

View results

Respondent

45

Anonymous

09:41

Time to complete

1. Project Number and Name - (Can be found on email) *

lp2021 phrenic nerve

Your information

2. Name: *

Ari Manuel

3. Job title: *

Consultant

4. Organisation: *

Liverpool

5. Email address: *

6. Professional organisation or society membership/affiliation: *

GMC/BTS

7. Nominated/ratified by (if applicable):

8. Registration number (e.g. GMC, NMC, HCPC) *

6076363

How NICE will use this information:

The information that you provide on this form will be used to develop guidance on this procedure.

Your advice and views represent your individual opinion and not that of your employer, professional society or a consensus view. Your name, job title, organisation and your responses, along with your declared interests will also be published online on the NICE website as part of public consultation on the draft guidance, except in circumstances but not limited to, where comments are considered voluminous, or publication would be unlawful or inappropriate.

For more information about how we process your data please see our privacy notice: <https://www.nice.org.uk/privacy-notice>

9. I give my consent for the information in this questionnaire to be used and may be published on the NICE website as outlined above. *

I agree

I disagree

The procedure/technology

Please answer the following questions as fully as possible to provide further information about the procedure/technology and/or your experience.

10. Please describe your level of experience with the procedure/technology, for example:

Are you familiar with the procedure/technology?

Work at the National spinal unit at Southport
Have number of patients with phrenic pacing

11. Have you used it or are you currently using it?

- Do you know how widely this procedure/technology is used in the NHS or what is the likely speed of uptake?

- Is this procedure/technology performed/used by clinicians in specialities other than your own?

- If your specialty is involved in patient selection or referral to another specialty for this procedure/technology, please indicate your experience with it.

Very very rare
Very few physician capable of using technology
Ventilation consultant - exclusive in patient selection

12. Please indicate your research experience relating to this procedure (please choose one or more if relevant):

- I have done bibliographic research on this procedure.
- I have done research on this procedure in laboratory settings (e.g. device-related research).
- I have done clinical research on this procedure involving patients or healthy volunteers.
- I have published this research.
- I have had no involvement in research on this procedure.
- Other

13. Does the title adequately reflect the procedure?

- Yes
- Other

14. Is the proposed indication appropriate? If not, please explain

Yes

15. How innovative is this procedure/technology, compared to the current standard of care? Is it a minor variation or a novel approach/concept/design?

Very innovative - if procedure is good will prevent diaphragmatic surgery which is high risk

16. Which of the following best describes the procedure:

- Established practice and no longer new.
- A minor variation on an existing procedure, which is unlikely to alter the procedure's safety and efficacy.
- Definitely novel and of uncertain safety and efficacy.
- The first in a new class of procedure.

17. Does this procedure/technology have the potential to replace current standard care or would it be used as an addition to existing standard care?

Yes - I do not have the details though to comment on specifics

Current management

18. Please describe the current standard of care that is used in the NHS.

Conservative management
Vebtilatory support
Surgical procedure

19. Are you aware of any other competing or alternative procedure/technology available to the NHS which have a similar function/mode of action to this?

If so, how do these differ from the procedure/technology described in the briefing?

No

Potential patient benefits and impact on the health system

20. What do you consider to be the potential benefits to patients from using this procedure/technology?

Mild cases - no need for ventilation over night
Severe cases - wean off ventilation 24/7

21. Are there any groups of patients who would particularly benefit from using this procedure/technology?

Spinal injury
Post surgery
Neurological

22. Does this procedure/technology have the potential to change the current pathway or clinical outcomes to benefit the healthcare system?

Could it lead, for example, to improved outcomes, fewer hospital visits or less invasive treatment?

Yes as answer to q20

23. What clinical facilities (or changes to existing facilities) are needed to do this procedure/technology safely?

Physiologists
Radiological screening
Laparoscopic
Depends on insertion technique

24. Is any specific training needed in order to use the procedure/technology with respect to efficacy or safety?

Need MDT of surgeons and ventilation experts

Safety and efficacy of the procedure/technology

25. What are the potential harms of the procedure/technology?

Please list any adverse events and potential risks (even if uncommon) and, if possible, estimate their incidence:

- Adverse events reported in the literature (if possible, please cite literature)
- Anecdotal adverse events (known from experience)
- Theoretical adverse events

Failure - weaning off ventilation - device fails - respiratory failure

26. Please list the key efficacy outcomes for this procedure/technology?

Safety
Failure rate insitu
How often needs to be replaced
Pain for patient

27. Please list any uncertainties or concerns about the efficacy and safety of this procedure/technology?

Not sure

28. Is there controversy, or important uncertainty, about any aspect of the procedure/technology?

N/A

29. If it is safe and efficacious, in your opinion, will this procedure be carried out in:

- Most or all district general hospitals.
- A minority of hospitals, but at least 10 in the UK.
- Fewer than 10 specialist centres in the UK.
- Cannot predict at present.

