Immunoglobulin
Sub Regional Assessment Panel

East of England Immunoglobulin Assessment Panel

Based at:

Cambridge University Hospitals NHS
NHS Foundation Trust

Terms of Reference

August 2019

Immunoglobulin Sub Regional Assessment Panel

East of England Immunoglobulin Assessment Panel

Core Practice Standards

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Contents

1 Introduction & Background

Continuity of immunoglobulin (Ig) supply is a long standing issue and NHS England commissions against the DHSC guidelines for immunoglobulin use and the demand management plan, aimed at protecting access for those with the most severe and life threatening conditions in times of short supply. For the purposes of the East of England Sub-Regional Immunoglobulin Assessment Panel, NHS England commissions against the regional clinical immunoglobulin treatment guidelines for the East of England SRIAP. These regional guidelines reflect the national guidelines with local implementation and further information as advised by the experts within the panel.

The critical need as well as effectiveness of treatment varies; it is life saving for some patients for whom no alternative treatment exists, while others may have clinically effective and often more cost effective alternatives available to them. The guidelines for Ig use are designed to ensure that Ig is only used for evidence based indications and are colour coded according to priority and strength of evidence.

Nationally, neurological conditions use the most immunoglobulin (44%) by volume, then immunology (32%), haematology (9%). Conditions falling under 'other' specialties as defined in the clinical guidelines make up the remaining 15%, the multi-speciality use increases the complexities of effective stewardship.

NHS England procured an additional 8% of Ig on top of 2017-18 usage, demand in July 2018 is currently increased by 20%. Whilst NHSE are working with industry to secure sufficient volumes for England, improved stewardship of Ig will allow those patients with highest priority needs to have access to it.

The focus of demand management needs to move to effective overall clinical stewardship of the limited Ig supplies. Commissioners and providers, through sub regional Immunoglobulin Assessment Panels (IAP), need to not only manage the individual patient access to immunoglobulin – including review of eligibility, indications, dose and duration – but to manage it within the allocation of available immunoglobulin, which is a shift in current approach.

The future work of the East of England panel will focus on adoption of common dosing and prescribing practices, development and adherence to formulary brands of immunoglobulin, consistency in the treatment request process, the approvals process and reviews of therapy. Consideration of alternative treatments including appropriate trials of corticosteroids, biological agents such a B-cell depleting agents and therapeutic apheresis will also be a key component of the responsibility of the panel.

2 Purpose

The purpose of bringing together expert clinicians and commissioners is to have a decision making team with overarching responsibility for the effective clinical stewardship of immunoglobulins in the defined geographical area, providing assurance of local IAP practices.

The guidance implemented through the Panel is set out in full in the following documents:

Department of Health Demand Management Plan for Immunoglobulin Use (2nd edition, May 2008)	Demand Management Ig May 1
Department of Health Clinical Guidelines for Immunoglobulin Use (May 2008)	Clinical Guidelines Ig May 2008.pdf
Department of Health, Commissioning Immunoglobulin (October 2011)	Commissioning Ig.pdf
Department of Health, Second Edition Update of Clinical Guidelines for Immunoglobulin Use (July 2011)	Clinical Guidelines Ig July 2011.pdf
NHS England Specialised Services Circulars: Principle of switching to most cost effective products: Circular SSC1760 (letter to provider) Circular SSC1802 (letter to provider) Circular SSC1675 (letter to provider)	Provider Letter Immunoglobulin Frami Guidance on switching immunoglob SSC1675 Provider Letter.pdf
Provider letter Immunoglobulin Availability 22/03/2018	FINAL Provider Letter Immunoglobulir

Unless NHS England publishes any policies or communication that will supersede the above guidance / communication.

3 Membership

The Panel is constituted in line with the model described in the DH Demand Management Plan (May 2008) for a 'multi-trust Panel in conjunction with a representative from NHS England Local Commissioning Team.

The panel is made up of members from the following provider trusts:

East of England IAP lead Trust.

