

NHS ISLE OF WIGHT
CLINICAL COMMISSIONING GROUP

DRUGS OF LIMITED CLINICAL VALUE (DLCV) POLICY

AUTHOR/APPROVAL DETAILS

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VERSION CONTROL

This Policy and Guidance for Drugs of Limited Clinical Value Policy (DLCV)

Version	Date	Changes
Created	07/05/2017	Created
V1.1	18/05/2017	Presented to Clinical Executive Committee
FINAL	25/05/2017	

Drugs of Limited Clinical Value (DLCV) Policy

Purpose

The purpose of this policy is to support the decision making process associated with the allocation of resources for prescribing **of drugs and appliances**, establishing a framework within which the CCG can demonstrate that their decision making processes are fair, equitable and legally sound.

This policy is designed to help the CCG meet their obligation in providing equitable access to healthcare.

Background

The NHS Constitution identifies two key patient rights with regard to medicines:

“You have the right to drugs and treatments that have been recommended by NICE for use in the NHS, if your doctor says they are clinically appropriate for you.”

And

“You have the right to expect local decisions on funding of other drugs and treatments to be made rationally following a proper consideration of the evidence. If the local NHS decides not to fund a drug or treatment you and your doctor feel would be right for you, they will explain that decision to you.”

The courts have established that a CCG is not under an absolute obligation to provide every treatment that a patient requests. A CCG can develop a policy which prioritises treatment to take account of the resources available to it and the competing demands on those resources. Prescribing of medicines in the NHS is on the basis of clinical need. The Isle of Wight CCG supports cost-effective prescribing to ensure fair use of resources.

Currently, local formulary decision making process take these obligations into account. Medicines recommended by NICE are included on the formulary; all other medicines are assessed on their clinical evidence when presented to the Primary Care Prescribing Committee (PCPC), which will decide whether a medicine should be available locally. Where a medicine is not included on the formulary, there are mechanisms in place for considering individual circumstances.

Moves for a more regional approach to formulary decision making are currently in development. Four Regional Medicines Optimisation Committees (RMOCs) across the country will be responsible for supporting these types of decisions. Until they are established, this policy will support rational, cost and clinical-effective prescribing.

Implementation

Medicines classified in the BNF as ‘not NHS’ or that are considered by the ‘Joint Formulary Committee’ of the British National Formulary (BNF) as less suitable for prescribing should not be prescribed.

