5.2.3: BRIEFING NOTES FOR LEAD CLINICAL PHARMACISTS SUPPORTING IPTR PANELS

Specialist pharmaceutical advice will be sought at both stages of the Individual Patient Treatment Request (IPTR) processes, the first application to the Associate Medical Director (AMD), and the appeal to the Board's Medical Director.

In accordance with CMO(2011)3, NHS Boards are required to ensure that appropriate senior medical, pharmaceutical and managerial perspectives (including finance) are represented on a panel reviewing IPTRs. Within NHS GG&C an appropriate Lead Clinical Pharmacist (LCP) would be identified as representing the pharmaceutical perspective at the initial stage of the IPTR process. In the case of a second application to the Associate Medical Director (IPTR Appeal), any additional pharmaceutical perspective is typically provided by the Head of P.P.S.U.

The involvement of the LCP is in addition to the provision of advice from a Specialist Clinical Adviser. The LCP is considered a core constituent of an IPTR panel, is invited to participate in the final discussion stage of the hearings and has full voting rights.

The LCP provides the following input to the Directorate IPTR panel:

- an evidence-based analysis of the current literature (with support from Medicines Information where necessary)
- a pharmacy perspective on the alignment of the case with the 'criteria for exceptionality'
- specific advice in response to questions from other panel members relating to pharmacy-related issues (e.g. resource for preparation of IV additives)
- Input to ensure that there is consistency of the process

It is not anticipated, nor necessary that the LCP will have any direct experience with either the disease state or the medicine being discussed as the IPTR panel would include a specialist clinical adviser for this purpose. However, the LCP would be expected to apply clinical pharmaceutical skills relating to the review of evidence.