

A Comprehensive Survey of PCTs to Evaluate Local Decision-Making Processes for Funding New Medicines

(Undertaken during August / September 2008)



Survey Report

February 2009



ADELPHI
RESEARCH UK

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Survey Terminology

Key Definitions used:

- ✳ **New Medicines** – Those (medicines) that are pending a NICE judgment, those for which there is no guidance, or those which fall outside the guidance criteria
- ✳ **APCs** – The generic term used to cover those committees or groups established, by PCTs, to develop recommendations, or make decisions on the use of medicines in their localities
- ✳ **ECPs** – The generic term used to cover groups, established by PCTs, to consider potentially 'exceptional cases' emerging through the individual funding request route

Within every interview, a respondent's own terminology was used when referring to the groups, committees or panels developing recommendations or making decisions for their PCT

This terminology varied between PCTs

Glossary of Abbreviations:

- | | |
|---|---|
| ✳ ACR – Annual Commissioning Round | NPC – National Prescribing Centre |
| ✳ APC – Area Prescribing Committee | PBC – Practice-based Commissioning |
| ✳ AWMSG – All Wales Medicines Strategy Group | PCT – Primary Care Trust |
| ✳ D&TC – Drugs & Therapeutics Committee | PEC - Professional Executive Committee |
| ✳ ECP – Exceptional Cases Panel | ROCRA – Review of Central Returns Approval |
| ✳ IFR – Individual Funding Request | RDTC – Regional Drug & Therapeutics Centre |
| ✳ KPI - Key Performance Indicator | SHA – Strategic Health Authority |
| ✳ MTRAC – Midlands Therapeutics Review & Advisory Committee | SMC – Scottish Medicines Consortium |
| ✳ NICE – National Institute for Health & Clinical Excellence | UKMi – UK Medicines Information (Regional Centres) |



Summary

Summary 1

Survey Sample

- ★ 130 PCTs took part in the survey, providing 86% coverage across England
- ★ All PCT respondents were nominated through their own Chief Executive
- ★ The majority of survey respondents worked in one of the following roles:
 - ★ Commissioning
 - ★ Medicines Management
 - ★ Public Health

APCs (or equivalent decision-making groups) and ECPs

- Presence and Configuration

- ★ 100% of PCTs surveyed had both an APC and ECP
 - ★ However, configurations varied widely – 49% were comprised of a network of groups
- ★ 48% of PCTs had an APC servicing more than just their own PCT
- ★ 46% of PCTs shared information 'extremely frequently' with neighbouring PCTs, regarding decisions made about new medicines.
- ★ 68% of PCTs believed that sharing information about their decision making, with neighbouring PCTs, was very useful

Summary 2

APCs (or equivalent decision-making groups) and ECPs - Workload

- ★ 43% of PCTs surveyed had APCs that dealt with more than 20 medicine-related requests in the last financial year
- ★ On average, 49% of APC time was spent considering medicines not on the NICE agenda, or where NICE guidance was pending
 - ★ 18% of their time was spent on implementing NICE guidance
- ★ ECP workload varied very widely between PCTs
 - ★ The number of reported ECP cases per PCT, in the last financial year, ranged from 1 to 1000
 - ★ 22% of PCTs had ECPs that considered 40 cases or less
 - ★ Conversely, 12% of PCTs had ECPs that considered more than 200 cases
- ★ SHAs with the highest mean number ECP cases per PCT, in the last financial year, were:
 - ★ East Midlands (293) and South Central (233)
- ★ ECP workload was dominated by consideration of medicines included in the BNF Chapter covering '*malignant disease and immunosuppression*'

Summary 3

APCs (or equivalent decision-making groups) and ECPs - Membership

- ★ ECPs generally were composed of fewer but more 'senior PCT management' members than their APC counterparts
- ★ ECPs generally had greater delegated decision-making autonomy than APCs

Guiding Principles and Monitoring Criteria

- ★ Almost 95% of PCTs surveyed said they had some form of 'stated purpose or guiding principles' for their APC and ECP
 - ★ However, there was wide variability in recall of what the stated purpose or guiding principles were
- ★ 34% of PCTs had some form of criteria (KPIs or processes) in place to monitor the performance of their APCs
 - ★ In 35% of these PCTs, the criteria (KPIs or processes) in place, for monitoring APCs, were determined by the APC itself
- ★ 36% of PCTs had some form of criteria (KPIs or processes) in place to monitor their ECPs

Summary 4

APCs (or equivalent decision-making groups) and ECPs

- Decision Making and Documentation

- ★ ECPs generally employed a more formalised decision-making process than APCs
 - ★ 'Voting following discussion' was the most frequent process used by ECPs (42%)
- ★ All PCTs surveyed, documented either all, or some parts, of decision making undertaken by both their APCs and ECPs

Information Sources

- ★ APCs used a wide, but variable, range of local, regional and national information to support their decision making
- ★ The most frequently used sources of information by APCs, were:
 - ★ NICE (98% of PCTs), NPC (92%) and SMC (92%)
- ★ ECPs used less local data than APCs, relying most heavily on NICE guidance as a source of information to support their decision making
 - ★ NICE (96% of PCTs), SMC (87%) and NPC (82%)
- ★ APCs and ECPs use of 'regional' information (e.g. MTRAC, UKMi outputs), varied much more widely, across PCTs and SHAs, than their use of national data
 - ★ PCTs accessed regional sources, produced outside their own area, as well as (or instead of) those produced within it

Summary 5

APCs (or equivalent decision-making groups) and ECPs

- Auditing of Decision-Making Activities

- ★ 46% of PCTs surveyed, audited the work of both their APC and ECP
 - ★ Of those PCTs that audited their APC activities, 78% believed it to be very, or somewhat useful
 - ★ Of those PCTs that audited their ECP activities, 84% believed it to be very, or somewhat useful
- ★ 14% of PCTs did not audit either their APC or ECP decision-making activities

Appeals Workload and Outcomes

- ★ 97% of PCTs had some form of formal appeals process
- ★ Numbers of appeals dealt with by individual PCTs, varied widely:
 - ★ 17% of PCTs dealt with no appeals in the last financial year
 - ★ 17% of PCTs dealt with more than 10
- ★ On average, across England, 47% of all appeals were upheld
 - ★ Notably, 19% of PCTs had more than 90% of their appeals upheld
 - ★ 18% of PCTs had 10% or less of their appeals upheld
- ★ PCTs where 10% or less of their appeals were upheld, generally had smaller ECPs, whose members received more training (particularly in ethics)

Summary 6

APCs (or equivalent decision-making groups) and ECPs - Communication

- ★ 57% of PCTs surveyed believed that there was some patient and public awareness of decisions taken by their APCs and / or ECPs
 - ★ However, even where PCTs believed there was an awareness, the level of understanding was estimated to be relatively low
- ★ Intra-NHS communications most commonly used electronic methods (i.e. web and email)
- ★ Conversely, communication with patients, the public and external stakeholders was more likely to rely on the post

Training Provision

- ★ Only 21% of PCTs reported providing training for their APC members
 - ★ Range – 0% in North East SHA to 36% in South West SHA
- ★ 51% of PCTs reported providing training for their ECP members
 - ★ Range – 17% in North East SHA to 73% in West Midlands SHA

Perceptions of Post Code Lottery on New Medicines

- ★ 26% of PCTs believed that a 'Post Code Lottery' was evident in the UK



Objectives and Methodology

Objectives

Overall Study Objective

- ★ The primary driver for this study was the need to underpin future PCT activities relating to the NHS Constitution and the specific patient right:

"to expect local decisions on funding of other drugs and treatments to be made rationally following a proper consideration of the evidence. If the local NHS decides not to fund a drug or treatment you and your doctor feel would be right for you, they will explain that decision to you."

Specific Research Objectives:

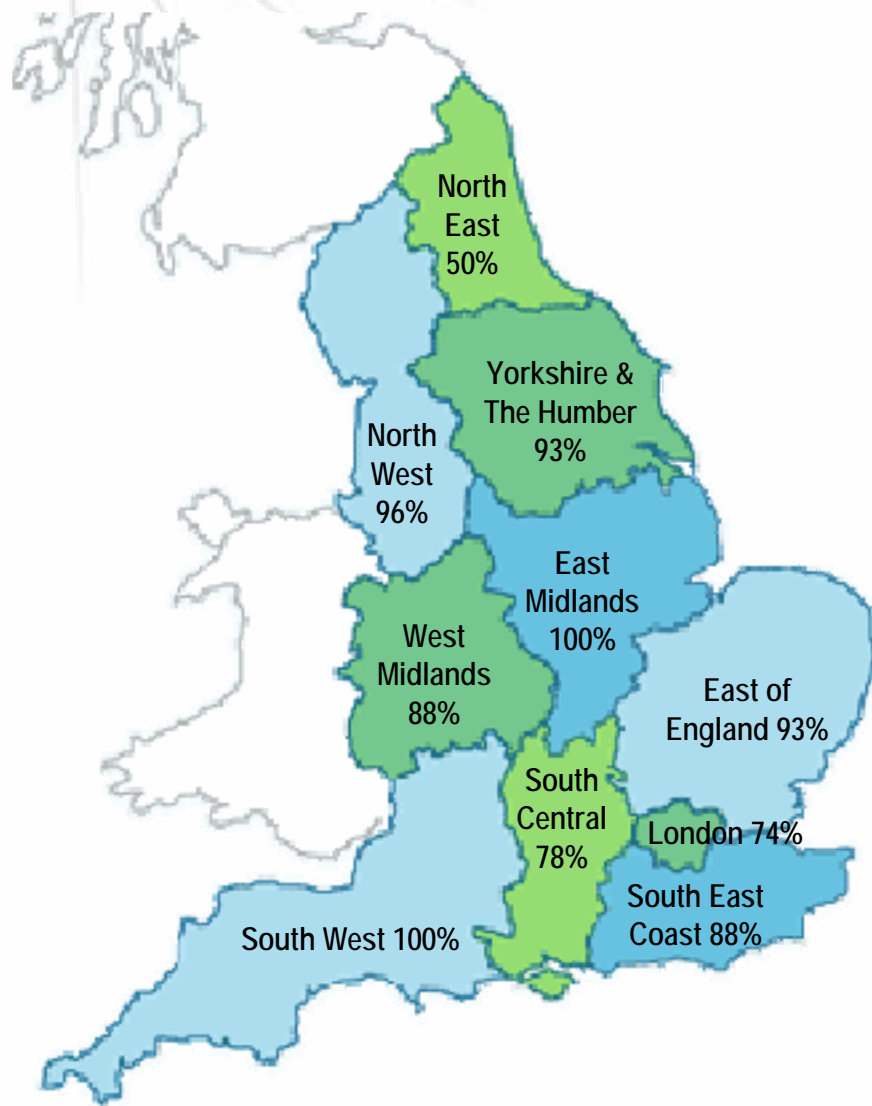
- ★ To provide data and insight to inform the NPC's development of the NPC Handbook of good practice guidance aimed at supporting each PCT to achieve the requirements set out in Lord Darzi's report and the NHS Constitution.
- ★ To obtain a baseline measure of where PCTs and SHAs stand with regard to local decision-making processes to allow changes to be tracked over time.

Sample and Methodology

- ★ Sample: 130* PCTs across 10 SHAs - 86% PCT representation
 - ★ 25 Qualitative Telephone In-Depth Interviews with PCT Chief Executives / Board Members
 - ★ 130 Quantitative Semi-Structured Telephone Interviews with PCT nominees
- ★ Communication from David Nicholson (NHS Chief Executive), requesting PCT participation, was sent to all PCT Chief Executives via the newsletter, *'The Week'*
- ★ Respondents nominated by the Chief Executive of each PCT
- ★ Fieldwork conducted by Adelphi Research UK on behalf of NPC between 15th August and 26th September 2008
- ★ Follow up interviews with selected PCTs to elicit examples for NPC Handbook

*Two additional PCTs took part in the qualitative phase but did not go on to complete the quantitative survey

Sample Structure by Strategic Health Authority



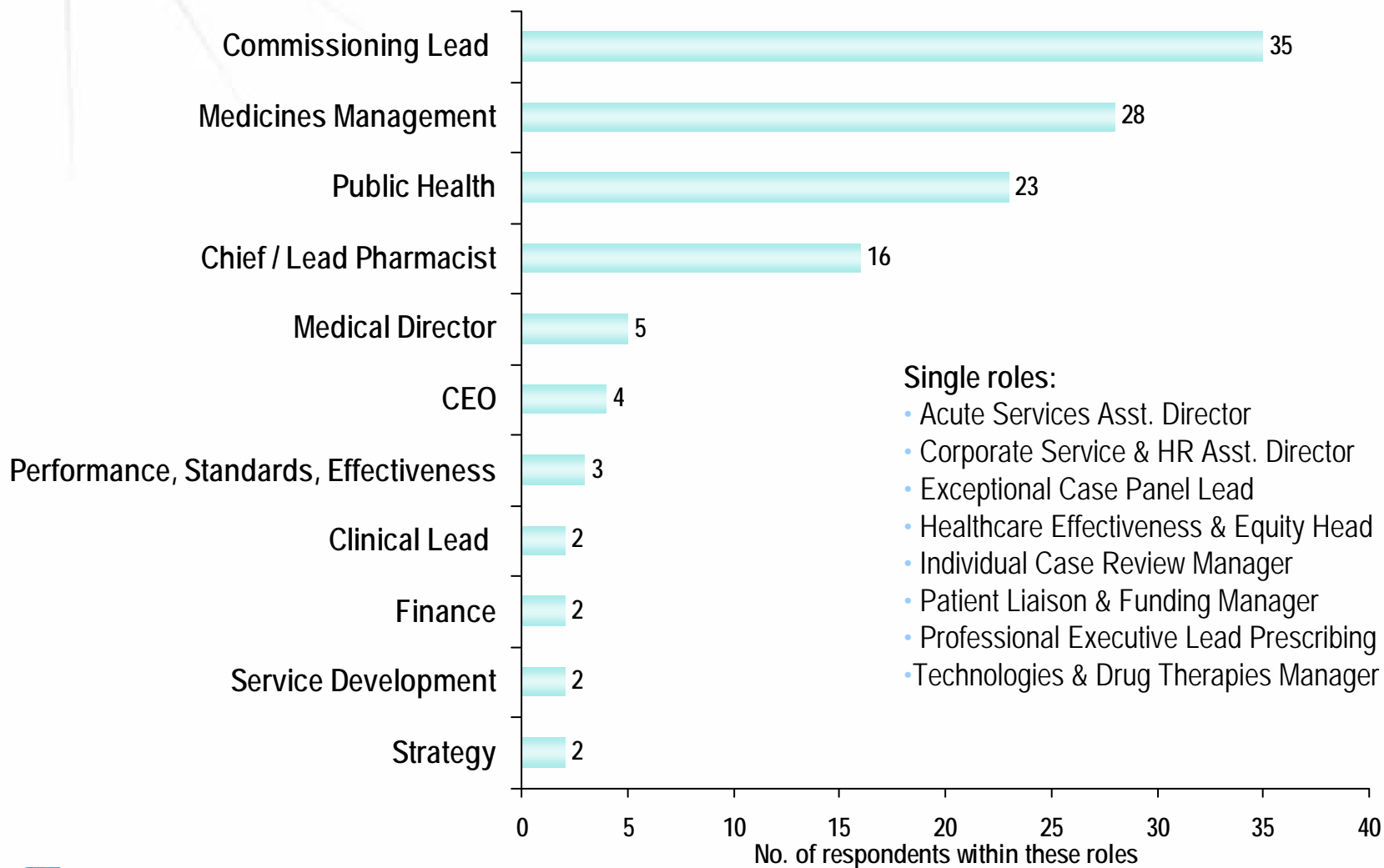
Strategic Health Authorities

	No. PCTs	No. PCTs Surveyed
✦ East Midlands	9	9
✦ East of England	14	13
✦ London	31	23
✦ North East	12	6
✦ North West	24	23
✦ South Central	9	7
✦ South East Coast	8	7
✦ South West	14	14
✦ West Midlands	17	15
✦ Yorkshire & Humber	14	13
Total	152	130

Total PCT Coverage = 86%

Sample Breakdown

130 Respondents nominated by their PCT CEOs, with the following roles:



Base: 130 PCTs

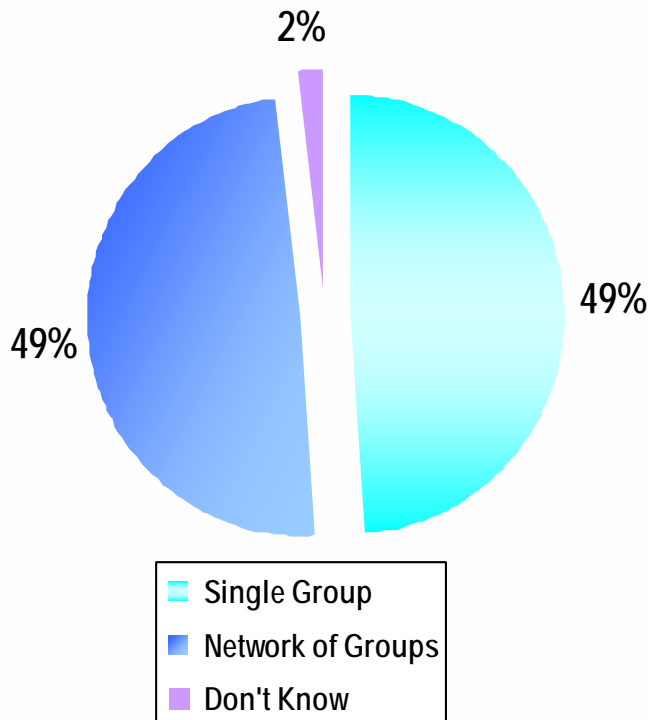


**Existence / Coverage of APCs
(or equivalent decision-making groups)
and ECPs**

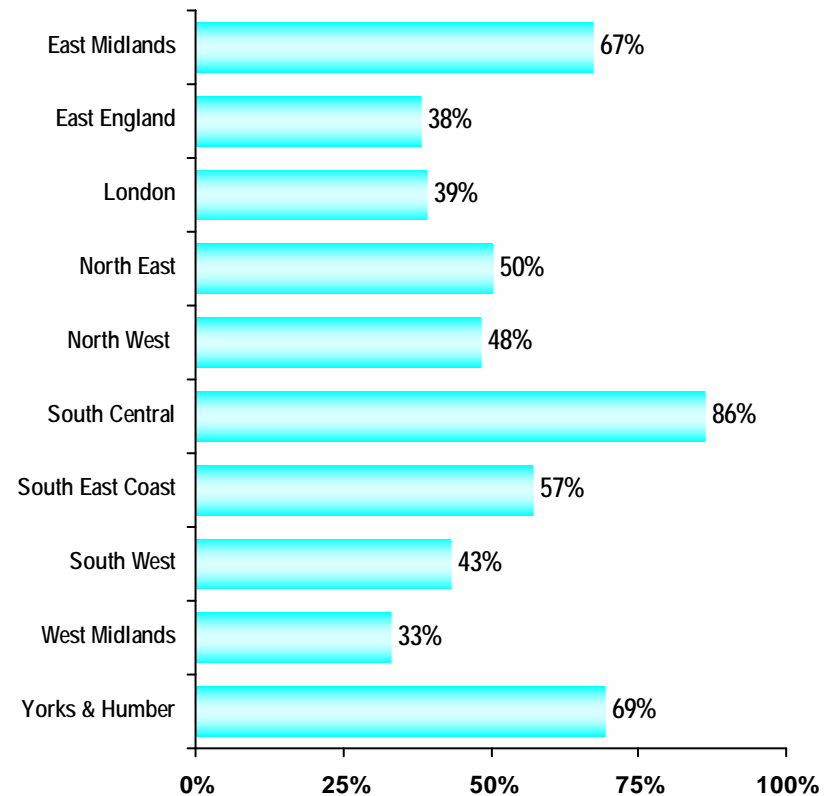
Existence of APCs (or equivalents)

100% of PCTs surveyed had an APC (or equivalents)

Q: Is this decision-making body a single group or are decisions made between a network of groups within your PCT?



