

NHS organisation statement template

VTE – Apixaban (hip and knee)

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

Primary Care Trusts (PCTs) provide a unique perspective on the technology, which is not typically available from the published literature. NICE believes it is important to involve NHS organisations that are responsible for commissioning and delivering care in the NHS in the process of making decisions about how technologies should be used in the NHS.

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. Short, focused answers, giving a PCT perspective on the issues you think the committee needs to consider, are what we need.

About you

Your name: [REDACTED]

Name of your organisation: NHS Warwickshire

Please indicate your position in the organisation:

- **commissioning services for the PCT in general?**
- commissioning services for the PCT specific to the condition for which NICE is considering this technology?
- responsible for quality of service delivery in the PCT (e.g. medical director, public health director, director of nursing)?
- a specialist in the treatment of people with the condition for which NICE is considering this technology?
- a specialist in the clinical evidence base that is to support the technology (e.g. participation in clinical trials for the technology)?
- other (please specify)

What is the expected place of the technology in current practice?

How is the condition currently treated in the NHS? NICE CG92 applied

Is there significant geographical variation in current practice? Not aware of any significant variation.

Are there differences in opinion between professionals as to what current practice should be? Unsure as VTE prophylaxis for hip and knee replacement is only prescribed in secondary care as part of inpatient attendance.

What are the current alternatives (if any) to the technology, and what are their respective advantages and disadvantages?

Advantage – oral rather than parenteral (compared to LMWH)

Disadvantage – twice daily dosing compared to once daily dosing for dabigatran and rivaroxaban (may affect compliance).

To what extent and in which population(s) is the technology being used in your local health economy?

- is there variation in how it is being used in your local health economy?*
- is it always used within its licensed indications? If not, under what circumstances does this occur?*
- what is the impact of the current use of the technology on resources?*
- what is the outcome of any evaluations or audits of the use of the technology?*
- what is your opinion on the appropriate use of the technology?*

Currently not in use as not available.

Potential impact on the NHS if NICE recommends the technology

What impact would the guidance have on the delivery of care for patients with this condition?

Unclear as oral anti-Xa inhibitors dabigatran and rivaroxaban are already available. Unsure if apixaban has benefits over these.

In what setting should/could the technology be used – for example, primary or secondary care, specialist clinics? Would there be any requirements for additional resources (for example, staff, support services, facilities or equipment)?

Secondary care for this indication (VTE prophylaxis in hip and knee replacement which are undertaken in secondary care).

There should be no requirement for additional resource – price of drug should be within tariff cost for procedure.

Appendix I – NHS organisation statement template

Can you estimate the likely budget impact? If this is not possible, please comment on what factors should be considered (for example, costs, and epidemiological and clinical assumptions).

Unable to estimate budget impact as price for apixaban is not known.

Would need to consider same factors as for dabigatran and rivaroxaban.

Would implementing this technology have resource implications for other services (for example, the trade-off between using funds to buy more diabetes nurses versus more insulin pumps, or the loss of funds to other programmes)?

May reduce need for district nurses to administer LMWHs once patient has been discharged but would depend on what is currently used first line for VTE prophylaxis.

Would there be any need for education and training of NHS staff?

Not that I am aware of.

Other Issues

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

An MTA looking at all drugs for VTE prophylaxis in hip and knee replacement would be helpful rather than looking at each drug individually.