

NHS ENGLAND SPECIALISED SERVICES
CLINICAL PANEL REPORT

Date: 17 May 2023

Intervention: Parental nutrition

Indication: treatment of adults and children with Type 2 and 3 intestinal failure requiring

URN: 2267

Gateway: 2, Round 1

Programme: Internal Medicine

CRG: Specialised Colorectal Services

Information provided to the Panel

Cover Letter

Commissioning Policy Proposition including Appendix A - Three Paper Evidence Summary completed by Solutions for Public Health

Equalities and Health Inequalities (EHIA) Assessment

Patient Impact Assessment (PIA) Report

Policy Working Group Appendix

Blueteq™ Forms – Adults Initiation, Children Initiation, All Ages Continuation, Nursing Support Continuation (Adults), Nursing Support Continuation (Children)

This Commissioning Policy Proposition sets out the pathway for the treatment of adults and children with type 2 and type 3 Intestinal Failure (IF) with home parenteral support (HPS), formalising current clinical practice. The proposition aims to maximise the best use of the available limited compounding capacity by identifying patients suitable for Multi Chamber Bags (MCBs), or a hybrid approach, thereby prioritising compounded parenteral nutrition (PN) for patients requiring individualised nutrition. The proposition contains licensed and off-label products described within a treatment pathway, with the licensed product being first-line treatment. This is a service for future delegation to Integrated Care Boards to commission.

Clinical Panel considered this proposition and supporting evidence which included a three paper evidence summary. A Cover Note outlined the process followed in developing this proposition, as part of a larger programme of work reviewing the commissioning and management of home parenteral nutrition (HPN). Panel members were informed that all patients receiving the compounded product would undergo an annual review and have a trial on the licensed product to assess tolerability.

Panel members commented that the proposition was written in a very structured format.

Prior approval forms have been drafted for access to treatment and nursing support. Reimbursement would be through prior approval completion. It was noted that the causes of IF are detailed in the prior approval forms to align with the published service specification.

EHIA – no amendments requested.

PIA – no amendments requested.

Recommendation

Clinical Panel agreed with the proposition and recommends this proceeds for decision making for adoption and funding to be made by the Specialised Services Senior Management Team.

Why the panel made these recommendations

Clinical Panel members considered the process for development of the proposition was inclusive, the evidence as stated is supportive of the commissioning position, and the proposition is structured in how the treatment pathway should be followed in clinical practice.

Documentation amendments required

Policy Proposition:

- Epidemiology and needs assessment section – remove the first paragraph as it does not fit with the rest of the section.

Blueteq™ Forms:

- Check with the Policy Working group that the causes of IF are necessary to include in these forms.
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Declarations of Interest of Panel Members: One member raised an interest.

Panel Chair: [REDACTED]

PWG Post Panel Comments

- Policy proposition: first paragraph of epidemiology section removed.
- Blueteq forms: all Blueteq forms have been reviewed carefully and updated by the PWG with input and feedback from the HPN taskforce, the internal medicine programme of care, the clinical advice and management group and the specialised medicines lead.