Comments on the ACD Received from the Public through the NICE Website

Name	on behalf of NHS Greater Manchester	
Role	NHS Professional	
Other role		
Location	England	
Conflict	no	
Notes		
Comments on individual sections of the ACD:		
Section 1 (Appraisal Committee's preliminary recommendations)	I concur with the Committees preliminary recommendation subsequent to review of the evidence base and following consideration of the clinical and cost effectiveness. I acknowledge the Committee concluded that the results of the SHIFT trial are generalisable to the UK population despite subtle differences however, the Committee?s position on the effectiveness of Ivabradine in patients who have not received full recommended doses of Beta-Blockers, who have NYHA Class IV HF or have an ejection fraction of 35% or higher would be appreciated.	
Section 2 (The technology)		
(The manufacturer's submission)		
Section 4 (Consideration of the evidence)		
Section 5 (Implementation)		
Section 6 (Proposed recommendations for further research)		
Section 7 (Related NICE guidance)		
Section 8 (Proposed date of review of guidance)		
Date	8/28/2012 4:02:00 PM	

Name	Dr.
Role	NHS Professional
Other role	GP and GPSI Heart Failure
Location	England
Conflict	no
Notes	
Comments on individual sections of the ACD:	
Section 1 (Appraisal Committee's preliminary recommendations)	Could you please clarify the term heart failure specialist? Could this be a GPSI or HFSN or do you mean just a Heart Failure Consultant? I personally feel that if the criteria are met in 1.1 and 1.2 then it could be started by a GPSI or experienced HFSN in consultation with the MDT.

	thanks
Section 2	
(The technology)	
Section 3 (The manufacturer's submission)	
Section 4 (Consideration of the evidence)	
Section 5 (Implementation)	
Section 6	
(Proposed recommendations for further research)	
Section 7	
(Related NICE guidance)	
Section 8	
(Proposed date of review of guidance)	
Date	8/8/2012 8:36:00 PM