Continuous positive airway pressure for the treatment of obstructive sleep apnoea/hypopnoea syndrome

Table of Comments from the web site on the ACD

Web comment	Section	Comment	Response
NHS Professional 1	Appraisal Committee's preliminary recommendations	This would apply to a considerable number of people. What about potential health gain and affordability compared to all other calls on NHS resources? Difficult to see how these sweeping recommendations can be usefully applied in an average PCT given the funding pressures currently in the NHS	Comment noted
NHS Professional 1	Clinical need and practice	This confirms the numbers likely to be involved. Very easy to make recommendations when no responsibility for the budget is involved	Comment noted
Relative 1	Discussion	As the wife of a CPAP user i believe that my comments are of importance in the consultation as well as my husbands	Comment noted
Relative 1	Appraisal Committee's preliminary recommendations	Should this be the first option, in our case no other methods or treatment have been disscussed or tried once diagnosed.	The recommendations are for first line use in people affected by moderate to severe sleep apnoea, and use for mild sleep apnoea when life style advice or other measures have been considered
Relative 1	Clinical need and practice	2.2 poor recognition by Gps is common from our disscussion with others in clinic and in	Comment noted

		our own experience. Even though we presented the GP with classic symptoms as in 2.4 he diagnosed depression, prescribed SSRIs and referred to Physcologist. The Physcologist agreed with our diagnosis and referred back to gp. CPAP is effective but no alternatives were proposed. Husband mild overwieght - not obese, non alcohol, 3-5 small cigars daily.	
Relative 1	The technology	machines are noisy-hence my interest in this consultation, masks break frequently, do not fit. My husband uses his every night, all night but does not take on holiday.	Comment noted
Relative 1	Evidence and interpretation	CPAP is uncomforatble, is ugly and the machines are bulky and noisy but the effects are positive. My husband was falling asleep at work and as soon as arrived home he slept on the sofa, he was snappy and not easy to live with. since using the machine he is alert and busy till bed time.	Comment noted
Relative 1	Related NICE guidelines	It would be good to have hope that an alternative to the machine was possible in the future. CPAP is not conducive to positive body image. It is also not conducive to happy partners, my sleep is effected by the noise and the blowing that wakes me, i am uncomfortable in ear plugs but don"t moan to my husband as he feels bad already when he is aware that I get out of bed or put in ear	Comment noted. The inconvenience associated with the use of CPAP has been discussed by the committee (see Section 4.3.12).

		plugs, I am extremly tired but will not change bed rooms as that is the begining of the end. i see no comment on this in the consultation.	
NHS Professional 2	Appraisal Committee's preliminary recommendations	CPAP for mild sleep apnoea is advised after only ""consideration"" of ""lifestyle advice"". This is too low a threshold - the evidence for mild disease in the main report is modest. Better phrasing might be ""there is some evidence that treatment benefits are seen in mild disease, though the evidence base for this is modest. Currently, CPAP treatment can be used for the treatment of substantially symptomatic mild disease, but only after appropriate trials of conservative therapy including weight loss, lifestyle advice and any other relevant treatment options"". It is important to clarify ""specialists in sleep medicine"", to state a respiratory physician (as stated page 156). The use of the term ""specialist"" in recent oxygen tharapy guidance has been taken to mean paramedical staff often with little training arbitrarily labelled ""specialist"" (as a short term salary saving), resulting in poor assesments and inappropriate prescriptions of expensive therapy. Sleep study complexity(where artefact often mimics disease) makes this an even greater trap for CPAP for OSA - accurate diagnosis is essential to ensure expensive treatmetn is	Comments noted. Sections 1.2 and 1.3 have been amended.

		only given to subjects who will benefit from it.	
NHS Professional 3	Clinical need and practice	paragraph 2.2 is a little misleading, it suggests that it is possible to obtain an Apnoea Hypopnoea Index from an overnight oximetry - this is not the case, what is obtained is an ODI 4% - oxygen desaturation index. There is some correlation between this number and the AHI but they are definately not the same thing. In order to obtain an AHI polysomnography is requried - given the present level of funding in the UK for sleep medicine and as a consequnec the very limited number of sleep centres capable of performing polysomnography this is not practical way of diagnosing OSA in the UK.	Comment noted. Section 2.2 is not a recommendation. Section 2.2 mentions oximetry.
NHS Professional 3	The technology	some mention should be made of the costs of the cpap circuit, mask, the cost of annual electrical safety check, etc - these costs will over a 7 year period will be higher than the cost of the cpap machine itself.	The full cost of CPAP therapy such as the cost of titration, the mask, annual sundries and follow –up, were included in the assessment group's cost effectiveness analysis (see AG report table 6.21 pg 134)
NHS Professional 3	Evidence and Interpretation	4.3.3 - dental devices can be uncomfortable but to infer that they all are is an over generalisation. many patients find them useful and indeed tolerable	Comment noted.
NHS Professional 4	Appraisal Committee's preliminary recommendations	There is a lack of clarity about severity of OSAHS. There are 2 different issues. 1. Severity of apnoeas usually rated mild moderate severe 2. Severity of symptoms The 2 are not tightly related. The wording in	Comment noted. Section 1.2 has been amended.

