

	Ashfield & Mansfield PCTs	Broxtowe & Hucknall PCT	Gedling PCT	Newark and Sherwood PCT	Rushcliffe PCT
Does the PCT decide on policy for clinicians to follow when diagnosing and treating illness?	<p>Most health policy is now decided at national level. This includes National Service Frameworks or NSFs (eg Coronary Heart Disease, Mental Health, Older People, Diabetes, Children Young people and Maternity, Renal Disease and Long Term Conditions), plus areas where there is a national plan but not classed as an NSF (eg cancer, sexual health, healthy schools, tobacco control, infection control).</p> <p>Some policy areas are also contained in recent White papers eg Choosing Health, or Our health our care our say. NICE guidance is another form of national policy which comes in 2 forms - technology appraisals, and clinical guidance. There are many different technology appraisals</p>	<p>When diagnosing and treating illness, clinicians follow policy/guidelines which are set nationally. National policy includes National Service Frameworks (as for Coronary Heart Disease and Diabetes), National Plans, such as for Cancer and Tobacco Control and NICE guidance. Other guidance comes from White Papers such as Choosing Health. These are updated nationally. The PCT is required to agree a local implementation policy based upon the local need, health inequalities and service delivery plans.</p> <p>Whilst the NHS has to provide funding for the implementation of NICE Guidance and healthcare professionals are expected to take guidance fully into</p>	<p>a- Secondary care clinicians follow their trusts' protocols as appropriate.</p> <p>b- The four city/conurbation trusts have a clinical effectiveness support group, draft policies and protocols go through the process outlined in the attached flow chart (Annex C)</p> <p>c- District wide guidelines (secondary and primary care) are agreed at the cross-district area prescribing committee. Guidelines are developed by primary and secondary care clinicians based on published evidence.</p>	<p>Clinicians have long made their own choices about the diagnosis and treatment of their patients. Only recently has this process been subject to the use of policies, protocols and guidelines. These are based on the evidence of accuracy of diagnostic tests and effectiveness of treatments as demonstrated in appropriately conducted trials. This work may be done locally or work done elsewhere is adopted, including that produced by national bodies.</p>	<p>Whilst secondary care clinicians follow Trust protocols as appropriate, we also have clinical protocols and policies for our employed staff. We are also developing care pathways such as for back pain.</p>

	<p>but usually they are quite specific and relate to a very specialised area of health care (eg Foker technique for long gap oesophageal atresia).</p> <p>The NHS is expected to provide funds for their implementation within 3 months, although clearly it is up to the clinician concerned how and when to use the technique. NICE clinical guidance comes in many forms</p>	<p>account when exercising their clinical judgement, the guidance does not override their individual responsibility to make appropriate decisions in consultation with the patient and or guardian or carer.</p>			
	<p>(eg Chronic Obstructive Pulmonary Disease, Supportive and Palliative Care Structured education for people with Diabetes, use of statins in the prevention of cardiovascular disease etc). Clinicians are expected to treat patients in accordance with these guidelines, and the NHS is expected to provide extra funds if necessary.</p>				

	Ashfield & Mansfield PCTs	Broxtowe & Hucknall PCT	Gedling PCT	Newark and Sherwood PCT	Rushcliffe PCT
Does the PCT update those policies (ie when new treatments are identified, when NICE guidance is issued)?	It is not the PCTs' job to update any of these policies - that happens nationally. The job of the PCTs is to interpret the policy and decide on a local implementation strategy, based on an understanding of local health needs and current patterns of service provision.	Included in previous comments	All policies have expiry dates on them. They are updated as necessary.	Because of the enormous volume of these, they are typically updated when 'challenged' by new research or other guidelines.	All policies are reviewed.
Are there any treatments that have been recommended by NICE (that are within the remit of PCTs) that are not available from the PCT?	All NICE recommendations have either been implemented or are in the process of being implemented within Ashfield and Mansfield District.	Within this PCT we have a local procedure for the implementation of NICE guidance. All NICE recommendations have been or are in the process of being implemented within Broxtowe and Hucknall.	No		We are not aware of any problems with NICE recommended treatments. The NHS is required to implement new technology as it is appraised and recommended. Clinical guidelines and recommendations about practice often take time to implement and need to be prioritised amongst the pressures on the NHS.

	Ashfield & Mansfield PCTs	Broxtowe & Hucknall PCT	Gedling PCT	Newark and Sherwood PCT	Rushcliffe PCT
Are there any treatments available elsewhere in the UK, for example those approved by NHS Quality Improvement Scotland (NHS QIS) that have yet to be recommended by NICE that the PCT provides/wishes to provide?	I am not aware of any treatments approved elsewhere which are not covered by NICE which the PCTs wish to provide.	There are no treatments available or approved elsewhere but not yet recommended by NICE that the PCT wishes to provide.	I am not aware of any.	Technically no as local assessment does not always agree with NHS QIS which is dependant on pharmaceutical industry submissions for its assessments.	We are not aware of any evidence based treatments that we are unable to provide
What criteria has been used in determining whether or not to supply Herceptin for HER – 2 Positive early stage breast cancer?	The availability and indications for use of Herceptin has been coordinated by the Trent cancer network on behalf of all PCTs across Trent, in accordance with instructions from the Secretary of State for Health. This treatment is not covered by NICE guidance.	The availability and indications for the use of Herceptin has been coordinated by the Trent Cancer network on behalf of all PCTs across Trent, in accordance with instructions from the Secretary of State for Health. This treatment is not covered by NICE guidance.	Herceptin is a registered trade name. The official generic name of the drug is trastuzumab. The Nottingham City hospital Oncology Department will provide trastuzumab according to Department of Health criteria. See Annex C	Yes, at present. Essentially that the woman has an intermediate or high risk of recurrence.	Will make available Herceptin available for appropriate patient with HER-2 positive early breast cancer. The criteria for prescribing were developed by the Mid-Trent cancer network.

Comments and responses were provided by:

Dr Chris Kenny
(& Dr George Ewbank)

Dr John Tomlinson

Dr Mary Corcoran

Dr Richard Richards

Brian Brewster