National Review Panel
Questions and Answers

What has changed?

Clinicians (on behalf of their patients) can ask a Peer Approved Clinical System (PACS) Tier Two Panel within their NHS board whether they can access a medicine that has not been recommended by the Scottish Medicines Consortium and is therefore not routinely available in the NHS in Scotland.

New Scottish Government guidance has now been issued which means that, in the event where a requesting clinician and patient feel they have grounds for a review of the local decision, the clinicians (on behalf of patients) are now able to ask for the decision to be referred to the National Review Panel. This replaces each NHS board’s local appeal process.

The new guidance will take effect from 1 June 2018.

What will the National Review Panel do?

In the event where a requesting clinician and patient feel they have grounds for a review of an NHS board’s PACS Tier Two decision, the National Review Panel will independently review the original information and will either make a finding:

- that a decision, with reference to the information and/or evidence on which that decision is based, is or is not reasonable, or
- on whether or not due process has or hasn’t been followed.

The National Review Panel replaces each NHS board’s local appeal process.
What will happen if the panel asks the NHS board to review their decision?

If the ground(s) for review is/are established by the National Review Panel then the case will be redirected back to the NHS board who will be expected to convene a new PACS Tier Two Panel in order to revisit their original decision. The new PACS Tier Two Panel must take into account the National Review Panel reasoning as to why it considered either the original decision unreasonable in light of the evidence submitted and/or that due process had not been followed.

The final decision is for the NHS board to determine.

Who will be on the panel?

The National Review Panel will be made up of clinical expertise from across the NHS in Scotland and the panel will include a public member. Healthcare Improvement Scotland will co-ordinate and provide support for the panel. Healthcare Improvement Scotland personnel will not be part of the panel’s decision-making process.

Processes will be in place to ensure conflicts of interest are avoided and that panel members only consider cases from outwith the NHS board area where they work.

When will the panel meet?

The National Review Panel will meet on a monthly basis. However, ad hoc meetings of the National Review Panel will be convened when the clinical urgency of the case dictates that this is necessary.

The first meeting of the panel will be on 27 June 2018. Requests for a review need to be made by email to hcis.nrp@nhs.net at least 7 working days before each panel meeting date.

Submission dates and panel meeting dates for 2018 are:

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<tr>
<th>Submission dates</th>
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<tr>
<td>18-Jun-18</td>
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Future panel dates and submission dates will be available on the Healthcare Improvement Scotland website (www.healthcareimprovementscotland.org).
Will the National Review Panel decision be made public?

For reasons of patient confidentiality, it is anticipated that Healthcare Improvement Scotland will not be able to make any comment to media outlets on any individual cases that may be considered by the National Review Panel other than to outline the National Review Panel process.

How will patient confidentiality be protected?

In all cases, information that could identify the patient will be removed and not provided to the National Review Panel. This will ensure patient confidentiality and protect the integrity of the process, ensuring each case is considered solely on the merits of the clinical evidence presented to the panel.

How will this new panel benefit patients?

The National Review Panel provides an opportunity to review decisions made at NHS board level on behalf of patients.

Can you confirm if a patient’s request for a review has been considered and the result?

For reasons of patient confidentiality, we cannot comment on any individual cases that may be considered by the National Review Panel. This is in line with agreed protocols around patient confidentiality and ensures no personal information reaches the public domain.

The National Review Panel will either make a finding:

- that a decision, with reference to the information and/or evidence on which that decision is based, is or is not reasonable, or
- on whether or not due process has been followed.

The findings issued to NHS boards will outline the reasons for the conclusion reached and these will be available to patients and clinicians. However, we cannot provide these for the reasons of confidentiality set out above.

Can a patient be involved in the process or set out their views?

It is up to the clinician to ensure that the patient understands the application is being submitted on their behalf and has consented to its submission. The clinician will also provide the patient with national patient information on the PACS Tier Two review process as soon as a decision has been taken to make a request for a review.

The clinician presents the case to the panel for the medicine on behalf of the patient.
Who will sit on the National Review Panel?

Panels will be chaired by an NHS Medical Director and will also include an NHS Director of Pharmacy, a clinician from an NHS Area Drug and Therapeutics Committee and a public member.

The panel will hear from the chair of the NHS board panel and the requesting clinician.

The panel personnel may vary depending on the case or cases being considered, although the composition of the panel will remain the same.

Processes will be in place to ensure conflicts of interest are avoided and that panel members only consider cases from outwith the NHS board area where they work.

What factors do they consider?

Only clinically relevant factors will be considered. The National Review Panel will consider the following criteria.

1) The clinician can demonstrate that a reasonable attempt has been made, or appropriate consideration has been given to treat the patient in the first instance with medicines currently accepted by the SMC for routine use within the NHS in Scotland for this condition and for the patient in question that these medicines are deemed unsuitable or have been found to be ineffective.

2) The clinician can present an evidence-based case to demonstrate the potential that the patient will achieve a measurable clinical benefit at least comparable to if not better than that experienced by the population considered by SMC.

Can two patients both with the same condition asking for the same drug get two different answers?

Not all people with similar conditions will have the same characteristics and may have individual responses to treatment. Variation in response or likelihood of response to treatment can be as a result of a range of things, for example other underlying conditions, past treatment or past medical history. Each case is individual and it is therefore possible that one patient may have access approved and another patient may not have access approved, even though they have similar medical conditions and the request is for the same medicine.