

NHS organisation statement template

Ivabradine for the treatment of chronic heart failure

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: Tina Teague

Name of your organisation NHS Devon

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? Is there significant geographical variation in current practice? Are there differences in opinion between professionals as to what current practice should be? What are the current alternatives (if any) to the technology, and what are their respective advantages and disadvantages?

Betablockers are currently used as 1st line agents in patients with heart failure. They are evidence based – reduce morbidity and mortality . Ivabradine is an alternative where betablockers are unable to be used. Fairly standard current practice. No alternatives.

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?

Low current useage locally. Difficult to determine impact. No local evaluation in progress. Some evidence to support useage.

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?

Probably beneficial. Betablockers would remain in use for most patients. Ivabradine would be used where currently patients take nothing – potential prognostic and symptomatic benefit.

Appendix I – NHS organisation statement template

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)?

Currently only initiated by Consultant / GPwSI. I believe useage could be generalised. No requirements for monitoring

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).

*No license for use in AF rate control at present.
Additional cost of approximately £38.5K per year based on modelling formula.*

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)?

Heart failure patients are high cost / service users. May increase access need to heart failure nurses for titration.

Depending on pathway – could avoid secondary care referrals if fitration can be done by nurses. Reduce hospital admissions.

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

Initial as with any new therapies; added to joint formulary, update on Map of Medicine.

Other Issues

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

No