

Direct Line: 0151 643 5334

Email: foirequests.nhswirralccg@nhs.net

NHS Wirral Clinical Commissioning Group
Old Market House
Hamilton Street
Birkenhead
Wirral
CH41 5AL
Tel: 0151 651 0011

Our Ref: ID343

Re: Freedom of Information Request

Thank you for your request for information made under the Freedom of Information Act 2000 which was received into this office on 20th November 2015.

You Asked for:

- Have you implemented TA346, TA349, TA294 and TA155? If yes, when were they implemented?

NHS Wirral Clinical Commissioning Group (CCG) have implemented TA346, TA349, TA294 and TA155. These were implemented within the 90 day time frame in compliance with NICE guidance.

- What process is used to access these treatments? Are they routinely commissioned or is an Individual Funding Request required?

The above treatments are locally classified as hospital only medicines, therefore are accessed following referral to ophthalmology, assessment and initiation by a consultant ophthalmologist in line with the criteria specified in the NICE TA's. They are routinely commissioned as per NICE guidance.

- We would also like to request a copy of any evidence or feedback which has been used to make decisions in regards to these NICE TAGs and copies of any related policy and meeting minutes where this issue has been discussed.

The evidence NHS Wirral CCG reviewed to make the decisions regarding these TAG's were the NICE TA documents along with any oral submission from the consultant ophthalmologist.

For NICE TA294 and TA155, these were released prior to NHS Wirral CCG's formation, therefore I recommend contacting Wirral University Teaching Hospital NHS Foundation Trust to request the minutes of relevant Drug & Therapeutics meetings. You can contact Wirral University Teaching Hospital NHS Foundation Trust on:

wih-tr.AccessToInformationOffice@nhs.net

For NICE TA346 and TA349, I have included the relevant extract from the September Drug & Therapeutics minutes are below:

75/15.04 – Aflibercept NICE TA346

Author: Mr V Kumar– Consultant Ophthalmologist, WUTH

Aflibercept solution for injection is recommended as an option for treating visual impairment caused by diabetic macular oedema only if:

- the eye has a central retinal thickness of 400 micrometres or more at the start of treatment and*
- the company provides aflibercept with the discount agreed in the patient access scheme.*

VK presented his application for aflibercept to the Panel and was asked how he selects whether patients receives ranibizumab or aflibercept. VK explained that it depends on the patient's visual acuity score. The website www.DRCR.net gives further information on studies carried out in the United States.

Decision: Approved

RAG STATUS: RED

75/15.05 – Dexamthasone NICE TA349

Author: Mr V Kumar – Consultant Ophthalmologist, WUTH

Dexamethasone intra-vitreous implant is recommended as an option for treating diabetic macular oedema only if:

- the implant is to be used in an eye with intraocular (pseudophakic) lens and*
- the diabetic macular oedema does not respond to non-corticosteroid treatment, or such treatment is unsuitable*

VK explained that currently patients commence treatment using ranibizumab and if they fail on this they will progress to flucinolone implant.

Decision: Approved

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