



Treatment Appraisal: Decision Summary

Date	12 th July 2011 (reviewed Nov 2020 & no change required)
Appraisal	Stand-alone minimally invasive surgical bipolar radiofrequency ablation for atrial fibrillation
Details	The Northern Treatment Advisory Group was requested by the Cardiac Commissioning Group of the North of England Cardiovascular Network to conduct an appraisal of bipolar radiofrequency ablation as a stand-alone minimally invasive surgical technique.
Recommendation	The Northern Treatment Advisory Group recommends stand-alone minimally invasive surgical bipolar radiofrequency ablation for atrial fibrillation where catheter ablation is not suitable due to clinical, technical or anatomical reasons. The group requests that clinical departments carrying out the procedure provide annual audit data relating to NHS North East patient volumes and indications in order to sustain service commissioning.
Clinical evidence summary	The group noted that an additional large volume of generally low quality evidence has been made available since NICE issued a generally positive recommendation for the procedure. The group was satisfied that the procedure is effective and that it can be competently delivered by teams within the region. However the group was concerned about the additional risks compared with catheter ablation therapy. In addition, the group did not consider patient anxiety regarding catheter ablation therapy to be a valid contra-indication, which could be managed with appropriate patient education and information.
Cost analysis summary	The group noted that the cost of each procedure is estimated at about £13,000 to £14,000 which is substantially more expensive than a single catheter ablation at about £5,500. However the group also observed a relatively high frequency of repeated catheter ablation episodes in some patients.
Financial impact	Contrary to the estimated patient volume within the associated appraisal report, indications from the two cardiac surgical centres within NHS North East were that the combined NHS North East patient volume was unlikely to exceed 20 patients per annum. This is approximately one-fifth of that estimated in the appraisal report and equates to about 1 or 2 patients per NHS North East CCG per annum.
Further research or information	The group acknowledged that there was no independent verification of the expected patient volumes and therefore requested that clinical departments carrying out the procedure provide annual audit data relating to the volume of NHS North East patients treated with the procedure and the specific indication (reason) for determining that catheter ablation was not suitable.

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