APC as a Single Group by SHA



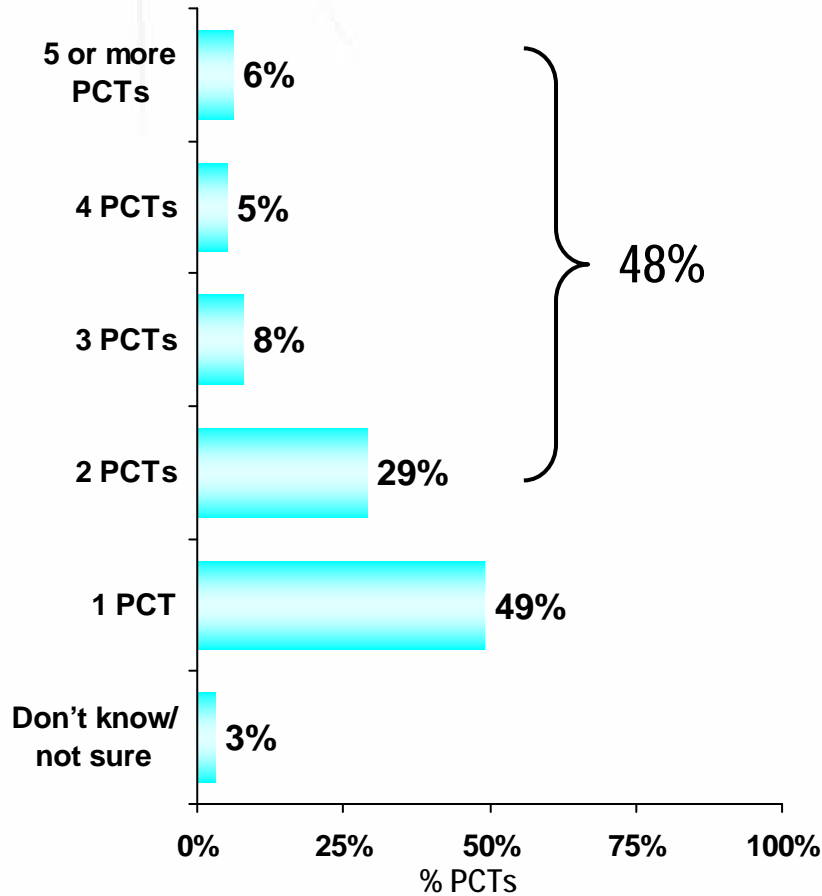
% PCTs with single group APCs

Base: 64 PCTs All those where the APC or equivalent was a single group
Source: Q3

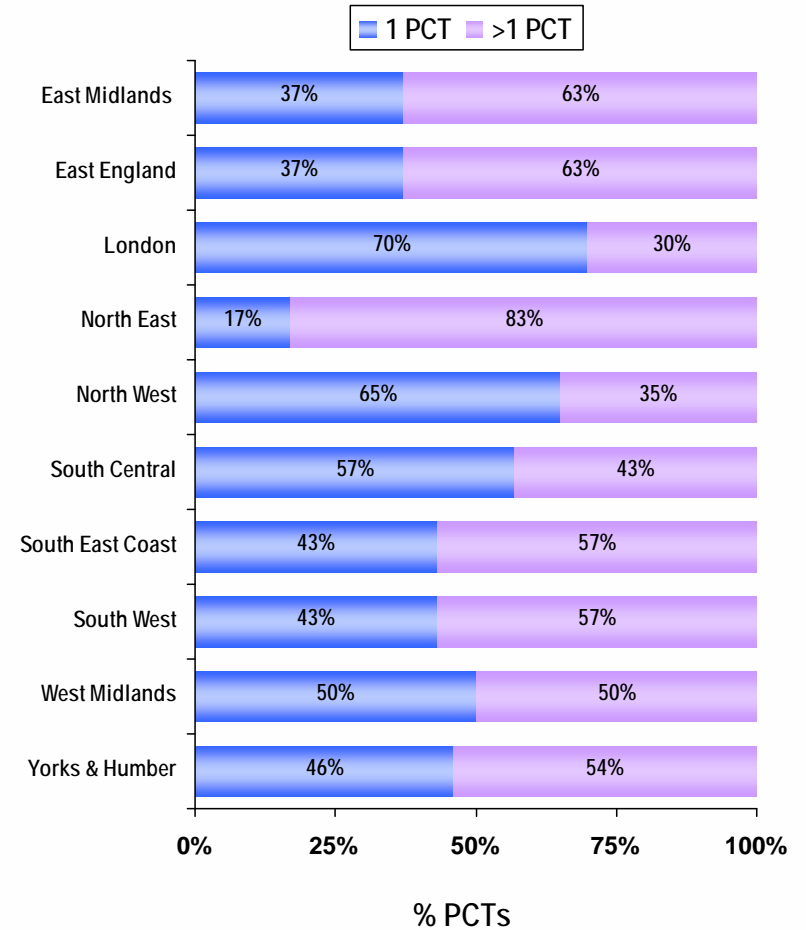
Base: 130 PCTs
Source: Q3

PCT Coverage of APCs (or equivalents)

Q: How many PCTs are covered by the APC?



Percentage of PCTs with APCs servicing 1 or >1 PCT, by SHA

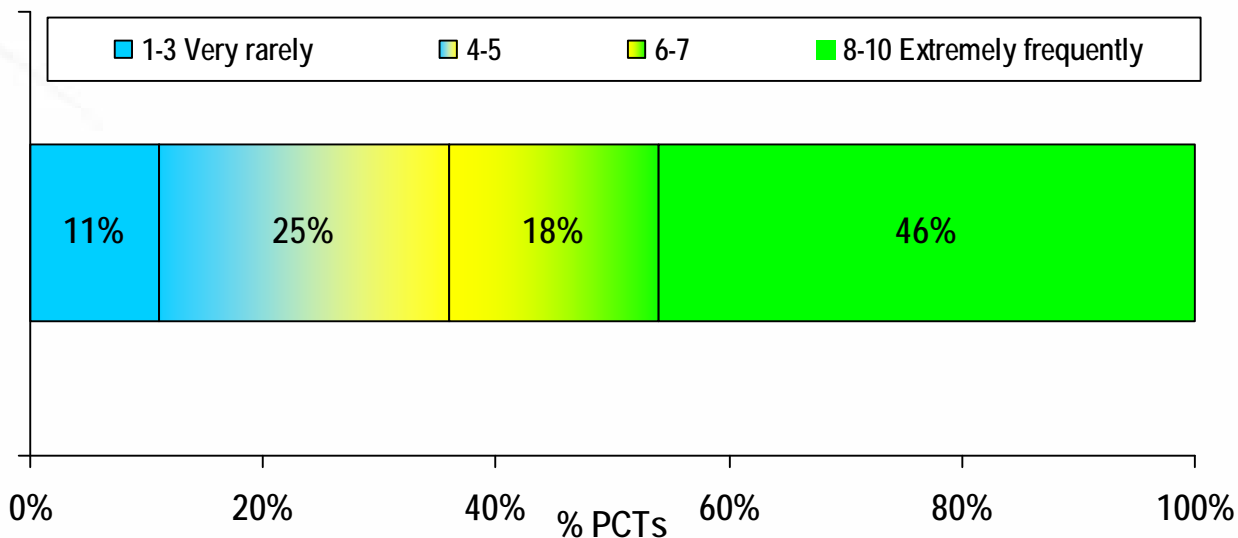




Information Sharing and Consistency across PCTs

Information Sharing Across PCTs

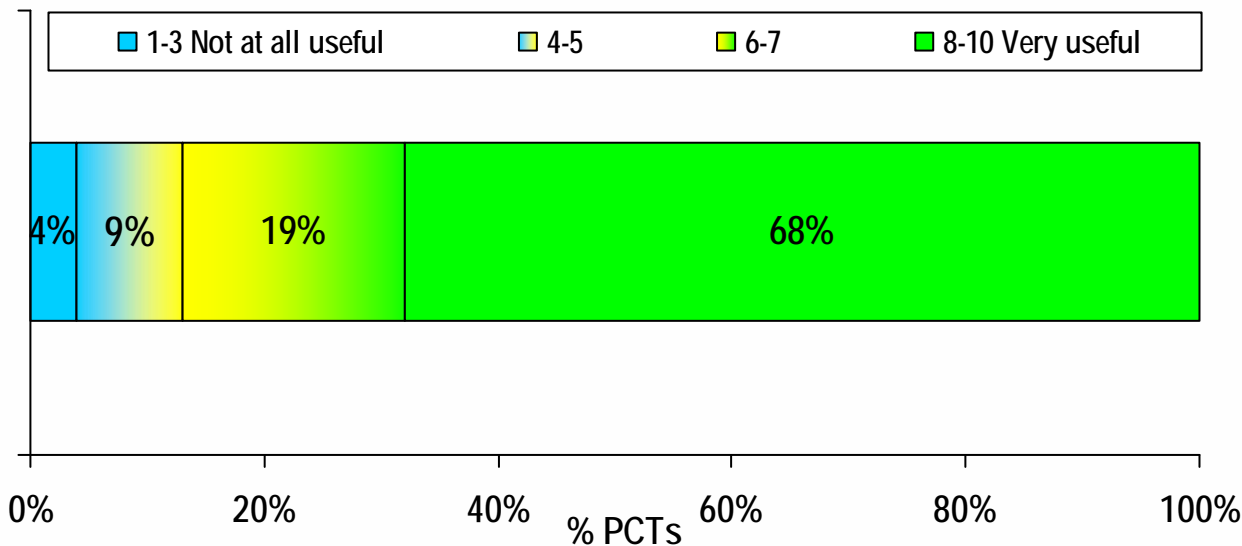
To what extent does the APC share information with neighbouring PCTs regarding decisions made about new medicines?



Mean Rating

6.8

How useful is sharing information with neighbouring PCTs?

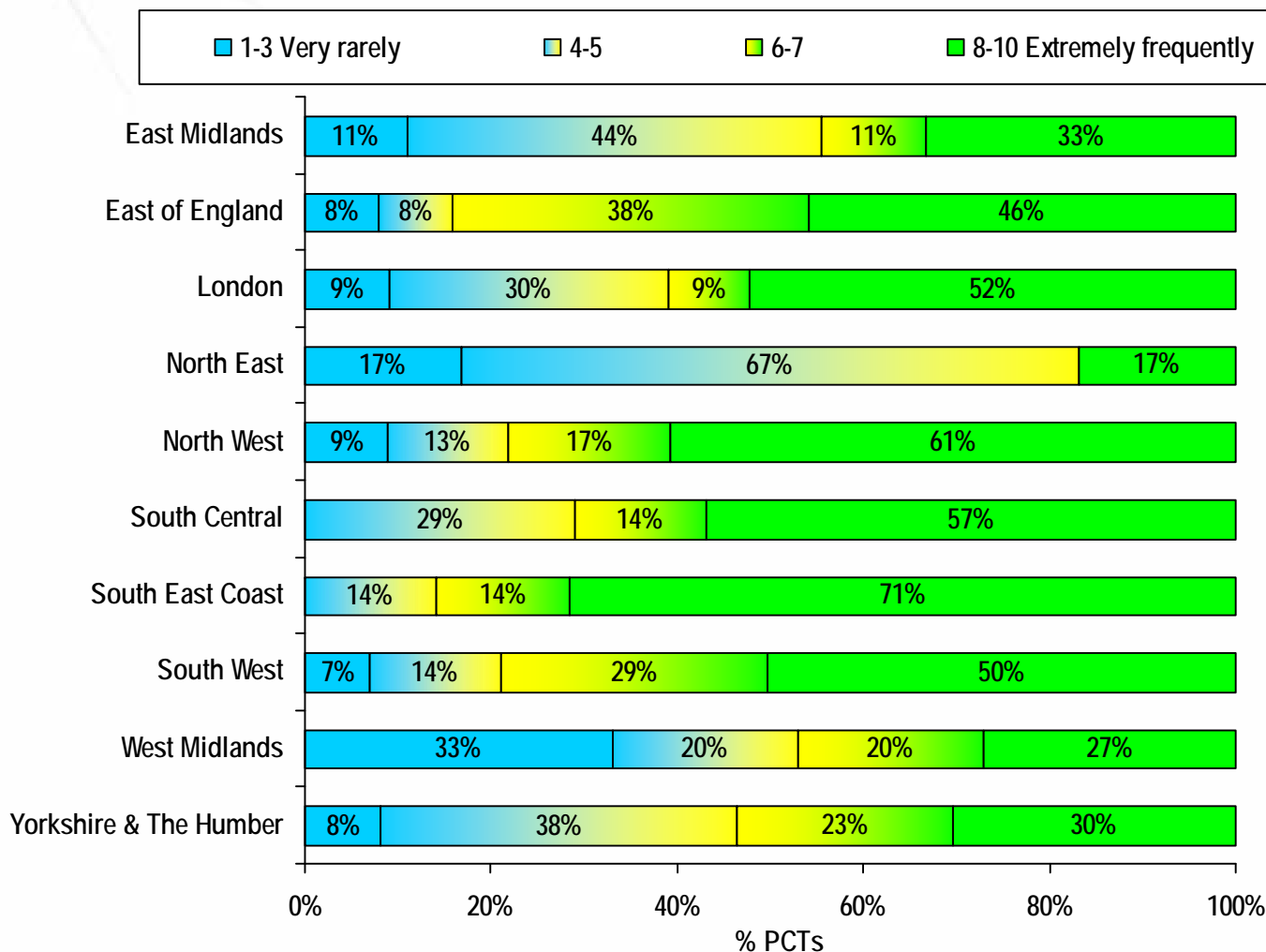


8.1

Base: 130 PCTs
Source: Q66 & Q67

Information Sharing Across PCTs by SHA

Q: On a scale of 1-10 to what extent does the APC share information with neighbouring PCTs regarding decisions made about new medicines?

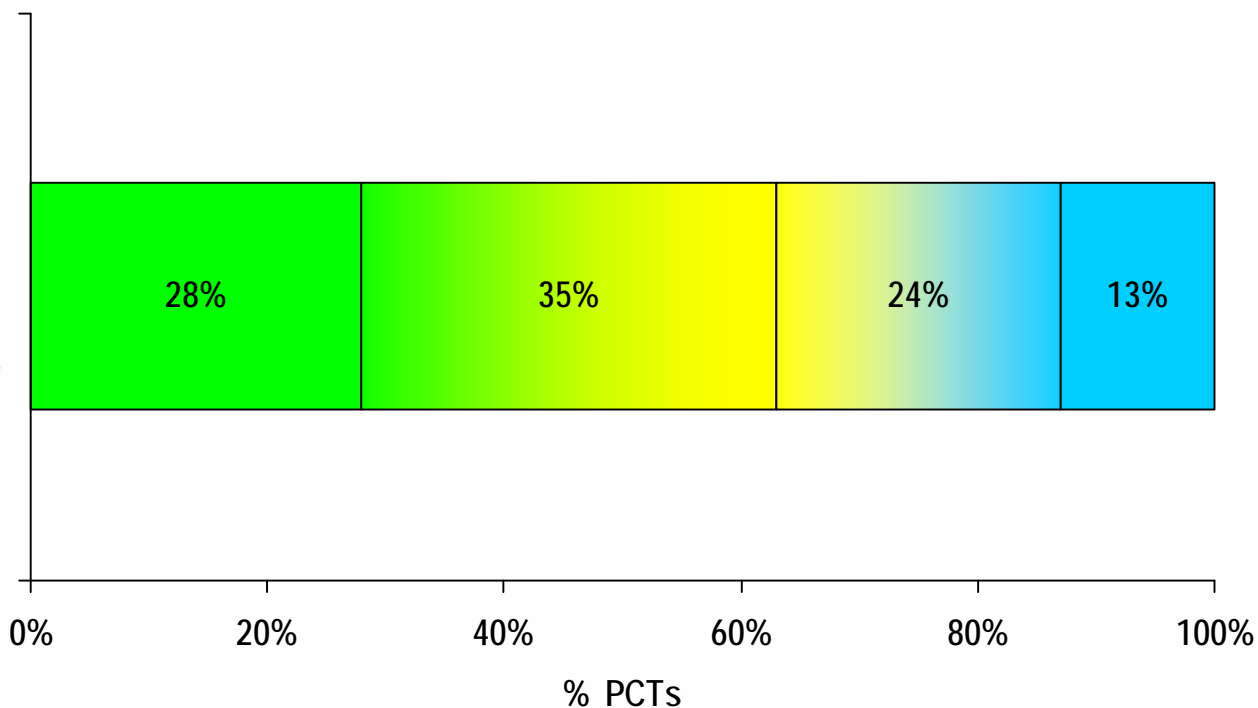


Base: 130 PCTs
Source: D3 & Q66

Consistency of Decision Making Across PCTs

■ 1-3 Very rarely ■ 4-5 ■ 6-7 ■ 8-10 Extremely frequently

On a scale of 1-10, how frequently do you believe different decisions regarding the same funding request are made in neighbouring PCTs?

