

Position statement on monitoring treatment response, interim and retrospective funding for national tariff excluded drugs and devices

National Tariff-excluded drugs and devices will not be automatically funded by Commissioners. These are subject to individual prior approval/notification arrangements within the commissioned pathways. Mid Essex Commissioning policies and Excluded drug / device proforma for different drug / indication combinations can be found [here](#).

Any decision to commence tariff excluded treatments in advance of confirmed funding approval by the commissioner is at the provider trust's financial risk. MECCG accepts no responsibility for the decision taken by the provider trust in these circumstances. In considering a request for funding, MECCG will apply the criteria set out in the applicable policy for that treatment/condition as it would for any other request, and accords no special privileges because the unfunded drug was given by a provider trust.

MECCG will not provide retrospective funding – the relevant approval needs to be given before the drug is prescribed. In line with Acute Trust contract guidance retrospective funding is appropriate where there is an urgent clinical need; that is, failure to provide treatment within 72 hours will have very serious negative consequences for the patient. Under such circumstances, providing the CCG accepts there was an urgent clinical need for the patient, MECCG may or may not approve funding but will not decline funding on the basis of a retrospective application. The expectation is that this arrangement will rarely be required and will be monitored to ensure it is only used under appropriate circumstances.

Where two or more treatments are suitable for a patient, funding will be supported for the least expensive treatment and provision of data on clinical outcomes and adherence to withdrawal or discontinuation criteria must be provided where requested. MECCG need to be assured that prescribing practice is in line with the relevant agreements; and Trusts need to be assured that their prescribing practice is appropriate and funding streams are secure. To ensure appropriate assurance is available, MECCG will work with providers to agree local audit programmes, monitoring arrangements and criteria for continuation.

MECCG expect patients to be reviewed within the agreed timeline as described in the commissioned pathway and will not approve interim funding request when the timeline in the commissioned pathway is not met or the minimum clinical data required in order to assess response to treatment and validate continuation of funding are not available.

Regarding withholding and/or discontinuing treatment, the NHS contract between Commissioners and providers identifies the conditions when a Trust can discontinue providing a service to a patient. However, if the reason to stop the service does not fit the criteria identified in the standard NHS contract, then providers are required to continue to provide the service. The non-availability of funding is not a criterion for withholding and/or discontinuing treatment, if the clinician considers it appropriate to continue treatment in the patient; the Trust must continue treatment at their financial risk.



References

Commissioning Policy Individual Funding Requests (IFR) and Exceptional Cases Applications
MECCG Policy Reference: MECCG21 <https://midessexccg.nhs.uk/about-us/the-library/service-restriction-policies-1>

East of England Priorities Advisory Committee (PAC) commissioning arrangements for High Cost Drugs and devices 2018/19.