

Individual Decision Record of IPTR Appeal Panel

NHS Lothian INDIVIDUAL DECISION RECORD OF INDIVIDUAL PATIENT TREATMENT REQUEST (IPTR) APPEAL PANEL	
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SECTION 1: IPTR APPEAL DETAILS

Medicine name and
formulation OR Surgical
Procedure:

Patient Name:

Patient Address:

Patient's CHI Number:

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Patient's home NHS Board:

NHS
Lothian:

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Other Health Board:
(please specify)

Clinician Details:

Date of original IPTR
decision:

	/		/	
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Date of IPTR Appeal Panel:

	/		/	
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Application number:

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Date decision communicated to requesting clinician and patient; and Director of Operations for Clinical Managed Team OR Clinical Director CH(C)P. In secondary care will also be copied to the Divisional Medical Director, Associate Divisional Medical Director, Clinical Director and relevant CMT Pharmacist:

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SECTION 2A: DECISION

IPTR Appeal Accepted:	<input type="checkbox"/>	IPTR Appeal Rejected:	<input type="checkbox"/>
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SECTION 2B: TERMS OF ACCEPTANCE (WHERE APPLICABLE)

Terms and conditions of acceptance:

(e.g. duration of treatment after which efficacy must be reviewed and reported on to the panel)

SECTION 2C: REASON FOR 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:

A COPY OF THIS FORM SHOULD BE RETURNED TO THE CLINICIAN AND PATIENT WHO SUBMITTED THE APPEAL; AND THE CMT DOP OR THE CH(C)P CD (AS APPLICABLE). IN SECONDARY CARE IT WILL ALSO BE COPIED TO THE DIVISIONAL MEDICAL DIRECTOR, ASSOCIATE DIVISIONAL MEDICAL DIRECTOR, CLINICAL DIRECTOR AND RELEVANT CMT PHARMACIST. THE ORIGINAL COPY WILL BE RETAINED BY THE IPTR ADMINISTRATOR FOR AUDIT PURPOSES.