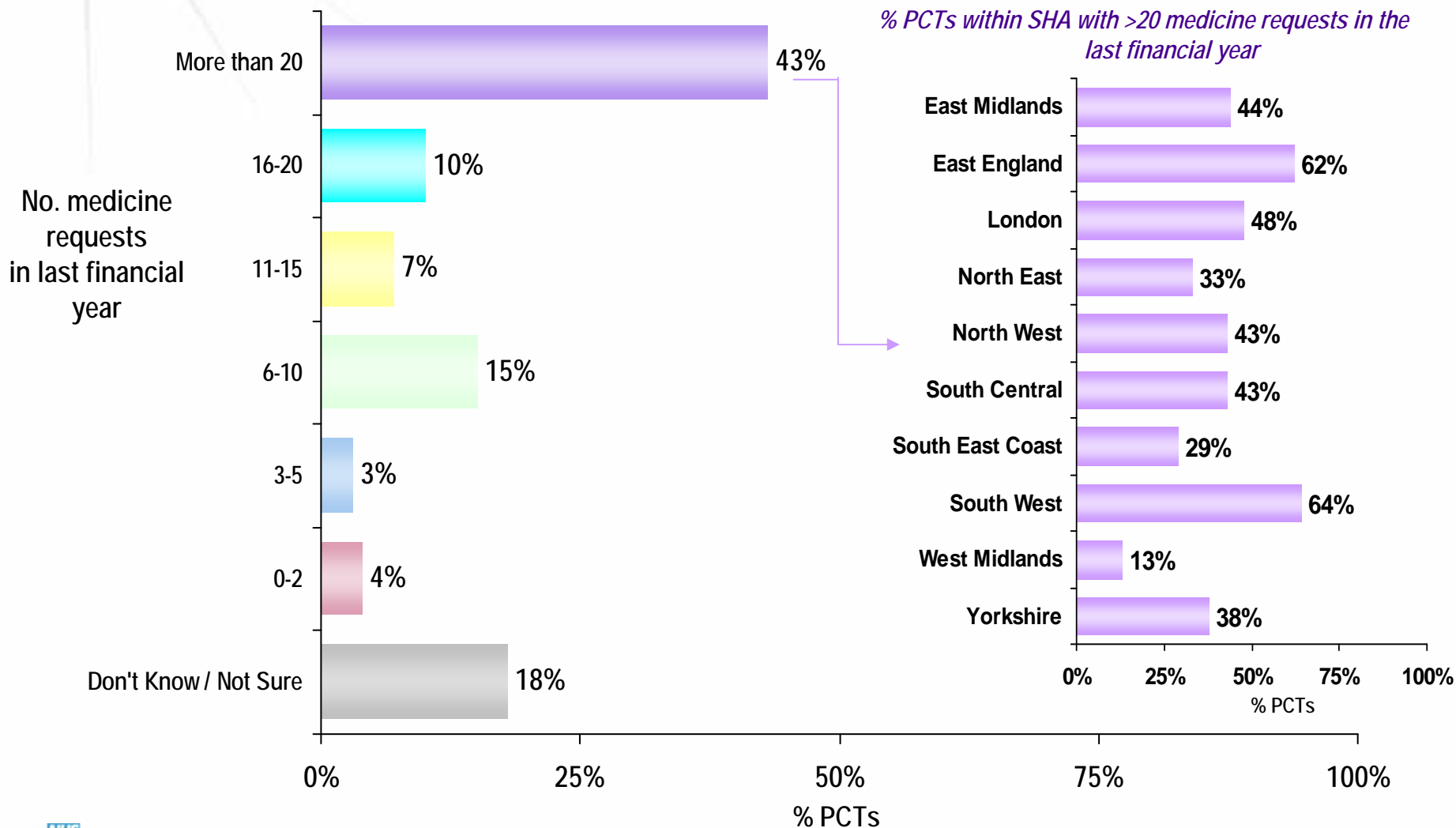




Decision-Making Workload

APC (or equivalents) - Workload In the last Financial Year

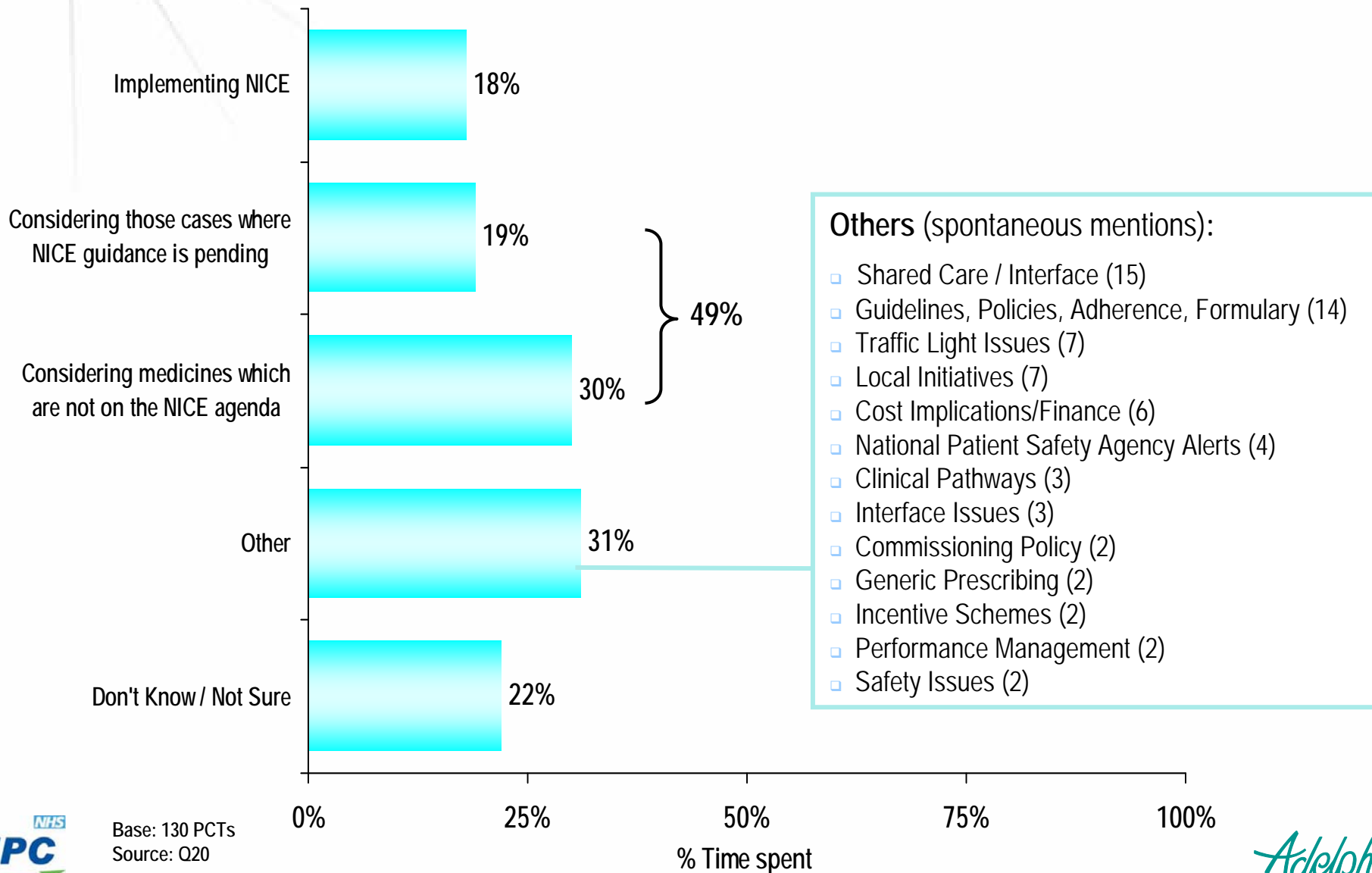
Q: Approx how many medicines requests have been considered by the APC in the last financial year?



Base: 130 PCTs
Source: Q19

APC (or equivalents) – Workload by Type of Activity

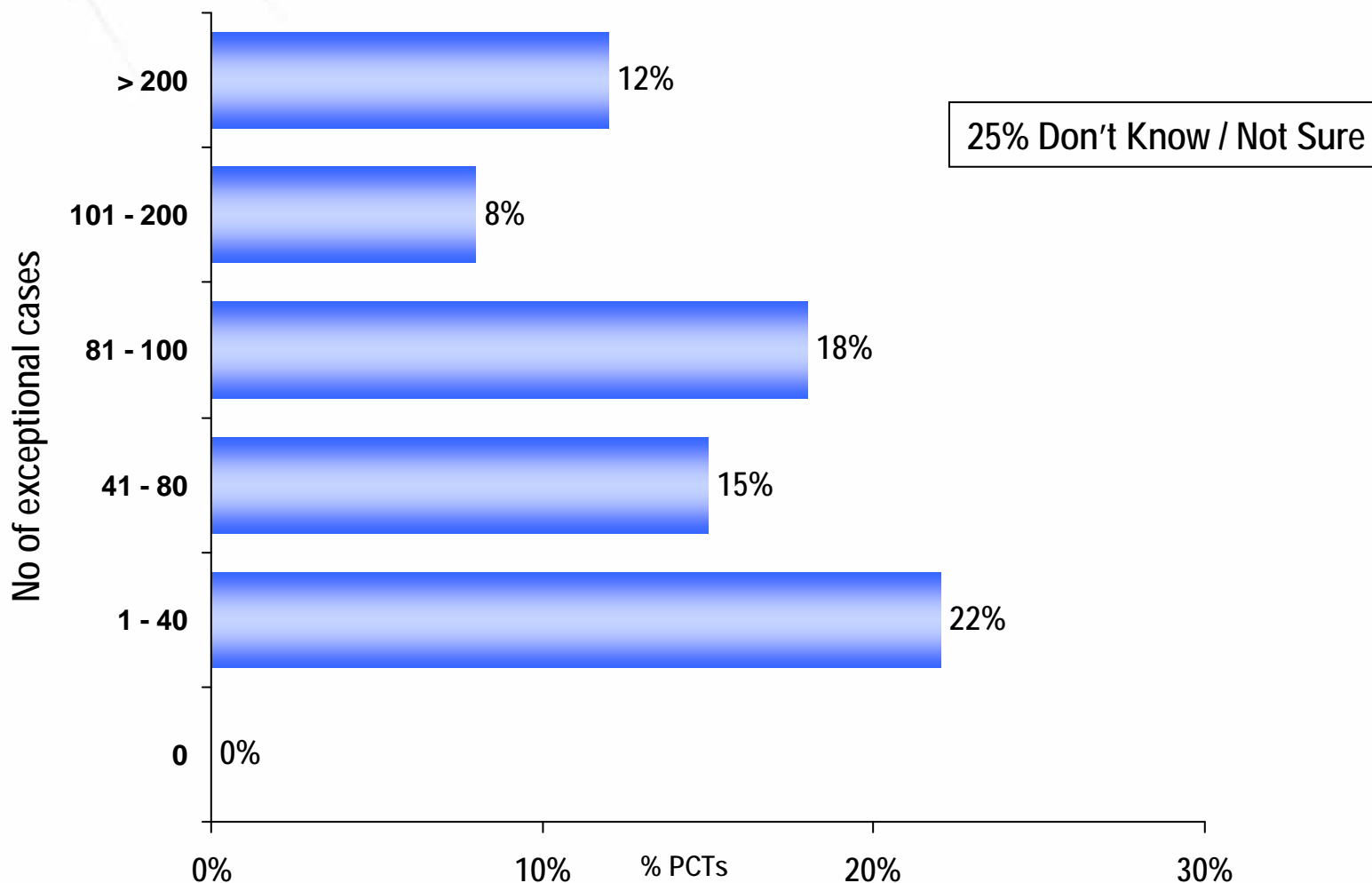
Q: Approx. what proportion of the APC's time is spent on the following types of activities?



Base: 130 PCTs
Source: Q20

ECP Workload In the last Financial Year

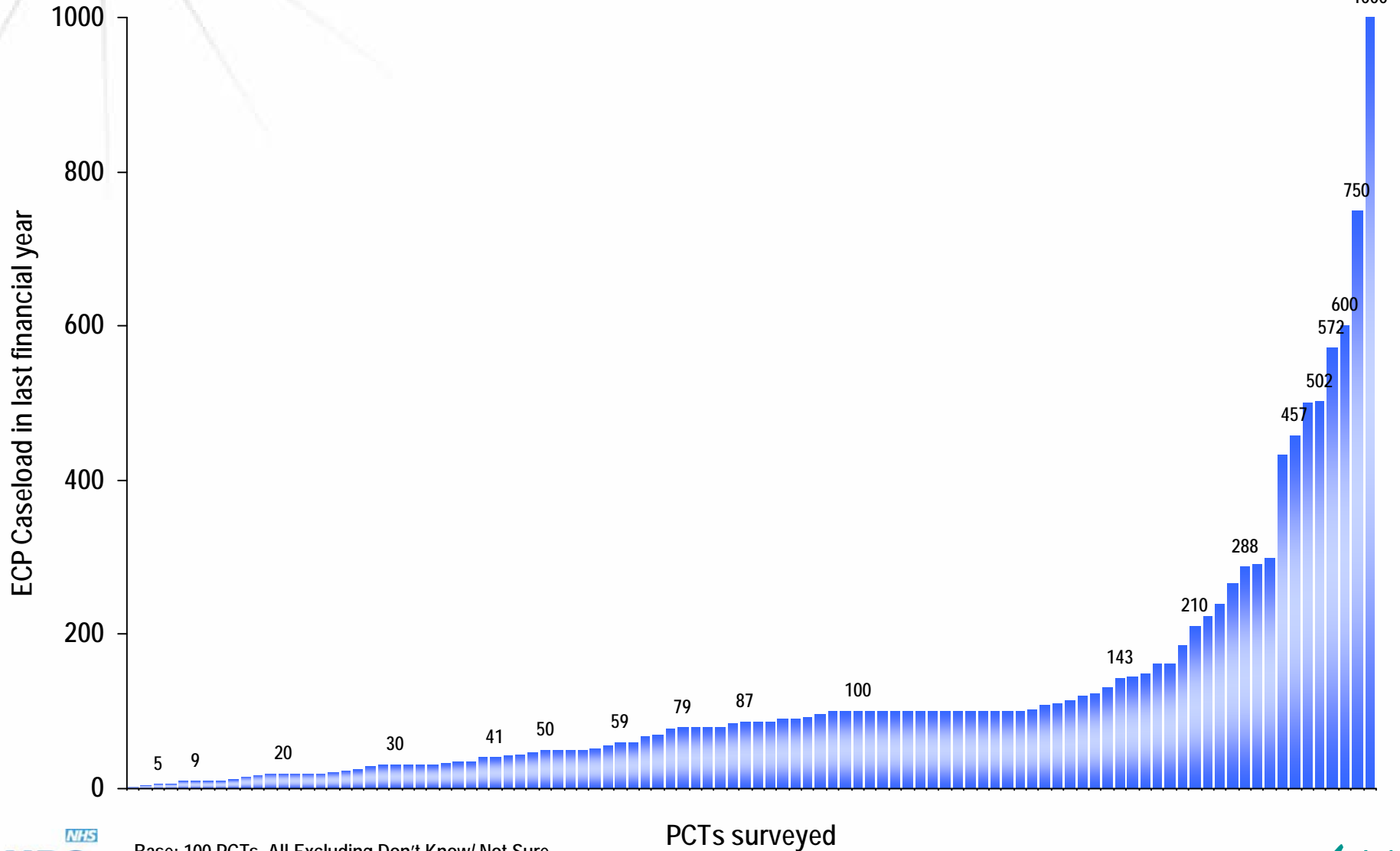
Q: Approx how many cases have been considered by the ECP in the last financial year?



Base: 130 PCTs
Source: Q51

ECP Workload by PCT

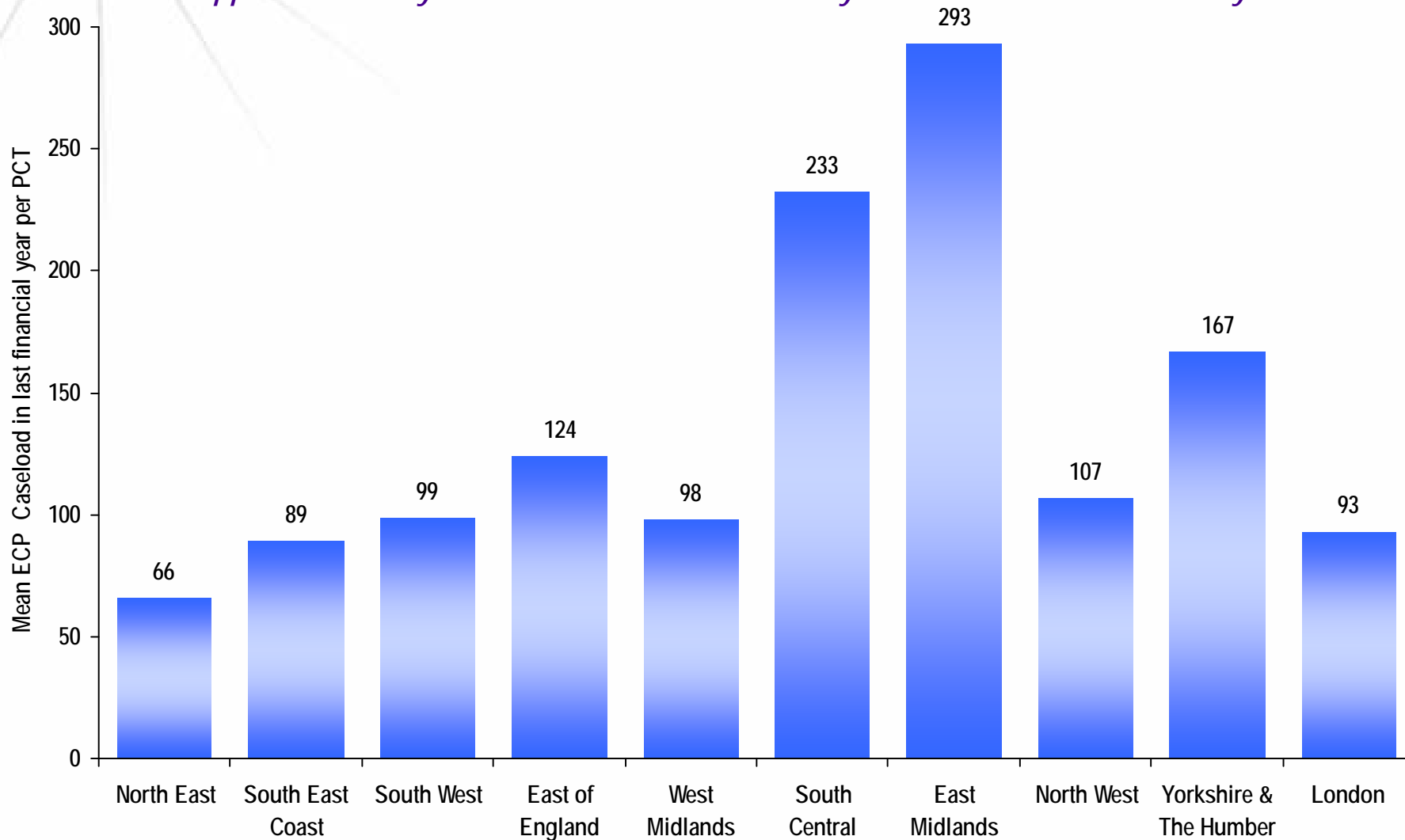
Q: Approx how many cases have been considered by the ECP in the last financial year?



Base: 100 PCTs, All Excluding Don't Know/ Not Sure
Source: Q51

Mean ECP Workload by SHA

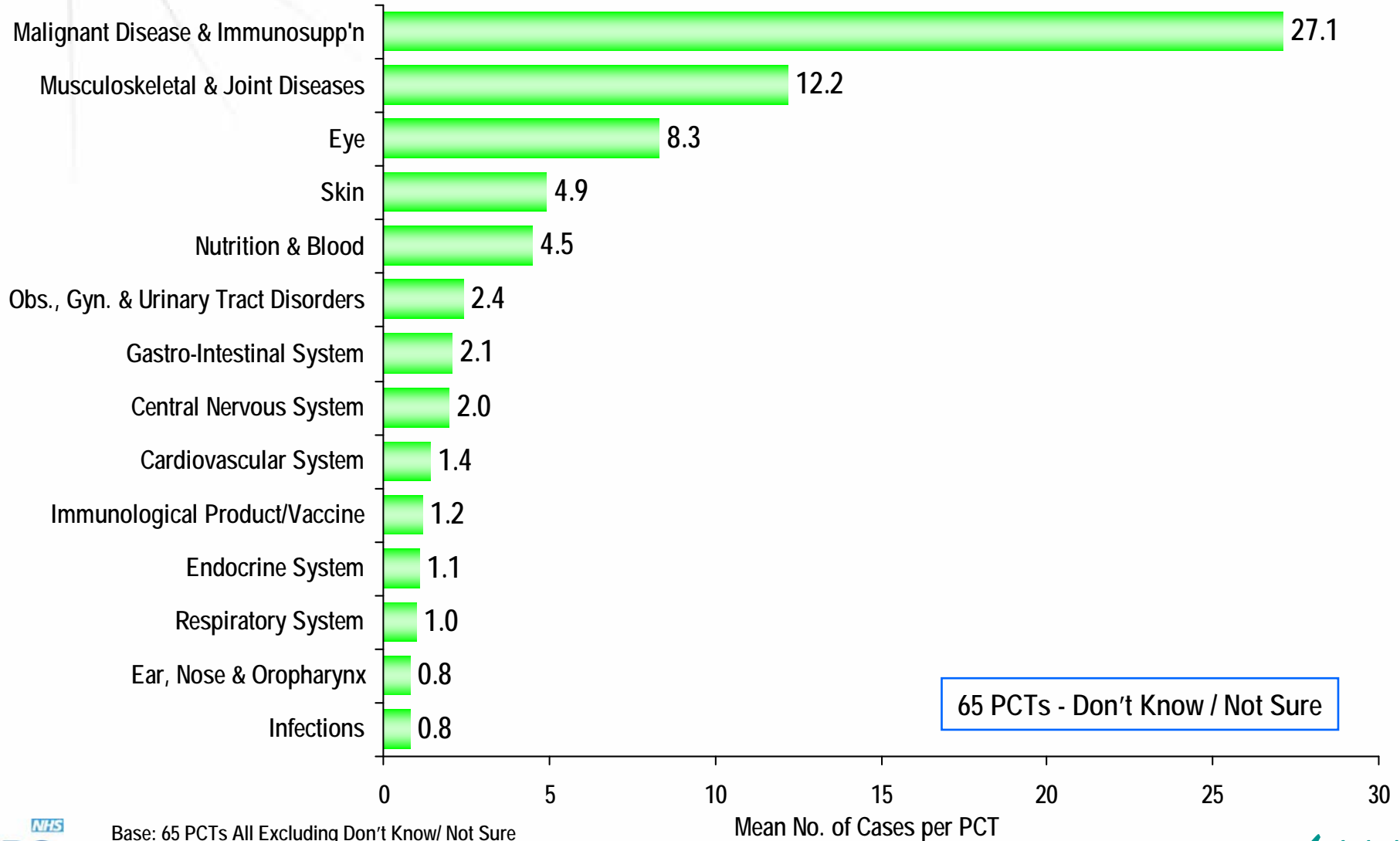
Q: Approx how many cases have been considered by the ECP in the last financial year?



