

Dear Lori Farrar,

Please accept my personal statement for,

NICE Appraisal of Clopidogrel and modified-release Dipyridamole for the prevention of occlusive vascular events.

I am a CVD patient and first reported with acute angina in 1994 and underwent a six vessel bypass graft in 1995. Following a conscientious commitment to cardiac rehabilitation, my recovery was satisfactory, though evidence of peripheral arterial disease, PAD, in the form of intermittent claudication has increased in severity in the last few years. My own medication includes statins, low dose aspirin, hypertensive, and a vascular dilator (cilastazol) drugs. Cycling is a new hobby discovered during rehabilitation, as is membership of a fitness gym.

Invited to join my local health authority's Heart Disease Task Force as a patient representative in late 1995, there followed an invitation to join what was to become the Greater Manchester and Cheshire Cardiac and Stroke Network and I served with them as a patient representative and board member from 1999 to 2008. There then followed service with the Department of Health's CHD Task Force, and their Cardiac Disease Programme Board 2002 until 2009. A founding trustee of Heart Care Partnership (UK), the British Cardiovascular Society's patient arm, I was President 2004 to 2008. Current involvements include membership as a patient representative with the Society for Cardiothoracic Surgery in Great Britain and Ireland, Myocardial Ischaemia National Audit Project, and the British Cardiovascular Intervention Society.

Appointed MBE for "voluntary service to people with cardiovascular disease" last New Year.

Over the last few years I have been involved in NICE Programme Development Groups as well as NICE Technical Appraisals. It is important that patient representatives are invited to participate in these activities, it is also important that patient representatives respond to these invitations. This current appraisal is of special interest to me as a patient as well as a patient representative because there is emphasis not only on the extreme outcomes of death, stroke, unstable angina, and MI, but also health related quality of life, and also because peripheral arterial disease, PAD, is being given a higher profile than is usually the case. Nor should we ever lose sight of the vast numbers of patients who are affected by these related conditions and the savings in human as well as economic terms of timely and effective treatments and care.

When the submissions arrive we can get down to the hard though interesting labour of sifting the evidence.

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Patient Representative for people with cardiovascular disease