		recommendation 1.2 should thus be ""symptomatic mild obstructive..."" as the mild refers to the number of apnoeas not the symptoms. THIS IS IMPORTANT and the problem recurs throughout the document.	
NHS Professional 4	Clinical need and practice	2.2 The investigations need to be described better. There are several different levels of investigation ranging from ""limited studies of breathing and/or oxygenation overnight"" to ""polysomnography"". The limited studies can be done at home (usually) or in hospital depending on circumstances and the patient"s abilities/support. This should be clarified.	Comment noted. Section 2.2 is intended to provide contextual information and does not constitute guidance on how OSAHS should be diagnosed
NHS Professional 4	Evidence and Interpretation	4.3.11 The adequately powered studies using proper driving simulators do show consistent benefit from CPAP.	Comment noted.
Company Director 1	Discussion	We are providers of the home oxygen service in 6 of the 11 home oxygen regions in England and Wales.	Comment noted.
Company Director 1	Appraisal Committee's preliminary recommendations	Air Products response to NICE Sleep Apnoea Consultation We welcome the Sleep Apnoea draft consultation from NICE and fully support its initial conclusion that continuous positive airways pressure (CPAP) is recommended as a treatment option for people with moderate and severe symptomatic obstructive sleep apnoea or hypopnoea syndrome. Having carefully	Comment noted

		considered the consultation we would like to make you aware of the service that Air Products could offer in supplying and monitoring the treatment of Sleep Apnoea patients who are prescribed CPAP. Through a series of proposed pilot trials in the UK designed with the clinicians and focused on the patient and patient compliance, Air Products has developed the means to offer a service that will provide up to date well maintained CPAP treatment devices to patients in the UK. Recognising that patient compliance is the principle challenge facing this particular treatment Air Products has established that with the correct level of support and community based education, supported by a responsive delivery and call-out service, patient compliance with this therapy is much improved. Air Products can provide in home instruction to patients on device use as well as remote monitoring of patient compliance through a proven web based monitoring tool to ensure proper and effective treatment. Air Products would be able to supply a convenient single point-of-contact for all device enquiries with a 24/7 freephone support line. Air Products currently provides CPAP services in countries throughout Europe. In France we have recently adapted our service to improve	

		patient compliance further. We found that patient non compliance in the first 6 months after installation was ranging from 20 - 25%. By changing the installation protocol to ensure closer and more intensive follow up with patients in the 2 weeks immediately after installation, we have drastically improved levels of compliance. This follow up starts the day after the installation through phone calls or visits. The patient also has the option of contacting the person in charge of the service installation directly in order to communicate any problems or ask for advice. By providing this service in England and Wales we believe that we will not only be able to ensure effective treatment for patients prescribed CPAP but also support the role of clinicians in this process. They will have more accurate and timely information on patients using this service including an auditable pathway from prescription to use. Clinicians would also experience significant, if not total, alleviation of the administration inventory and logistics activities relating to the provision of CPAP to patients at home. I have outlined, in brief, details of the service we could provide below: Equipment specification Air Products will provide a set of equipment approved by both Air Products and the specialist clinicians involved in this	

		service. CPAP device Air Products to agree device with lead clinician Device will: Be CE approved Be capable of delivering pressure support as agreed Types of device 1. Standard CPAP 2. Auto CPAP 3. Humidification (Ratio to be agreed) Consumables A qualified member of Air products staff will attend the patient and ensure that the correct patient interface device is supplied. This will include a fitting and full instruction on the correct and safe method of use, cleaning and storage. All consumables will be agreed with the lead clinician in advance of the service start date. Ownership of Equipment All equipment provided under this agreement will remain the property of Air Products.. Ordering process In order that Air Products can set a patient up on CPAP or Oxygen therapy the patient must be assessed by a qualified physician and be prescribed the therapy This prescription must be completed on the Air Products Sleep Therapy Order Form. The prescription must verify the treatment regime of the particular patient and any other additional features if required i.e. humidification This prescription must then be faxed into our office. Once the details of the prescriptions are recorded the relevant information is passed on to the appropriate	