ECP Workload by BNF Categories

In the last Financial Year

BNF Category



Base: 65 PCTs All Excluding Don't Know/ Not Sure
Source: Q52

Mean No. of Cases per PCT

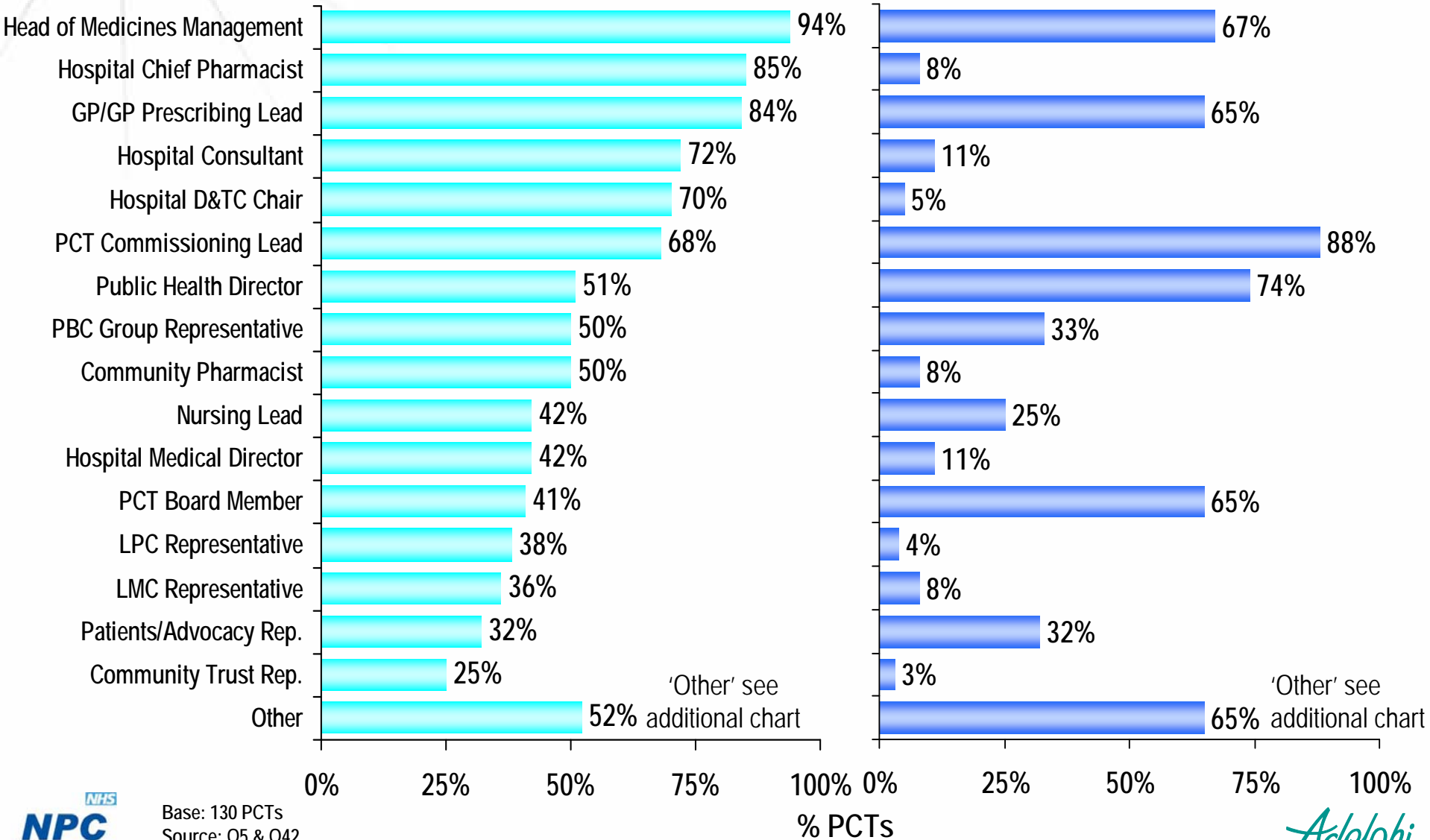


Committee Membership and Decision-Making Authority

APCs (or equivalents) and ECPs – Committee Membership

APC Membership

ECP Membership

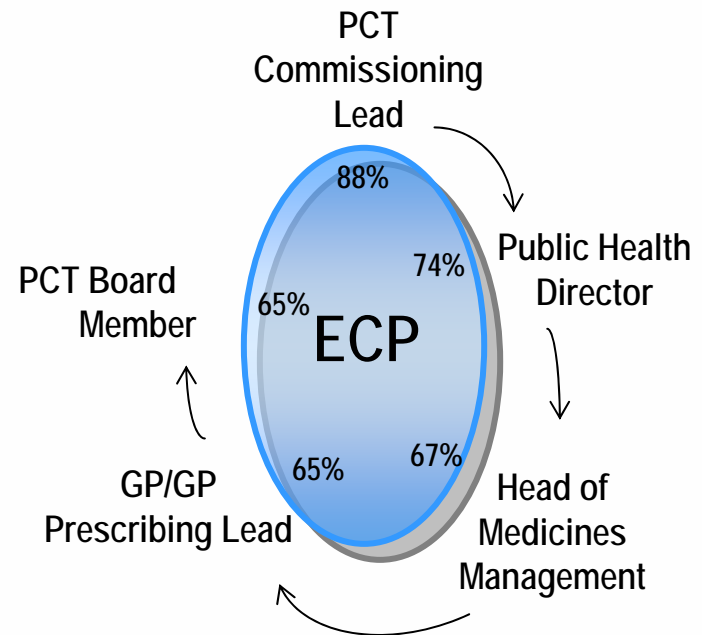
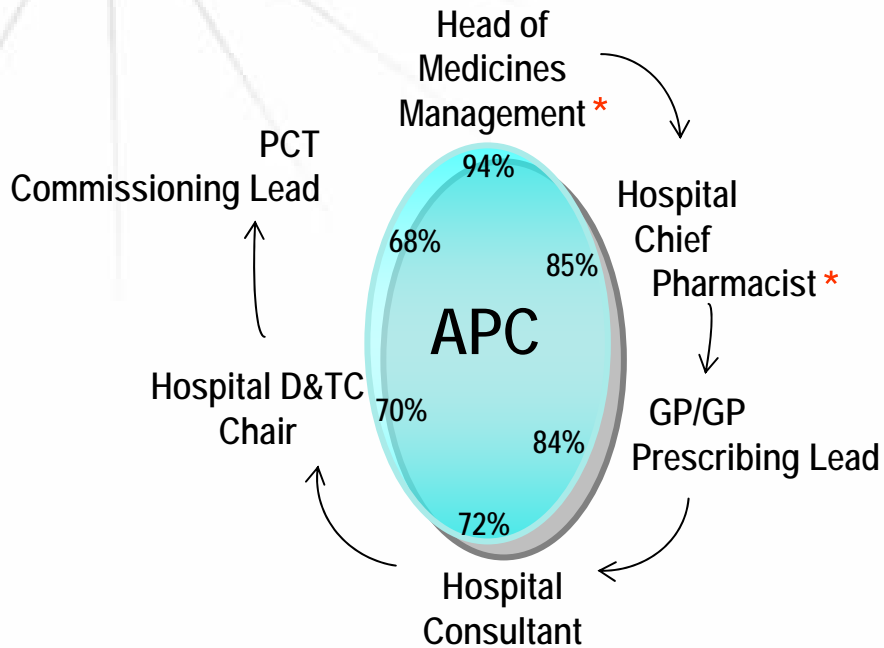


Base: 130 PCTs
Source: Q5 & Q42

% PCTs

Committee Membership

Members Most Likely to sit on Committee



Plus

- ★ Public Health Director (51%)
- ★ PBC Group Representative (50%)
- ★ Community Pharmacist (50%)
- ★ Nursing Lead (42%)
- ★ Hospital Medical Director (42%)
- ★ PCT Board Member (41%)

Plus

- ★ Patients Advocacy Lead (33%)
- ★ PBC Group Representative (32%)
- ★ Nursing Lead (25%)

**If the committee covered more than 1 PCT these members were more likely to be present*

Committee Membership

'Other' Committee Members

'Other' APC Members

- ★ Finance (22)
- ★ Commissioning (11)
- ★ Mental Health Trust (7)
- ★ PCT Management (8)
- ★ Clinical Rep / Governance (8)
- ★ Non-Exec. Board Member (5)
- ★ PEC Lead (4)
- ★ Prescribing Management (3)
- ★ Cancer Network (2)
- ★ Pharmacologist (2)

Single mentions:

- | | |
|----------------------------------|-----------------------|
| ★ Director of Strategy | ★ Health Economist |
| ★ Microbiologist | ★ Practise Management |
| ★ Local Authority Member | ★ Corporate Affairs |
| ★ Ambulance Trust | ★ Health Economist |
| ★ Research & Development | ★ Lay Member |
| ★ Local Pharmaceutical Committee | ★ Quality Assurance |
| ★ Medical Committee | |

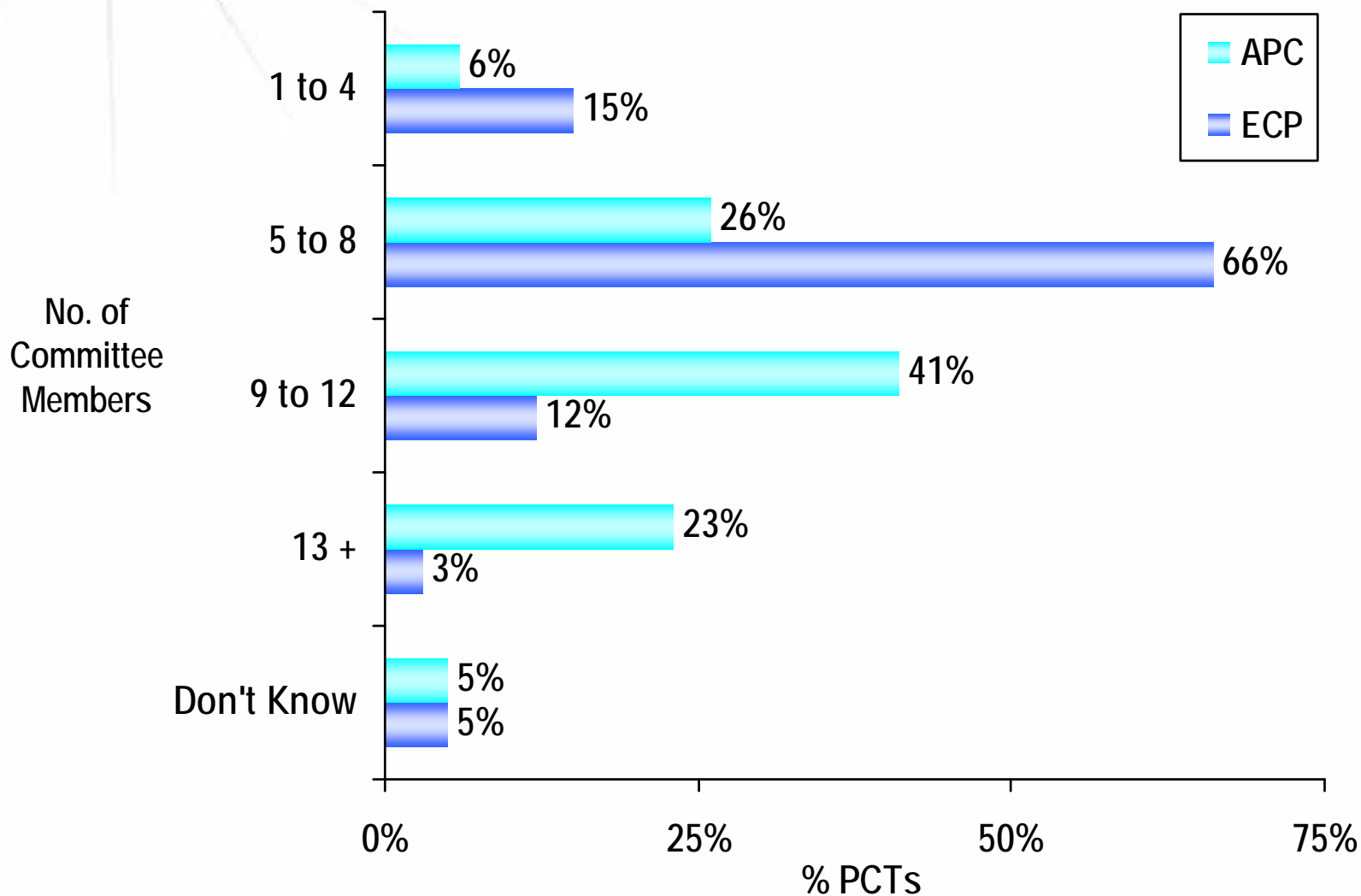
'Other' ECP Members

- ★ PEC Lead / Member (18)
- ★ Commissioning (14)
- ★ Non-Exec. Board Member (14)
- ★ Finance (13)
- ★ PCT Management (12)
- ★ Clinical Rep / Governance (8)
- ★ Prescribing Management (5)
- ★ Admin. Manager (4)
- ★ Lay person (2)
- ★ Social Services Advisor (2)
- ★ Mental Health (2)

Single mentions:

- ★ Paramedic
- ★ Social Services Representative

Committee Size



No. of
Committee
Members

Don't Know

0%

25%

50%

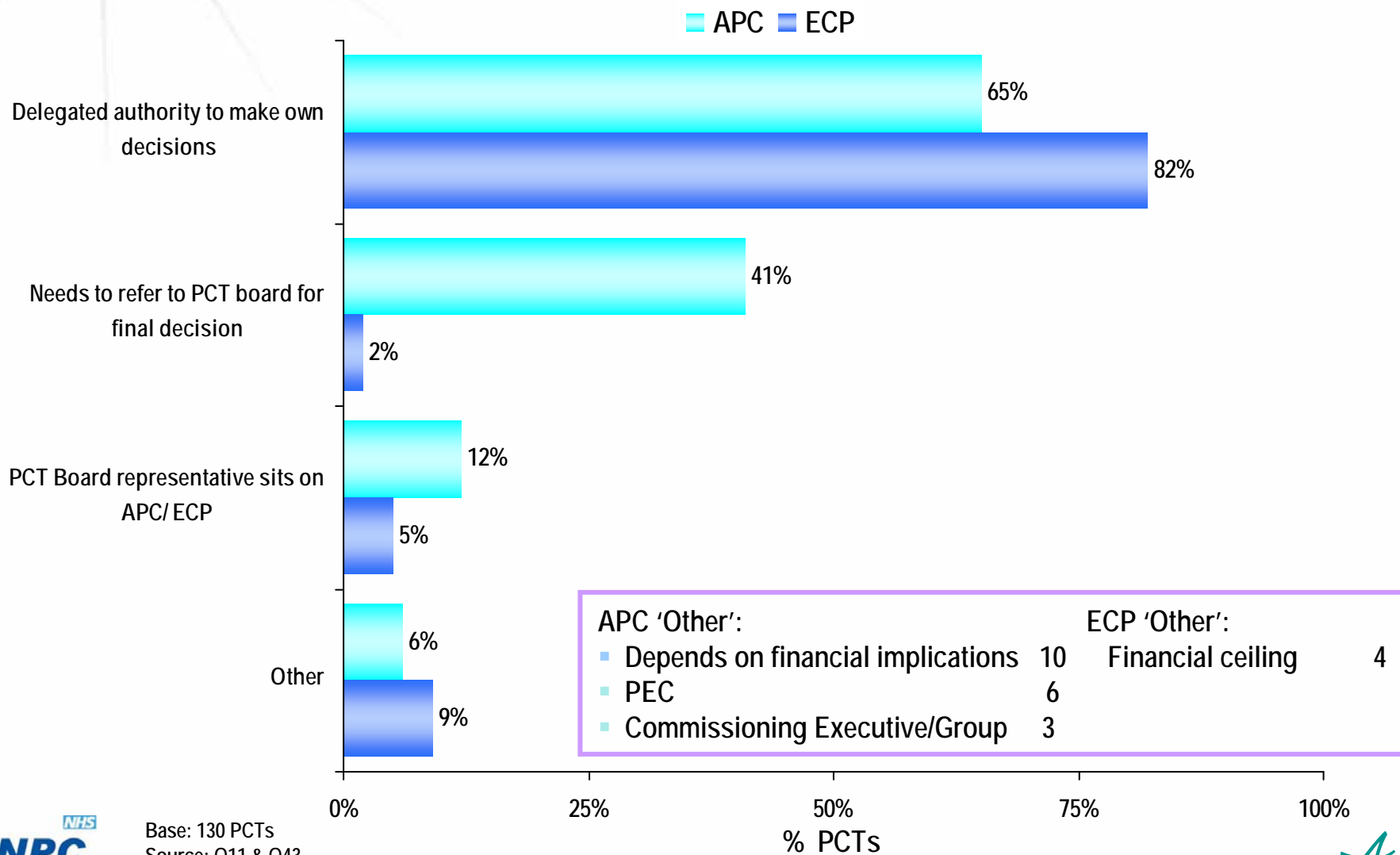
75%

% PCTs

Base: 130 PCTs
Source: Q5 & Q42

Authority and Decision Making

Q: What level of authority does the APC / ECP have with regard to decision-making processes?



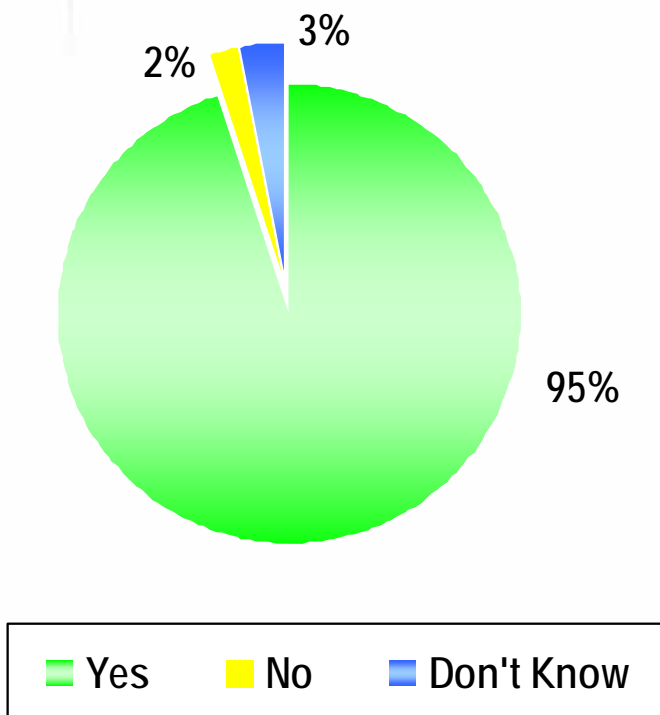
Base: 130 PCTs
Source: Q11 & Q43



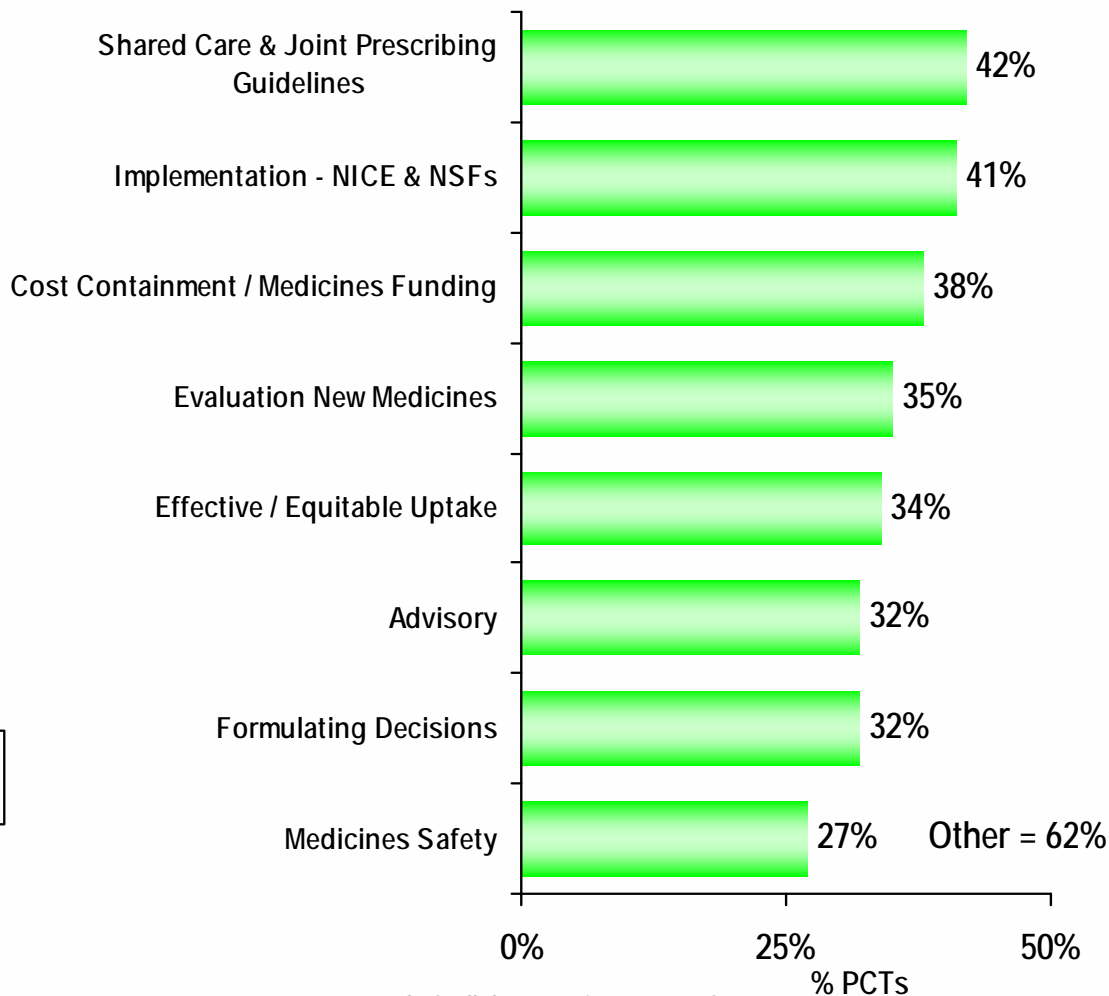
Guiding Principles and Performance Indicators

APC (or equivalents) - Guiding Principles

Q: Is there a clearly stated purpose or set of guiding principles for the APC?



