**Request to prescribe medication or appliances outside of local policy**

**Introduction**

It is accepted that there may be some patients with exceptional needs or circumstances who may require treatment, medication or appliances outside of local policy e.g. camouflage creams, Black listed products, or Grey listed products outside the limited specified indication. These will be rare and few in number. NHS Stockport Clinical Commissioning Group (CCG) must ensure we get the best value possible form prescribed items and therefore to prescribe outside of the local policy will require approval. If there is a situation that requires a policy to be lifted, the responsible GP will need to make a case in writing to the NHS Stockport CCG. Prescribing should not commence until approval has been given. Where prescribing predates a product being covered by a policy, the policy will indicate whether or not prescribing should continue with or without approval. Please see the NHS Stockport Guidance on approval requests for further details of the process to be followed to gain approval.

Where a prescriber does not comply with these policies attempts will be made to ensure compliance. If exploring all avenues to resolve the situation are exhausted but prescribing continues to breach the policies the issue may become contractual and be deemed inappropriate prescribing. It is hoped that this will never need to be tested.

**Confidentiality**

**Patient identifiable information should not be included unless specific patient consent has been obtained and documented on the form and in the clinical record.**

Any materials received which include patient identifiable information without a clear statement that the clinician has patient consent to share with the panel will be rejected, deleted and the practice notified.

**Is an approval request appropriate?**

The purpose of the approval process is to provide a mechanism for considering the needs of individual patients whose clinical circumstances might mean that the usual care pathway is unsuitable for them or make them an ‘exception’ to specific commissioning policies

The role of the Approvals Panel is to consider whether it is appropriate to fund the medication/ appliance requested taking into account the principles NHS Stockport CCG applies to funding services and interventions in general. The NHS Stockport CCG will not seek to question the appropriateness of a clinician’s decision to recommend a particular medication for a particular patient.

**Process to request approval to begin/continue prescribing**

The prescriber wishing to prescribe a listed item is required to complete the attached form to the best of their ability. The request should clearly explain why the patient is exceptional and why adherence to the policy should be lifted in this specific case. Please give as much information as possible on

* the rationale for choosing the listed drug,
* Alternative strategies tried etc.
* Objective evidence that there is genuinely some highly unusual or unique clinical factor about the patient (that is not simply unfortunate) that suggests they are significantly different to the general population of patients with the same condition at the same stage, and as a result of that difference, the patient is likely to derive greater benefit from the intervention than might normally be expected for patients with that condition. Social value judgments are rarely relevant.

See Guidance document for the process that will be followed and for the framework that will be applied to ensure that the request will not be rejected because other treatment options are available and have not been tried.

This proforma is designed to facilitate the full and fair consideration of each approval request. All sections should be completed in respect of each patient for whom such a request is made. It is the requestors responsibility to provide evidence that the proposed treatment is clinically and cost effective and in the case of exceptional case claims, the factors that suggest that the patient’s case differs from others with the same condition and stage of disease. The requestor, their consultant, and/or the patient, may also submit additional information that they wish to be taken into consideration, however the CCG’s policy reserves the right to determine the relevance of non-clinical factors in considering funding requests. NHS Stockport does not routinely consider social or individual personal circumstances when considering clinical exceptionality.

Requestors will normally receive an answer within 6-12 weeks of requesting approval to prescribe. If a more urgent response is required this should be clearly highlighted on the form. Outcomes will be sent to the nhs.net e-mail addresses provided on the submitted form. Requests may take longer to deal with where documentation is incomplete or further information is requested. Stockport CCG will endeavour to keep requestors notified of any delay.

**BEFORE COMPLETING THIS FORM PLEASE READ THE REFER TO NHS STOCKPORT CCG’S GUIDANCE ON APPROVAL FOR USE OF MEDICATION OR APPLIANCES OUTSIDE OF CCG POLICY**

Guidance for approval to prescribe medication or appliances outside of NHS Stockport can be found here:

<http://www.stockportccg.nhs.uk/practicehub/medicines-optimisation/black-grey-list/>

**Please email the completed request and all supporting documentation to**

[**STOCCG.medsopadmin@nhs.net**](mailto:STOCCG.medsopadmin@nhs.net)

Requests for prescribable medicines and devices should not be sent to the EUR department at CSU Salford. Please check with your Network SIPS team if you are in any doubt

These guidance pages to not need to be sent with your request.

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| **Request for approval to prescribe outside of local policy**  If you have any queries please contact the Medicines Management Team on 0161 426 9910.  Any form received which lacks patient consent and contains identifiable information will be returned to the practice  All fields are mandatory unless marked \*\*  **REQUEST FOR Approval to prescribe**  *Drug or appliance for which approval is being requested include drug name form and strength of full product details for appliances)*  **Is this request urgent Yes / No**  Reason for urgency  Has patient consent been given to share identifiable information Yes / No  **Any form received which lacks patient consent and contains identifiable information will not be progressed and be returned to the practice** | | |
| **1** | Patients’ NHS number  *(Forms will be returned if not included)* |  |
| **2** | Patients’ GP Clinical System Number *(as 2nd identifier)* |  |
| **3** | Age if clinically relevant |  |
| **4** | GP Practice Name |  |
| **5** | Requesting clinician name and Nhs.net e-mail addresses  for responses  *Decisions will be mailed to this address where provided if not supplied outcomes will be notified by post.* | @nhs.net |
| **6** | Purpose/reason for request  *(Give details of the policy prescribing would breach e.g. Black list, OTC/ self-care condition treatment, cosmetic treatment.. Please seek advice from local SIPS Team if uncertain)* |  |
| **7** | Brief summary of clinical condition  *(Please supply as much detail as possible about: severity, duration investigations and prognosis* |  |
| **8** | Previous medication for this indication.  *(****List or attach details of drug, dose, duration of use and reason for stopping failure to do so will delay a decision being made. Use a continuation sheet if necessary)*** | *Please complete full details to avoid any delay in decision or your request being returned* |
| **9** | Relevant past medical history  *Please complete full details to avoid any delay in decision or your request being returned* |  |
| **10** | What is the standard medication for this indication (if any) and why is this not appropriate? |  |
| **11** | Please give **full** details of why the person is exceptional  *(Evidence of some highly unusual or unique* ***clinical factor*** *about the patient (which is not simply unfortunate) that suggests they are* ***significantly*** *different to the general population of patients with the same condition at the same stage,* ***and that as a result of that difference,*** *the patient is likely to derive greater benefit than normally expected for such patients. Social value judgments are not considered when determining clinical exceptionality.)* |  |
| **12** | Supporting Documentation Included (*Please list*)\*\* |  |
| Signature of requesting clinician:  Print Name | | |
| Date | | |

**FOR CCG ADMIN USE ONLY**

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| Date request received |
| Added to database and scanned |
| Triage under framework completed by Date |
| Outcome *(delete as appropriate)*  Framework cannot be applied – sent to panel Date  Framework applied and outcome detailed below |
| Decision Date  under framework/ by electronic panel review / at panel meeting *(delete as appropriate)*  Funding approved YES / NO  Case deferred  Reason(s) for approval/non-approval/ defer |