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National Institute for Health and Clinical Excellence

**Cilostazol, naftidrofuryl oxalate, pentoxifylline and inositol nicotinate for the treatment of intermittent claudication in people with peripheral arterial disease**

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Royal College of Nursing

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## **Introduction**

The Royal College of Nursing (RCN) was invited to review the Appraisal Consultation Document (ACD) for Cilostazol, naftidrofuryl oxalate, pentoxifylline and inositol nicotinate for the treatment of intermittent claudication in people with peripheral arterial disease.

Nurses caring for people with peripheral arterial disease reviewed the documents on behalf of the RCN.

## **Appraisal Consultation Document – RCN Response**

The Royal College of Nursing welcomes the opportunity to review this document. The RCN's response to the four questions on which comments were requested is set out below:

i) **Has the relevant evidence has been taken into account?**

The evidence considered seems comprehensive.

ii) **Are the summaries of clinical and cost effectiveness reasonable interpretations of the evidence, and are the preliminary views on the resource impact and implications for the NHS appropriate?**

We would ask that the summaries of the clinical and cost effectiveness of this appraisal should be aligned to the clinical pathway followed by patients with peripheral arterial disease. The preliminary views on resource impact and implications should be in line with established standard clinical practice.

- iii) **Are the provisional recommendations of the Appraisal Committee sound and do they constitute a suitable basis for the preparation of guidance to the NHS?**

Nurses working in this area of health have reviewed the recommendations of the Appraisal Committee and do not have any other comments to add.

The RCN would welcome guidance to the NHS on the use of this health technology.

- iv) **Are there any equality related issues that need special consideration that are not covered in the ACD?**

We are not aware of any specific issue at this stage. We would however, ask that any guidance issued should show that equality issues have been considered and that the guidance demonstrates an understanding of issues concerning patients' age, faith, race, gender, disability, cultural and sexuality where appropriate. Any guidance on the use of this technology should also be mindful of the impact it may have on reducing socio-economic inequalities.