Q: What are these? (spontaneous)

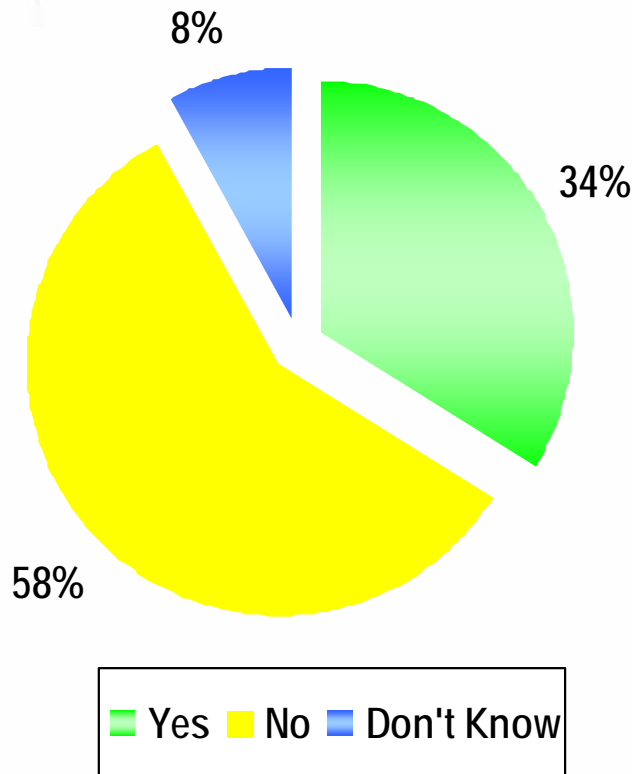


Base: 130 PCTs
Source: Q6

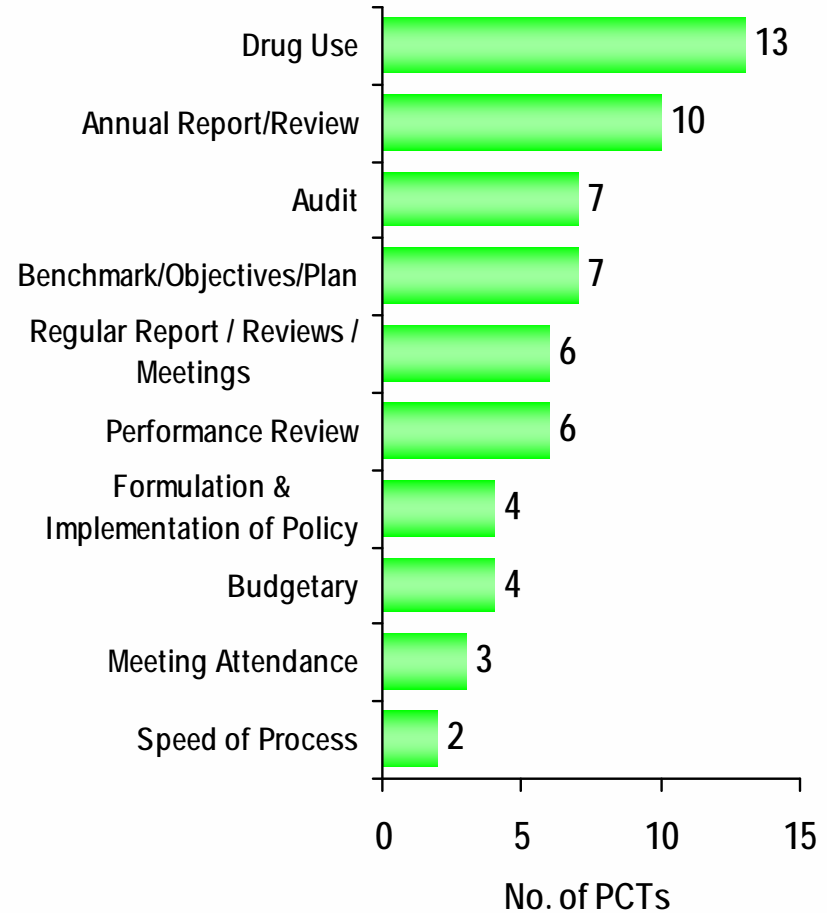
Base: 124 PCTs All those saying 'Yes' at Q6
Source: Q7

APC (or equivalents) – Key Performance Indicators (KPIs)

Q: Are there criteria to monitor the success of the APC?

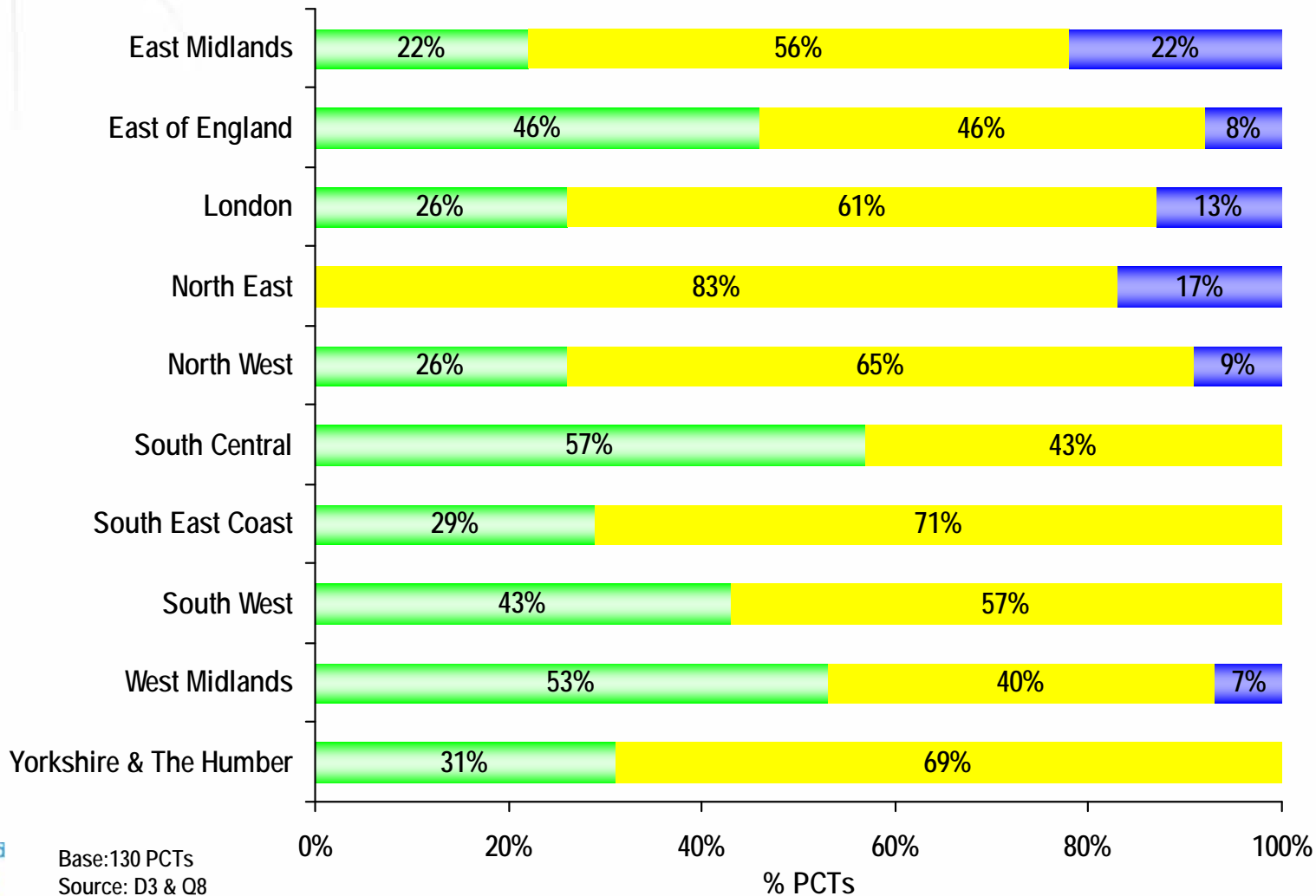


Q: What are they? (Spontaneous mentions)



APC (or equivalents) - Key Performance Indicators by SHA

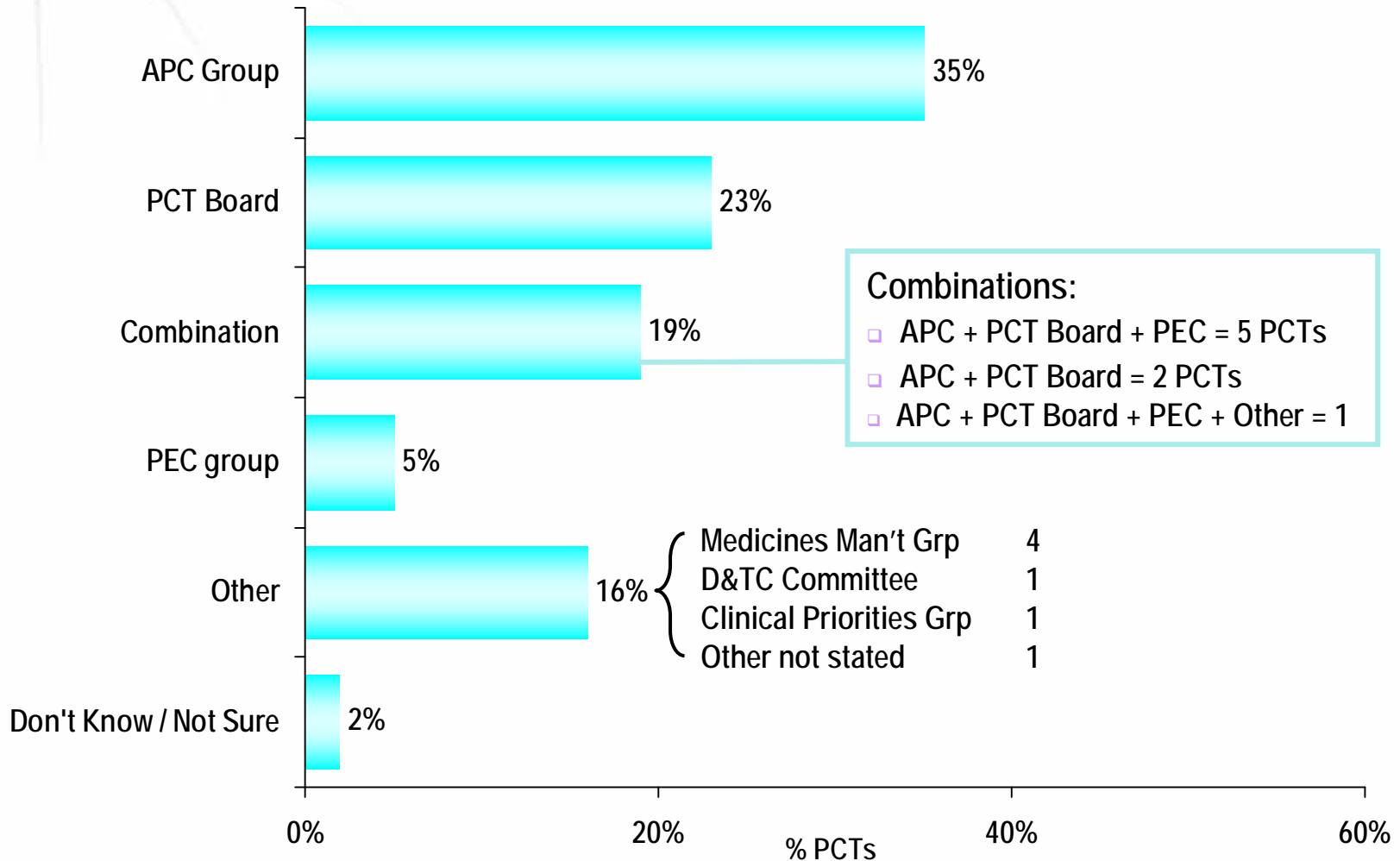
Q: Are there criteria to monitor the success of the APC?



Base: 130 PCTs
Source: D3 & Q8

APC (or equivalents) – Responsibility for Determining KPIs

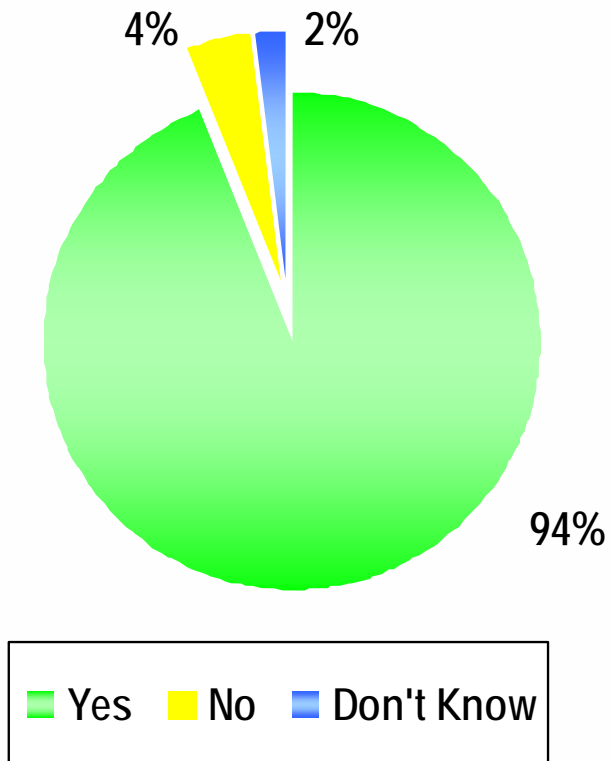
Q: Who is responsible for determining these criteria?



Base: 43 PCTs All those answering 'yes' at Q8
Source: Q10

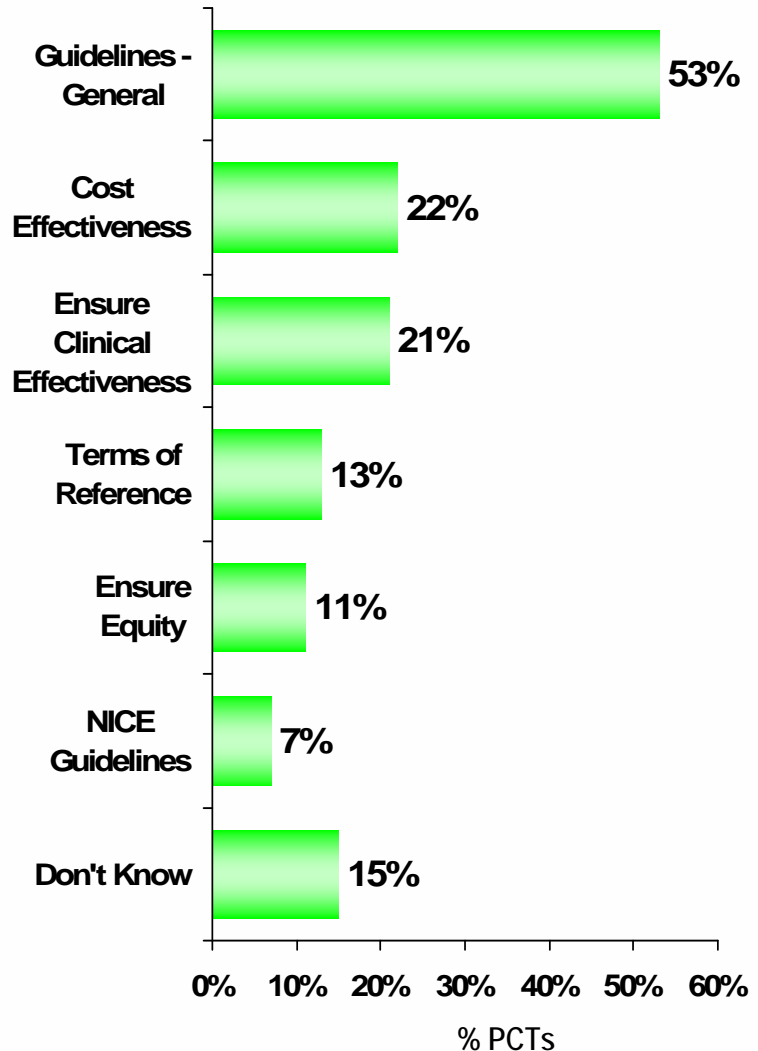
ECP - Guiding Principles

Q: Is there a clearly stated purpose or set of guiding principles for the ECP?



■ Yes
 ■ No
 ■ Don't Know

Q: What are these?

