

SBAR: Implementation of NICE TA 679 – Dapagliflozin for treating chronic heart failure with reduced ejection fraction

Situation

Following ratification of NICE Technology Appraisal (TA) 679, the Kent and Medway Joint Prescribing Committee (JPC) directed that implementation of the TA be carried out at ICP level, taking account of differences in commissioned heart failure services across Kent and Medway. In spite of the differences, it is necessary to clarify clinician responsibilities and ensure equity of access to dapagliflozin as a treatment option for chronic heart failure patients with reduced ejection fraction

Background

NICE TA 679 (February 2021) recommends dapagliflozin as an option for treating symptomatic chronic heart failure with reduced ejection fraction in adults, only if it is used as an add-on to optimised standard care with:

- angiotensin-converting enzyme (ACE) inhibitors or angiotensin-2 receptor blockers (ARBs), with beta blockers, and, if tolerated, mineralocorticoid receptor antagonists (MRAs), or
- sacubitril valsartan, with beta blockers, and, if tolerated, MRAs.

Treatment of symptomatic heart failure with reduced ejection fraction with dapagliflozin should be started on the advice of a heart failure specialist. Monitoring should be done by the most appropriate healthcare professional.

Assessment

There is significant variance in heart failure services across Kent and Medway. In East Kent and West Kent ICPs, Kent Community Health Foundation Trust (KCHFT) provides an established community heart failure service, managed by specialist heart failure nurses with cardiology consultant oversight. In Medway and Swale, the community heart failure service is provided by specialist nurses at Medway Community Healthcare (MCH), with cardiologist support from Medway Foundation Trust (MFT). A community heart failure service is yet to be established in DGS; GPs generally refer directly into the local Trust cardiology service

Recommendation

In order to ensure clarity for clinicians and promote equitable access, the Kent and Medway Medicines Optimisation Team recommends that:

1. Dapagliflozin, when used to treat chronic heart failure with reduced ejection fraction, is initiated by/on the advice of a heart failure specialist, with follow on prescribing in primary care.
2. Where specialist community heart failure teams exist, dapagliflozin may be initiated by the team following consultation with and continued oversight by a (consultant led) specialist heart failure multidisciplinary team (MDT), with a clear audit trail of such consultation.
3. For patients with comorbidities e.g. diabetes, multi-speciality MDTs would be appropriate.

4. Monitoring requirements and discontinuation criteria should be set out at initiation and clearly communicated to the clinician who continues with dapagliflozin prescribing.