

# Decision support summary

Proposal	Notes	Approval
<p>Add the drug and indication as a human readable hyperlink.</p> <p>Add the RAG designation.</p> <p><b>APG subgroup:</b> meeting date</p> <p><b>APG:</b> meeting date</p>	<p>[optional] <b>Date of NICE TA publication:</b> date</p> <p>[optional] <b>Approval for implementation:</b> 30 or 90 days</p> <p>[optional] <b>Deadline for implementation:</b> date</p> <p>Brief summary of the most important reasoning. Include costings and links to other information if applicable.</p>	<p><b>MOP:</b> start with the meeting date and add relevant commentary.</p> <p>[optional] <b>FIRC/CEG:</b> start with the meeting date and add relevant commentary</p>

## Recommendation

What is the 'ask'?

## Rationale

How did we come to this decision?

Is it a new therapy for a gap in treatment or a 'better' new therapy?

Why 'this' argument vs 'that' argument? Are there other options?

Why were the other options not used and what are the consequences. What is the impact on therapy?

## Supporting information

Additional facts useful to understanding in order of importance.

What has been considered?

## APG decision

Assurance of process and all relevant factors considered	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
This submission is supported for ICB approval	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
The proposed RAG designation is supported	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
Declarations of interest have been managed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
Comments:			
Declarations of interest:			

## APG subgroup summary

Formal application submitted and prioritised	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
Formulary status (RAG) agreed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
Consultation feedback addressed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
Declarations of interest managed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
Comments:			
Declarations of interest:			

## Implementation

Implementation requirements identified	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
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Impact on existing workload, existing pathways, or expertise considered	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
ScriptSwitch message developed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
Impact monitoring identified	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
Access for the whole of Cheshire and Merseyside is equitable	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
Border issues considered	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
Workforce capacity considered	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
Governance requirements or prescribing restrictions identified	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
Delivery of a net zero carbon NHS is supported	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
ICB ability to meet its statutory requirements considered	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
Comments:			

## Appropriateness

Outcomes identified	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
Aligned with ICB and local priorities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
Safety concerns identified	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
Patient factors identified	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
Place in therapy identified	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
Effect on health inequalities considered	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
Effect on protected groups considered	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
Comments: (include place in therapy and any safety mitigations)			

## Effectiveness

Evidence for clinical effectiveness reviewed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
Evidence for cost-effectiveness reviewed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
The submission supported by national or local commissioning policy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
Comments:			

## Financial considerations

Drug savings and costs assessed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
Additional savings and costs assessed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
Comments:			