How to complete this form:
This form should be completed by the requesting consultant where:

- It is thought that the NHS Lothian IPTR Panel failed to act fairly (this would be where it was felt that due process had not been followed) OR
- It is thought that the NHS Lothian IPTR Panel reached a decision which cannot be justified in light of the evidence submitted. [Note: An appeal will not be accepted solely because the patient or a clinician does not agree with the views or conclusions reached] OR
- It is thought that the NHS Lothian IPTR Panel has acted outside of its remit or has acted unlawfully.
- Please note that where new evidence for the medicine/surgical procedure emerges after the original IPTR application or if the decision was based on factual inaccuracy presented, this is NOT considered an appeal. In this case a new submission to the IPTR Panel must be made.
- All appeals must be made within 90 days of original IPTR decision record being sent by IPTR Administrator.

What to do with the form once complete:

- Within secondary care, the requesting consultant should send the original form to the relevant Clinical Director (CD) for signature. The CD will then forward to the Associate Divisional Medical Director (ADMD) and the Clinical Management Team (CMT) Director of Operations (DOP) for signature. Within primary care, the application should be sent to the CH(C)P Clinical Director. It will be the responsibility of the CMT DOP or the CH(C)P Clinical Director (as appropriate) to submit the application to the NHS Lothian IPTR Administrator. In secondary care a copy must be made to the Divisional Medical Director and the relevant CMT Pharmacist.

Communication of Decision from IPTR Appeal Panel:
- The decision will be communicated to the requesting clinician and patient in a time-frame within 5 working days of the meeting of the IPTR Appeal Panel.
- If the appeal has been accepted the requesting and IPTR request is for a medicine, a copy should be sent to the relevant hospital pharmacy department/community pharmacy accompanied by the prescription/medicine request. The medicine cannot be prescribed or supplied until formal notification of approval has been received.

SECTION 1: CONSULTANT, CMT, PATIENT & TREATMENT DETAILS

<table>
<thead>
<tr>
<th>Patient Details:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attach addressograph or use patient CHI number and postcode</td>
</tr>
<tr>
<td>CHI Number:</td>
</tr>
<tr>
<td>Postcode:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ward or department:</th>
</tr>
</thead>
<tbody>
<tr>
<td>REH</td>
</tr>
<tr>
<td>RIE</td>
</tr>
<tr>
<td>RHSC</td>
</tr>
<tr>
<td>ROODLANDS</td>
</tr>
<tr>
<td>RV</td>
</tr>
<tr>
<td>WGH</td>
</tr>
<tr>
<td>AA</td>
</tr>
<tr>
<td>LIBERTON</td>
</tr>
<tr>
<td>ECC</td>
</tr>
</tbody>
</table>
IPTR Policy and Procedures

If addressograph not used:

<table>
<thead>
<tr>
<th>Patient's Street Address:</th>
<th>GP Surgery or Other Hospital (specify):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Town:</td>
<td></td>
</tr>
</tbody>
</table>

Patient's Health Board:
(Please indicate the Health Board that the patient currently resides in)

- NHS Lothian
- NHS Fife
- NHS Borders
- Other: (please specify)

Name of Consultant:
(print clearly in capitals)

<table>
<thead>
<tr>
<th>Page/contact number:</th>
</tr>
</thead>
</table>

Clinical Management Grouping:
(please tick)

- Medicine
- REAS/MOE:
- Labs, Anaesthetics, Critical Care and HSDU
- Surgery:
- Radiology, Cancer, H&N:
- Women's & Children's and DCN:
- Not applicable since primary care application (please specify CHP, etc below):

Medicine name and formulation requested or surgical procedure:

Date of original IPTR application:

<table>
<thead>
<tr>
<th>Date of IPTR Panel Decision:</th>
</tr>
</thead>
</table>

Basis for appeal:

Please detail the basis for appeal here. The ONLY criteria for appeal are:

- NHS Lothian IPTR Panel failed to act fairly (this would be where it was felt that due process had not been followed) OR
- NHS Lothian IPTR Panel reached a decision which cannot be justified in light of the evidence submitted. [Note: An appeal will not be accepted solely because the patient or a clinician does not agree with the views or conclusions reached] OR
- NHS Lothian IPTR Panel has acted outside of its remit or has acted unlawfully.

Continue on a separate sheet if necessary

If Appeal Initiated by Patient completion of Statement in Appendix 1 attached

| Yes | No |

SIGNATURE OF THE REQUESTING CONSULTANT AND DECLARATION OF INTERESTS:

Consultant signature:  
Date:  

You are required to declare any current interests you have in the pharmaceutical company who market the medicine you are requesting on this form. Tick one of the four boxes below that best describe the interests you have in the pharmaceutical company who make the requested medicine (e.g. personal, and specific). Current interests are those that have you have received within the last 12 months. If you have no declared interests, please write “NO INTERESTS” in the details box below.
**SPECIFIC INTERESTS**  These are interests relate directly to the medicine you are requesting

**NON-SPECIFIC INTERESTS**  These are interests that relate to the company, but not directly to the drug you are requesting

<table>
<thead>
<tr>
<th><strong>PERSONAL INTERESTS</strong>  Payments/fees/resources etc. that you have received personally from the company</th>
<th><strong>NON-PERSONAL INTERESTS</strong>  Payments/fees/resources etc. that your department has received from the company</th>
</tr>
</thead>
</table>

**DETAILS OF INTERESTS:**  Give details of your interests in this section:

---

### SECTION 2: AUTHORISED SIGNATURES

The CMT Director of Operations or CH(C)P Clinical Director must sign the application before forwarding the to the NHS Lothian Appeal panel.

**CMT Director of Operations or CH(C)P Clinical Director (or nominated deputy) authorisation:**

| Name:  
(If nominee, please also state position) | Signature: | Date: |
|---|---|---|

Within secondary care only, the following signatures are required before submission to the CMT DOP:

**Clinical Director’s (or nominated deputy) authorisation:**

| Name:  
(If nominee, please also state position) | Signature: | Date: |
|---|---|---|

**Assistant Divisional Medical Director (or nominated deputy) authorisation:**

| Name:  
(If nominee, please also state position) | Signature: | Date: |
|---|---|---|

### SECTION 3: NHS LOTHIAN INDIVIDUAL PATIENT TREATMENT APPEAL PANEL

**Non-executive member (Chair):**

**Executive Director**  (e.g. Nursing, Public Health, etc):

**Senior Pharmacist:**
**IPTR APPEAL PANEL DISCUSSION:**

<table>
<thead>
<tr>
<th>How was the IPTR Appeal panel conducted:</th>
<th>Virtual (e.g. Email):</th>
<th>Meeting:</th>
</tr>
</thead>
</table>

Main discussion points of IPTR Appeal panel:

**DECISION**

- Appeal accepted: [ ]
- Appeal rejected: [ ]

**TERMS OF ACCEPTANCE (WHERE APPLICABLE)**

Terms and conditions of appeal granted:
(e.g. duration of treatment after which efficacy must be reviewed and reported on to the panel):
REASON FOR APPEAL REJECTION (WHERE APPLICABLE)

Further details regarding the rejection of the IPTR

Non-executive member of NHS Lothian Board authorisation on behalf of panel:
Name: 
Signature: 
Date: 

APPENDIX 1: PATIENT (OR PATIENT’S REPRESENTATIVE) STATEMENT

The patient (or their representative) should use this space to detail the basis of their appeal:  
(Continue on a separate sheet if necessary)

Name: 
Signature: 
Date: 

Continue on a separate sheet if necessary