

**Nice Implementation
Collaborative Pilot 4 Update
- Natriuretic peptide testing**

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)
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 4 Natriuretic peptide testing

Around 900,000 people in the UK have heart failure. Almost as many have damaged hearts but, as yet, no symptoms of heart failure. Both the incidence and prevalence of heart failure increase steeply with age, with the average age at first diagnosis being 76 years. The prevalence of heart failure is expected to rise in future as a result of an ageing population, improved survival of people with ischaemic heart disease and more effective treatments for heart failure

Testing for serum natriuretic peptides (B-type natriuretic peptide [BNP] or N-terminal pro-Btype natriuretic peptide [NTproBNP]) in patients with suspected heart failure without previous myocardial infarction can accelerate diagnosis of heart failure and also avoid unnecessary echocardiography.

NICE Clinical Guidance 108, and in particular natriuretic peptide testing, was selected as a NIC pilot given the evidence of inconsistent adoption across the NHS and also due to the complexities involved in redesigning patient pathways to accommodate technologies such as these and improve patient outcomes.

What are the barriers to uptake of NICE guidance?

The NIC has worked with the system to better understand the barriers that exist to more consistent adoption of natriuretic peptide testing in diagnosing chronic heart failure.

These include:

- Cost impact uncertainties. While savings will be made via the reduction in echocardiograms funding for the tests will be required by the NHS pathology departments
- Long term savings are often not prioritised over ‘in year’ spend. It can be difficult to get commissioners and providers to see the value of a diagnostic which can create long term savings
- Complexity of (partial) decommissioning of services within the NHS
- Failure to communicate heart failure strategy throughout the NHS

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 more the use of natriuretic peptide testing 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:

- Ensure that a known individual is accountable for the implementation of CG108 in each Clinical Commissioning Group
- Ensure that that individual is trained and aware of the business economics and patient outcome benefits of early diagnosis of heart failure enabled by CG108
- Develop a template communication package targeted at general practitioners, for use by CCG accountable individual
- Define a reporting mechanism to enable CCG to track usage in individual practitioners
- Input to discussion of ‘aligning financial incentives’ to reward adoption

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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