- Cambridge University Hospitals NHS Foundation Trust – panel lead trust

Additional co-opted (voting) members of the panel are based in:

- Royal Papworth NHS Foundation Trust
- Norfolk and Norwich University Hospitals NHS Foundation Trust
- North West Anglia NHS Foundation Trust

Those hospitals whose immunoglobulin use will be monitored by the East of England IAP include:

- Basildon and Thurrock University Hospitals NHS Foundation Trust
    - Basildon Hospital, The Essex Cardiothoracic Centre, Orsett Hospital, St Andrew's Centre
- Bedford Hospital NHS Trust
- Cambridge University Hospitals NHS Foundation Trust
    - Addenbrookes Hospital and The Rosie Hospital
- East and North Hertfordshire NHS Trust
    - The Lister Hospital, the New QEII Hospital, Mount Vernon Cancer Centre, Hertford County Hospital
- East Suffolk and North East Essex NHS Foundation Trust
    - Ipswich Hospital and Colchester Hospital
- James Paget University Hospitals NHS Foundation Trust
- Mid Essex Hospital Services NHS Trust
    - Broomfield Hospital, St Peter's Hospital, St. Michael's Hospital, Braintree Community Hospital
- Norfolk and Norwich University Hospitals NHS Foundation Trust
    - Norfolk and Norwich Hospital, Cromer Hospital
- North West Anglia NHS Foundation Trust
    - Peterborough City Hospital, Stamford Hospital, Hinchingbrooke Hospital
- Princess Alexandra Hospital NHS Trust
- Queen Elizabeth's Hospital King's Lynn
- Royal Papworth Hospital NHS Foundation Trust
- Southend University Hospital NHS Foundation Trust
- West Suffolk Hospital NHS Foundation Trust

This group represents all acute hospitals (excluding community, mental health and learning disability services) in the East of England to the boundary of the M25. The group comprises of 28 hospitals in 14 NHS Trusts in the NHS England Midlands and East region.

Core representation of the membership on the Panel is through:

1. Independent non-prescribing[1] chair
2. Sub Regional IAP Co-ordinator (minimum Agenda for Change grade 5)
3. Clinicians with expert experience from specialties using immunoglobulin. This group will contain as a minimum:
   - Clinical immunologist(s)
   - Haematologist(s)
   - Neurologist(s)
   - Pharmacist(s)

   NHS England will be invited to all EOEIAP meetings and will be informed of the outcome of all meetings. NHS England representation is not required for quorum on individual patient clinical matters, but is required for matters that relate to agreed CQUINs for immunoglobulins.

   A Consultant in Public Health is recommended by NHS England where available as an independent panel member. This has been a recommendation in the previous iterations of the Demand Management Plan also. Traditionally this has not been adopted by CUH (panel hosts) and at the inception of the regional IAP is not planned for integration unless a specific need arises.

Additional members of the panel supporting the core members are desired from each of the following clinical services:

- Dermatology
- Gastroenterology
- Infectious diseases
- Intensive care medicine
- Obstetrics
- Ophthalmology
- Paediatrics
- Renal medicine
- Respiratory
- Rheumatology
- Transplant services

Additionally each member Trust external to the host site (Cambridge University Hospitals NHS Foundation Trust) will designate a consultant from a relevant specialty as their 'immunoglobulin demand management clinical lead' and a pharmacist as their 'immunoglobulin demand management pharmacy lead'. These individuals are part of the East of England Immunoglobulin Assessment Panel membership and will be required to attend a minimum number of panel meetings; either in person or remotely through enabling technology. The Trust site immunoglobulin demand management clinical lead will not automatically have the authority to approve any treatment with IVIG unless that clinical lead is also co-opted to the core panel for clinical approval. Authority to approve treatments will be linked to the clinical role of the individual and the availability of expertise in the hospital.

[1] The role of the non-prescribing chair is defined here as a medical consultant whose expertise includes disorders of the immune system but for whom prescribing of immunoglobulins is infrequent and the service the consultant represents is not dependent on the availability of immunoglobulins.

For instance, an immunologist working at Peterborough hospital and with the EOEIAP may be permitted to approve secondary antibody deficiency, but may not have authority to approve treatments for neurology indications. The detail of authorities and criteria for decision making will be agreed by the panel at its inception, the reasons for each decision will be documented, and all such cases retrospectively reviewed at an appropriately constituted quorate panel meeting.

Traditional 'GREY' indications (Class III) and unlisted 'GREY' indications (Class IV) where the benefit of Ig therapy is less certain will require assessment by the core panel at Cambridge University Hospitals NHS Foundation Trust for clinical approval and an approved and individualised mechanism for monitoring the outcome to therapy.

