



# Implementation strategy for transcatheter aortic valve implantation

Implementation support

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NHS England and Improvement are aware that transcatheter aortic valve implantation (TAVI) is clinically effective but not currently cost effective for patients defined as intermediate or low risk for cardiac surgery for aortic valve disease.

NHS England Specialised Commissioning are currently working with their commissioning partner NHS Supply Chain in the development of a procurement strategy to explore cost-effective solutions with suppliers within this area. If a cost-effective solution is found then NICE will update the recommendations in this guideline.

NHS England and Improvement are keen to reduce barriers to access interventions that will support timely recovery from the effects of COVID-19 on cardiac surgery waiting times.

NICE and NHS England and Improvement are aware that cardiac surgery is one of the areas where waiting times are longer than the locally defined maximum. They are also aware that a particular issue is Intensive Care Unit (ICU) support required post-surgery and therefore in the context of COVID-19 recovery, TAVI may offer an appropriate alternative to cardiac surgery.

TAVI may also have other benefits. It may be performed in a catheterisation laboratory without general anaesthetic, rather than an operating theatre. TAVI is also associated with a lower average length of overall hospital stay (around 3 days) compared with surgery (around 10 days).

Pressures on cardiac surgery may be alleviated by the use of TAVI for intermediate- and low-risk patients. The decision between the use of TAVI or surgery would only be made after a multidisciplinary team assessment and discussion with the patient.

NHS England and Improvement will develop a commissioning position on TAVI that aligns with the NICE guidance once a cost-effective solution has been finalised.

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