

# How NICE can help with Scrutiny

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# Overview

- **Who we are**
- **What we do**
- **How we can help**



# What is NICE?

*The National Institute for Health and Clinical Excellence (NICE) is the **independent** organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.*



# Core principles of all NICE guidance



- Comprehensive evidence base
- Expert input
- Patient and carer involvement
- Independent advisory committees
- Genuine consultation and contestability
- Regular review
- Open and transparent process.

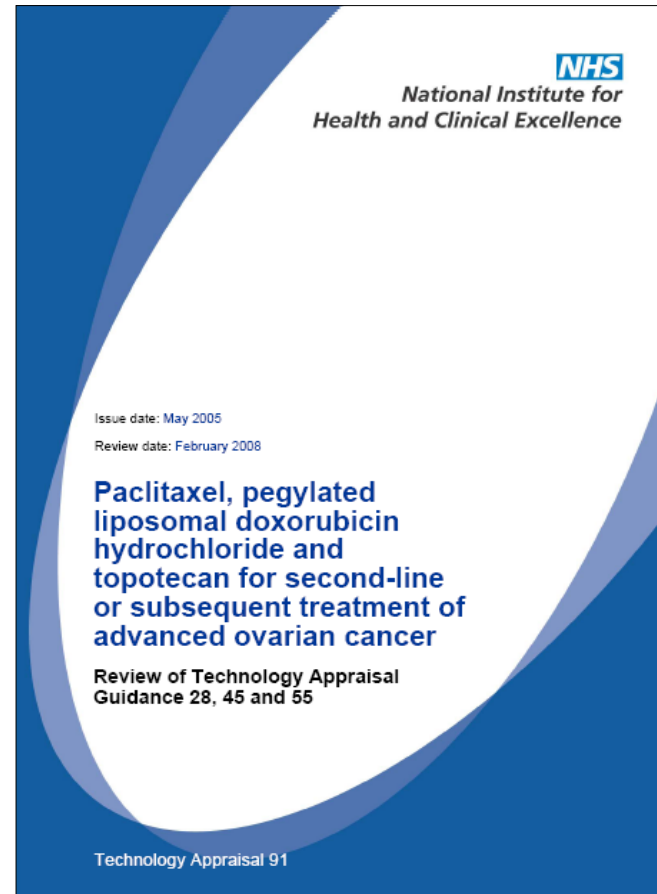
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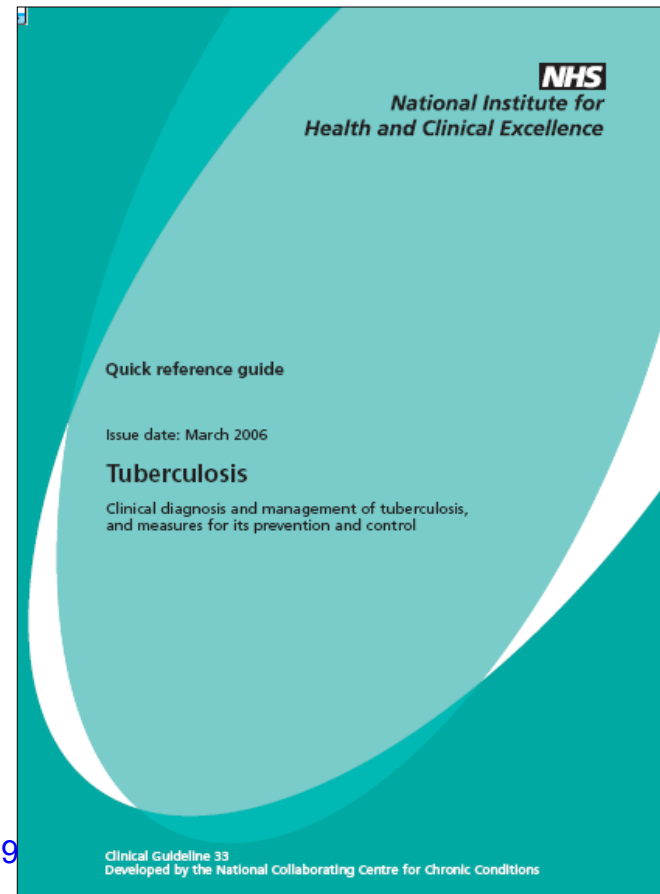
# Technology appraisals

Provide guidance on the **clinical and cost effectiveness** of specific new or existing medicines and treatments leading to recommendations on the appropriate use of the technology within the NHS.