The hosting trust should ensure full coverage of clinical specialities is covered in the core membership and have the right to request an individual from an alternative discipline as the demand management clinical lead from an individual trust, so quoracy of the panel can be achieved.

4 Panel Members Role

Chair

Overall smooth running of the panels, ensuring the purpose of the panel is achieved, supporting appropriate discussions and outcomes are agreed. Review conflicts of interest prior to each meeting.

Panel Clinical Members

Members will be expected to contribute to and challenge decisions around applications for initial and ongoing immunoglobulin therapy made to panels rather than simply endorsing them. In considering an application for Ig, the panel should consider the role of immunoglobulin in relation to alternative treatments.

Commissioner

Attend each panel to represent the geographical area, linking back to the commissioning team to inform decisions made, provide assurance of the process.

Sub Regional IAP Co-ordinator

All meetings are planned in advance with core membership and representation is present, receive and prepare cases for panel review. Ensuring robust recording of outcomes and report back with all panel trust members, ensure overall governance of the panels. Support audits and appeals process linking with neighbouring panels.

Specialist and locally responsible pharmacist members

The East of England IAP recognises the need for two levels for pharmacist input to the panel.

1. **Local responsibility.** This pharmacist role requires oversight of the individual trust management relating to immunoglobulins. This includes:
    a. Local training including induction training for pharmacy staff
    b. Ensuring appropriate local implementation of prescribing advice including dosing, documentation and mechanisms to apply for treatment approval, application for IFR requests or local funding arrangement as necessary
    c. Managing communication from the hub IAP site, NHS England or the Department of Health
    d. Local responsibility for immunoglobulin-related audit as required by the core panel.
    e. Formulary management including ensuring availability of product
    f. Management and processing of local data to comply with standards for the national immunoglobulin database.
2. **Core panel responsibility and treatment approvals.** This specialist role is for an independently prescribing pharmacist based primarily in a clinical role with extensive experience in the clinical treatment with immunoglobulins and evidence for treatment. This pharmacist may be involved in reviewing and summarising the scientific literature for requests for ‘GREY’ indication treatment, or conducting further reviews of the scientific literature and ensuring sufficient information has been submitted to the panel for review. Further roles may include liaising with clinical experts whether locally or nationally to obtain additional expert opinion where necessary. By permission of the East of England IAP, this pharmacist has the authority of a voting member in the core panel. This role is separate from the role of the ensuring data, prescribing and formulary or supporting the administration of the East of England IAP

or compliance with local and national standards in immunoglobulin management and is to be based in the hub site for the sub-regional IAP only.

Associate Trust Clinical Lead and Pharmacy Lead

The Immunoglobulin Demand Management Clinical Lead and the Immunoglobulin Demand Management Pharmacy Lead are responsible for the following immunoglobulin related matters:

	Clinical Lead	Pharmacist Lead
1	Clinical assessment of applications for treatment with immunoglobulins for Class II to Class V indications as part of the IAP – own site and other sites in line with area of practice.	
2		Infusions recorded on national immunoglobulin database
3		Optimised purchasing of immunoglobulins within NHSE allocation
4		Forecasting of immunoglobulins use
5		Management of user access to the national immunoglobulin database
6		Provision of data to EOEIAP & NHSE including purchasing data and IGD dashboard data
7	**(Joint)** Local audit: local instigation or EOEIAP instigated	
8	**(Joint)** Ensure reporting of patient outcomes to treatment (all indications) for own Trust to the national immunoglobulin database and to the EOEIAP	
9	**(Joint)** Ensure adherence to EOEIAP decisions for all approved immunoglobulin treatments.	
10	**(Joint)** Ensure regional clinical immunoglobulin guidelines, IGD registration forms, clinical application to the EOEIAP forms and EOEIAP Core Clinical Standards and TOR are made available through Trust documents in a cohesive manner	

5 Objectives of the Panel

The panel has the overarching responsibility for the effective stewardship of all immunoglobulin prescribing in the defined geographical area through:

- Ensure each member trust has a process in place to for urgent authorisation of use, ie: medical director and pharmacy agreement.
- Ensuring each member trust has appropriate resource and processes in place to record all immunoglobulin usage.
- Ensure each member trust has robust mechanisms to ensure appropriate prescribing, relating to the choice of dose, product and interpretation of patient weight.
- Review local policies to reflect the Sub-Regional Panel best practice guidance and updates from NHS England or DH.
- Ensuring member trusts are reviewing ongoing immunoglobulin therapy and have appropriate systems in place to review reporting of agreed outcomes.
- Review and report on appeals from regional immunoglobulin panels.
- Participate in any appeals from other regional panels.