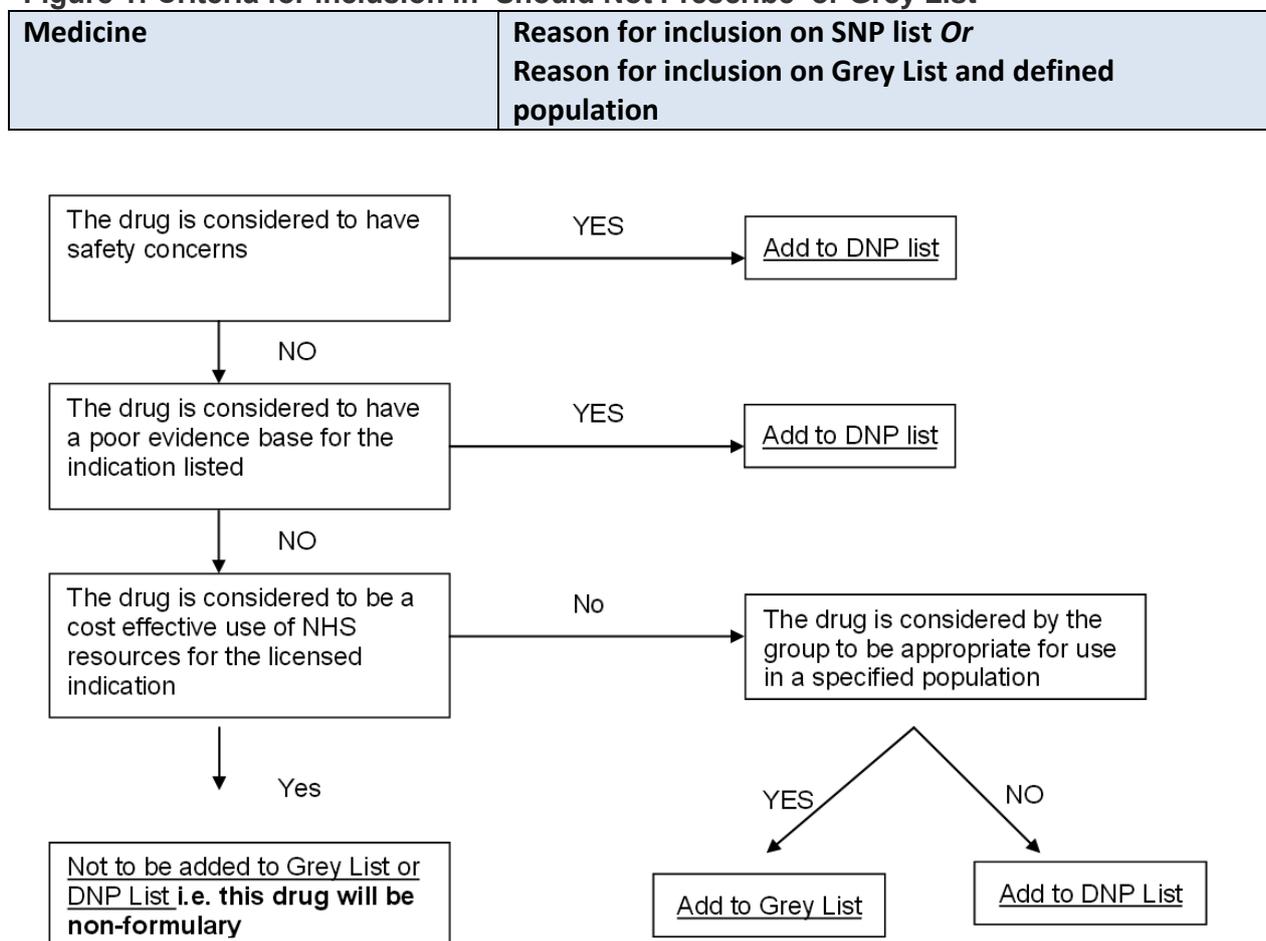
In addition medicines reviewed by the PCPC and deemed of low clinical value and not suitable for prescribing for adults and children in primary care within Isle of Wight, form a ‘SHOULD NOT PRESCRIBE’ (SNP) list.

The decisions on medicines which comprise the 'should not prescribe' list have been made by the Isle of Wight CCG PCPC on the basis of safety, efficacy and cost-effectiveness of the products. This list will be reviewed by the PCPC annually. Lack of inclusion in the list does not imply that prescribing of the drug is supported.

There is an addendum to the SNP list "The Grey List" which includes medicines that are not suitable for routine prescribing but may be suitable for a defined patient population. The PCPC (or a committee of the group) will evaluate the evidence and define the population group and criteria where a Grey List drug may be considered suitable for routine prescribing by the GP.

Figure 1 below demonstrates how the SNP and grey lists are developed and how additions will be made to the list.

Figure 1: Criteria for inclusion in 'Should Not Prescribe' or Grey List



Individual Funding Requests (IFR)

Where an individual patient falls outside of the defined population in the grey list or a clinician feels that prescribing of any of the drugs included in the policy is required, a request should be sent to the IFR administrative officer, for exceptionality to be considered in-line with the CCG IFR policy and procedure. Prescribing may only commence after a successful IFR application.

Exceptionality

A patient is deemed exceptional if they have a clinical picture that is significantly different to the general population of patients with that condition and as a result of that difference; the patient is likely to derive greater benefit from the intervention than might normally be expected. The 'Clinical Funding Authorisation Policy' will support these exceptional individual patient circumstances.

Complaints

A patient can complain through the '*Quality Team*' at IW CCG via:

Quality Manager,
Isle of Wight CCG,
Building A, The APEX,
St. Cross Business Park
Newport
Isle of Wight
PO30 5XW

The Quality Team can be contacted on:

Tel: (01983) 534843

By email iwccgquality@iow.nhs.uk