Subject: Specialised Services Circular (SSC 2684)
Sent on behalf of: Chair of the SW Specialised Service Circular Group

Dear Colleagues,

Please find attached the following Specialised Services Circular(s):

SSC Number	SSC Title	Trusts approved to prescribe in accordance with the SSC, providing appropriate internal governance arrangements are in place
2684	Clinical Commissioning Policy: Levodopa-Carbidopa Intestinal Gel (LCIG) for Parkinson's Disease ref: DO4/P/e updated to include Levodopa-Carbidopa-Entacapone Intestinal Gel (LECIG) for Parkinson's Disease (adults) ref: 2339	• North Bristol Trust

Is an implementation plan required for this SSC? NO

For all other SouthWest region trusts this is for information only.

Trusts should ensure that use is registered on the Blueteq system (if appropriate).

Treatment will only be funded where the drugs minimum dataset is fully and accurately populated.

Please direct any queries to: england.speccomm-southwest@nhs.net

Specialised Commissioning South West
NHS England
100 Temple Street
Bristol
BS1 6AG
Email: england.speccomm-southwest@nhs.net

2 August 2024

All Chief Executives

All Medical Directors

All Chief Pharmacists

Re: Clinical Commissioning Policy: Levodopa-Carbidopa Intestinal Gel (LCIG) for Parkinson's Disease ref: DO4/P/e updated to include Levodopa-Carbidopa-Entacapone Intestinal Gel (LECIG) for Parkinson's Disease (adults) ref: 2339

https://www.england.nhs.uk/wp-content/uploads/2024/07/2339-LECIG-policy-proposition-draft-v0.5-2.docx

NHS England has reviewed existing evidence and obtained updated clinical consensus to make the following treatment available for defined patients with advanced Parkinson's disease: levodopa-carbidopa intestinal gel (LCIG) or levodopa-carbidopa-entacapone intestinal gel (LECIG).

NHS England will routinely commission treatment LCIG and LECIG for patients with advanced Parkinson's disease within the criteria set out in this document.

Treatment with LCIG or LECIG for Parkinson's Disease may be delivered and managed through any acute provider trust which treats patients with Parkinson's disease under either neurology or elderly care services. Eligibility must be determined through a specialist Parkinson's clinician in an agreed networked approach with a specialist Parkinson's service in a regional specialised neurology centre. This may be through direct clinical assessment by clinicians with appropriate expertise within the network or through a Parkinson's disease MDT arrangement managed through a specialised neurology centre.

In addition:

- Trusts must ensure that they are purchasing LCIG or LECIG for Parkinson's Disease at the agreed prices. This agreed price will be applied automatically at point of invoice and applies to all indications.

- Trusts must ensure that only invoices for the drug procurement costs of LCIG and LECIG in this indication are invoiced to NHSE and that they are also submitting complete and accurate information via the high-cost drugs minimum dataset (MDS). All other on-costs are in block arrangements.

- In line with the terms and conditions included in the NHS Standard Contract Schedule 6a Reporting Requirements for drugs will apply. Payment of Trust invoices will be contingent on the completion of the MDS record and this information being made available in a timely way.

- Patients must be registered via Blueteq and meet the clinical criteria on the registration form. This letter gives the required one month's notice as per Schedule 2 Part G (Other Local Agreements, Policies and Procedures) of your Specialised Services contract for prior approval for this treatment/indication. From one month of the date specified above, NHS England will only reimburse these treatments for patients that have been confirmed as meeting the eligibility criteria via the formal Prior Approval Scheme (i.e. Blueteq). You may wish to use the prior approval mechanism earlier than this to expedite access to this drug.

- Payment of Trust invoices will be contingent on Blueteq registration and drugs MDS record applicable to the drug being completed and this information being made available in a timely way.

- Trusts must ensure that local governance aspects (e.g. technical issues, education & training, patient information) have been identified and addressed for all staff groups (as appropriate) in order to permit the safe delivery of this therapy.

I would be grateful if you could cascade this information to relevant clinical teams within your organisation to support the consistent adoption of the policy nationally.

Yours sincerely,

Luke Culverwell

Deputy Director of Specialised Commissioning

Tracey Williams

Principle Pharmacist