

## Patient/carer organisation statement template

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Thank you for agreeing to give us your views on the technology and the way it should be used in the NHS.

Patients and patient advocates can provide a unique perspective on the technology, which is not typically available from the published literature.

To help you give your views, we have provided a template. The questions are there as prompts to guide you. You do not have to answer every question. Please do not exceed the 8-page limit.

#### About you

Your name: Eve Knight

Name of your organisation: AntiCoagulation Europe

#### Are you (tick all that apply):

- a patient with the condition for which NICE is considering this technology?
- a carer of a patient with the condition for which NICE is considering this technology?
- an employee of a patient organisation that represents patients with the condition for which NICE is considering the technology? If so, give your position in the organisation where appropriate (e.g. policy officer, trustee, member, etc)
- other? (please specify)

**What do patients and/or carers consider to be the advantages and disadvantages of the technology for the condition?**

**1. Advantages**

(a) Please list the specific aspect(s) of the condition that you expect the technology to help with. For each aspect you list please describe, if possible, what difference you expect the technology to make.

A greater uptake of risk assessment because of the ease of taking tablets compared to injections.

More choice for clinicians in having a range of treatments

(b) Please list any short-term and/or long-term benefits that patients expect to gain from using the technology. These might include the effect of the technology on:

- the course and/or outcome of the condition
- physical symptoms
- pain
- level of disability
- mental health
- quality of life (lifestyle, work, social functioning etc.)
- other quality of life issues not listed above
- other people (for example family, friends, employers)
- other issues not listed above.

Easier for patients to take tablets than to have injections whilst in hospital

Easier for patients to take tablets if treatment continues after discharge rather than having to self inject or visit hospital.

Patients may save money by not having to travel to hospital for injections

Does not need regular monitoring

Less recorded interactions with other drugs and foods

**What do patients and/or carers consider to be the advantages and disadvantages of the technology for the condition? (continued)**

**2. Disadvantages**

Please list any problems with or concerns you have about the technology.

Disadvantages might include:

- aspects of the condition that the technology cannot help with or might make worse.
- difficulties in taking or using the technology
- side effects (please describe which side effects patients might be willing to accept or tolerate and which would be difficult to accept or tolerate)
- impact on others (for example family, friends, employers)
- financial impact on the patient and/or their family (for example cost of travel needed to access the technology, or the cost of paying a carer).

May not be able to be used if patients have swallowing difficulties

3. Are there differences in opinion between patients about the usefulness or otherwise of this technology? If so, please describe them.

None known

4. Are there any groups of patients who might benefit **more** from the technology than others? Are there any groups of patients who might benefit **less** from the technology than others?

None known

**Comparing the technology with alternative available treatments or technologies**

NICE is interested in your views on how the technology compares with with existing treatments for this condition in the UK.

(i) Please list any current standard practice (alternatives if any) used in the UK.

Low molecular weight heparin is currently used

(ii) If you think that the new technology has any **advantages** for patients over other current standard practice, please describe them. Advantages might include:

- improvement in the condition overall
- improvement in certain aspects of the condition
- ease of use (for example tablets rather than injection)
- where the technology has to be used (for example at home rather than in hospital)
- side effects (please describe nature and number of problems, frequency, duration, severity etc.)

Ease of use by taking tablets compared to having injections

Particularly beneficial where treatment continues after discharge

(iii) If you think that the new technology has any **disadvantages** for patients compared with current standard practice, please describe them. Disadvantages might include:

- worsening of the condition overall
- worsening of specific aspects of the condition
- difficulty in use (for example injection rather than tablets)
- where the technology has to be used (for example in hospital rather than at home)
- side effects (for example nature or number of problems, how often, for how long, how severe).

None known

**Research evidence on patient or carer views of the technology**

If you are familiar with the evidence base for the technology, please comment on whether patients' experience of using the technology as part of their routine NHS care reflects that observed under clinical trial conditions.

Too soon to have gathered patient vies. Only recently licenced

Are there any adverse effects that were not apparent in the clinical trials but have come to light since, during routine NHS care?

Too soon to say as only recently licenced

Are you aware of any research carried out on patient or carer views of the condition or existing treatments that is relevant to an appraisal of this technology? If yes, please provide references to the relevant studies.

Only aware on anecdotal evidence from patients and carers about the condition

**Availability of this technology to patients in the NHS**

What key differences, if any, would it make to patients and/or carers if this technology was made available on the NHS?

Much easier for patients to take tablets than have injections.

Not painful, injections can be painful

Easier to continue treatment at home after discharge

What implications would it have for patients and/or carers if the technology was not made available to patients on the NHS?

Less choice for patients and clinicians.

More complex aftercare by having injections at home or visiting the hospital

Are there groups of patients that have difficulties using the technology?

Patients with swallowing difficulties.

**Other issues**

Please include here any other issues you would like the Appraisal Committee to consider when appraising this technology.

Cost saving to the NHS by not having to provide nurse time to administer injections after discharge