NHS
Cheshire and Merseyside

Decision Support Summary

Cheshire and Merseyside Area Prescribing Group

Subgroup proposal

Proposal	Notes	Approval
Add the drug and indication as a human readable hyperlink. Add the RAG designation. **APG subgroup**: meeting date **APG**: meeting date	[optional] **Date of NICE TA publication**: date [optional] **Approval for implementation**: 30 or 90 days [optional] **Deadline for implementation**: date Brief summary of the most important reasoning. Include costings and links to other information if applicable.	**MOP**: start with the meeting date and add relevant commentary. [optional] **FIRC/CEG**: start with the meeting date and add relevant commentary

Recommendation

What is the ‘ask’?

Rationale

How did we come to this decision? Is it a new therapy for a gap in treatment or a ‘better’ new therapy? Why ‘this’ argument vs ‘that’ argument? Are there other options? Why were the other options not used and what are the consequences. What is the impact on therapy?

Supporting information

Additional facts useful to understanding in order of importance. What has been considered?

APG decision

Assurance of process and all relevant factors considered	☐ Yes	☐ No	☐ Not applicable
This submission is supported for ICB approval	☐ Yes	☐ No	☐ Not applicable
The proposed RAG designation is supported	☐ Yes	☐ No	☐ Not applicable
Declarations of interest have been managed	☐ Yes	☐ No	☐ Not applicable
Comments:			
Declarations of interest:			

APG subgroup summary

Formal application submitted and prioritised	☐ Yes	☐ No	☐ Not applicable
Formulary status (RAG) agreed	☐ Yes	☐ No	☐ Not applicable
Consultation feedback addressed	☐ Yes	☐ No	☐ Not applicable
Declarations of interest managed	☐ Yes	☐ No	☐ Not applicable
Comments:			
Declarations of interest:			

Implementation

Implementation requirements identified	☐ Yes	☐ No	☐ Not applicable
Impact on existing workload, existing pathways, or expertise considered	☐ Yes	☐ No	☐ Not applicable

ScriptSwitch message developed	☐ Yes	☐ No	☐ Not applicable
Impact monitoring identified	☐ Yes	☐ No	☐ Not applicable
Access for the whole of Cheshire and Merseyside is equitable	☐ Yes	☐ No	☐ Not applicable
Border issues considered	☐ Yes	☐ No	☐ Not applicable
Workforce capacity considered	☐ Yes	☐ No	☐ Not applicable
Governance requirements or prescribing restrictions identified	☐ Yes	☐ No	☐ Not applicable
Delivery of a net zero carbon NHS is supported	☐ Yes	☐ No	☐ Not applicable
ICB ability to meet its statutory requirements considered	☐ Yes	☐ No	☐ Not applicable
Comments:			

Appropriateness

Outcomes identified	☐ Yes	☐ No	☐ Not applicable
Aligned with ICB and local priorities	☐ Yes	☐ No	☐ Not applicable
Safety concerns identified	☐ Yes	☐ No	☐ Not applicable
Patient factors identified	☐ Yes	☐ No	☐ Not applicable
Place in therapy identified	☐ Yes	☐ No	☐ Not applicable
Effect on health inequalities considered	☐ Yes	☐ No	☐ Not applicable
Effect on protected groups considered	☐ Yes	☐ No	☐ Not applicable
Comments: (include place in therapy and any safety mitigations)			

Effectiveness

Evidence for clinical effectiveness reviewed	☐ Yes	☐ No	☐ Not applicable
Evidence for cost-effectiveness reviewed	☐ Yes	☐ No	☐ Not applicable

The submission supported by national or local commissioning policy	☐ Yes	☐ No	☐ Not applicable
Comments:			

Financial considerations

Drug savings and costs assessed	☐ Yes	☐ No	☐ Not applicable
Additional savings and costs assessed	☐ Yes	☐ No	☐ Not applicable
Comments:			

RAG criteria

DNP medicines must meet at least one of the following criteria	Applies (Y/N)	Notes
Lack of data on safety compared with standard therapy		
Known excess of significant adverse events compared with standard therapy		
Lack of data on cost-effectiveness compared with standard therapy		
Less cost-effective than current standard therapy		
Not accepted as cost effective compared to other service development opportunities		
No significant advantage over currently supported therapy		
Discontinued less than (removed from formulary) 12-months ago.		
Medicines that NICE has not recommended for use and terminated technology appraisals, unless there is a local need.		

RED medicines must satisfy any of the following criteria	Applies (Y/N)	Notes
Requiring specialist assessment to enable patient selection, initiation and on-going treatment.		
Requires long term on-going monitoring of efficacy by a specialist.		
Requires long term on-going monitoring of toxicity by a specialist (either because of difficulty in recognising side effects, or problematic or high cost investigations to identify toxicity).		
Specifically designated as “hospital only” by product licence, by Department of Health and Social Care (DHSC), National Institute for Health and Care Excellence (NICE) or British National Formulary (BNF).		
Where a medicine has been classified as Shared Care but a Shared Care Agreement has not been approved by the Cheshire and Merseyside Area Prescribing Group.		

This is a temporary situation; a shared care framework must be produced within a reasonable timescale		
Medicines which require preparation by the hospital pharmacy, unless an acceptable procedure for supply through a community pharmacy and/or community services pharmacy can be arranged.		
Where the administration requirements of a medicine makes it unsuitable for use in Primary Care.		

PURPLE shared care drugs must meet all the criteria	**Applies (Y/N)**	**Notes**
Requires specialist assessment to enable patient selection and also initiation, stabilisation and review of treatment and the patient's condition.		
Prescribing and/or management of the drug in Primary Care with specialist support and input, within the framework of the Shared Care Agreement is safe and convenient and that there is an appropriate mechanism for individual patient access in Primary Care.		
Requires specific long-term monitoring (blood test or other measurement) for adverse effects and / or efficacy of the drug to be completed in Primary Care, and requires on-going specialist support for the dose changes or management of adverse effects. Monitoring is required on a regular basis (typically four times a year).		

AMBER PATIENT RETAINED drugs must meet all the criteria	**Applies (Y/N)**	**Notes**
May require occasional specialist input indefinitely and therefore the patient should not be discharged from specialist care.		
Requires short to medium term specialist prescribing and monitoring of efficacy or toxicity until the patient's dose is stable		
Following specialist assessment, the medicine is suitable for prescribing in Primary Care.		
Requires specialist assessment to enable patient selection.		

AMBER INITIATED drugs must meet all the criteria	Applies (Y/N)	Notes
Requires short to medium term specialist prescribing and monitoring of efficacy or toxicity until the patient's dose is stable		
Following specialist assessment, the medicine is suitable for prescribing in Primary Care.		
Requires specialist assessment to enable patient selection.		

AMBER RECOMMENDED drugs must meet all the criteria	Applies (Y/N)	Notes
Following specialist assessment, the medicine is suitable for prescribing in Primary Care.		
Requires specialist assessment to enable patient selection.		

GREEN drugs must meet all the criteria	Applies (Y/N)	Notes
Medicines for which Primary Care prescribers are able to take full responsibility for initiating and on-going prescribing. Local prescribing guidelines or NICE guidance may apply.		
Medicines are in routine use and can be prescribed within Primary and Secondary Care with no special restrictions, specialist knowledge or experience. This includes both licensed and documented unlicensed medicines.		