities and the safe disposal of clinical waste arising from the testing of specimens. Could a developer produce a diagnostic tool that can encapsulate and hermetically seal the clinical waste for safe collection and disposal?

3. What is the best method for predicting whether a healthcare intervention will provide "value for money" in a given healthcare context?

Is £5 or less a suitable cost limit per test?

It may be that this could be at a higher cost, but the benefits could potentially outweigh the risks of not exploring a novel diagnostic that appears to have only a minimal impact (as outlined in the response to question 1).

4. We are currently looking for methods and ideas on how to measure the impact proposed solutions will have on global healthcare. Do you have any suggestions on how this measurement could be best achieved?

Covered in response to question 1.

What appears to be a minimal impact in terms of numbers of patients may in fact be very important in the grand scheme of MDR gram negative bacteria, compared to a diagnostic that can be used in general practice, as an example.

5. Are there any other points that you think we should consider with respect to criteria or assessment?

Patient understanding and acceptability. Information for the patient is important.