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Our Ref: JB/NICE

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Attention of Reetan Patel

Dear Sir

Thank you for asking me to comment on the Appraisal of Coronary Artery Stents review.

Having considered all of the evidence contained within this document I am concerned that this appraisal is entirely focused on the financial impact of drug eluting stents on the service and may produce a major retrograde step in practice as a consequence of questionable assumptions. As an experienced NHS manager and senior nurse I recognise the cost pressure this form of treatment generates in the short term. However, whilst I recognise it may be a small group of patients, the long term cost implications in both financial and psychological terms for the patient must be recognised.

1. I am unsure that all relevant information has been considered. Whilst there has clearly been extensive and comparative research studies, from my perspective, the focus on mortality as the primary outcome has overridden the focus on quality of life and a positive experience for the patients affected.
2. I can not agree that the resource impact and implications for the NHS are appropriate as there does not seem to be consideration of the cost implications of practice changes which will accrue as more patients are driven to CABG by concern regarding the requirement for further procedures..
3. I would question whether this proposal is sound as it is overly proscriptive and would have considerable governance implications for both patients and clinicians as it excludes the clinician's ability to administer the best possible treatment for each patient as an individual. This may have detrimental effect on the care of patients at higher risk of restenosis.

4. Whilst I recognise from my considerable clinical experience that drug eluting stents are not always appropriate, there are groups of clearly defined patients in the higher risk bracket that ethically, morally and financially would benefit from the treatment.

5. I also recognise the need to provide cost effective, evidence based care to all groups of patients, this change in practice would have a detrimental effect to the patient and the NHS. If the committee believe that this must be enforced I would strongly advise the high risk groups are exempt.

If you have any questions regarding the content of this letter please do not hesitate to contact me.

Yours sincerely

Jill Bishop