Monitor and review immunoglobulin usage across the member trusts within their own allocation through:

- Review of data supplied by NHSE for validation.
- Monitor completeness of national database and minimum dataset reporting of immunoglobulin use.
- Oversee all immunoglobulin approvals by receiving and reviewing reports from local member panels including undertaking audits of decisions.
- Provide expert advice to the panel and represent clinical speciality.
- Appropriate escalation of non-adherence to selection criteria and outcome monitoring, in routine clinical practice and report to the medical director of the member trust and commissioners if prescribing is not aligned with stated guidance.
- Respond to shortage situations as set out in the Demand Management Plan.

Acting as a Local IAP

The East of England Sub Regional Panel will act as the local IAP for member trusts that do not have robust panels in place using the local agreed terms of reference.

- Each local member trust should have a process in place for urgent authorisation of use, ie: medical director and pharmacy agreement.
- Consider applications for initial immunoglobulin therapy for individual patients according to the Demand Management Plan, the National Clinical Guidelines and NHS England communications.

6 Appeals Process & Payment

Appeals from local member panels to the Sub Regional Panel will be reviewed where a clinician or patient is unhappy with a local panel decision, the following should be submitted to the Sub Regional Panel:

- Full case history including treatment history and patient details
- Appropriate results from laboratory and clinical examination in line with the eligibility criteria
- Where other treatments may be appropriate how these have been used, what the response to treatment has been, or why these are not indicated for the individual.
- Additional information for consideration by the panel.

In the event of a decision to cease treatment by a local panel, then payment will cease 10 days after the decision is notified to the clinician. In the event of an appeal being made to the Sub Regional Panel and the decision to cease treatment being overturned by additional information then NHS England will reimburse costs of treatment during the time of the appeals process.

In the case of the sub regional panel reviewing cases and deciding to cease immunoglobulin treatment then payment will cease 10 days from the outcome date of the outcome letter from the sub regional panel back to the member provider.

If the patient or clinician is unhappy with the decision made at the East of England IAP then a second panel can review the decision, following on then the National Individual Funding process would be the final route to cover treatment costs, and the immunoglobulin would have to be available for this patient in line with supplies and allocation for the provider. Providers should be reminded at this stage treating at financial risk should come second to the availability of supplies.

7 Individual Funding Requests

- The implementation of these panels supersedes any local commissioner agreement process for individual funding requests that may be in place.
- There is a National Individual Funding Request (IFR) process, and the clinical lead for the patient would need to submit an IFR application to the National IFR team for consideration.
- If the clinician decides to submit an IFR for a grey Ig indication, they should be advised that current IFR policy for grey indication IFR requires IAP endorsement of the application.
- In the event of treatment not being supported by the sub regional panel an appeal could be lodged. If the second sub regional panel upholds the decision, then it would be advised that an IFR should not be submitted.
- Any application would need to make very clear the clinical exceptionality - the IFR policy has further details on what this means.

8 Frequency of Panels of Sub Regional Panels

Initially the panel will meet monthly to ensure all patients currently receiving immunoglobulins and new patients are reviewed by the end January 2019. These ToR will be amended at a

time when patient numbers presented at panel decrease. Initial panels should meet face to face, once established the use of teleconference and webex facilities should be utilised.

9 Quoracy

Quorum will be by a minimum of 4 members:
A minimum must include:

For clinical approvals and review of treatment efficacy:

- 1 x Consultant Immunologist
- 1 x Consultant Neurologist
- 1 x Pharmacist
- 1 x Non prescribing Clinical chair

For changes to the Terms of Reference from the Sub Regional IAP, those listed above and also:

- 1 x Commissioner / Public Health representative

Nominated deputies are acceptable. It is the responsibility of the substantive member to ensure that their deputy understands the role and purpose of the Panel.

