# Standard Operating Procedure – request for additional line of treatment

## Introduction

The NHS Surrey Heartlands ICS Area Prescribing Committee (APC) has sub-groups in speciality areas such as rheumatology, gastroenterology, dermatology and ophthalmology. These are known as networks and consist of clinicians with a professional interest in these areas, e.g. rheumatology doctors, nurses and pharmacy professionals, drawn from the local area, from both acute provider trusts and commissioning organisations.

Together they work on shared care agreements, local guidelines, implementation of national guidelines and treatment pathways. Its members are subject to the same Declaration of Interest policy as the APC.

At certain points, the treatment pathways require MDT discussions, either virtually or in person.

The purpose of the MDT is for peer review in order to challenge, offer advice and alternatives and supporting decision-making.

Currently, MDT discussions are required at the following points:

1. 5th line and subsequent treatment choices for Crohn's disease and 6th line and subsequent treatment choices in ulcerative colitis
2. 5th line and subsequent treatment choices in severe rheumatoid arthritis and psoriatic arthritis pathways.
3. 4th line and subsequent treatment choices in the psoriasis pathway
4. 3rd line treatment choice in moderate rheumatoid arthritis
5. 3rd line treatment choice in axial spondyloarthritis when patient is contra-indicated to JAK inhibitor therapy.

**Principles to be applied:**

1. The medicine must be licensed and agreed by APC for the pathway indication.

2. The medicine must be used at a licensed dose as agreed by the APC.

3. The medicine must be from a different class of biologic than previously tried (exception to this is secondary failure of anti-TNF treatment due to formation of anti-drug-antibodies, in which case switching within class may be a valid treatment option).

4. Dose escalation is an option for some indications is an option if in agreed APC pathway.

5. Any requests are considered at an external MDT via the appropriate clinical network application form and process.

## Process map

The form is available at: [Profile : Additional lines of treatment process - various (res-systems.net)]

- The requesting clinician downloads the 'Request for additional line of treatment' form from the Surrey PAD and sends the completed form to the administrators at highcost.drugs@nhs.net using NHSmail.
- The administrators will check the form for completeness, ensure it is appropriate for MDT discussion i.e., that IFR policy does not apply, and then upload to the patient's Blueteq record.

- The administrators send the completed form to the the appropriate network group by NHSmail. The subject line for the email will read as follows: ADDITIONAL LINE, network name (RN, GN orDN), Blueteq ID.
- A seven day deadline for responses will be set unless the requesting clinician has indicated that the request is urgent.
- Members of the network group are expected to respond to the whole group by the date indicated.

- If the request is discussed at a network meeting, attending members must disclose any conflicts of interest in regard to the case.

- The criteria for agreement are outlined below and must be fulfilled.
- The decision is approved or declined by the network lead (or their nominated representative) OR the clinical chair (if applicable) and the requesting clinician and network members are informed.
- If approved, the requesting clinician completes the appropriate form on Blueteq, for invoice matching purposes.
- If declined, the requesting clinician may have received advice from network members during the consultation or may prepare an Individual Funding Request if appropriate. Contact highcost.drugs@nhs.net for advice before completing an IFR request.

- The administrators add the details of the responses and the decision onto the request form and upload this to the patient's record on Blueteq for audit purposes and future reference.

**Criteria:**

- Agreement required 3 positive endorsements (from clinicians of at least 3 trusts other than from the requesting clinician) + no negative / severe concerns.
- If there are negative / severe concerns then decision should be postponed until next face-to-face network meeting. The requesting clinician should attend this meeting, or be prepared to dial into the meeting, with access to the patient's notes (in case of further questions).

**Notes:**

- A seven-day deadline for responses will be sent unless the requesting clinician has indicated that the request is more urgent or the criteria for agreement or declining a request is achieved earlier.
- There is an agreement to support the MDT process by responding to requests from colleagues, by indicating individual support or not, for a request. If there are not enough responses to satisfy the criteria, the request will be re-circulated unless the requesting clinician wishes to withdraw the request.
- Each consultation will be for seven days.
- The request will be circulated for a maximum of three times.
- The process and the requests will be audited every 6 months.