



**Nice Implementation
Collaborative Pilot 2 Update -
Novel Oral Anti-coagulants**

What is the NIC?

The NICE Implementation Collaborative (NIC) harnesses the skills, experience and dedication of organisations and individuals from across the healthcare system to support faster and more consistent access to NICE- recommended medicines, treatments and technologies. It is an independent partnership between the NHS, the life sciences industry, healthcare professional bodies, patient advocates and key health organisations. The NIC is committed to a collaborative approach that will improve patient outcomes for the whole population.

The NIC has begun pilot work related to four specific pieces of NICE guidance, these are:

1. Denosumab for post-menopausal women with osteoporosis (NICE TA204)
2. Novel Oral Anti-coagulants for prevention of stroke in patients with atrial fibrillation (NICE TA 249, 256 & draft guidance for apixaban)
3. Insulin pumps in type I diabetes mellitus (TA151)
4. Natriuretic peptide testing in heart failure (CG108)

These pilots will allow the NIC to better understand the barriers within the system and develop knowledge of how it can work most effectively and within the new NHS environment. The pilots will also develop solutions that promote better and more consistent access to NICE recommended treatments, medicines and technologies.

Pilot 2 Novel Oral Anti-coagulants

NICE Technology Appraisal guidance 249, 256 and the draft guidance for apixaban deal with the novel oral anticoagulants dabigatran etexilate and rivaroxaban and their use to prevent stroke and systemic embolism in people with atrial fibrillation. Stroke is the third largest cause of death in England and costs the NHS £2.8 billion each year. Atrial Fibrillation (AF) is a known risk factor for stroke, increasing its risk and severity.

Over the last few years novel oral anticoagulants (NOACs) have become available, and in the last 12 months three have been recommended by NICE as cost effective for prevention of stroke in people living with AF, meaning that there are now effective choices for patients and healthcare professionals beyond the established use of warfarin.

The NIC has adopted Novel Oral Anti-Coagulants as one of its four pilots because of the potential for significant health benefits from improved uptake. Additionally, the fact that this NICE TA guidance is recently published (March 2012, May 2012 and February 2013) gives the NIC the opportunity to better understand barriers that exist to the uptake of new treatments.

Key Facts

- AF causes an irregular and often abnormally fast heart rate. It is the most commonly sustained cardiac arrhythmia and affects up to 750,000 people in the UK
- AF increases the risk of stroke by up to five times
- It is estimated that 12,500 strokes are directly attributable to AF each year.
- AF accounted for 5.7 million days in hospital beds and a total direct cost to the NHS of £2.2 billion.
- NICE estimates that 46% of patients that should be on treatment (the most commonly prescribed treatment for stroke prevention in AF) are not receiving it.

- Alongside the inconvenience of attending a clinic for regular follow-up, evidence suggests that in 'real-life' studies (outside of the confines of clinical trials) patients may stay within acceptable INR limits for less than 50% of the time.

What are the barriers to uptake of NICE guidance?

The NIC has worked with the system to better understand the barriers that exist to the use of novel oral anticoagulants. These include:

- low awareness and confidence on how best to use these new treatments leading to an absence of clinical advocacy (currently only 34% GPs happy to initiate)
- the patient voice is not being heard sufficiently
- a lack of clarity and understanding on who is accountable for implementation of guidance especially as service moves into primary care
- full cost of strokes and anti-coagulation services is not widely understood and built into decisions on priorities

How will the NIC support the system?

As part of its pilot work, the NIC is committed to identifying solutions and recommending practical steps that will overcome the barriers to adoption. As well as recommending specific steps that will improve patient outcomes through better uptake of NICE guidance on novel oral anticoagulants, the pilots also will help the NIC understand how it can best support innovation in the system while respecting clinical autonomy and local commissioning decisions.

The NIC has established a pilot advisory board that will help it develop and test solutions that will deliver the maximum benefit to patients across the system. The NIC is looking at solutions that include:

- Developing a decision aid resource for clinicians
- Using available data to promote awareness and debate around stroke prevention
- Develop patient-focused communications to raise awareness
- Promote root cause analysis in each instance of stroke to inform clinical decisions
- Work with Clinical Commissioning Groups to explore how quality measures in the new NHS can support a move to medicine optimisation

The NIC is also committed to measuring the success of the solutions it develops to establish how it can best support the system to improve patient outcomes.

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