Hi Donna,

Many thanks for the information provided, which was thoroughly comprehensive in terms of clinical efficacy, adverse effects and cost effectiveness. All of which I think are sufficiently robust to support the recommendations made in the ACD.
I am a formal consultee, but I'm not sure for which organisation as I work across, Cannock Chase, East Staffordshire, South East Staffs & Seisdon Peninsular and Stafford and Surrounds CCGs.

I'm more concerned about what the ACD doesn't cover and around implementation and delivery of the recommendations. Comments as follows:-

My understanding is that commissioning of alcohol services is the responsibility of local authorities, I think this is the first TA that will be their responsibility to implement.
The infrastructure arrangements therefore are potentially quite complex as CCGs will seek to recharge prescribing costs (by Gps)to local authorities and arrangements need to be made to facilitate this.
CCGs are unlikely to support funding of a service for which they do not have commissioning responsibility, so this is potentially important.

Given that this is a novel drug, the question is really what the patient pathway should like. My thinking is that services providing psychosocial support which are probably the mainstay of alcohol services will not have access to prescribers qualified to prescribe this drug. Is it therefore in the intention that such services enter into "shared care" with GPs to treat these patients.

This adds another layer of complexity as the entering into a shared care agreement is a voluntary agreement and not something enshrined within the GMS/PMS contract , which may not therefore provide the level of assurance that would be needed.

Another option would be for LA's to commission a service from GPs which might include nalmefene prescribing and monitoring , the SPC advises on a monthly review around the need to continue, which could cause capacity issues. My sense would be that the service specification for this option would need to be comprehensive in terms of starting and continuation criteria and a clear steer on maximum duration of treatment.

LA's will need to be assured that GPs aren't prescribing this agent without the appropriate psychosocial support, nor will they be keen to pay for use outside of a commissioned service.

So in summary, I'm happy with the ACD recommendation, but think there may be more work to do in terms of how this new agent will fit into pathways and processes. Have any LA commissioners been involved in the appraisal? Is it intended that a pathway proposal might be published alongside the TA ?
Without some comprehensive implementation tools and guidance, I suspect this may need longer than 90 days to get in place.

regards

[redacted]

[redacted]