Abstracts and ongoing studies

30. Please list any abstracts or conference proceedings that you are aware of that have been recently presented / published on this procedure/technology (this can include your own work).

Please note that NICE will do a comprehensive literature search; we are only asking you for any very recent abstracts or conference proceedings which might not be found using standard literature searches. You do not need to supply a comprehensive reference list but it will help us if you list any that you think are particularly important.

NA

31. Are there any major trials or registries of this procedure/technology currently in progress? If so, please list.

Na

32. Please list any other data (published and/or unpublished) that you would like to share.

NA

Other considerations

33. Approximately how many people each year would be eligible for an intervention with this procedure/technology, (give either as an estimated number, or a proportion of the target population)?

20

34. Please suggest potential audit criteria for this procedure/technology. If known, please describe:

Beneficial outcome measures.

These should include short- and long-term clinical outcomes, quality-of-life measures and patient-related outcomes. Please suggest the most appropriate method of measurement for each and the timescales over which these should be measured.

Weaning from
Ventilation

35. Please suggest potential audit criteria for this procedure/technology. If known, please describe:

Adverse outcome measures.

These should include early and late complications. Please state the post procedure timescales over which these should be measured:

Failure - pain and failure to wean from ventilation

Further comments

36. If you have any further comments (e.g. issues with usability or implementation, the need for further research), please describe *

Nil

Declarations of interests

Please state any potential conflicts of interest relevant to the procedure/technology (or competitor technologies) on which you are providing advice, or any involvements in disputes or complaints, in the previous **12 months** or likely to exist in the future. Please use the NICE policy on declaring and managing interests as a guide when declaring any interests. Further advice can be obtained from the NICE team.

37. Type of interest: *

- Direct: financial
- Non-financial: professional
- Non-financial: personal
- Indirect
- No interests to declare

38. Description of interests, including relevant dates of when the interest arose and ceased. *

Nil

39. I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations during the course of my work with NICE, must be notified to NICE as soon as practicable and no later than 28 days after the interest arises. I am aware that if I do not make full, accurate and timely declarations then my advice may be excluded from being considered by the NICE committee.

Please note, all declarations of interest will be made publicly available on the NICE website. *

I agree

I disagree

Signature

40. Name: *

Ari Manuel

41. Date: *

30/10/2023



View results

Respondent

61

Anonymous

06:40

Time to complete

1. Project Number and Name - (Can be found on email) *

IP1994 Phrenic nerve pacing for congenital central hypoventilation syndrome and high cervical spinal injury (10:30am)

Your information

2. Name: *

Joel Dunning

3. Job title: *

Thoracic surgeon

4. Organisation: *

James cook university hospital

5. Email address: *

6. Professional organisation or society membership/affiliation: *

SCTS

7. Nominated/ratified by (if applicable):

Na

8. Registration number (e.g. GMC, NMC, HCPC) *

GMC 4443605

How NICE will use this information:

The information that you provide on this form will be used to develop guidance on this procedure.

Your advice and views represent your individual opinion and not that of your employer, professional society or a consensus view. Your name, job title, organisation and your responses, along with your declared interests will also be published online on the NICE website as part of public consultation on the draft guidance, except in circumstances but not limited to, where comments are considered voluminous, or publication would be unlawful or inappropriate.

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9. I give my consent for the information in this questionnaire to be used and may be published on the NICE website as outlined above. *

I agree

I disagree

The procedure/technology

Please answer the following questions as fully as possible to provide further information about the procedure/technology and/or your experience.

10. Please describe your level of experience with the procedure/technology, for example:

Are you familiar with the procedure/technology?

