

Freedom of Information Request

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

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?

Please see response provided within the cover letter for Part A, questions 1 – 4.

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?

Please see response provided within the cover letter for Part B, questions 5 – 6.

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.

NHS Wirral Clinical Commissioning Group does not limit the number of reconstructive surgical procedures for breast cancer patients.

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?

NHS Wirral Clinical Commissioning Group has recently revised our Procedures of Lower Clinical Priority Policy and has taken the decision not to apply any such restrictions to breast cancer patients.

- b. Does it plan to introduce such a policy or guidance in the future?

There are no plans to introduce such a policy/guidance.

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.

NHS Wirral Clinical Commissioning Group does not have a time limit for reconstructive surgery.

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?
NHS Wirral Clinical Commissioning Group has recently revised our Procedures of Lower Clinical Priority Policy and has taken the decision not to apply any such restrictions to breast cancer patients.
- b. Does it plan to introduce such a policy or guidance in the future?
There are no plans to introduce such a policy/guidance.

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.
NHS Wirral Clinical Commissioning Group does not have a restriction in place for balancing breast surgery for breast cancer patients.
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?
NHS Wirral Clinical Commissioning Group has recently revised our Procedures of Lower Clinical Priority Policy and has taken the decision not to apply any such restrictions to breast cancer patients.
 - b. Does it plan to introduce such a policy or guidance in the future?
There are no plans to introduce such a policy/guidance.

Further information:

If you have any queries, please don't hesitate to contact us and we will be happy to clarify the request.

Format

Please send your response in electronic format to policy@breastcancer.org. If this is not possible, please send your response to:

Policy Team
Breast Cancer Now
Fifth Floor, Ibex House,
42-47 Minories

London, EC3N 1DY

We look forward to receiving your response by 7 April 2017, which is 20 working days from the date of this request, as stipulated by Section 10 of the Freedom of Information Act.