# Clinical guidelines

- Provide guidance on the appropriate treatment and care of people with specific diseases and conditions.
- Based on evidence of **clinical and cost-effectiveness**



# Interventional procedures

- Guidance as to whether interventional procedures used for diagnosis or treatment are **safe enough and work well enough for routine use in the NHS**

Issue date: April 2006

**NHS**  
National Institute for  
Health and Clinical Excellence

## Percutaneous radiofrequency ablation for atrial fibrillation

**1 Guidance**

1.1 Current evidence on the safety and efficacy of percutaneous radiofrequency ablation for atrial fibrillation appears adequate to support the use of this procedure in appropriately selected patients (see section 2.1.4) provided that normal arrangements are in place for audit and clinical governance.

1.2 Clinicians should ensure that patients fully understand the potential complications, the likelihood of success and the risk of recurrent atrial fibrillation associated with this procedure. In addition, use of the Institute's information for the public is recommended (available from [www.nica.org.uk/PG168publicinfo/](http://www.nica.org.uk/PG168publicinfo/)).

1.3 This procedure should only be performed in specialist units and with arrangements for cardiac surgical support in the event of complications.

1.4 This procedure should only be performed by cardiologists with extensive experience of other types of ablation procedures.

1.5 The Department of Health runs the Central Cardiac Audit Database (CCAD), and clinicians are encouraged to enter all patients undergoing percutaneous radiofrequency ablation for atrial fibrillation onto this database ([www.ccad.org.uk/](http://www.ccad.org.uk/)).

**2 The procedure**

**2.1 Indications**

2.1.1 Atrial fibrillation is the irregular and rapid beating of the upper two chambers of the heart (the atria). It may be classified as paroxysmal, persistent or permanent. Patients with atrial fibrillation may be asymptomatic or they may have symptoms including palpitations, dizziness, breathlessness and fatigue. They have an increased risk of stroke as a result of blood clots forming in the left atrium and then embolising to the brain.

2.1.2 Atrial fibrillation usually occurs in the absence of structural heart disease.

2.1.3 Conservative treatments include medication to control the heart rhythm and rate, electrical cardioversion and anticoagulation to prevent blood clots forming. Surgery for atrial fibrillation is usually performed at the same time as open heart surgery for another indication, such as for the correction of mitral valve disease. The conventional surgical approach, known as the Cox maze procedure, involves making multiple, strategically placed incisions in both atria to isolate and stop the abnormal electrical impulses. Alternative methods of creating lesions in the atria by ablation have been developed using energy sources such as radiofrequency, microwave, cryotherapy and ultrasound.

2.1.4 Percutaneous radiofrequency ablation is a treatment option for symptomatic patients with atrial fibrillation refractory to anti-arrhythmic drug therapy or where medical therapy is contraindicated because of co-morbidity or intolerance.

**2.2 Outline of the procedure**

2.2.1 Percutaneous radiofrequency ablation is a minimally invasive procedure that is usually carried out under sedation. A catheter is inserted into the femoral vein and advanced into the heart, using X-ray fluoroscopic guidance to ensure correct positioning. An attachment at the tip of the catheter sends out radiofrequency energy producing heat that damages the targeted area of the conduction pathway. Electrophysiological testing is undertaken before the procedure to identify and map the source of the abnormal electrical signals. Advanced imaging and mapping techniques that do not require fluoroscopy have also been developed for use in this procedure.

2.2.2 Several different strategies may be used, including linear ablation in the left or right atrium and focal pulmonary vein to isolate triggers of atrial fibrillation that arise from within the pulmonary vein. This guidance does not refer to the procedure of atrioventricular node ablation and pacing.

