

**High cost, non- NICE approved, PbR excluded medicines**

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| **Commissioning decision** | **High cost, non- NICE approved Payment by Results (PbR) excluded medicines are considered a low priority for funding and will only be considered in exceptional circumstances.** |

**Policy Statement:**

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| The PbR-Excluded drugs that are routinely commissioned by Gloucestershire CCG are categorised as follows:   * Category 1 – These are drugs that have been recommended by NICE as part of a Technology Appraisal Guidance (NICE TA). Drugs listed in this category must only be used as per NICE criteria. * Category 2 – Drugs that are not covered by a NICE TA, but are funded by a commissioning agreement with the CCG.   Drugs that do not appear in either of the above categories will not be routinely funded by the CCG and prior approval must be sought from the CCGs via the Individual Funding Request (IFR).  This policy only covers PbR-Excluded drugs as defined by the Department of Health (DH).  The GCCG will not commission or pay for drugs/devices for which NHS England is the responsible commissioner. |

**Rationale:**

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| Payment by Results (PbR) is the payment system in England under which commissioners pay healthcare providers for each patient seen or treated, taking into account the complexity of the patient’s healthcare needs.  The two fundamental features of PbR are nationally determined currencies and tariffs.  PbR currently covers the majority of acute healthcare in hospitals, with national tariffs for admitted patient care, outpatient attendances, accident and emergency (A&E), and some outpatient procedures.  The National Institute for Health and Care Excellence (NICE) provides national guidance, advice, quality standards and information services to improve health, public health and social care. Contains resources to help maximise use of evidence and guidance.  NICE guidance documents are evidence-based recommendations developed by independent committees, including professionals and lay members, and consulted on by stakeholders. New treatments are reviewed for their clinical and cost effectiveness and if approved by means of a Technology Appraisal it is mandatory for that treatment to be available within 90 days of the publication (or 30 days in the event of a rapid review).  Therefore, where a PbR excluded medicine is desired by a prescriber exceptionality will need to be demonstrated and an application vie IFR route will be required for funding to be considered. |

**Evidence base:**

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| NICE website <https://www.nice.org.uk/>  Other CCG policies e.g. 2020-21 South West London (SWL)  Commissioning Principles for PbR Excluded Drugs / Devices <https://www.swlmcg.nhs.uk/Policies/Commissioning%20Principles/2020%2021%20SWL%20Commissioning%20Principles-PbR%20excl%20drugs%20devices-v1%20230120.pdf> |

For further information please contact [GLCCG.IFR@nhs.net](mailto:GLCCG.IFR@nhs.net)

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| **Date of publication** |  |
| **Policy review date** | December 2023 |

**Consultation**

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| **Consultee** | **Date** |
| GHFT Orthopaedic department |  |
| CCG Governing Body Development Session |  |
| GHNHSFT (via General Manager/Head of Contracts) |  |
| GP Membership (via CCG Live/What’s New This Week) |  |
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| Has the consultation included patient representatives? |  |

**Policy sign off**

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| **Reviewing Body** | **Date of review** |
| Effective Clinical Commissioning Policy Group | 10.12.2020 |
| Quality and Governance Committee |  |
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**Version Control**

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| **Version No** | **Type of Change** | **Date** | **Description of Change** |
| 0.1 | Policy statement clarified | Oct 2020 | Full policy template completed. Review date set at Dec 2023 by EECP Group. |