Each panel meeting must be supported by a Sub Regional IAP Co-Ordinator.

10 Declarations of Interest

All panel members must complete and keep updated a declaration of interest form that shall be available to the chair of the group. Declarations of interest must be declared for specific cases and the member shall join in discussion of the case but be excluded from any vote. The panel business support should keep a log of any declarations of interests made and share with NHS England upon request.

11 Governance & Reporting

- The Panel is accountable to NHS England and the member Trusts it serves.
- The Panel may be subject to external or peer panel review, robust and transparent notes and reporting of each case is of paramount importance.
- The associate Trusts may be subject to external or peer review to ensure implementation of standards, workplan and engagement with regional processes.
- All sites are required to share data with key members of the panel. This data will be processed and may be shared with other members of the panel (both at the hub and associate sites). Data required includes access to the national immunoglobulin database, allocation and purchasing of Ig, patient requests and outcomes to treatment.
- Date may be shared with NHSE by the EOEIAP for the purposes of accountability. All appropriate will be taken to ensure data shared are anonymous unless there is a specific reason to share patient details (e.g. where funding of treatment depends on identifying the Trust or patient concerned).
- A formal peer review of a representative sample of cases at least twice a year will be established with the Midlands and East IAP panels

12 Support & Resources

Each panel will be supported by a minimum band 5 1.0 wte for the administrative arrangements and smooth running of the panels. Each member organisation is responsible for ensuring panel members are released from their duties.

13 Panel Dates

The core panel will meet monthly as a minimum. Extraordinary meetings may be convened as necessary. Specific panel dates / times, place of meeting, mechanisms for attendance through use of enabling technology will be specified or reviewed at panel meetings and listed in the minutes of the panel.

14 Sub Regional Panel Membership Contact Details

The following members are the core members for each of the panels as nominated by member trusts.

	Name	Designation / Speciality representing	Contact Details
Chair	Dr Theodora Foukaneli	IAP Chair / Non-prescribing	theodora.foukaneli@addenbrookes.nhs.uk dora.foukaneli@nhsbt.nhs.uk
Sub Regional IAP Co-ordinator	Diane Allen	IAP Panel Coordinator	ivig-coordinator@addenbrookes.nhs.uk diane.allen@addenbrookes.nhs.uk
NHS England Local Commissioner Representative	Joe Kerin	Pharmacy Lead: Specialised commissioning NHS England and NHS Improvement – East of England	joe.kerin@nhs.net
East of England IAP / CUHFT Ig demand management Clinical Lead	Dr Dinakantha Kumararatne	Immunology lead (shared) Core Panel Member / Immunology	dinakantha.kumararatne@addenbrookes.nhs.uk d.kumararatne@nhs.net
East of England IAP / CUHFT Ig demand management Clinical Lead	Dr Ania Manson	Immunology lead (shared) Core Panel Member / Immunology	ania.manson@addenbrookes.nhs.uk ania.manson@nhs.net
East of England IAP / CUHFT Ig demand management Clinical Lead	Dr Claire McCarthy	Neurology lead / Core Panel Member / Neurology	claire.mccarthy@addenbrookes.nhs.uk claire.mccarthy1@nhs.net
East of England IAP / CUHFT Ig demand management Clinical Lead	Dr Amanda Cox	Core Panel Member / Neurology	amanda.cox@addenbrookes.nhs.uk amanda.cox18@nhs.net