Have performed diaphragm pacing and 10 years experience with other diaphragm and thoracic operations

11. Have you used it or are you currently using it?

- Do you know how widely this procedure/technology is used in the NHS or what is the likely speed of uptake?

- Is this procedure/technology performed/used by clinicians in specialities other than your own?

- If your specialty is involved in patient selection or referral to another specialty for this procedure/technology, please indicate your experience with it.

Used once here

12. Please indicate your research experience relating to this procedure (please choose one or more if relevant):

- I have done bibliographic research on this procedure.
- I have done research on this procedure in laboratory settings (e.g. device-related research).
- I have done clinical research on this procedure involving patients or healthy volunteers.
- I have published this research.
- I have had no involvement in research on this procedure.
- Other

13. Does the title adequately reflect the procedure?

- Yes
- Other

14. Is the proposed indication appropriate? If not, please explain

Yes

15. How innovative is this procedure/technology, compared to the current standard of care? Is it a minor variation or a novel approach/concept/design?

Should be standard of care

16. Which of the following best describes the procedure:

- Established practice and no longer new.
- A minor variation on an existing procedure, which is unlikely to alter the procedure's safety and efficacy.
- Definitely novel and of uncertain safety and efficacy.
- The first in a new class of procedure.

17. Does this procedure/technology have the potential to replace current standard care or would it be used as an addition to existing standard care?

Just needs to be performed

Current management

18. Please describe the current standard of care that is used in the NHS.

Only one hospital can offer it at the moment but its impossible to get a patient transferred to that hospital to get the surgery

19. Are you aware of any other competing or alternative procedure/technology available to the NHS which have a similar function/mode of action to this?

If so, how do these differ from the procedure/technology described in the briefing?

Pacing of nerve or diaphragm are two options

Potential patient benefits and impact on the health system

20. What do you consider to be the potential benefits to patients from using this procedure/technology?

Get off ventilators

21. Are there any groups of patients who would particularly benefit from using this procedure/technology?

Quadriplegics

22. Does this procedure/technology have the potential to change the current pathway or clinical outcomes to benefit the healthcare system?

Could it lead, for example, to improved outcomes, fewer hospital visits or less invasive treatment?

It is NHS approved

23. What clinical facilities (or changes to existing facilities) are needed to do this procedure/technology safely?

More centres must do it

24. Is any specific training needed in order to use the procedure/technology with respect to efficacy or safety?

The companies teach you

Safety and efficacy of the procedure/technology

25. What are the potential harms of the procedure/technology?

Please list any adverse events and potential risks (even if uncommon) and, if possible, estimate their incidence:

- Adverse events reported in the literature (if possible, please cite literature)
- Anecdotal adverse events (known from experience)
- Theoretical adverse events

Minimal

26. Please list the key efficacy outcomes for this procedure/technology?

Getting off a ventilator

27. Please list any uncertainties or concerns about the efficacy and safety of this procedure/technology?

None

28. Is there controversy, or important uncertainty, about any aspect of the procedure/technology?

No

29. If it is safe and efficacious, in your opinion, will this procedure be carried out in:

- Most or all district general hospitals.
- A minority of hospitals, but at least 10 in the UK.
- Fewer than 10 specialist centres in the UK.
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See previous nice guidance

31. Are there any major trials or registries of this procedure/technology currently in progress? If so, please list.

Yes

32. Please list any other data (published and/or unpublished) that you would like to share.

Other considerations

33. Approximately how many people each year would be eligible for an intervention with this procedure/technology, (give either as an estimated number, or a proportion of the target population)?

25

34. Please suggest potential audit criteria for this procedure/technology. If known, please describe:

Beneficial outcome measures.

These should include short- and long-term clinical outcomes, quality-of-life measures and patient-related outcomes. Please suggest the most appropriate method of measurement for each and the timescales over which these should be measured.

Getting off a ventilator

35. Please suggest potential audit criteria for this procedure/technology. If known, please describe:

Adverse outcome measures.

These should include early and late complications. Please state the post procedure timescales over which these should be measured:

Device failure

Further comments

36. If you have any further comments (e.g. issues with usability or implementation, the need for further research), please describe *

No

Declarations of interests

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Please note, all declarations of interest will be made publicly available on the NICE website. *

I agree

I disagree

Signature

40. Name: *

Joel Dunning

41. Date: *

04/02/2024

