

Date: 13/09/2017

FREEDOM OF INFORMATION REQUEST FOI/013642 – Dermatology and Pharmacy

Funding pre-NICE;

For the attention of (FAO): Pharmacy / Dermatology Department Clinical Director

1. Is it your Trust/CCG policy to wait until 90 days post NICE guidance to fund new drugs or do they fund earlier? -

Trust policy is to commence implementation within the pre-requisite timeframe highlighted within the NICE guidance, NHS England Circular, NHS England Specialised Service Circular.

2. What is your Trust/CCG policy re use of Zero Risk (ZR)/Early Use Schemes (EUS), i.e. where a medicine is made available free of charge or at a reduced price to the NHS whilst awaiting NICE/SMC approval, in lieu of NICE? -

A new medicine request application is completed and Drugs and Therapeutics Group or Area Medicines Committee critically appraise the application, risks to introduction and benefits to patients.

3. What is the process for getting such ZR/EUS schemes implemented/approved/signed off within your Trust/hospital? Who needs to sign the contracts for such schemes? -

A new medicine request application is completed and Drugs and Therapeutics Group or Area Medicines Committee critically appraise the application, risks to introduction and benefits to patients. If approval granted then contract will be signed by Chief Pharmacist and / or Executive Director as appropriate.

IFR/Cohort Funding;

FOA: Dermatology Lead Pharmacist / Dermatology Department Clinical Director

4. What is your Trust's policy re Individual Funding Request and/or Cohort Funding policy? Ref: IFR/Cohort Funding

– Trust follows NHS England Commissioning Policy as per link. IFR / Cohort Funding is reviewed via Drugs and Therapeutics Group and escalated to the relevant Commissioner.

https://www.engage.england.nhs.uk/consultation/af642939/supporting_documents/genericcommissioningpolicies.pdf

5. Do you have a pathway/preferential prescribing list, illustrating sequential use of Biologics in Dermatology? What does this recommend? - No

6. How many lines/trials of biologics are allowed/funded for the management of psoriasis within your trust/CCG? What happens if a clinician needs to exceed this? - N/A

7. If there is a biologics psoriasis pathway - how often is it updated to reflect changes to NICE status of new therapies? - N/A

8. If there is no formulary/pathway - what do the Trust/CCG utilise in order to guide use of biologics in the management of psoriasis? - NICE Guidelines

Atopic Dermatitis

FAO: Dermatology Service Manager

9. How many patients attended for a new outpatient appointment in dermatology Utilising ICD-10 classification - L20 Atopic Dermatitis (Eczema) - from April 2015 - March 2016? - 500

10. The number of paediatric attendances of patients utilising ICD-10 classification - L20 for Atopic Dermatitis (Eczema) - from April 2015 - March 2016? - 250

11. Does your Trust have a paediatric dermatologist? - Yes

Does your Trust have a paediatrician with a dermatology interest/specialism? - No