East of England IAP / CUHFT Ig demand management Clinical Lead	Dr Rhys Roberts	Core Panel Member / Neurology	rhys.roberts@addenbrookes.nhs.uk rhys.roberts@nhs.net
East of England IAP / CUHFT Ig demand management Clinical Lead	Dr Andrew Carmichael	Core Panel Member / Infectious Diseases	Andrew.carmichael@addenbrookes.nhs.uk Andrew.carmichael2@nhs.net
East of England IAP / CUHFT Ig demand management Clinical Lead	Dr Andrew Conway-Morris	Core Panel Member / Intensive Care Medicine	Andrew.conway-morris@addenbrookes.nhs.uk
East of England IAP / CUHFT Ig demand management Clinical Lead	Dr David Jayne	Core Panel Member / Nephrology & Vasculitis	David.jayne@addenbrookes.nhs.uk David.jayne1@nhs.net
East of England IAP / CUHFT Ig demand management Clinical Lead	Dr Miles Parkes	Core Panel Member / Gastroenterology	Miles.parkes@addenbrookes.nhs.uk
East of England IAP / CUHFT Ig demand management Clinical Lead	Dr Mark Slack	Core Panel Member / Obstetrics	Mark.slack@addenbrookes.nhs.uk
East of England IAP / CUHFT Ig demand management Clinical Lead	Dr Nicholas Torpey	Core Panel Member / Transplant	Nicholas.torpey@addenbrookes.nhs.uk
East of England IAP / CUHFT Ig demand management Clinical Lead	Dr Sarah Welsh	Core Panel Member / Solid Tumour Oncology	Sarah.welsh@addenbrookes.nhs.uk

East of England IAP / CUHFT Ig demand management Clinical Lead	Dr Lisa Willcocks	Core Panel Member / Nephrology & Vasculitis	Lisa.willcocks@addenbrookes.nhs.uk
East of England IAP / CUHFT Ig demand management Specialist Clinical Pharmacist Lead	David de Monteverde-Robb	Specialist clinical pharmacy services	David.demonteverde-robb@addenbrookes.nhs.uk David.demonteverde-robb@nhs.net Pager via CUH switchboard Ext: 01223 256137
Barts Health NHS Trust Ig demand management Clinical Lead	Dr Sofia Grigoriadou	Consultant Immunologist	sofia.grigoriadou@bartshealth.nhs.uk Tel +44(0)20 324 60282/6
Basildon and Thurrock University Hospitals NHS Foundation Trust Ig demand management Clinical Lead	Switchboard:	01268 524900	http://www.basildonandthurrock.nhs.uk/
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	Dr Nagui Gendi	Consultant Rheumatologist	nagui.gendi@nhs.net nagui.Gendi@btuh.nhs.uk
	Dr Farooq Maniyar	Consultant Neurologist	farooq.maniyar@nhs.net farooq.Maniyar@btuh.nhs.uk
Basildon and Thurrock University Hospitals NHS Foundation Trust Ig demand management Pharmacy Lead	Alex Wan	Lead Senior Pharmacist - Haemato-oncology	Alex.wan@btuh.nhs.uk Alexwan@nhs.net 524900 x3478
Bedford Hospital NHS Trust Ig demand management Clinical Lead	Dr Danute Kucinskiene	Consultant neurologist	Switchboard: 01234 355 122 https://www.bedfordhospital.nhs.uk/ danute.kucinskiene1@nhs.net danute.kucinskiene@bedfordhospital.nhs.uk
Bedford Hospital NHS Trust Ig demand management Pharmacist Lead	Gemma McGuigan	Principle Pharmacist Formulary & Governance	x6091 https://www.bedfordhospital.nhs.uk/ gemma.mcguigan@bedfordhospital.nhs.uk

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East and North Hertfordshire NHS Trust Ig demand management Clinical Lead	Dr Raul Scott Pereira	Consultant Immunologist	Switchboard: 01438 314 333 https://www.enherts-tr.nhs.uk/ scott.pereira@nhs.net
East and North Hertfordshire NHS Trust Ig demand management Pharmacist Lead	William Wong	Medicines information and JDTC pharmacist	William.wong@nhs.net 01438 284796
East Suffolk and North East Essex NHS Foundation Trust Ig demand management Clinical Lead	Dr Debo Ademokun	Consultant Haematologist	Ipswich switchboard: 01473 712 233 Colchester switchboard: 01206 747 474 https://www.esneft.nhs.uk/ debo.ademokun@nhs.net
East Suffolk and North East Essex NHS Foundation Trust Ig demand management Pharmacy Lead	Sara Bolton	Paediatric pharmacist	01473 703238 Page: 287 Sara.bolton@ipswichhospital.nhs.uk sarabolton@nhs.net
James Paget University Hospitals NHS Foundation Trust Ig demand management Clinical Lead	Andreas Brodbeck	Anaesthetist	https://www.jpaget.nhs.uk Switchboard: 01493 452 452 Andreas.brodbeck@jpaget.nhs.uk
James Paget University Hospitals NHS Foundation Trust Ig demand management Pharmacy Lead	Kalvin Scott	Haematology pharmacist	kalvin.scott@jpaget.nhs.uk k.scott12@nhs.net 01493 452 390