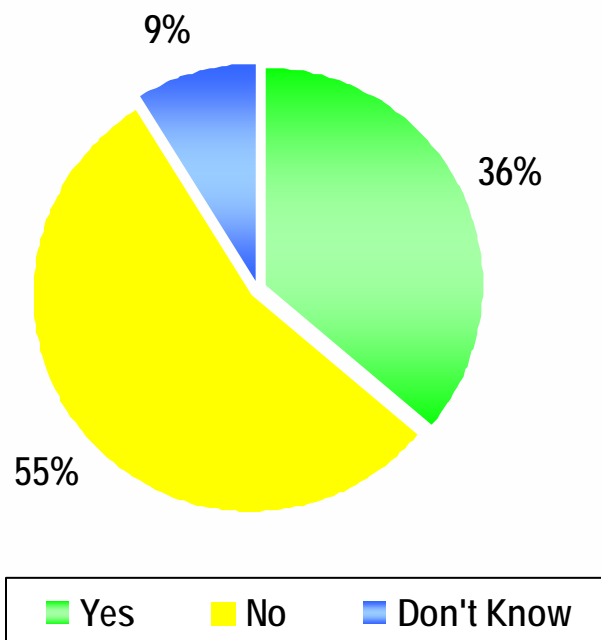


Base: 130 PCTs
Source: Q38

Base: 122 PCTs All those saying 'yes' at Q38
Source: Q39

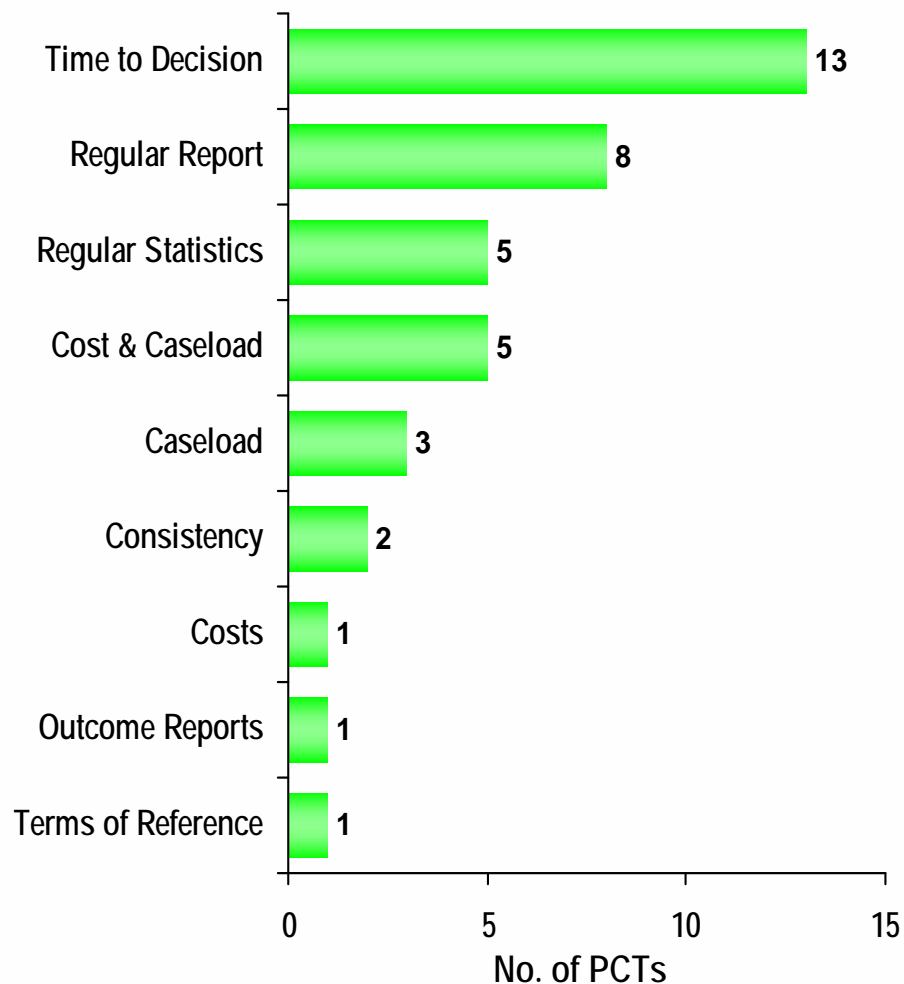
ECP - Key Performance Indicators

Q: Are there criteria or key performance indicators in place to monitor the success of the ECP in meeting their goals?



Base: 130 PCTs
Source: Q40

Q: What are they?



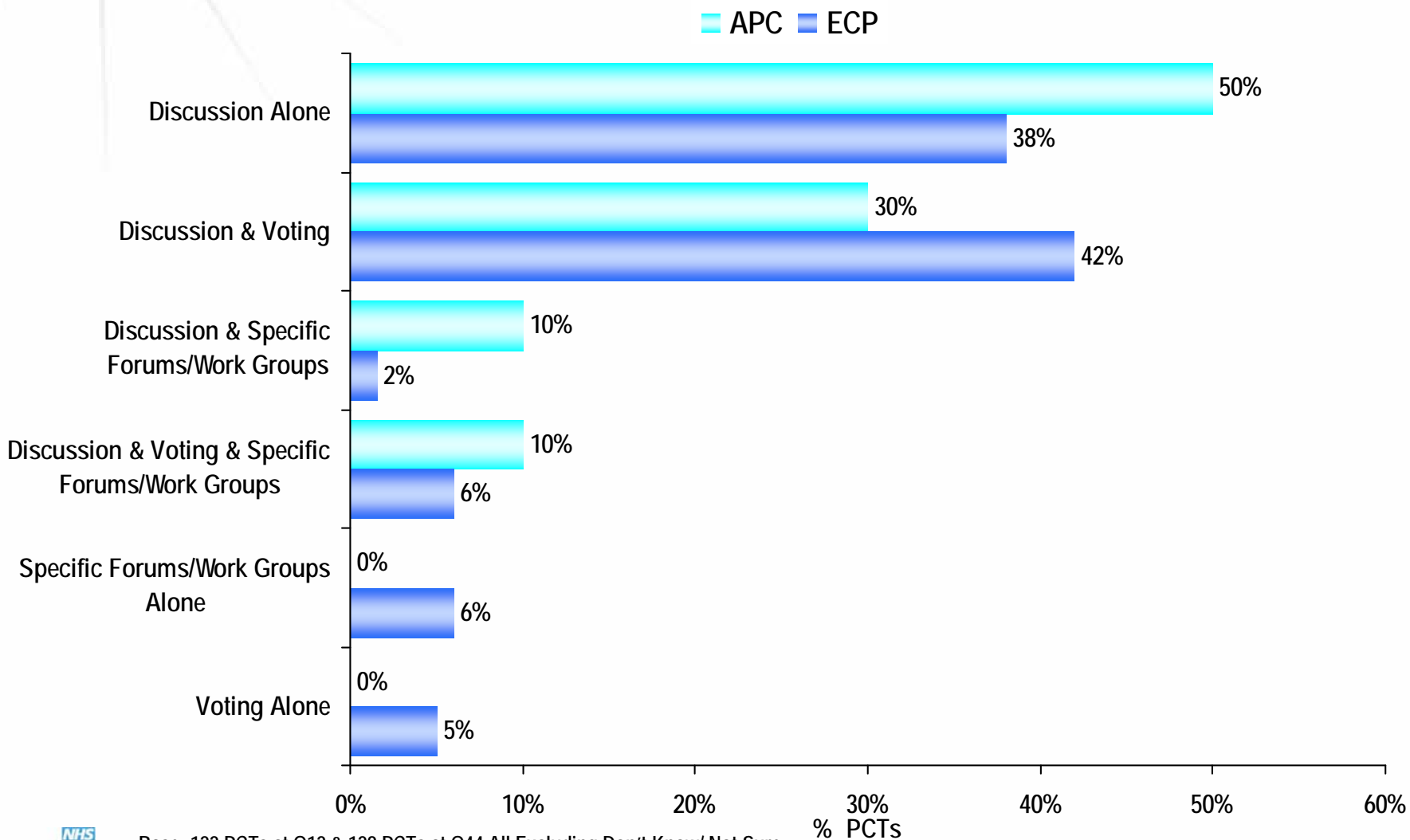
Base: 47 PCTs All those answering 'Yes' at Q40
Source: Q41



Decision-Making Processes and Documentation

Decision-Making Processes

Q: What is the process used to reach a decision?

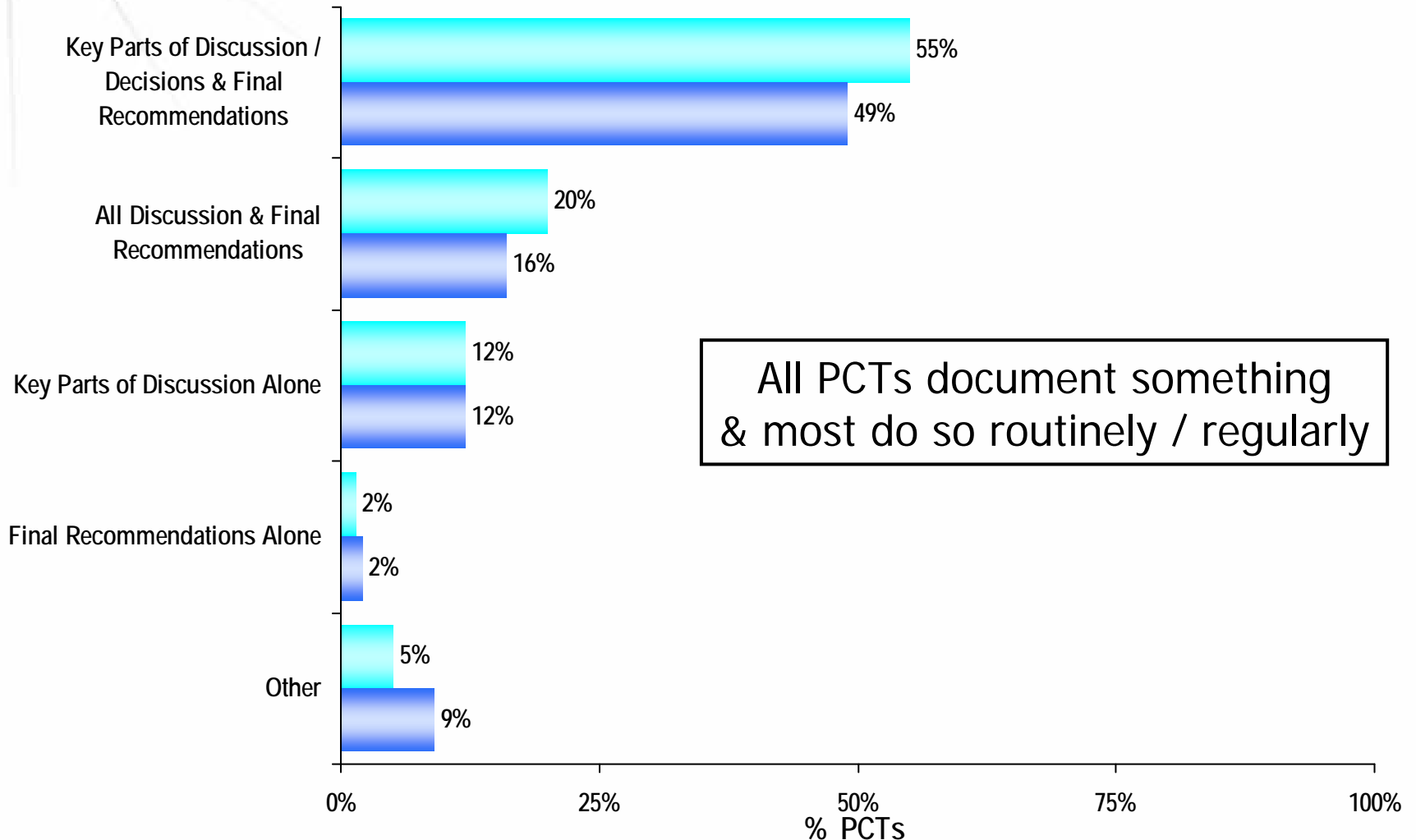


Base: 122 PCTs at Q12 & 129 PCTs at Q44 All Excluding Don't Know/ Not Sure
Source: Q12 & Q44

Documentation of Decision-Making Processes

Q: What if anything is documented?

■ APC ■ ECP



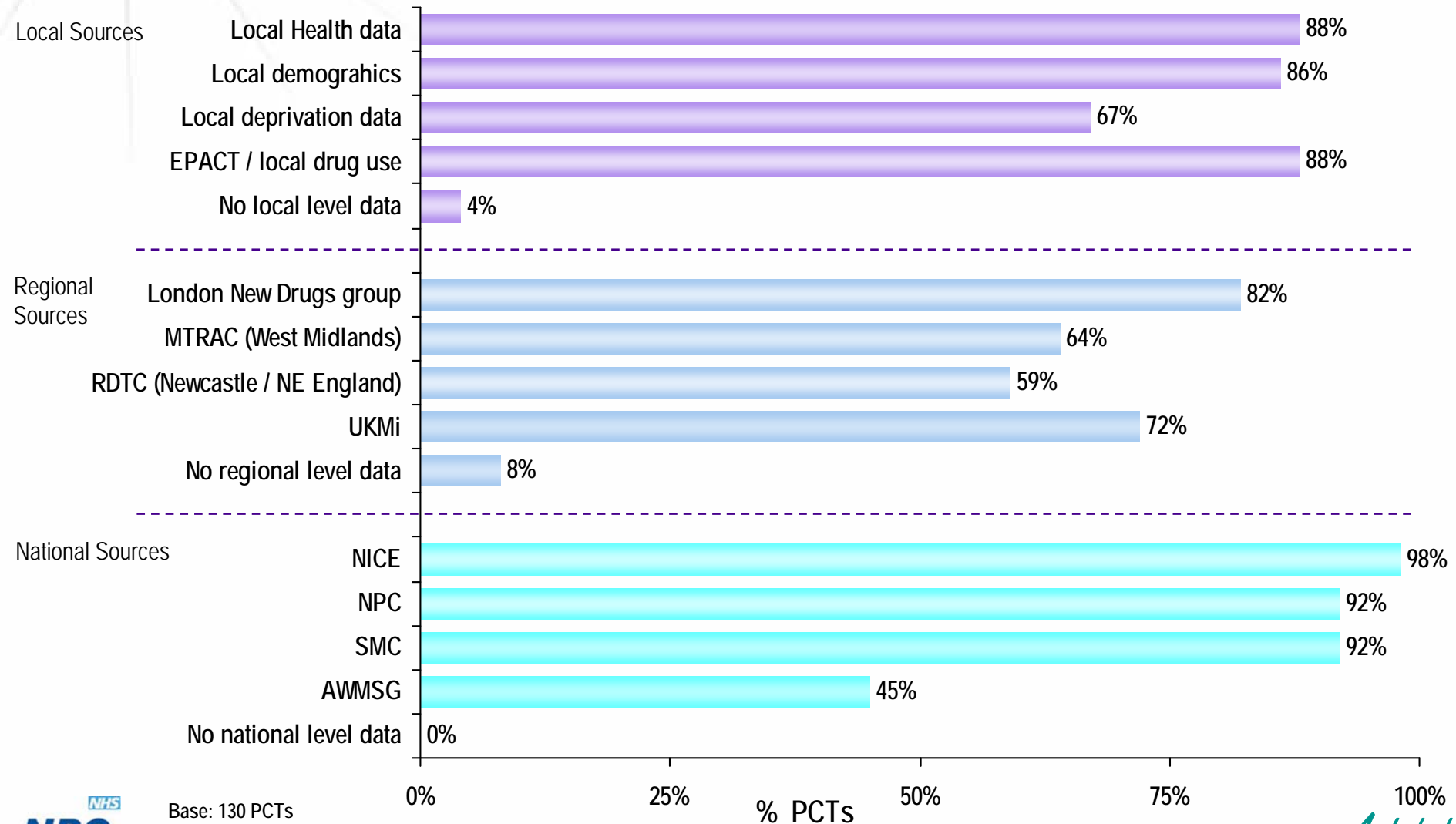
Base: 130 PCTs
Source: Q13 & Q45



Information Sources

APCs (or equivalents) - Information Sources Supporting Decision-Making Processes

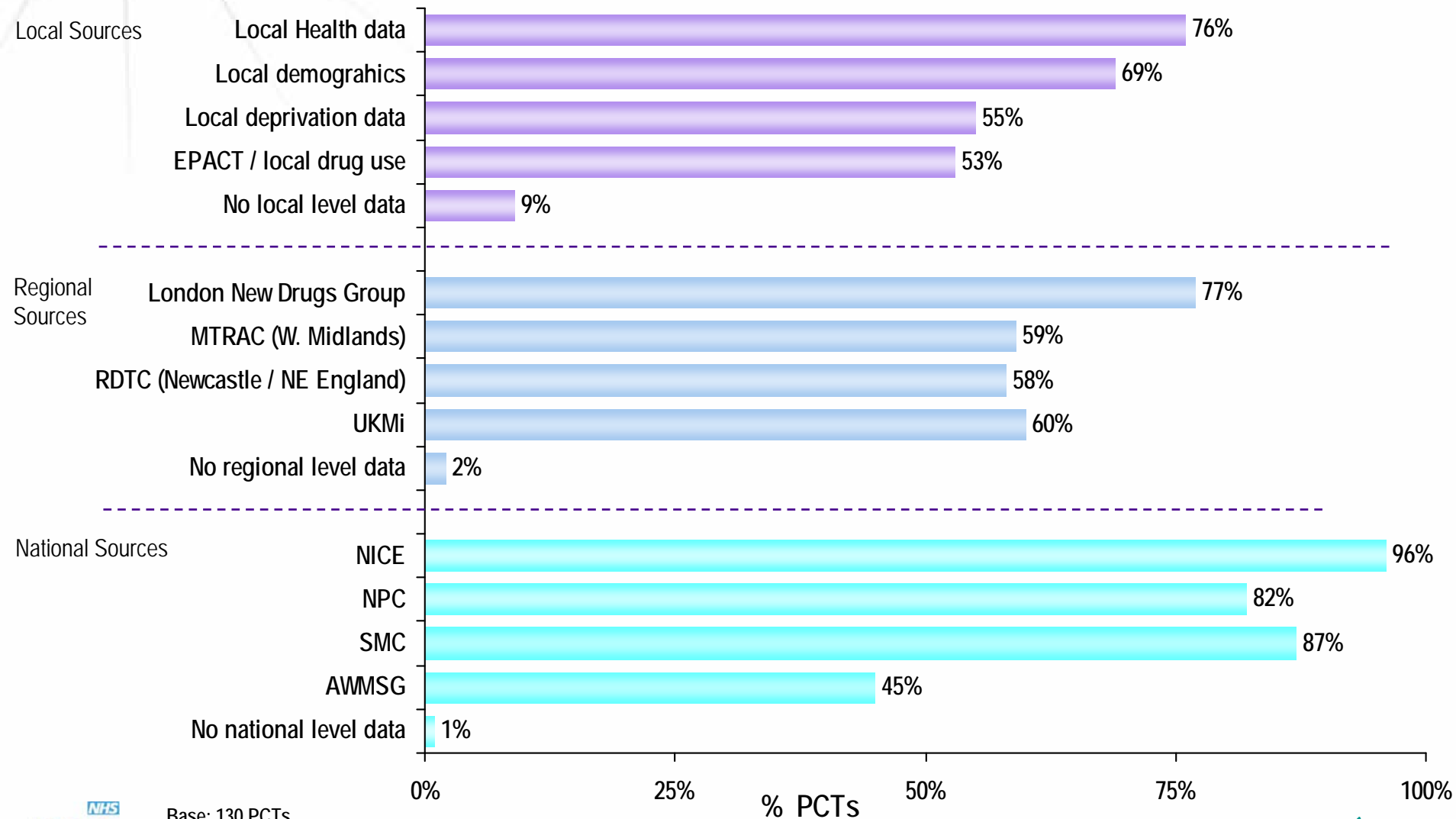
Q: Which, if any, of the following information sources are used by the APC?



Base: 130 PCTs
Source: Q17

ECPs - Information Sources Supporting Decision-Making Processes

Q: Which, if any, of the following information sources are used by the ECP?

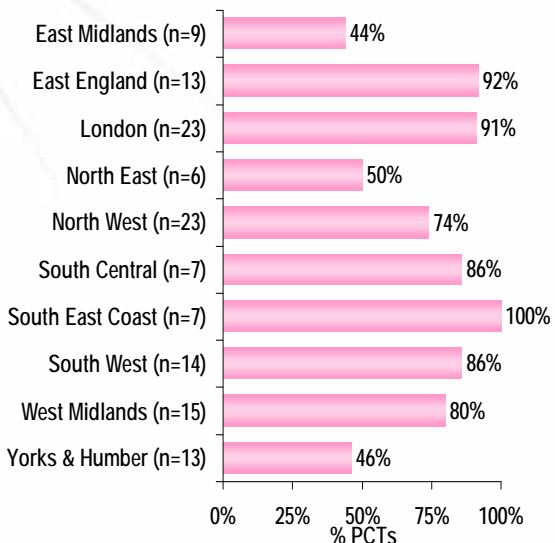


Base: 130 PCTs
Source: Q48

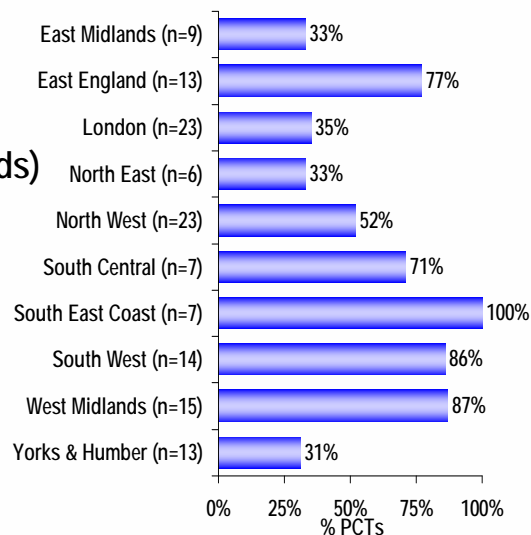
APCs (or equivalents) - Regional Information Sources Supporting Decision-Making Processes, by SHA usage

Q: Which if any of the following information sources are used by the APC?

