

NICE TA 264 - Alteplase for treating acute ischaemic stroke (review of technology appraisal guidance 122)

1	<p>Summary of NICE TA 264</p> <p>Alteplase is recommended within its marketing authorisation for treating acute ischaemic stroke in adults if:</p> <ul style="list-style-type: none"> • treatment is started as early as possible within 4.5 hours of onset of stroke symptoms, and • intracranial haemorrhage has been excluded by appropriate imaging techniques.
2	<p>Number of people in Northern Ireland expected to take up service/therapy (new cases per year)</p> <p>Incidence of acute ischaemic stroke is 0.166% of total population i.e. in N. Ireland there are an estimated 2947 ischaemic strokes per year. The eligible population for thrombolysis is the 18-80 population.</p>
3	<p>Costs</p> <p>Drug and administration costs associated with Alteplase in the NICE costing template are £828 (tariff best practice additional payment).</p>
3.1	<p>Cost per patient per annum</p> <p>Additional £828 per eligible patient per year.</p>
3.2	<p>In year cost per patient per annum</p> <p>Using information from PMSI, the current thrombolysis rate in Northern Ireland was 10% in April/May 2012. This is consistent with an audit completed by clinicians in the 5 Trusts in N. Ireland in 2011. The range of thrombolysis rates is 7% to 13% (highest rate recorded in BHSC, however this figure includes neuroradiology interventions which may have been thrombolysed in peripheral hospitals, this is being clarified with BHSC as neuroradiology interventions not part of target).</p>
3.3	<p>Cost savings and how these will be secured</p> <p>Cost savings are the result of reduced death and disability at 3 months post stroke.</p>
3.4	<p>Recurrent overall cost</p> <p>Dependent on rate of thrombolysis. To move from current rate of Thrombolysis</p>

	<p>(10%) to 15%, additional recurrent cost £78k (allocate immediately).</p> <p>To move from current rate of Thrombolysis (10%) to 20%, additional recurrent cost, £156k. It will be 2 to 3 years before this is achieved.</p> <p>Patient numbers by Trust are being monitored by PMSI and funding will be issued initially based on estimated number per Trust.</p>
4	<p>Expected implementation period</p> <p>Work to begin immediately to achieve 15% and it will be 2-3 years to progress to 20%</p>
5	<p>Commissioning arrangements</p> <p>Via the Long Term Conditions commissioning team and the regional Stroke Strategy implementation Group.</p>
6	<p>Monitoring arrangements</p> <p>PMSI have put monitoring arrangements in place to measure thrombolysis rates.</p>
7	<p>DHSSPS Legislative / Policy Caveats</p> <p>This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. This would, for example, include situations where individual patients have other conditions or complications that need to be taken into account in determining whether the NICE guidance is fully appropriate in their case.</p>