



Off-Protocol Prescribing in Oncology and Haematology

*An audit of the NHS Tayside Oncology and
Haematology Medicines Management Group*

Douglas Dorward
5th Year Medical Student, University of Dundee
NCIN Cancer Outcomes Conference, Birmingham
14th June 2012

Acknowledgements

Professor John Dewar

- Professor in Clinical Oncology
Ninewells Hospital, Dundee

Mr Mark Parsons

- Macmillan Lead Cancer Pharmacist
North of Scotland

Off – Protocol Prescribing

- ▶ Prescription of treatment for malignant disease is often guided by protocols
- ▶ Protocols decided by individual health boards based on:
 - Evidence from governing bodies
 - Scottish Medicines Consortium/NICE/SIGN
 - Safest and most cost effective treatment
 - Affordability of treatment for the health board
- ▶ Individual circumstances may exist where:
 - Treatment is prescribed outside agreed protocols
 - Treatment is prescribed outside product licenses
 - Indication of treatment is not approved by governing bodies
 - No protocol to guide treatment – very rare cancers

NHS Tayside Oncology and Haematology Medicines Management Group (OHMMG)

- ▶ Remit of reviewing and approving one-off treatments outside protocols
- ▶ Composed of:
 - Chair – clinician from outside oncology and haematology
 - Clinical leader (or deputy) from oncology and haematology
 - Clinical or associate group director
 - Specialist nurse
 - Specialist pharmacist
 - Management representative
 - Tayside Medicines Unit representative

Pathway to Prescribing Off-Protocol Treatment

- ▶ Discuss case with:
 - a colleague treating same patient group (oncologist or specialist)
 - disease specific multi-disciplinary team
 - outside expert (for rare cancers)
- ▶ Submit formal application for use of a medicine to the OHMMG
- ▶ OHMMG review case and decide whether to grant permission for one-off prescription

Audit of the OHMMG - Aims

April 2006 - March 2009

- ▶ Assess the usage of the OHMMG by clinicians in oncology and haematology within NHS Tayside
- ▶ Determine the overall expenditure on off-protocol prescribing in oncology and haematology in NHS Tayside over the time period of April 2006 - March 2009
- ▶ Determine the overall clinical benefit of off-protocol prescribing in oncology and haematology

Method

- ▶ Reviewed all requests put to the OHMMG for permission to prescribe off-protocol treatment between April 2006 and March 2009
- ▶ For all successful requests:
 - total dose of off-protocol treatments given calculated
 - cost of all off-protocol treatments calculated
 - individual costs added to give total expenditure on off-protocol prescribing during the time period
 - outcome of off-protocol treatment assessed

Determining Outcome of Off-Protocol Treatment

- | | |
|---|--|
| ▶ Radiological evidence of tumour remission | ▶ Radiological evidence of tumour progression |
| ▶ Clinical evidence of tumour remission | ▶ Clinical evidence of tumour progression |
| ▶ Tolerable side effects | ▶ Intolerable side effects causing treatment to be stopped |

Perceived clinical benefit

No perceived clinical benefit

Results

Usage of the OHMMG

- ▶ 115 requests over 3 years (average 38 times a year)
- ▶ Requests made by 16 different clinicians
- ▶ Clinicians are aware of the existence of the OHMMG and utilise it when they wish to prescribe a one-off treatment
- ▶ Used frequently, available at all times, but not overused

- ▶ Promotes sensible prescribing by agreeing to one off prescriptions believed to be financially acceptable and likely to benefit the patient
- ▶ Vast majority of requests approved – only 2 refusals over 3 years
 - as requests peer reviewed by colleagues sitting on OHMMG, clinicians are likely to request use of a drug only if they are confident it will be approved by the group

Expenditure of Off-Protocol Prescribing

- ▶ **Total prescribing expenditure** in oncology and haematology in NHS Tayside from 2006 – 2009 was **£13.8 million**
- ▶ **Expenditure on off-protocol prescribing** in oncology and haematology for NHS Tayside over the same time period amounted to **£0.764 million**
 - **5.1% of the total expenditure** on prescribing in oncology and haematology for NHS Tayside
 - financially acceptable and affordable

Outcome of Off-Protocol Prescribing

- ▶ Nearly half of the patients (49%) that received off-protocol treatment had a perceived clinical benefit
 - good result as many patients receiving off-protocol treatment initially received no benefit from treatment advised in the protocol for their disease
- ▶ The 49% of cases which had a perceived benefit from treatment accounted for 84% of the expenditure
 - useful finding, as it indicates that the bulk of the money spent on off-protocol treatment results in a clinical benefit for patients

Patients Who Did Not Benefit From Off-Protocol Treatment

- ▶ Often had advanced metastatic disease or were in the palliative stages of their treatment
 - general trend of results from this audit shows that in this situation off-protocol prescribing generally does not provide much clinical benefit and can have a negative impact on the patient's quality of life
- ▶ If clinically obvious that the patient is not benefitting from treatment it is quickly stopped
 - therefore rarely costly

Conclusion

- ▶ Expenditure on off-protocol prescribing in oncology and haematology between April 2006 and March 2009 amounted to £0.764 million (5.1% of total prescribing budget)
- ▶ 49% of patients that received off-protocol treatment had a perceived clinical benefit
- ▶ Patients with a successful outcome accounted for 84% of the total off-protocol prescribing expenditure

- ▶ The Oncology and Haematology Medicines Management Group in NHS Tayside allows clinicians in oncology and haematology to request and often prescribe one-off treatments for malignant disease which are off protocol
- ▶ It allows a degree of peer reviewed clinical judgement in the use of often expensive off protocol drugs, is of benefit to patients and has a minimal impact on the overall drug budget
- ▶ This is therefore a successful system in providing and approving access to off-protocol treatments for individual patients, and is a system which is likely to continue within NHS Tayside

Authors

- ▶ **Mr Douglas Dorward**
 - 5th year medical student, University of Dundee
 - dmtdorward@gmail.com

- ▶ **Professor John Dewar**
 - Professor in Clinical Oncology, Ninewells Hospital, Dundee

- ▶ **Mr Mark Parsons**
 - Macmillan Lead Pharmacist for North of Scotland