**Interventional Procedure Guidance 168**

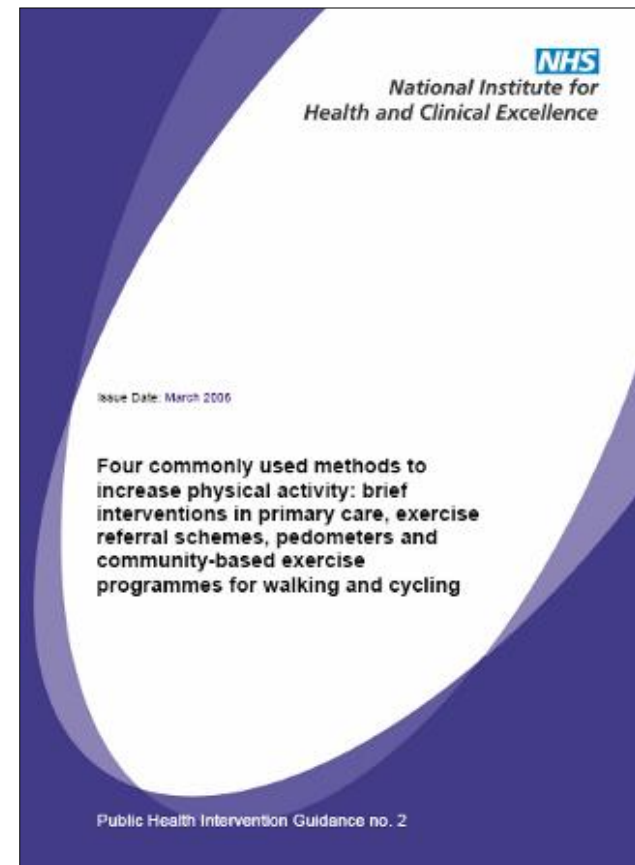
This guidance is written in the following context:  
This guidance represents the view of the Institute which was arrived at after careful consideration of the available evidence. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. This guidance does not, however, override the individual responsibility of healthcare professionals to make appropriate decisions in the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.  
Interventional procedures guidance is for healthcare professionals and people using the NHS in England, Wales and Scotland.  
This guidance is endorsed by NHS QIS for implementation by NHS Scotland.

**NHS**  
Quality Improvement  
Leadership



# Public health guidance

- guidance on the promotion of good health and the prevention of ill health, for those working in the NHS, local authorities and the wider public, private and voluntary sector