Mid Essex Hospital Services NHS Trust Ig demand management Clinical Lead	Dr Pavel Kotoucek	Consultant Haematologist	http://www.meht.nhs.uk/ Switchboard: 01245 362 000 01245 514160 (direct) Pavel.Kotoucek@nhs.net Pavel.kotoucek@meht.nhs.uk
Mid Essex Hospital Services NHS Trust Ig demand management Pharmacy Lead	Laura McEwan	Lead Pharmacist – Haematology and Oncology	laura.mcewan@meht.nhs.uk laura.mcewa1@nhs.net
Norfolk and Norwich University Hospitals NHS Foundation Trust Ig demand management Clinical Lead	Dr Sara Lear	Consultant Immunologist	http://www.nnuh.nhs.uk/ Switchboard: 01603 286286 Sara.lear@nnuh.nhs.uk Sara.lear@nhs.net
Norfolk and Norwich University Hospitals NHS Foundation Trust Ig demand management Pharmacy Lead	Colin Green	Drugs and Therapeutics Pharmaceutical Advisor	colin.green@nnuh.nhs.uk colin.green@nhs.net
North West Anglia NHS Foundation Trust Ig demand management Clinical Lead	Dr Suzanne Hamilton	Deputy Medical Director Chair of DTC and IAP (NWAFT)	Email: suzanne.hamilton1@nhs.net Tel: 01733 677806 (Peterborough site) Tel: 01480 442871 (Hinchingbrooke site) Bleep: 01480 416416 – ask for bleep 3288
North West Anglia NHS Foundation Trust Ig demand management Clinical Lead	Dr Emily Staples	Core Panel Member / Immunology (NWAFT representative)	emily.staples@addenbrookes.nhs.uk Emily.staples@nhs.net
North West Anglia NHS	“Olo” Aihibhean	High Cost Drugs	a.adeluwoye@nhs.net

Foundation Trust Ig demand management Pharmacy Lead	Adeluwoye	Pharmacist	Tel: 01733677300
Queen Elizabeth Hospital – Kings Lynn Ig demand management Clinical Lead	Dr Philip Buttery	Local Immunoglobulin Demand Management Clinical Lead / Neurology	philip.buttery@nhs.net Switchboard: 01553 613 613
Queen Elizabeth Hospital – Kings Lynn Ig demand management Clinical lead	Dr Lisa Cooke	Consultant Haematologist	Lisa.Cooke@qehkl.nhs.uk
Queen Elizabeth Hospital – Kings Lynn Ig demand management Pharmacy Lead	David Homer	Associate Chief Pharmacist – Medicines management	David.homer@qehkl.nhs.uk david.homer@nhs.net
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Princess Alexandra Hospital NHS Trust Ig demand management Pharmacy Lead	Andrew Law		Switchboard: 01279 444455 (Med Info Ext. 7054) andrew.law@pah.nhs.uk andylaw1@nhs.net
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Southend University Hospital NHS Foundation Trust Ig demand management Clinical Lead	Dr Paul Cervi	Consultant Haematologist	http://www.southend.nhs.uk/ Switchboard: 01702 435 555 Paul.cervi@southend.nhs.uk
Southend University Hospital NHS Foundation Trust Ig demand management Pharmacy Lead	Sarah Thompson	Lead Pharmacist – Medicines Optimisation	sarah.thompson@southend.nhs.uk Sarah.thompson40@nhs.net
West Suffolk Hospital NHS Foundation Trust Ig demand management Clinical Lead	Switchboard:	01284 713 000 All referrals for approval to CUHFT	https://www.wsh.nhs.uk/Home.aspx
	Dr Nicholas Levy	Anaesthetist (chair of JDTC)	nicholas.levy@wsh.nhs.uk
West Suffolk Hospital NHS Foundation Trust Ig demand management Pharmacy Lead	Judith Esterhuizen	Pharmacist	Judith.esterhuizen@wsh.nhs.uk wsh-tr.pharmacy@nhs.net Tel: 01284 71 2929/2737| Bleep 01284 713000, 940 | Fax 01284 713918