

## Patient/carer organisation statement template

Thank you for agreeing to give us your views on the technology and the way it should be used in the NHS.

Patients and patient advocates can provide a unique perspective on the technology, which is not typically available from the published literature.

To help you give your views, we have provided a template. The questions are there as prompts to guide you. You do not have to answer every question. Please do not exceed the 8-page limit.

### About you

Your name: XXXXXXXXXX

Name of your organisation:

**Anitcoagulation Europe**

Are you (tick all that apply):

- a patient with the condition for which NICE is considering this technology?
- a carer of a patient with the condition for which NICE is considering this technology?
- an employee of a patient organisation that represents patients with the condition for which NICE is considering the technology? If so, give your position in the organisation where appropriate (e.g. policy officer, trustee, member, etc)
- other? (please specify)

**What do patients and/or carers consider to be the advantages and disadvantages of the technology for the condition?**

**1. Advantages**

(a) Please list the specific aspect(s) of the condition that you expect the technology to help with. For each aspect you list please describe, if possible, what difference you expect the technology to make.

Supporting patients in their care and recovery after post orthopaedic surgery – minimising risk of DVT and PE

Taken in tablet form  
Limited interactions with foods  
Simplier monitoring procedures

(b) Please list any short-term and/or long-term benefits that patients expect to gain from using the technology. These might include the effect of the technology on:

- the course and/or outcome of the condition
- physical symptoms
- pain
- level of disability
- mental health
- quality of life (lifestyle, work, social functioning etc.)
- other quality of life issues not listed above
- other people (for example family, friends, employers)
- other issues not listed above.

**Benefits**

Alternative to injected anticoagulants currently in use

Ease of use by patients and carers

Reduced monitoring procedures required with current anti-coagulants – warfarin/heparin – minimise attendance at external clinics – hospital/GP surgery

Decreasing risk of patients developing DVT /PE post surgery  
Reassurance to patient and carers

**What do patients and/or carers consider to be the advantages and disadvantages of the technology for the condition? (continued)**

**2. Disadvantages**

Please list any problems with or concerns you have about the technology.

Disadvantages might include:

- aspects of the condition that the technology cannot help with or might make worse.
- difficulties in taking or using the technology
- side effects (please describe which side effects patients might be willing to accept or tolerate and which would be difficult to accept or tolerate)
- impact on others (for example family, friends, employers)
- financial impact on the patient and/or their family (for example cost of travel needed to access the technology, or the cost of paying a carer).

Contra- indications – if any?(as with any drugs)

Possible exclusion/ non-suitability for some high risk patients who have specific clotting disorders

Costs of monitoring?

Cost of drug?

Acceptance by medical professional as alternative treatment

3. Are there differences in opinion between patients about the usefulness or otherwise of this technology? If so, please describe them.

Unaware

4. Are there any groups of patients who might benefit **more** from the technology than others? Are there any groups of patients who might benefit **less** from the technology than others?

Benefits

Patients already on anti-coagulant treatment such as warfarin - alternative

Patients who are adverse to injections

High risk patients who may re-act to existing a/c treatments

Easy of use

### **Comparing the technology with alternative available treatments or technologies**

NICE is interested in your views on how the technology compares with with existing treatments for this condition in the UK.

(i) Please list any current standard practice (alternatives if any) used in the UK.

(ii) If you think that the new technology has any **advantages** for patients over other current standard practice, please describe them. Advantages might include:

- improvement in the condition overall
- improvement in certain aspects of the condition
- ease of use (for example tablets rather than injection)
- where the technology has to be used (for example at home rather than in hospital)
- side effects (please describe nature and number of problems, frequency, duration, severity etc.)

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4(ii)

Speed recovery

Assurance to patient

Easy to medicate – oral form

Minimising risk to patients/community which will impact on carers, hospital, Doctors

Cost benefits long term

Not affected by diet

(iii) If you think that the new technology has any **disadvantages** for patients compared with current standard practice, please describe them. Disadvantages might include:

- worsening of the condition overall
- worsening of specific aspects of the condition
- difficulty in use (for example injection rather than tablets)
- where the technology has to be used (for example in hospital rather than at home)
- side effects (for example nature or number of problems, how often, for how long, how severe).

Any contra-indications not yet known

Cost?

Convincing medical profession that this is a safe and suitable alternative to current practice

### **Research evidence on patient or carer views of the technology**

If you are familiar with the evidence base for the technology, please comment on whether patients' experience of using the technology as part of their routine NHS care reflects that observed under clinical trial conditions.

N/A

National Institute for Health and Clinical Excellence

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Single Technology Appraisal of Dabigatran etexilate for the prevention of venous thromboembolism after hip or knee replacement surgery in adults

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Are there any adverse effects that were not apparent in the clinical trials but have come to light since, during routine NHS care?

N/A

Are you aware of any research carried out on patient or carer views of the condition or existing treatments that is relevant to an appraisal of this technology? If yes, please provide references to the relevant studies.

N/A

**Availability of this technology to patients in the NHS**

What key differences, if any, would it make to patients and/or carers if this technology was made available on the NHS?

A/C given in tablet form  
Less invasive monitoring needed  
Doesn't interact with foods  
Can be given over prescribed periods of time to target periods of risk  
Reassurance to patients and carers

What implications would it have for patients and/or carers if the technology was **not** made available to patients on the NHS?

Non-advancement within realms of medicine – impact on population

Patients have higher risk of DVT/PE post surgery

Rising percentage of elderly required hip and knee surgery – we need to find ways to ensure operations and subsequent recovery is successful and uneventful through inappropriate or dated anticoagulant treatment

Are there groups of patients that have difficulties using the technology?

Unaware – unless certain medical personnel and PCTs etc decide not to adopt for financial or other reasons. Then, this could affect patients long term.

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### **Other Issues**

Please include here any other issues you would like the Appraisal Committee to consider when appraising this technology.