

JOINT STATEMENT FROM ARRHYTHMIA ALLIANCE (A-A) AND BRITISH HEART RHYTHM SOCIETY (BHRS)

The recent announcement of cost savings by the NHS through a national procurement approach should be commended in principle. However, A-A & BHRS calls for clarification and reassurance that patients and local services will not suffer due to clinical experts not being able to access or provide the most appropriate device for the needs of the specific patient.

In a joint statement published on 18th April 2016, Prof Nick Linker, President of BHRS, said "I speak on behalf of the UK electrophysiology community and whilst we support efforts to reduce costs within the NHS, on this occasion a decision to radically change the procurement process for one of the biggest items (ICD/CRT-D) has been poorly thought out and this threatens both standards of care and the stability of NHS Trusts' financial position. I say this because:

Clinical issues: this will be bad for patients

- No clinical advice was taken by NHS procurement. Only after some lobbying was the President of BHRS finally invited to a meeting but his recommendations were ignored
- While the statement says that all "current" devices will be available initially, it hints that this may not be the case in future and it is clear that the intention is to reduce choice
- The early adoption of new technology is promised but it is likely that the costs/bureaucracy involved means that this will NOT be the case and the UK will continue to lag behind most other European countries
- The new arrangements make no provision for technical support and training which most centres rely on. Implants and follow-ups will be difficult, in fact impossible, without this support
- The CQIN attached to this (basically these are meant to be financial motivators to improve care quality) are actually intended to incentivise centres not to use expensive devices. However, the measures used in the CQIN are laughable - they are so poorly thought out as to be meaningless

Financial damage to Trusts: this will damage NHS Trust finances significantly, both by reducing their income and increasing their costs. the damage to Trusts may actually be more than that to manufacturers

- Much (possibly most) of the variation in costs recharged to NHS England has been due to margins introduced by Trusts, rather than the actual costs of devices. One can argue about the rightness of this but these margins have been used to help reduce Trusts' deficits and as a result of the proposal many trusts will lose a source of revenue, making their balance sheets even worse in coming financial years

- Trusts often buy a “package” of goods from manufacturers which may include (along with ICDs/CRT-Ds), less expensive pacemakers, stents, or contributions to the cost of EP equipment. If ICDs/CRT-Ds are taken out of this package, we will have to pay more for the other items!
- In summary, NHSE procurement may show a paper reduction in the amount they are paying, but a significant amount of this reduction will be at the cost of Trusts”

Trudie Lobban MBE – Founder & CEO of the Arrhythmia Alliance:

“The greatest concern should always be for the patient’s welfare and sadly I do not believe this has been taken into consideration. I fully support savings and realise the NHS cannot continue in its current financial state. However, focussing on life-saving devices, of which little or no research and engagement was made by the committee set up to review costs and cuts, feels as though an easy option was chosen. Sadly very few people know or are even aware of arrhythmias, compared to everyone knowing a heart attack, and yet arrhythmias are the leading cause of death in the UK – the **number one killer**. Sudden cardiac death kills more people than breast cancer, lung cancer and AIDs combined. If a life-saving, life-enhancing cancer drug was cut it would, quite rightly, make headline news. Cutting a device that few people even know about does not even get a mention, the least resistance. On behalf of over two million people in the UK diagnosed with arrhythmias, the Arrhythmia Alliance, implores the Minister for Health to meet with both BHRHS & A-A urgently so that we can clarify this decision and ensure that although at present clinicians and Trusts will still have access to device of choice – this will not be amended in the coming months or 2017. This would be devastating for the patients who literally rely on these devices to save their lives.

More awareness, greater education and better information should and must be provided – we need to save lives we need to enhance the quality of life and we need to ensure all those affected by arrhythmias have equal access to appropriate treatment.”