NICE National Institute for Health and Care Excellence

Resource impact summary report

Resource impact

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Resource impact summary report

This summary report is based on the NICE assumptions used in the resource impact template. Users can amend the 'Population and treatments' and 'Unit costs' worksheets in the template to reflect local data and assumptions.

Guidance recommendation

NICE has recommended that CardioMEMS HF System can be used as an option for remote monitoring of New York Heart Association (NYHA) class 3 chronic heart failure in adults at risk of hospitalisation who are able to use the technology (with the help of a carer if necessary) and willing to adjust medication as directed.

More research is needed on the Cordella Pulmonary Artery Sensor System and the Cordella Heart Failure System for remote monitoring of NYHA class 3 chronic heart failure in adults before it can be funded by the NHS.

The CardioMEMS HF system is intended to supplement standard care monitoring for chronic heart failure. The data from the system is sent wirelessly to a secure database for healthcare professionals to review.

Financial and capacity resource impact

CardioMEMS costs £11,400 (including VAT) plus £1,631 per person for implantation, with additional ongoing remote-monitoring costs. A one-off £10,000 per-site payment is also needed for the calibration system used during implantation.

Evidence suggest that CardioMEMS supports proactive pulmonary artery pressure management, leading to fewer hospitalisations and mitigating incremental costs. The external assessment group (EAG) report estimates a reduction in annual hospitalisations from 1.52 to around 1.00 per person. This decrease translates into an estimated saving of approximately £2,300 per individual, based on avoided admission cost of around £4,400. When these savings are compared with the upfront device and implantation costs, it suggests an overall payback period of around 5.7 years.

Because CardioMEMS is used alongside standard care, clinical teams may require additional time to review and interpret the transmitted data. But, clinical experts advised that monitoring requirements tend to decrease after the initial implantation. Appropriate monitoring frequency will vary according to an individual's clinical status, and the system can be configured with person-specific parameters to alert both users and healthcare professionals when readings fall outside the expected range.

The resource impact template includes assumptions to model monitoring review (capacity) needs for people whose CardioMEMS:

- readings fall outside predefined thresholds
- readings remain within predefined thresholds.

These parameters reflect potential differences in the number of monitoring reviews, review time and level of healthcare professional needed. Assumptions about service capacity and workflow impacts should be determined locally, as they depend on local pathways, workforce availability, digital infrastructure, and clinical protocols.

Local health systems may need to consider how the frequency of monitoring and alert responses will influence staffing, scheduling, and ongoing operational costs.

For further analysis or to calculate the financial and capacity impact, see the resource impact template.

Benefits of using the CardioMEMS HF system

Potential benefits are:

- Early detection of rising pulmonary artery pressure (PAP) may reduce the risk of heart failure worsening and the need for hospital admission.
- Optimising medication based on real-time data may improve symptom control and quality of life.
- Remote monitoring can offer greater convenience for people who prefer to manage their condition from home.
- It supports people who face barriers to attending in-person appointments, such as

mobility limitations, travel distance, or work commitments.

- The system may provide people with reassurance by enabling closer oversight of their condition between routine clinic visits.

Eligible population for CardioMEMS HF system

Around 620,000 adults in England are affected by heart failure, the number eligible for CardioMEMS is not known. The resource impact template uses confirmed index hospital admissions from the National Heart Failure Audit (NHFA) 2025, 2nd Edition, to work out the eligibility percentage. Organisations may amend this to reflect local circumstances.

Treatment options for the eligible population

Heart failure care is typically managed through specialist clinics; but, individuals with stable conditions may be followed up by various healthcare professionals, including community heart failure nurses, GPs with a special interest in heart failure, and specialist pharmacists. The frequency of monitoring is determined by the person's clinical status and stability of their condition.

CardioMEMS is intended for use as an adjunct to standard care for people with New NYHA class 3 heart failure. The committee concluded that implementation would require integration within specialist multidisciplinary heart failure services, with alerts and trend data reviewed and acted upon by appropriately trained healthcare professionals.

Key information

Table 1 Key information

Specialty area	Cardiology
Disease area	Heart failure
Pathway position	Management
Programme budget category	10X Problems of circulation other
Commissioner	NHS England (specialised services devices programme)
Provider	NHS Hospital trusts

About this resource impact summary report

This resource impact summary report accompanies the NICE HealthTech guidance on pulmonary artery pressure technologies for remote monitoring of chronic heart failure and should be read with it.

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