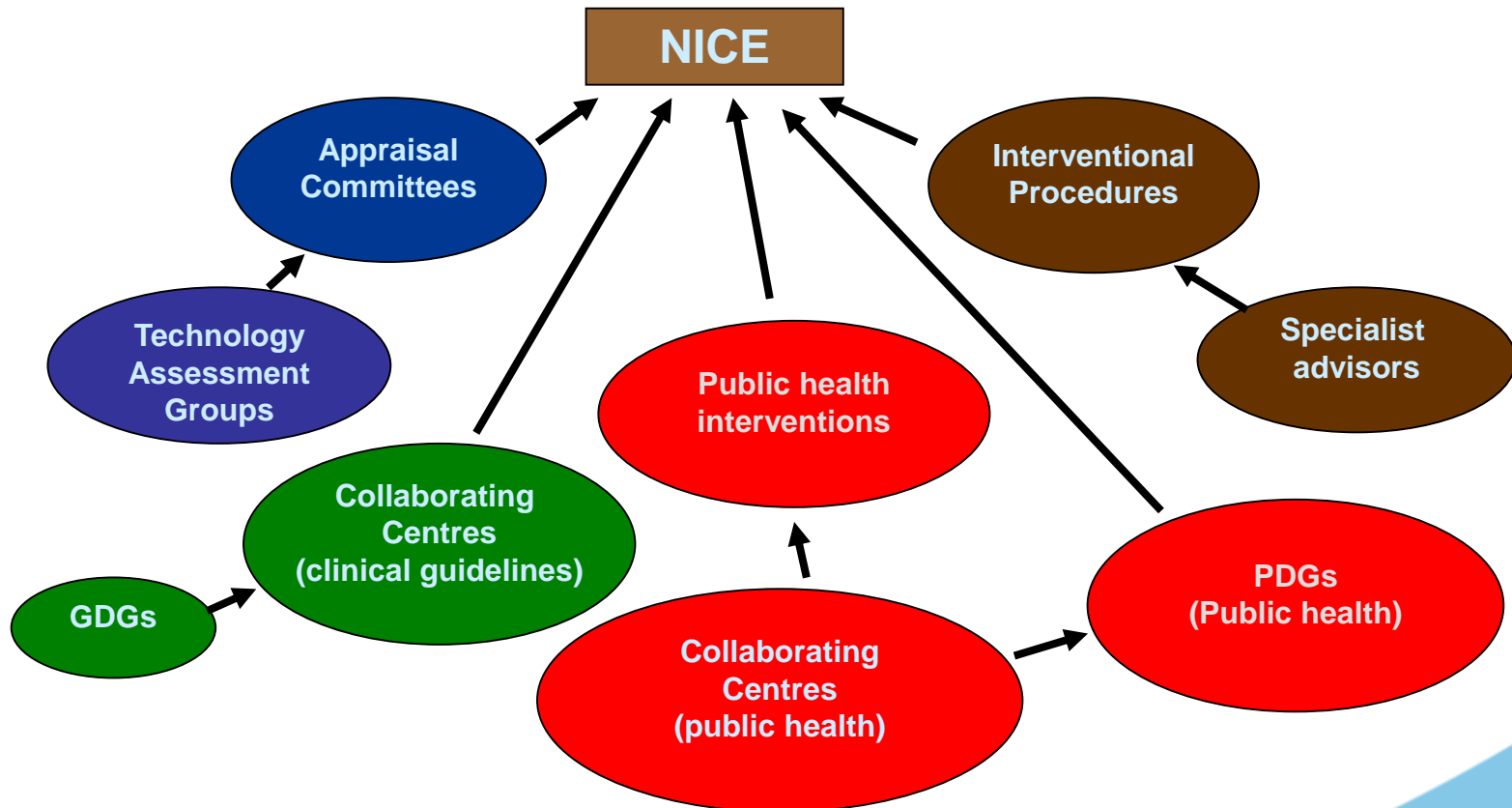


# Where does NICE guidance apply?



- **Clinical guidelines and technology appraisal guidance apply to England, Wales and Northern Ireland**
- **Interventional procedures guidance applies to England, Wales, Scotland and Northern Ireland**
- **Public health guidance applies to England only.**

