

NHS ENGLAND SPECIALISED SERVICES
CLINICAL PANEL REPORT

Date: November 2019

Intervention: Catheter ablation

Indication: Paroxysmal and persistent atrial fibrillation

ID: 1903

Gateway: 2 Round 2

Programme: Internal Medicine

CRG: Cardiac Surgery

Information provided to the panel

Clinical Panel Report from Gateway 2 Round 1

Two Evidence Reviews undertaken by Solutions for Public Health – paroxysmal and persistent
Clinical Priorities Advisory Group Summary Report

Policy Proposition

Consensus exercise report

Policy Working Group appendix

Key elements discussed

This proposition is proposed as for routine commissioning. It was previously considered by Clinical Panel in July who determined that revisions were required.

Actions from the previous Panel were considered in turn to ensure revisions had been undertaken as requested.

It was questioned whether the word 'symptomatic' be inserted in the title as this was used within the proposition. To check with Policy Working Group if they agree.

Panel raised questions about the inclusion and exclusion criteria in the proposition. A clinical consensus exercise had been undertaken in order to agree some of the criteria. One of the exclusion criteria related to alcohol intake. The Panel considered this would be very difficult to enforce.

Panel discussed the criterion relating to BMI. They were concerned about equity as not all patients would be eligible due to certain medical conditions making BMI values inappropriate although the proposition includes all. The proposition needs to be clear that there may be some phenotypes where it is not appropriate to use BMI. Consideration should be given on a case by case basis and a discussion with the patient about the risks and benefits to enable a shared decision to be made.

The Panel debated whether PROMS was actually needed as specified in the access criteria. It was explained that the relief of the symptoms is the ultimate goal so the PWG consider it important that the patient benefit assessed. There are PROMS available, but these are chosen by the individual clinician and so different ones being used. Extensive work is currently underway by the Royal College to develop standard PROMS.

A number of criteria in this policy proposition are built on consensus. It needs to be clear that the use of PROMS is a component of building future evidence base and that the outcomes will be used to inform future policy revision. It was noted that if this is a criterion in the proposition and there isn't one standard tool at the moment then NHSE would have to fund the development. This would need to be included in the impact assessment.

The Panel considered that there was a lot of duplication in the criteria. Some of the inclusion criteria are the same for both conditions. This needs to be reviewed and made simpler.

Recommendation

Clinical Panel recommended that this proposition progress as a for routine commissioning proposition to stakeholder testing once further revisions are made. These revisions are to be signed off by the Clinical Effectiveness Team.

Why the panel made these recommendations

The Clinical Panel considered that the evidence base supports the proposition as written, with a few further minor revisions to the proposition to make it clearer.

Documentation amendments required

Policy Proposition:

- Review if the word 'symptomatic' needs to be included in the proposition title.
- Wording in the policy review section needs to be included to explain that PROMS will be collected in order for the outcomes information to be used for future policy revision.
- Remove the criterion related to alcohol intake
- Rephrase the criteria regarding BMI and the use of the word 'must'.
- Patient pathway diagram – an arrow is missing from the anti-arrhythmic drug box Arrow to include in the diagram as missing.
- Revise how the access criteria are currently set out. Have one section where the criteria are the same for both conditions, then separate ones where the criteria are specific to each.

Impact assessment (when written):

- Include the resource required for PROMS development.
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Declarations of Interest of Panel Members: None.

Panel Chair: James Palmer, Medical Director

Post Panel PWG Actions

Review if the word 'symptomatic' needs to be included in the proposition title. **This was reconsidered by the PWG and not supported. The word symptomatic is very general and including it in the title could be interpreted that asymptomatic AF falls outside this Policy and therefore can be undertaken anyway outside of the described criteria. Keeping the title as it is ie without "symptomatic" means the policy covers all patients with AF apart from permanent AF.**

Wording in the policy review section needs to be included to explain that PROMS will be collected in order for the outcomes information to be used for future policy revision. **Completed on page 14**

Remove the criterion related to alcohol intake **Completed**

Reword the criteria regarding BMI and the use of the word 'must'. **Completed page 11. The specific inclusion and exclusion criteria have all been developed by way of the evidence review, and also following a consensus process where evidence was less than ideal. In this particular aspect of the exclusion criteria, there is good evidence to suggest that ablation is less/not effective in obese patients and therefore should remain a specific exclusion criteria with no caveats.**

Patient pathway diagram – an arrow is missing from the anti-arrhythmic drug box Arrow to include in the diagram as missing. **Completed page 13. The latest pathway from the SCIP service review has been used**

Revise how the access criteria are currently set out. Have one section where the criteria are the same for both conditions, then separate ones where the criteria are specific to each. **Completed page 11 and 12**