

Freedom of Information Request

Re: Clinical Commissioning Groups provision of bisphosphonates, Falsodex (fulvestrant) and breast reconstruction and balancing surgery

Date

06/04/2017

The request

Under the Freedom of Information Act 2000, I would be grateful if you could tell us:

Part A - Provision of bisphosphonates

1. Is your CCG routinely funding the provision of bisphosphonates for all eligible women to reduce the risk of their primary breast cancer spreading to other parts of the body? Eligible women are defined as all postmenopausal women with primary breast cancer diagnosed within the last 6 months.

NB: This question does not apply to the provision of bisphosphonates for other indications, whether in breast cancer or another disease.

2. If you are routinely funding the provision of bisphosphonates to reduce the risk of primary breast cancer spreading to other parts of the body, but have not defined your eligible population as all postmenopausal women with primary breast cancer diagnosed within the last 6 months, how have you defined your eligible population? For example, is it risk stratified.
3. If you are routinely funding the provision of bisphosphonates to reduce the risk of primary breast cancer spreading to other parts of the body:
 - a. Which drug or drugs are you funding (e.g. zoledronic acid, ibandronate, clodronate)?
 - b. What proportion of patients receiving treatment with bisphosphonates are receiving zoledronic acid (regardless of whether they have received it once, or for the whole course of the treatment)?
4. If you are not routinely funding the provision of bisphosphonates to reduce the risk of primary breast cancer spreading to other parts of the body:
 - a. What are your reasons for not doing so?
 - b. Have you considered doing so, and who was involved in this decision-making process?

Part B - Faslodex (fulvestrant)

5. Is your CCG routinely funding Faslodex (fulvestrant) for women with hormone receptor positive locally advanced and metastatic breast cancer?
6. If you are not routinely funding the provision of Faslodex (fulvestrant) for women with hormone receptor positive locally advanced and metastatic breast cancer:

- a. What are your reasons for not doing so?
- b. Have you considered doing so, and who was involved in this decision-making process?

For questions 1-6

The drugs listed are provided by secondary care as detailed in the following link <http://formulary.panmerseyapc.nhs.uk/chaptersSubDetails.asp?FormularySectionID=6&SubSectionRef=06.06.02&SubSectionID=A100&Expanded=0>

Funding is via our commissioning of secondary care. You may want to redirect your query to the providers

- Liverpool Womens NHS Foundation Trust
FOI@lwh.nhs.uk
- Aintree University Hospitals NHS Foundation Trust
FOIrequests@aintree.nhs.uk
- Royal Liverpool University Hospital
foi@rlbuht.nhs.uk

Part C - Reconstructive breast surgery – procedure limits

7. Does your CCG have any policy or guidance in place that means that reconstructive breast surgery for breast cancer is procedure limited? This means that there is a limit on the number of reconstructive surgical procedures that a breast cancer patient can have.

No. All patients follow the Breast Cancer pathway

8. If your CCG has a policy or guidance in place limiting the number of reconstructive surgical procedures that a breast cancer patient can have:
 - a. Please provide a copy of the policy or guidance, or details of it.
 - b. How long has the policy or guidance been in place?

Not applicable

9. If your CCG does not have a policy or guidance in place limiting the number of reconstructive surgical procedures that a breast cancer patient can have:
 - a. Has it had any discussions on introducing such a policy or guidance?
 - b. Does it plan to introduce such a policy or guidance in the future?

Not applicable

Part D - Reconstructive breast surgery – time limits

10. Does your CCG have any policy or guidance in place that means that reconstructive breast surgery for breast cancer is time limited? This means that a patient can only have reconstructive surgery for breast cancer within a certain period of time.

No

11. If your CCG has a policy or guidance in place putting a time limit on reconstructive breast surgery for breast cancer:

- a. Please provide a copy of the policy or guidance, or details of it.
- b. How long has the policy or guidance been in place?

Not applicable

12. If your CCG does not have a policy or guidance in place putting a time limit on reconstructive breast surgery for breast cancer:

- a. Has it had any discussions on introducing such a policy or guidance?
- b. Does it plan to introduce such a policy or guidance in the future?

Not applicable

Part E - Balancing breast surgery

18. Does your CCG have any policy or guidance in place restricting balancing breast surgery for breast cancer patients? Balancing breast surgery is when surgery is undertaken on the opposite breast (to that which was treated for breast cancer) in order to make the breasts symmetrical.

No

19. If your CCG has a policy or guidance in place restricting balancing breast surgery for breast cancer patients:

- a. Please provide a copy of the policy or guidance or details of it.
- b. How long has the policy or guidance been in place?

Not applicable

20. If your CCG does not have a policy or guidance in place restricting balancing breast surgery for breast cancer patients:

- a. Has it had any discussions on introducing such a policy or guidance? No
- b. Does it plan to introduce such a policy or guidance in the future? No