# As a “virtual” Institute



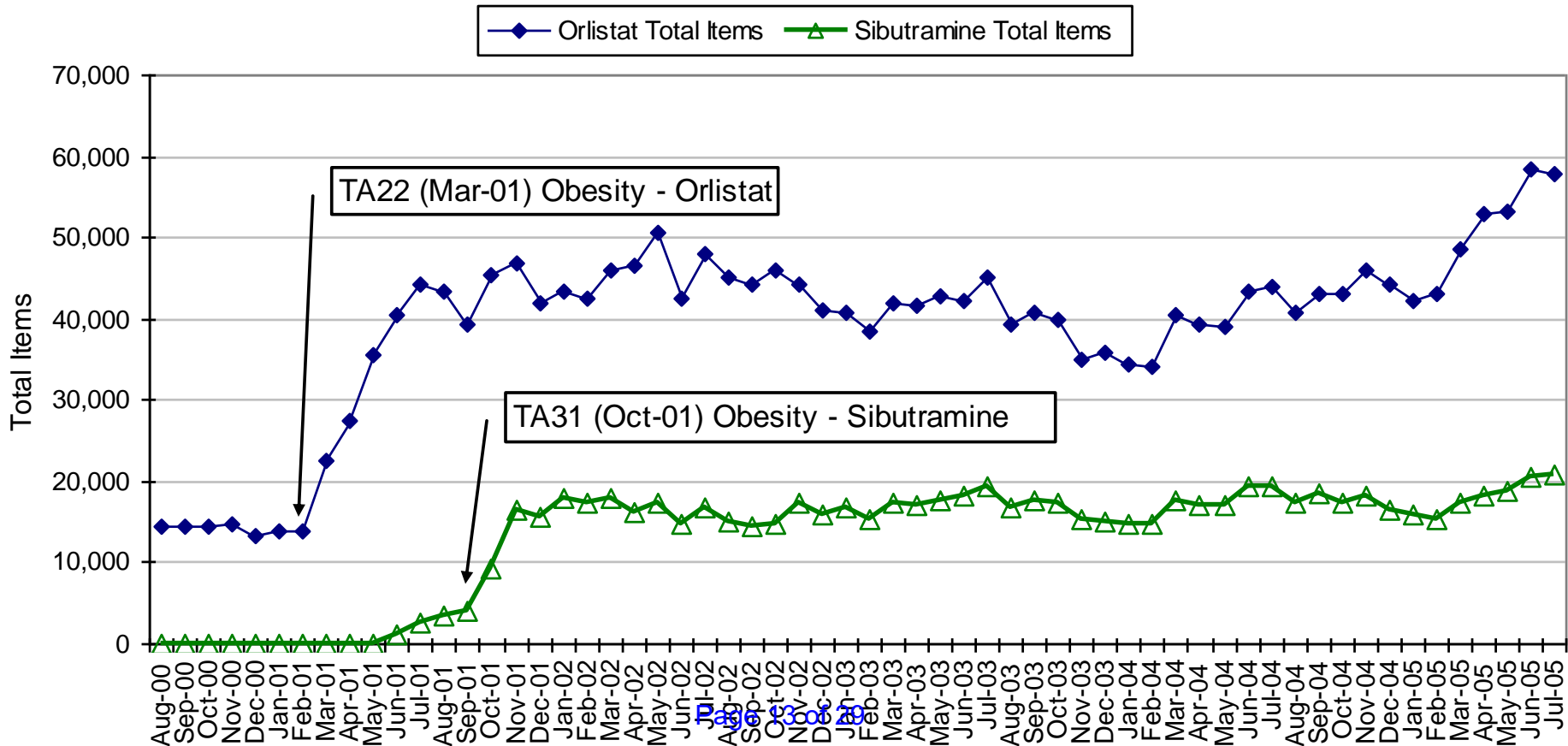
# Who benefits from implementing NICE guidance?

- Patients and carers
- Healthcare professionals
- Organisations
- Communities



# Uptake of anti-obesity drugs

Trends in prescribing of drugs to treat obesity (orlistat and sibutramine) in Primary Care in England (total items)