		engineer. Installation Standard Engineer will contact patient following working day to arrange convenient time to install that day Same day Engineer will contact patient within 4 hours to arrange convenient time to install that day Emergency Engineer will contact patient within 1 hour to arrange time to install within the next 4 hours (All of the above are subject to patients availability) On installation the engineer will provide: Full training to the patient and their carer (when appropriate) Our technician will: 1. Request copy of prescription/order form 2. Explain equipment 3. Explain prescription 4. Carry out final equipment verification check 5. Explain how to use equipment safely 6. Explain how to use consumables 7. Discuss, demonstrate and agree the most appropriate patient interface device. 8. Explain cleaning and disinfection requirements and methods for the equipment 9. Show and tell with patient on the instruction manual 10. Confirm with patient the equipment and accessories supplied including serial numbers for traceability 11. Patient signs to confirm delivery and instruction Service of equipment 1. Annual service visit 2. The month in which the service is due, Air products will contact the patient to agree a convenient time and date for the service 3. Change of filter 4.	

		Clean 5. Performance Verification a. Pressure test b. Flow test 6. Check consumables for wear or damage 7. Replace if necessary 8. Re-instruct patient if necessary Call out 1. We provide an on-call service for urgent calls which is open 24 hrs a day /365 days a year 2. This service is intended for current patients who require urgent assistance in the case of breakdown of equipment. 3. A call centre operative will endeavor to help the patient rectify the problem. Failing this they will arrange a call out visit. 4. An engineer will attend the following day and will contact the patient the following morning to confirm when they will arrive. During the call out visit the engineer will: Attempt to identify and rectify the problem Replace the machine if appropriate Ensure the patient and their carer are happy with the solution provided Record purpose of visit and action taken Cancelling/removing service 1. Removal of service can be requested only by a clinician 2. Air Products engineer will contact the patient/carer within 3 working days and arrange to collect the equipment within fourteen working days at a mutually agreeable date and time. 3. A signed copy of the removal paper work will be left with the patient/patients representative 4. Air Products will report the	

		removal as part of the monthly reporting procedures Contacts Air Products will provide a free phone and free fax number for all patients and clinicians to use when dealing with our customer service team Patient Information Air Products will supply detailed patient literature and provide thorough training in the patients home. This literature and training will for the duration of this trial only be provided in English. Clinician/PCT Information Our regional nurse advisor will provide full training on the process for ordering and removal of service and will cover all aspects of the service offer. I would be more than happy to discuss the service in greater detail or provide you with any further information on Air Products and the service we are able to offer. Best wishes Ian Buckle	
NHS Professional 5	Appraisal Committee's preliminary recommendations	The document should define what is meant by ""sleep specialist"". Specifically can this be a healthcare professional or therapist with an interest in sleep, or is a specific qualification required.	Comment noted. Section 1.3 has been amended.
NHS Professional 5	Appraisal Committee's preliminary recommendations	Comment 2 - Epidemiological evidence suggests that the number of UK sufferers in the moderate and severe categories is circa 500,000. This compares with circa 20,000	After issuing guidance, NICE provides implementation tools for the NHS.

		currently treated. To avoid an unrealistic cost implication, the document should propose a pathway towards achieving effective implementation of the guideline. The precedent of the Home Oxygen Service should be studied and learnings applied in any integrated approach	
NHS Professional 5	The technology	The document should advise on patient follow up and compliance monitoring, as the evidence clearly shows that these are critical in achieving desired outcomes	Section 3.2 has been amended to include as statement that long term follow-up of patients is critical to ensure adherence.
NHS Professional 5	The technology	Comment 4 - Effective equipment maintenance and utilisation is critical in achieving an economic service.	Comment noted
NHS Professional 5	Evidence and Interpretation	There is sufficient clinical evidence to support a clear connection between sleep apnoea and road traffic accidents. This life saving aspect of the new guidelines should be highlighted in communications in order to maximise public acceptance .	Section 4.3.11 which discusses the evidence base for the effect of CPAP on road traffic accidents has been amended.
NHS Professional 5	Implementation	There are insufficient resources to cope with the demand that these guidelines will engender. If PCTs are left to develop their own service models there is a risk that standards and provision will vary across the country. The document should consider recommending a process whereby a consistent service model can be developed and implemented countrywide. This would	After issuing guidance, NICE provides implementation tools for the NHS.

		enable both public and private investment in resources to achieve the desired level of provision.	
NHS Professional 5	Proposed date for review of guidance	We support a review in 2010 however the service model should allow for introduction of new technology prior to this date subject to appropriate risk assessment.	Comment noted. NICE can only appraise technologies that are referred to the Institute by the Department of Health. Suggestions for new topics can be submitted to the topic selection process through the NICE website. http://www.nice.org.uk Suggest a topic