

October 2017

Position Statement for funding of High Cost Drugs when patients transition from Children or adolescent services to adult services

The High Cost Drugs Subgroup discussed the above at its meeting on 25th October 2017. The recommendation of this subgroup is as follows:

Recommendation	To support continuity of care it is recommended that when patients transition from paediatric to adult services High Cost Drug funding is continued providing the criteria as described below are met
Background	<p>NHS England is the responsible commissioner for the majority of Payment by Results Excluded High Cost Drugs when used within paediatric or adolescent services. For some conditions such as Ulcerative Colitis (UC), Crohn’s Disease and Juvenile Idiopathic Arthritis (JIA), when the patient transfers over to adult services CCGs becomes the responsible commissioner. Further information around commissioning responsibilities is available from the NHSE Manual for Prescribed Specialised Services 2017/18 and from the GMMMG Advisory Position for the Commissioning of PbR Excluded Drugs.</p> <p>To support continuity of care it is recommended that when patients transition from paediatric to adult services High Cost Drug funding is continued providing the following criteria are met:</p> <ul style="list-style-type: none"> • CCGs are the responsible commissioner (as outlined within the NHS England manual for prescribed specialist services) • The patient is benefiting from a clinically effective response <p>If a GM approved commissioning policy for use of the drug for the defined indication in adults exists:</p> <ul style="list-style-type: none"> • Providers should monitor response to treatment in line with the policy and only continue treatment where a clinical benefit is maintained. • Where Blueteq has been introduced to the trust as part of the contractual arrangements, funding approval will be made by meeting the criteria outlined on completion and submission of a Blueteq form. <p>If there is no GM approved commissioning policy for the drug for the</p>

	<p>defined indication in adults or the treatment is not routinely commissioned in adults:</p> <ul style="list-style-type: none">• The provider should liaise with the GM Shared Service to ensure that the patient/supply can be identified in SLAM or HCD backing data• On-going response to treatment should be monitored, patient progress reports may be requested by the relevant commissioner• Funding should be continued until the clinician or patient considers it appropriate to stop <p>N.B. The exact timing of transition varies between individuals and may be affected by the capacity of adult services.</p>
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References available on request