Source: PACT

# Hip disease –replacement prostheses

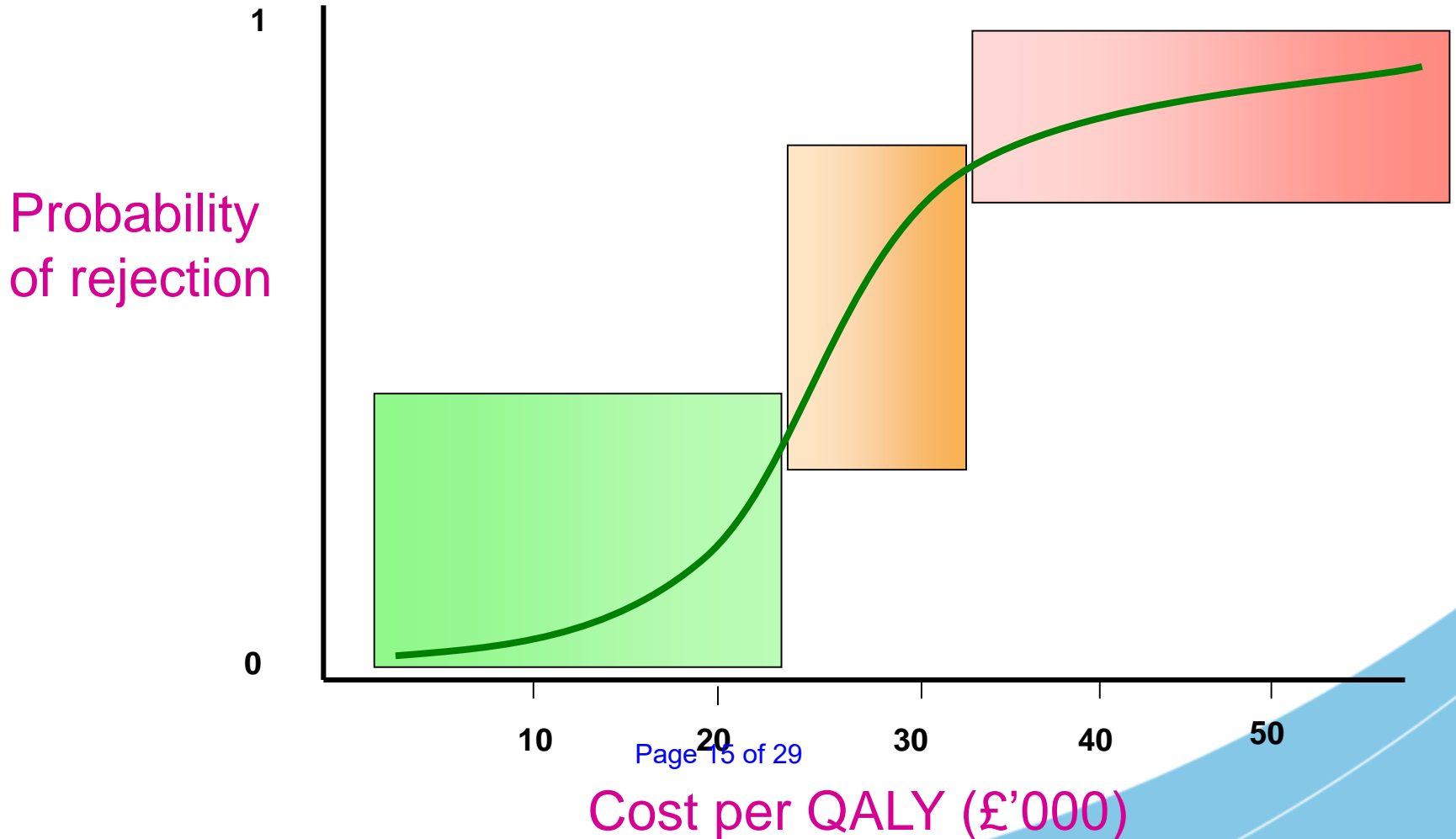
## **NICE recommended**

“Wherever possible, the NHS should use artificial hip joints that can show they last for 10 years or more.”

## **Dr Foster guide 2005**

“All but one hospital in Scotland and 89 per cent of hospitals in England use approved hips.”

# Assessing Cost Effectiveness



# The impact on funders

- The NHS must usually make funding and resources available within 3 months of the issue of NICE technology appraisal guidance.
- For other guidance – local health organisations should review their management of clinical conditions against the NICE guidelines.





# Why does NICE guidance matter?

- Public health responsibilities
- Partnership working
- Care agenda
- **Health scrutiny functions**
- Evidence based recommendations to maximise health benefit and use of public monies

# Public health guidance

- Four methods to increase physical activity
- Smoking cessation in primary care and other settings
- Interventions to prevent sexually transmitted infections including HIV and to reduce under-18 conceptions
- Interventions to reduce substance misuse amongst vulnerable young people
- Workplace smoking
- School-based interventions on alcohol
- Smoking cessation services
- Knowledge, attitude and behaviour change
- Physical activity and the environment
- Community engagement and community development approaches to health improvement
- Maternal and child nutrition
- Social and emotional wellbeing in primary education
- Workplace physical activity



