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Welsh Health Specialised
Services Committee (WHSSC)

Specialised Services Policy Position PP102

Extra Corporeal Membrane Oxygenation (ECMO) service for adults with cardiac failure

*July 2019
Version 1.0*

Document information

Document purpose	Policy Position
Document name	Extra Corporeal Membrane Oxygenation (ECMO) service for adults with cardiac failure
Author	Welsh Health Specialised Services Committee
Publication date	TBC 2019
Commissioning Team	Cardiac
Target audience	Chief Executives, Medical Directors, Directors of Finance, Cardiologists, Intensivists
Description	NHS Wales will not routinely commission this specialised service in accordance with the criteria described in this policy
Document No	PP102
Review Date	2026

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1. Policy Statement

Welsh Health Specialised Services Committee (WHSSC) will not routinely commission Extra Corporeal Membrane Oxygenation (ECMO) service for adults with cardiac failure for patients resident in Wales.

In creating this policy WHSSC has reviewed the relevant guidance issued by NHS England/National Institute of Health and Care Excellence (NICE). It has considered the place for this treatment in current clinical practice and whether the research has shown a benefit to patients. WHSSC has concluded that there is not enough evidence to make the treatment routinely available at this time.

Plain language summary

Heart failure is a condition caused by the heart failing to pump enough blood around the body at the right pressure. This can cause:

- feeling short of breath
- feeling tired
- ankle swelling

Acute heart failure is when these symptoms develop quickly, the patient will require urgent hospital treatment.

Acute heart failure may be treated:

- with medicines
- by mechanically supporting the heart and circulation system, using a device that helps the heart to pump blood.

Extracorporeal membrane oxygenation (ECMO) is a form of mechanical circulation support. It involves:

- an artificial lung (called a 'membrane') is fitted, this sits outside the body
- the artificial lung puts oxygen into the blood (called 'oxygenation')
- it also continuously pumps this blood into and around the body, this supports or replaces the function of the heart.

About the treatment

Extracorporeal membrane oxygenation (ECMO) is a form of mechanical circulatory support that can sustain or replace cardiac function. It is a type of life support intended for short to mid-term support.

There are two main types of ECMO:

- venovenous (VV), and
- venoarterial (VA).

For acute heart failure in adults, the venoarterial (VA) method is used. Blood is withdrawn via the venous system (usually the femoral vein or right

atrium) and pumped through an oxygenator, where gas exchange of oxygen and carbon dioxide takes place. It is then returned to the arterial system (usually the femoral artery or ascending aorta). Patients are given a continuous infusion of an anticoagulant, usually heparin, to prevent blood clotting in the external system. For patients with renal insufficiency, a haemofiltration unit may be integrated into the circuit.

VA ECMO provides both respiratory and haemodynamic support. Some forms of VA ECMO can be inserted percutaneously by experienced clinicians who don't need to be surgeons, but some forms of VA ECMO require cardiothoracic surgical interventions.

The use of VA ECMO in acute heart failure in adults can be divided in 3 main categories:

- Following heart surgery
- Acute heart failure
- Augmented CPR

2. Aims and Objectives

This policy aims to define the commissioning position of WHSSC on ECMO for adults with cardiac failure for the residents of Wales.

The objective is to ensure evidence based decisions are made on commissioning an ECMO service for adults with cardiac failure for the residents of Wales.

3. Documents which have informed this policy

The following documents have been used to inform this policy:

- NHS England Clinical Commissioning Policy: [Extra corporeal membrane oxygenation \(ECMO\) service for adults with cardiac failure](#).
- NICE Interventional procedure guidance: [Extracorporeal membrane oxygenation \(ECMO\) for acute heart failure in adults](#). IPG482, March 2014.

This policy should be read in conjunction with the following document:

- All Wales Policy: [Making Decisions on Individual Patient Funding Requests](#) (IPFR)

3.1 Date of Review

This document will be reviewed when information is received which indicates that the policy requires revision.

4. Putting Things Right: Raising a Concern

4.1 Raising a Concern

Whilst every effort has been made to ensure that decisions made under this policy are robust and appropriate for the patient group, it is acknowledged that there may be occasions when the patient or their representative are not happy with decisions made or the treatment provided.

The patient or their representative should be guided by the clinician, or the member of NHS staff with whom the concern is raised, to the appropriate arrangements for management of their concern.

If a patient or their representative is unhappy with the care provided during the treatment or the clinical decision to withdraw treatment provided under this policy, the patient and/or their representative should be guided to the LHB for [NHS Putting Things Right](#). For services provided outside NHS Wales the patient or their representative should be guided to the [NHS Trust Concerns Procedure](#), with a copy of the concern being sent to WHSSC.

4.2 Individual Patient Funding Request (IPFR)

If the patient does not meet the criteria for treatment as outlined in this policy, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the All Wales IPFR Panel.

If an IPFR is declined by the Panel, a patient and/or their NHS clinician has the right to request information about how the decision was reached. If the patient and their NHS clinician feel the process has not been followed in accordance with this policy, arrangements can be made for an independent review of the process to be undertaken by the patient's Local Health Board. The ground for the review, which are detailed in the All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR), must be clearly stated

If the patient wishes to be referred to a provider outside of the agreed pathway, an IPFR should be submitted.

Further information on making IPFR requests can be found at: [Welsh Health Specialised Services Committee \(WHSSC\) | Individual Patient Funding Requests](#)

5 Equality Impact and Assessment

The Equality Impact Assessment (EQIA) process has been developed to help promote fair and equal treatment in the delivery of health services. It aims to enable Welsh Health Specialised Services Committee to identify and eliminate detrimental treatment caused by the adverse impact of health service policies upon groups and individuals for reasons of race, gender re-assignment, disability, sex, sexual orientation, age, religion and belief, marriage and civil partnership, pregnancy and maternity and language (Welsh).

This policy has been subjected to an Equality Impact Assessment.

The Assessment demonstrates the policy is robust and there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken.