Dear Duncan

ACCESS TO MEDICINES FOR END-OF-LIFE AND VERY RARE CONDITIONS: TRANSITION FROM IPTR TO PACS

Thank you for your letter on the above topic. It is important to initially state that the process as it currently stands is difficult for Boards to manage. We are faced with a still current CMO (2011) 03 which states the criteria for approving an IPTR are:

“the patient’s clinical circumstances (condition and characteristics) are significantly different from either:
(i) the general population of patients covered by the medicine’s licence; or
(ii) the population of patients included in the clinical trials for the medicine’s licensed indication as appraised.”

The above coupled with the instruction in CMO (2013) 20 that we should apply these criteria “flexibly” is challenging. Additionally the introduction of the new clinically led peer review process currently lacks clarity and therefore it is difficult for Boards to assure that patients are not adversely impacted in the transition phase. However we have reviewed our processes and have made some significant changes in response to CMO (2013) 20.

Historically the Boards in the West of Scotland have worked closely with each other to develop a consistent process, and as a result our documentation is very similar to that seen in the other West of Scotland Boards. Largely because of this consistency of process we have chosen not to alter our documentation. Therefore the clinician completing an IPTR application will be faced with the same form.

However we have considered our process of decision making within our IPTR meetings, and fully recognise the requirement to view the criteria flexibly. As a result our IPTR panel will consider:

the evidence supporting the use of the medicine in the condition,
the alternatives available for treatment and
the impact of treatment or refusal of treatment on the patient.

As a Board we only see a very small number of IPTR requests but as a result of this change in the process it is significant that we have seen no refusals since CMO(2013)20 was issued. A copy of the IPTRs we have reviewed in the last 6 months is attached for your information. In summary it is important to note that the documentation in use has not changed in NHS Dumfries & Galloway, but the decision making process at the IPTR panel has changed significantly adopting a flexible application of the criteria given by CMO (2011) 03. This has resulted in, so far, a 100% approval of IPTRs in the period up to end of March 2014, thus ensuring access to these medicines by our patients.

I hope you find the above helpful and please do not hesitate to contact me if you require further details.

Yours sincerely

Jeff Ace
Chief Executive