# Public health guidance in development

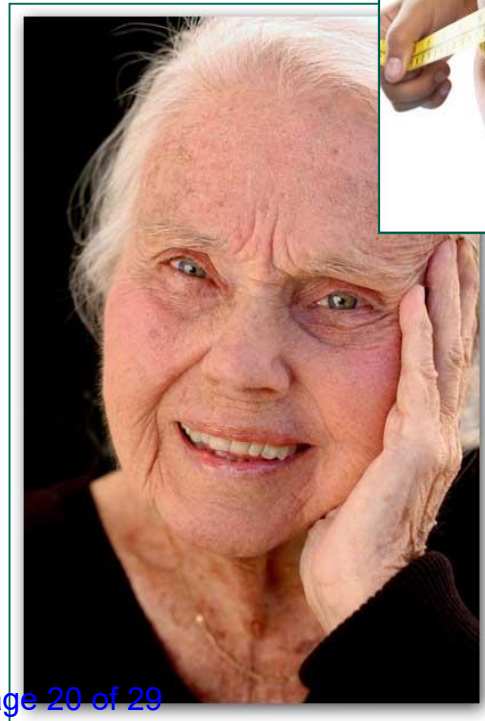
- Preventing the uptake of smoking by children- July 2008
- Identifying and supporting people most at risk of dying prematurely- Sept 2008
- Mental wellbeing and older people- Sept 2008
- Workplace mental health- October 2008
- Promoting physical activity for children- Jan 2009
- Needle and syringe programmes- Feb 2009
- Management if long term sickness and incapacity for work-March 2009
- Immunisation- April 2009
- Personal, social and health education focusing on sexual health and alcohol- Sep 2009

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# Clinical Guidelines include...

- Obesity
- Dementia
- Depression
- Depression in children and young people
- Assessment and prevention of falls



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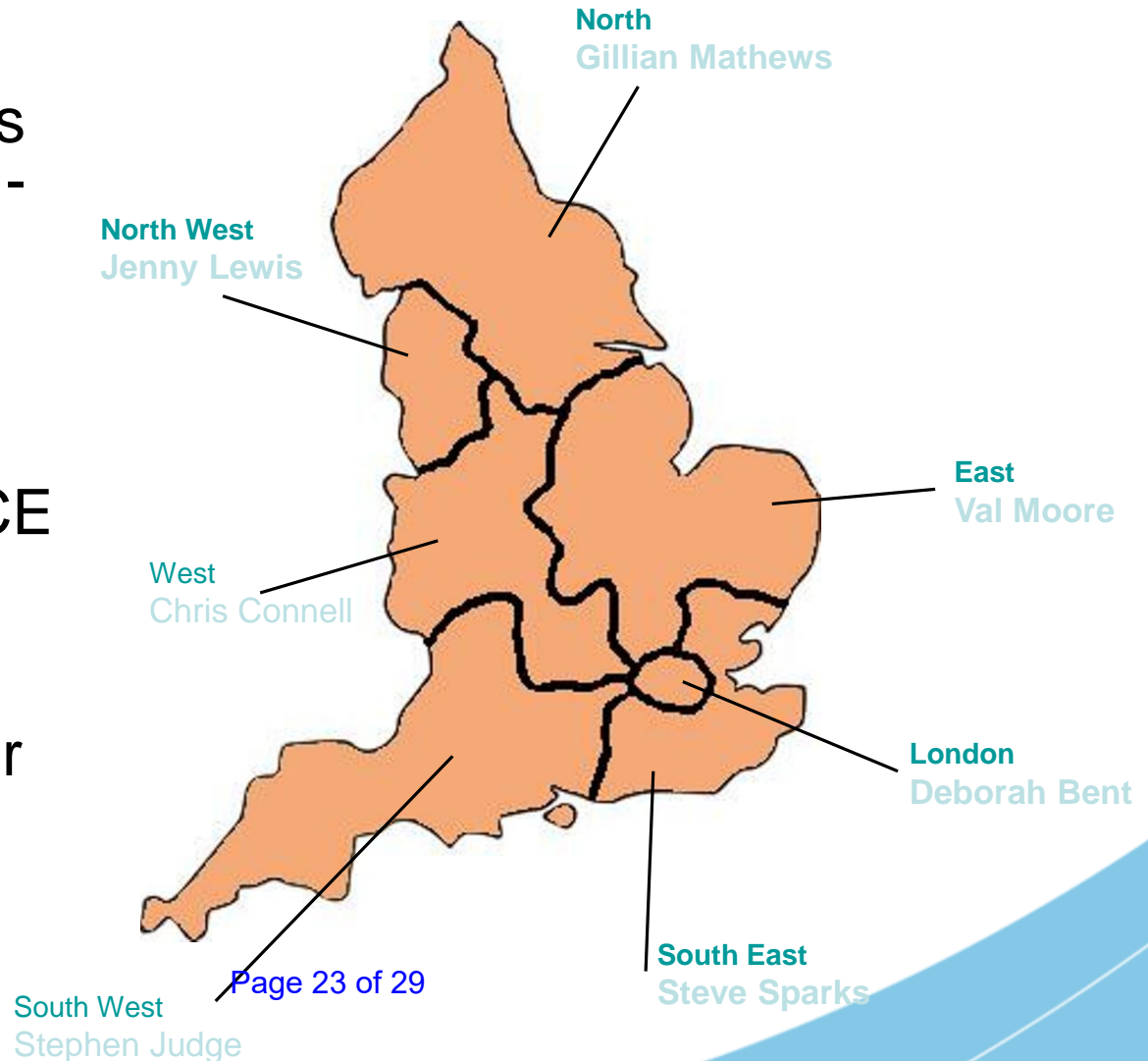
# NICE implementation strategy

- Effective dissemination
- Supportive environment
- Education initiatives
- Implementation tools
- Shared learning
- Evaluation



# Field Team

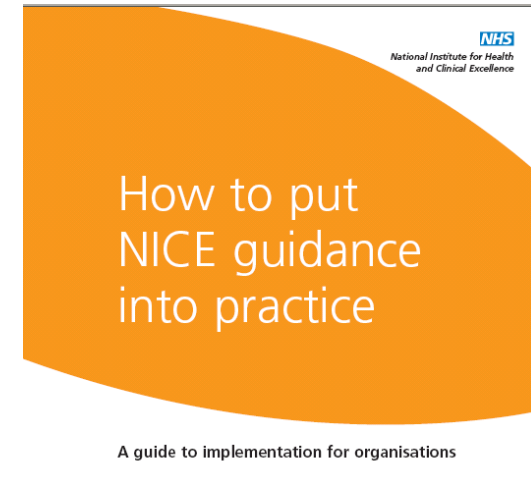
- Seven consultants based in the field - the 'local face' of NICE
- Providing people implementing NICE guidance with updates, advice and support for local strategies for implementation



# How is NICE supporting implementation?

For each piece of guidance...

- PowerPoint slide sets
- Costing tools
- Implementation advice
- Audit support
- ‘How to’ guide
- Forward Planner
- Shared learning database
- Commissioning Guides



All available on our website at  
[www.nice.org.uk/implementation](http://www.nice.org.uk/implementation)



# Centre for Public Scrutiny/NICE checklist

- ‘Ten questions to ask if you are scrutinising how physical activity can be promoted through planning, transport and the physical environment’
- One of a series designed to help health overview and scrutiny committees (OSCs) carry out their work on various health, healthcare and social care issues
- It can help OSCs influence development of the 10-year local delivery framework (LDF) for their area to ensure it supports efforts to increase the general population’s physical activity levels
- The new tool, jointly branded by CfPS and NICE, is available electronically from the [CfPS website](#).

# The first five questions...

1. Why should OSCs review the impact of the built and natural environment on physical activity levels?
2. What information does an OSC need to need to prepare for the review?
3. Do local planners, transport officials, directors of public health and others involved with built and natural environments understand the relationship between these environments and physical activity levels?
4. How are local policies, strategies and plans developed?
5. How do local planners assess the potential effect of their decisions on the health of the population?

## ...and the last five

6. Does the local transport plan prioritise pedestrians, cyclists and users of other modes of transport that involve physical activity?
7. What provision has been made for walking, cycling and using  
other modes of transport involving physical activity?
8. How are public open spaces developed and maintained?
9. How are buildings developed and maintained?
10. How are school playgrounds developed and maintained?

# Ten questions to ask if you're assessing evidence (CfPS)

- 1 What is the role of evidence in scrutiny?
- 2 Who is providing the evidence?
- 3 Are there any conflicts of interest?
- 4 What is the source of the evidence?
- 5 What is the nature of the evidence?
- 6 How robust is the evidence?
- 7 Do you understand the evidence?
- 8 Is the evidence comprehensive and balanced?
- 9 Are your conclusions and recommendations evidence-based?
- 10 Do you need to develop your scrutiny skills?

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