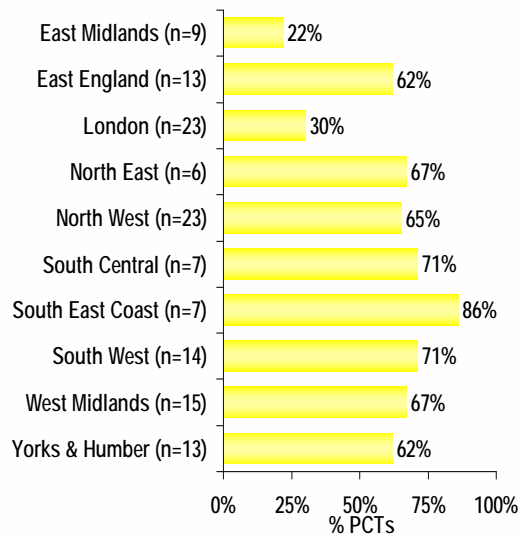
London New Drugs Group



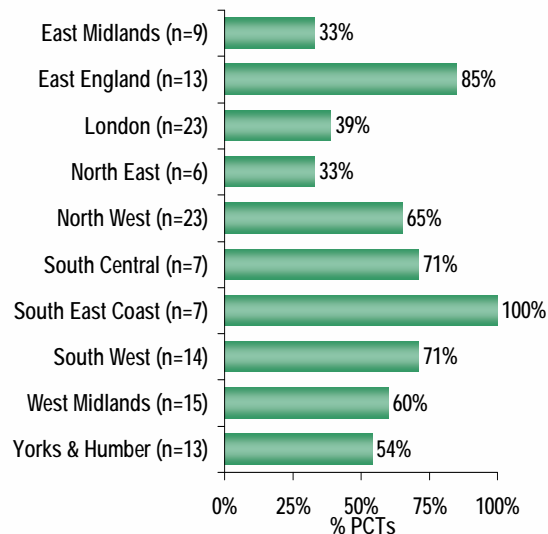
MTRAC (West Midlands)



RDTC (Newcastle / NE England)

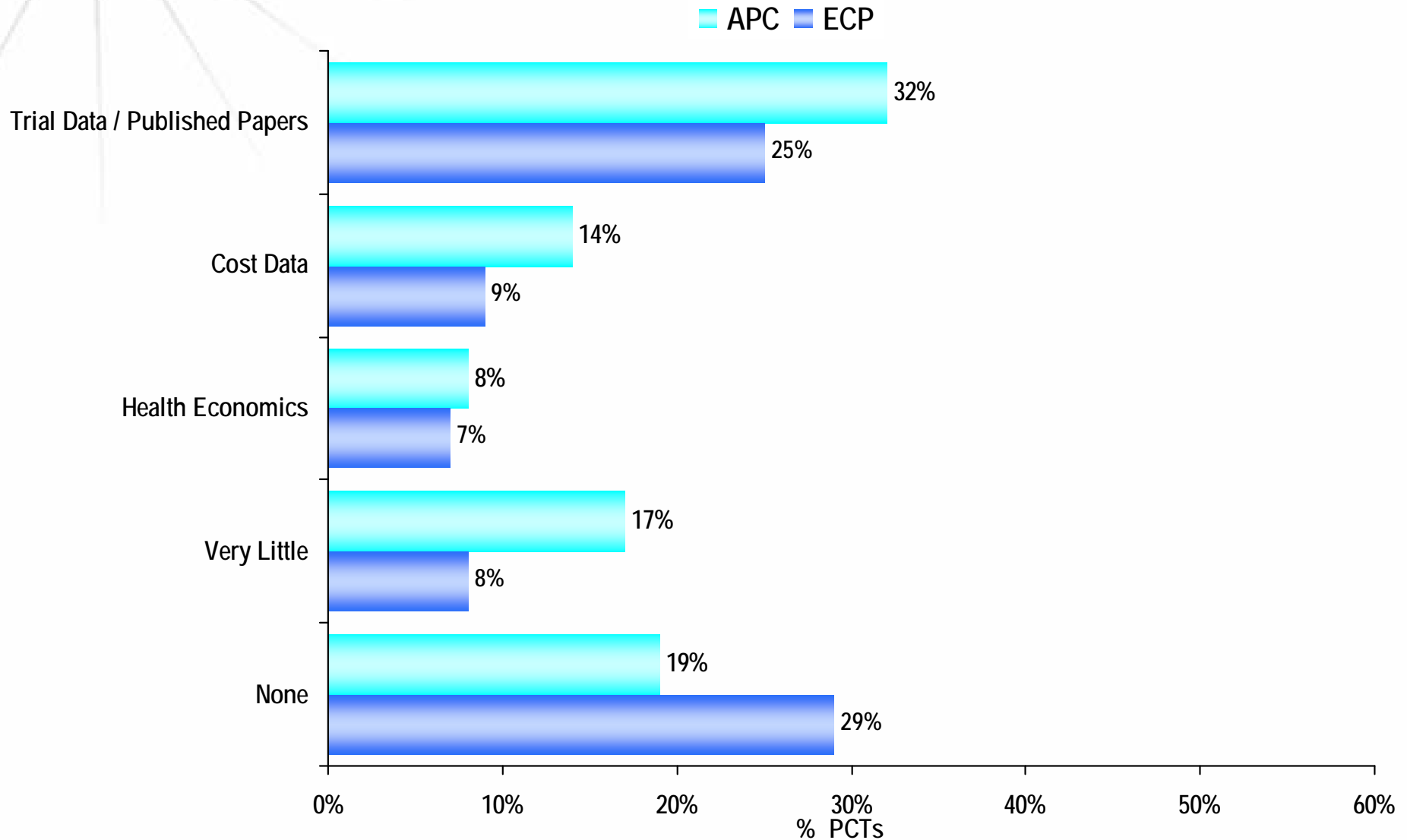


UKMi



Base: 130 PCTs
Source: Q48

APCs (or equivalents) and ECPs – Use of Pharmaceutical Industry Data



Base: 130 PCTs
Source: Q18 & Q49

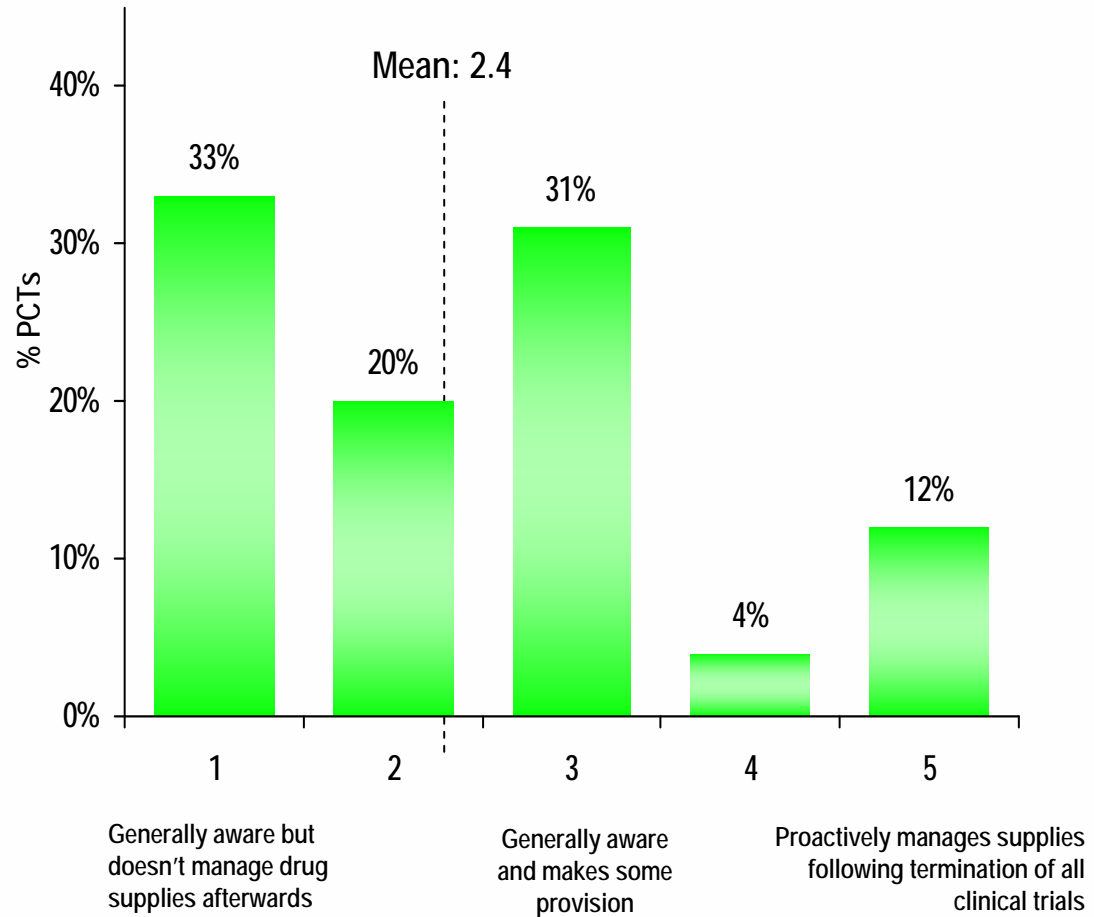
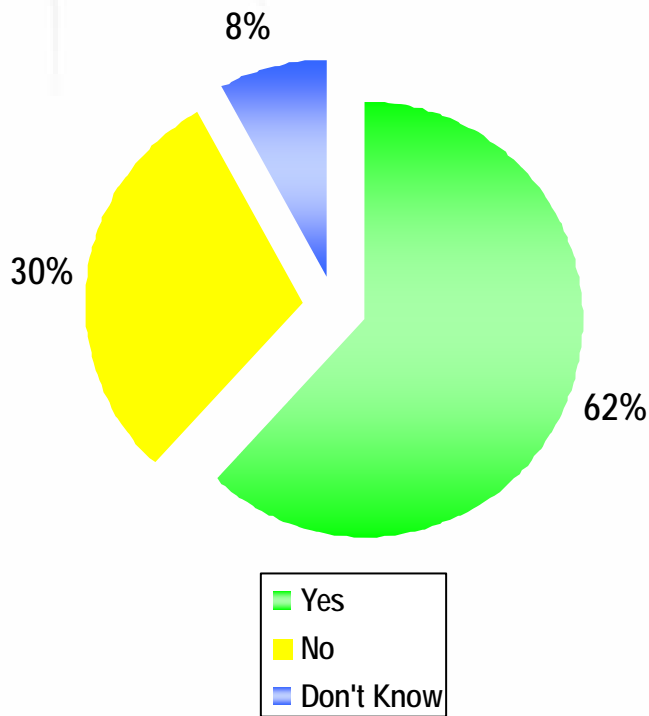


Clinical Trials

Awareness of, and planning for, Clinical Trials

Q: Is the new medicines decision-making group aware of pharmaceutical clinical trials in the locality?

Q: How proactive is it in managing drug supplies following termination of pharmaceutical company sponsored clinical trials? (n=81)

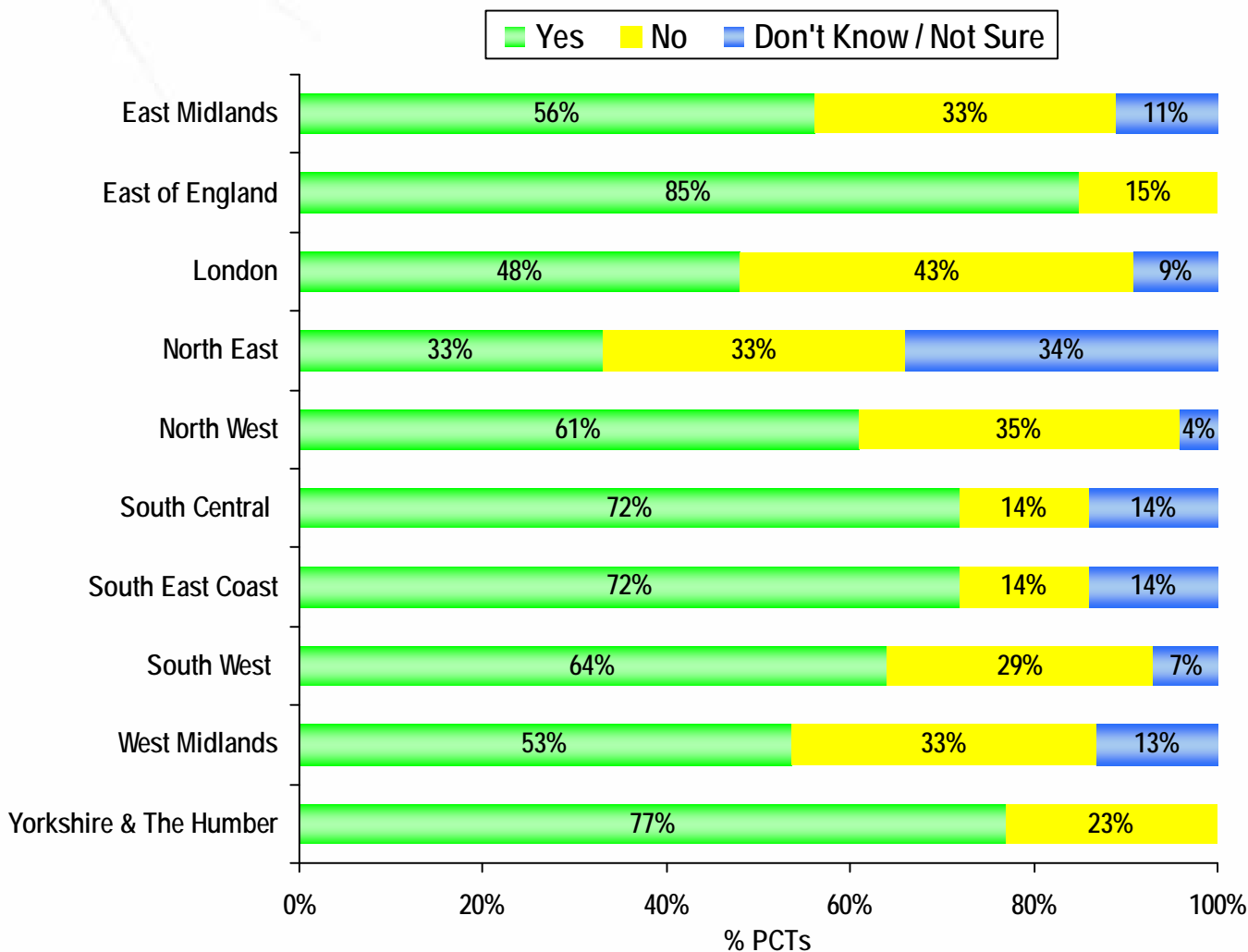


Base: 130 PCTs
Source: Q27

Base: 81 PCTs All those with decision-making groups made aware of clinical trials
Source: Q28

Awareness of Clinical Trials by SHA

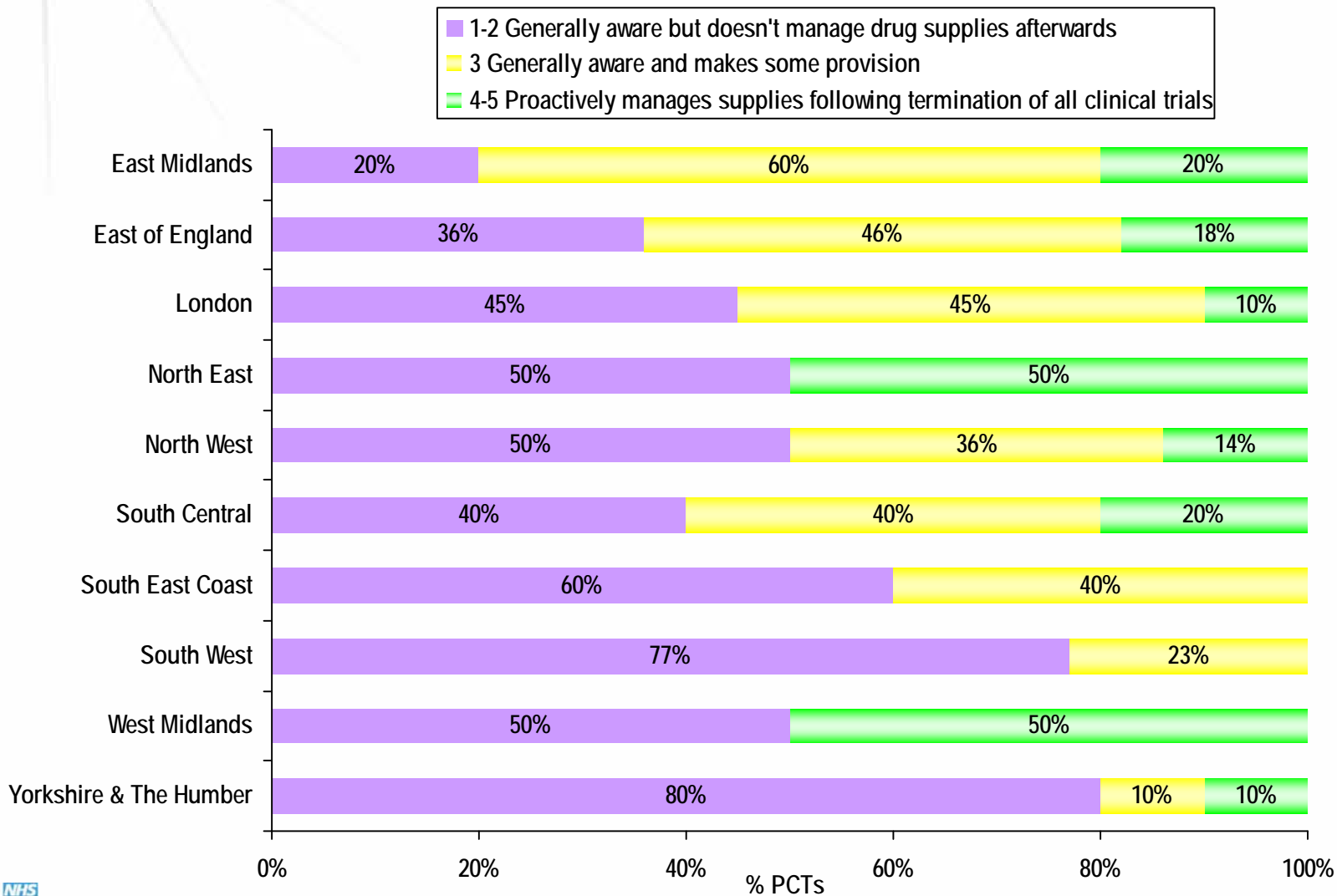
Q: Is the new medicines decision-making group aware of pharmaceutical clinical trials in the locality?



Base: 130 PCTs
Source: D3 & Q27

Awareness of, and planning for, Clinical Trials by SHA

Q: How proactive is it in managing drug supplies following termination of pharmaceutical company sponsored clinical trials? (n=81)



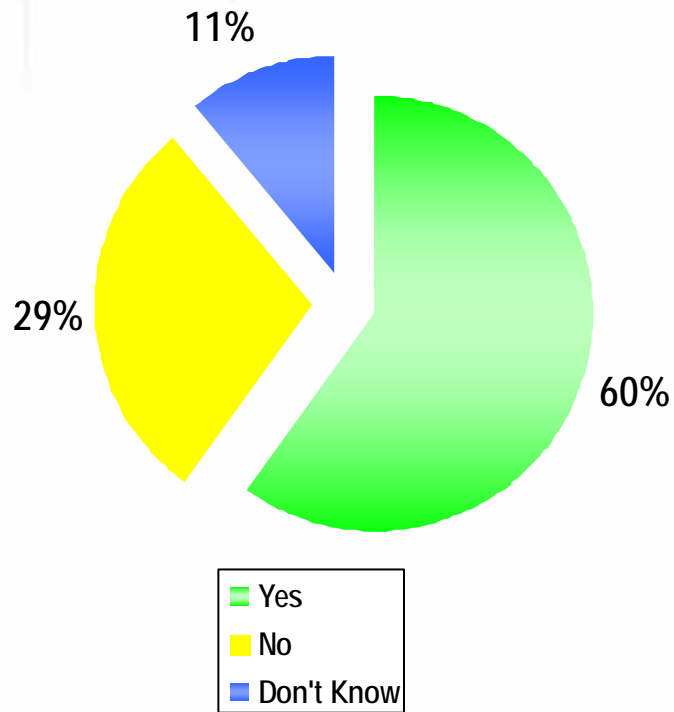
Base: 81 PCTs All those whose committees are aware of clinical trials
Source: D3 & Q28



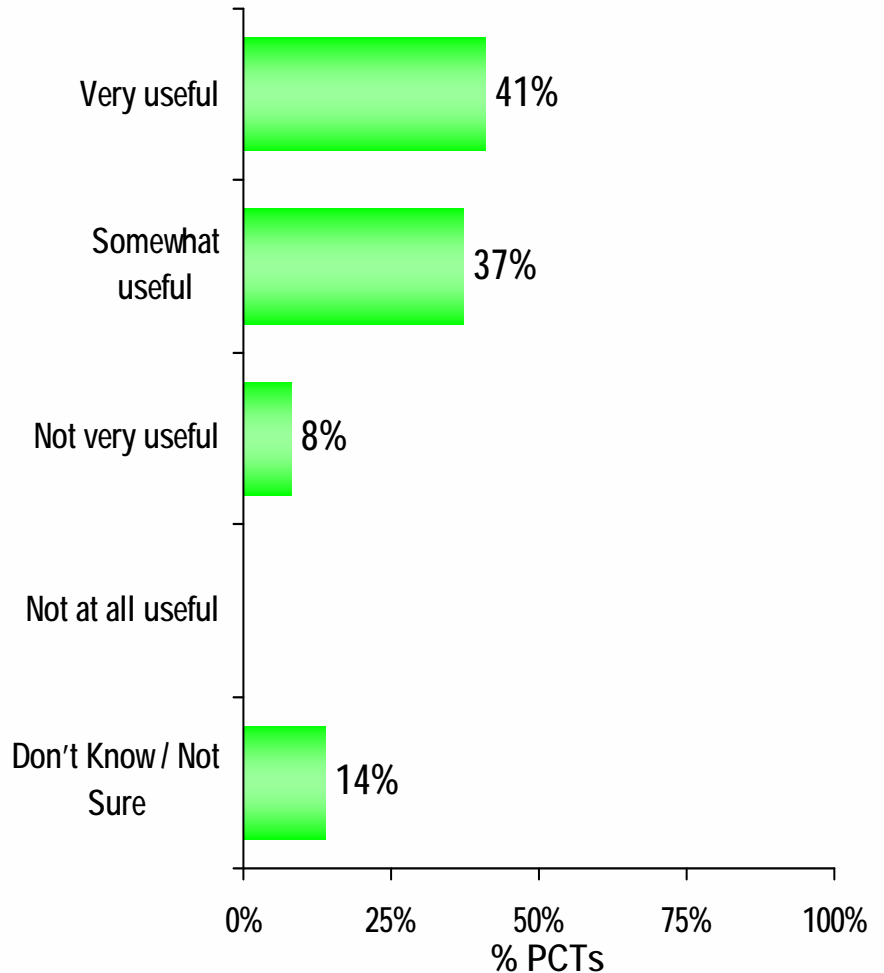
Audit Processes

APC (or equivalents) – Audit / Feedback Mechanisms

Q: Does the APC have an audit system?



Q: How useful, if at all, has it been? (n=78)

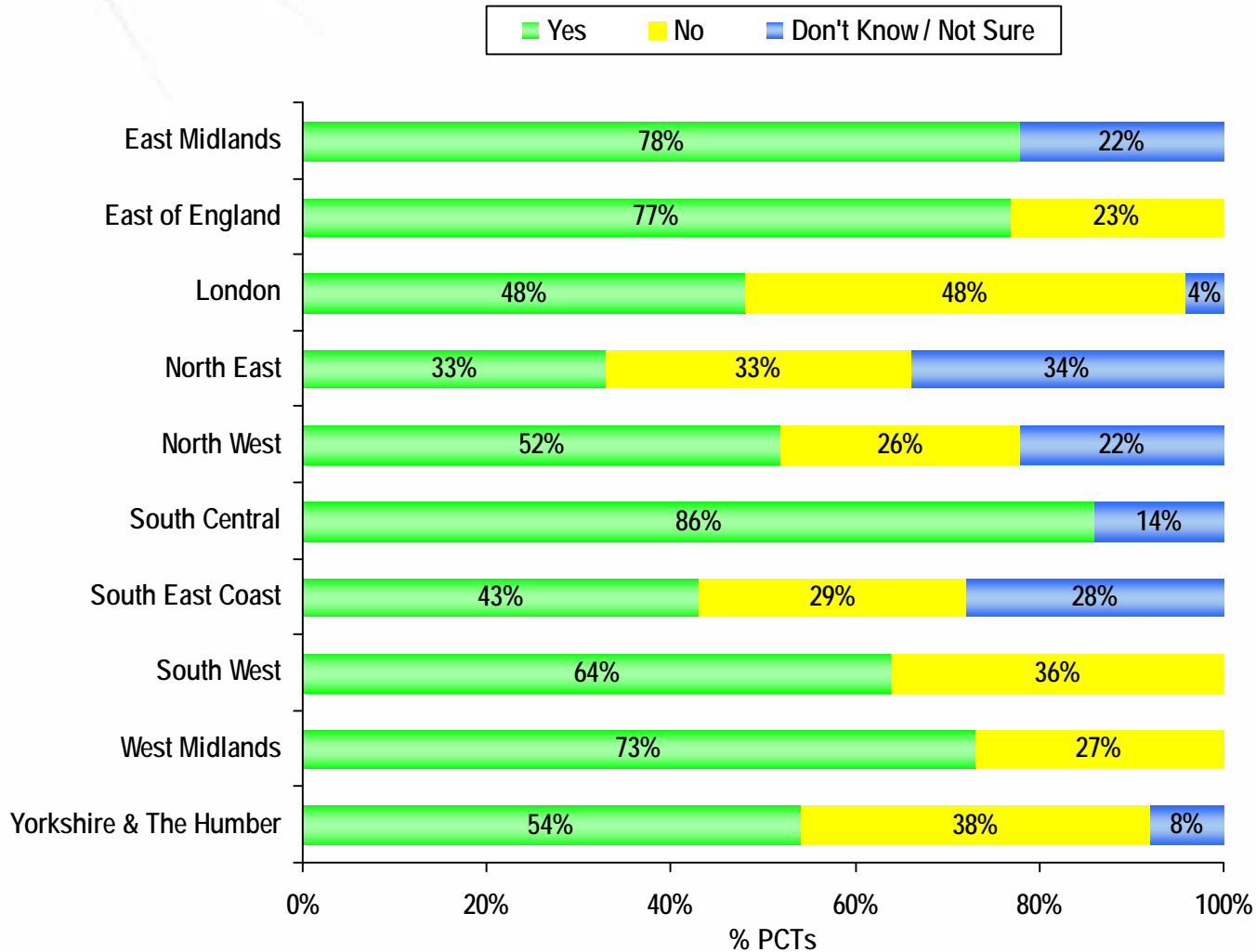


Base: 130 PCTs
Source: Q21

Base: 78 PCTs All those who had an audit system for their APC
Source: Q22

APC (or equivalents) – Audit / Feedback Mechanisms by SHA

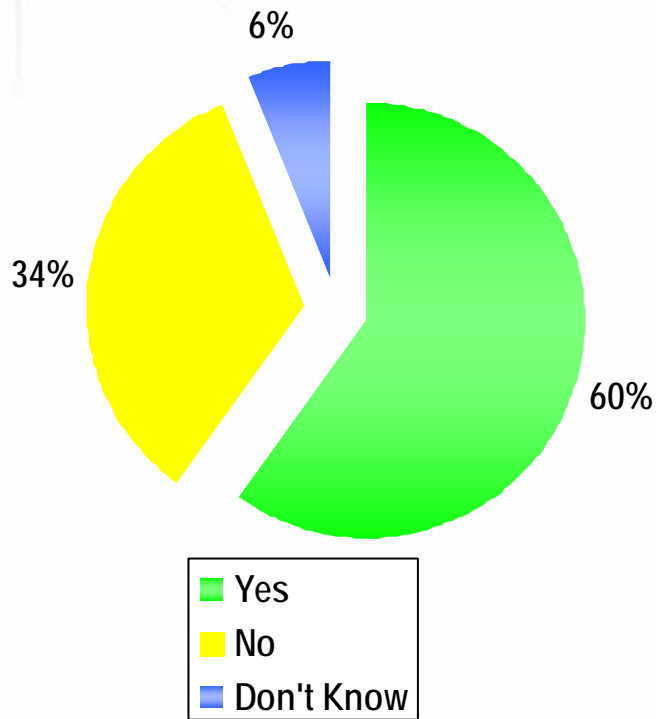
Q: Does the APC have an audit system?



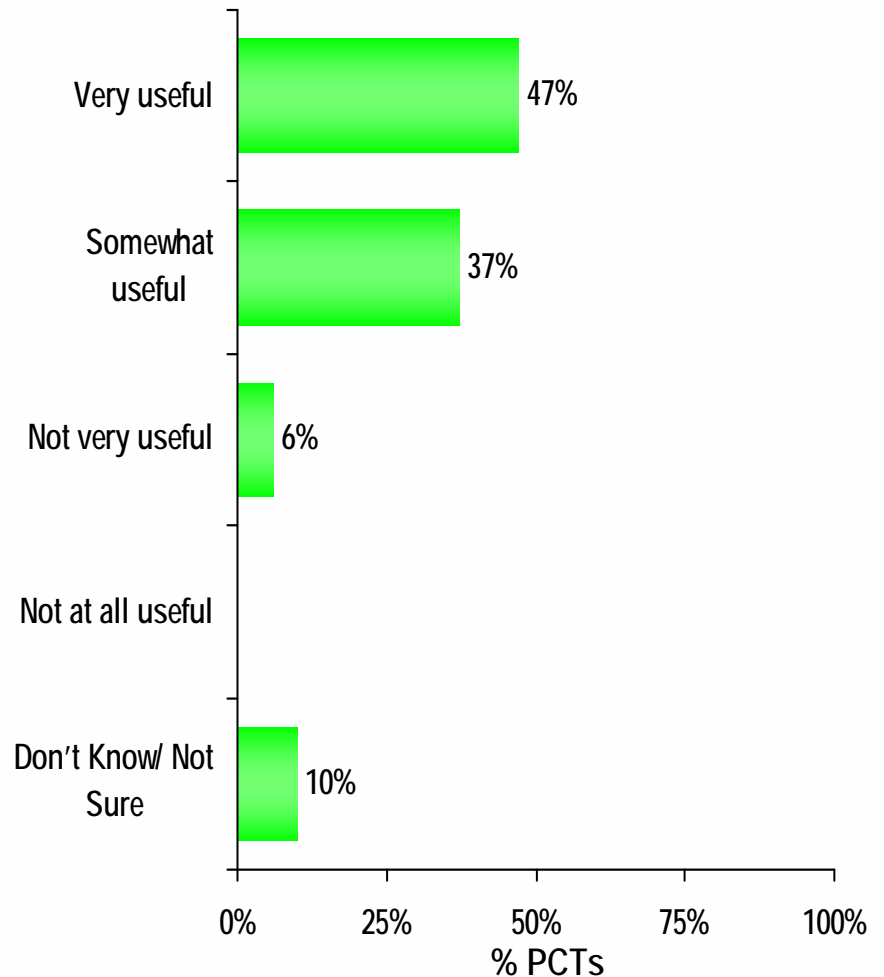
Base: 130 PCTs
Source: D3 & Q21

ECP - Audit / Feedback Mechanisms

Q: Does the ECP have an audit system?



Q: How useful, if at all, has it been? (n=78)

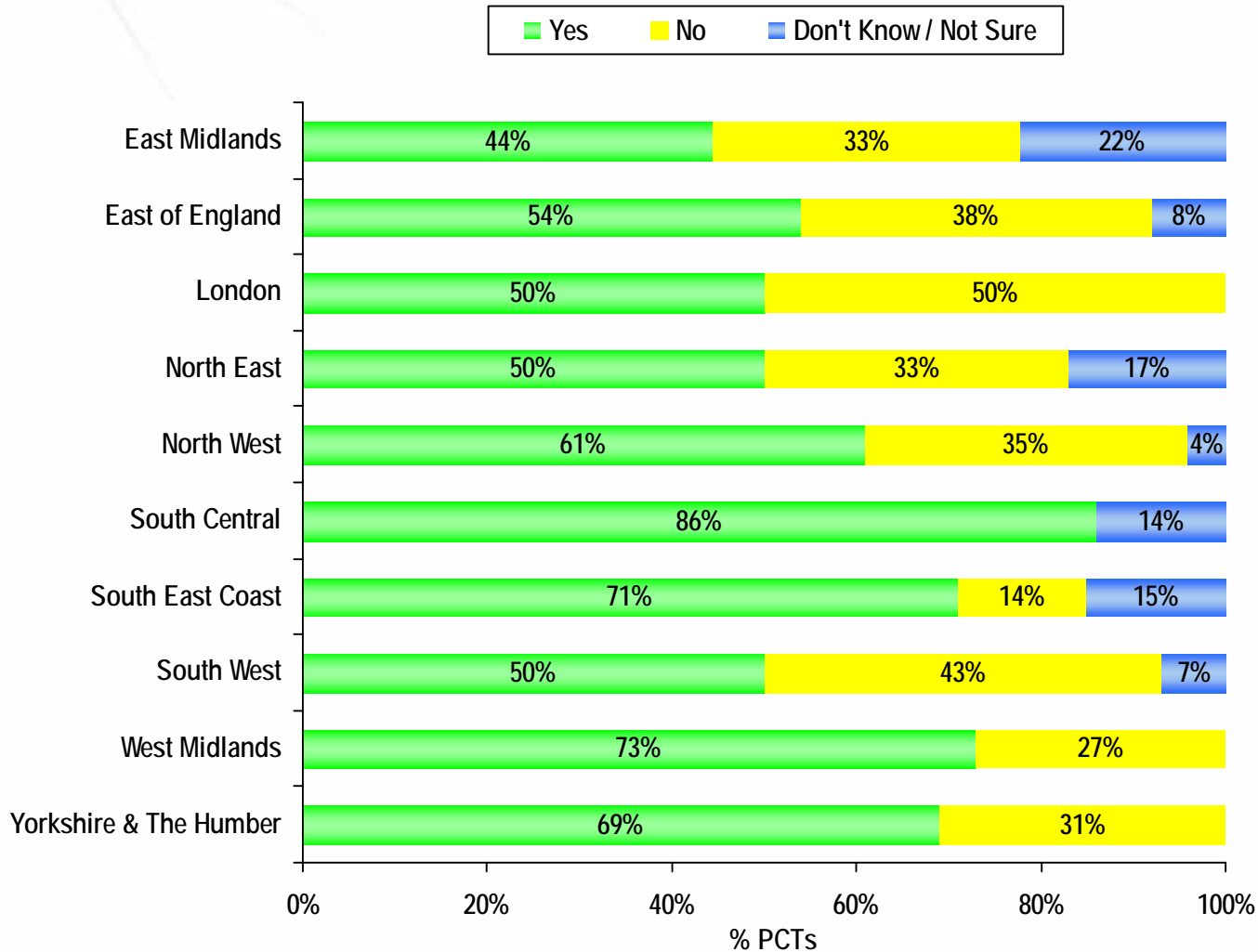


Base: 130 PCTs
Source: Q53

Base: 78 PCTs All those that had an audit system for their ECP
Source: Q54

ECP - Audit / Feedback Mechanisms by SHA

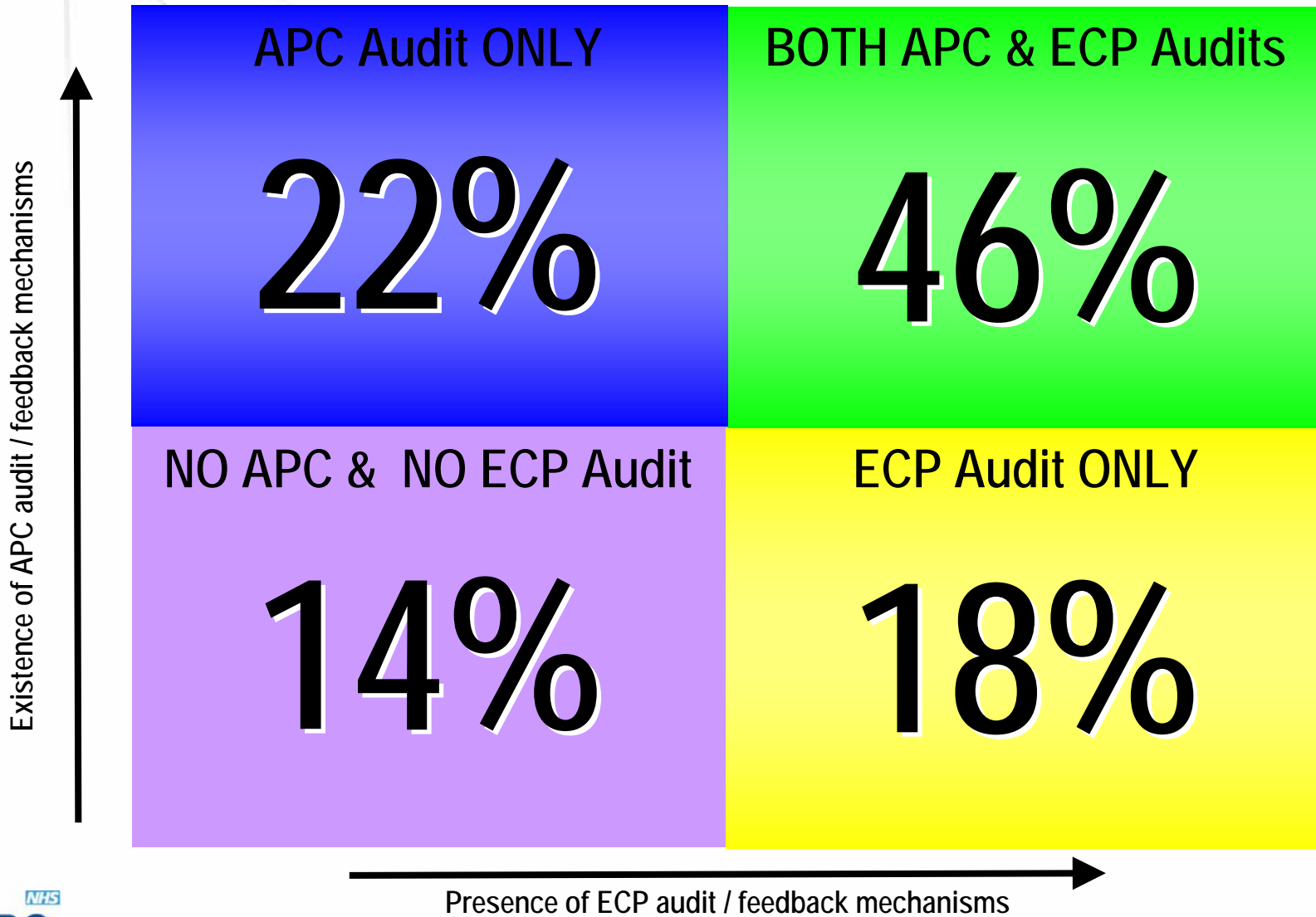
Q: Does the ECP have an audit system?



Base: 130 PCTs
Source: D3 & Q53

APCs (or equivalents) and ECPs – Presence of Audits

PCTs where the APC is made up of a network of groups were less likely to have audit / feedback mechanisms



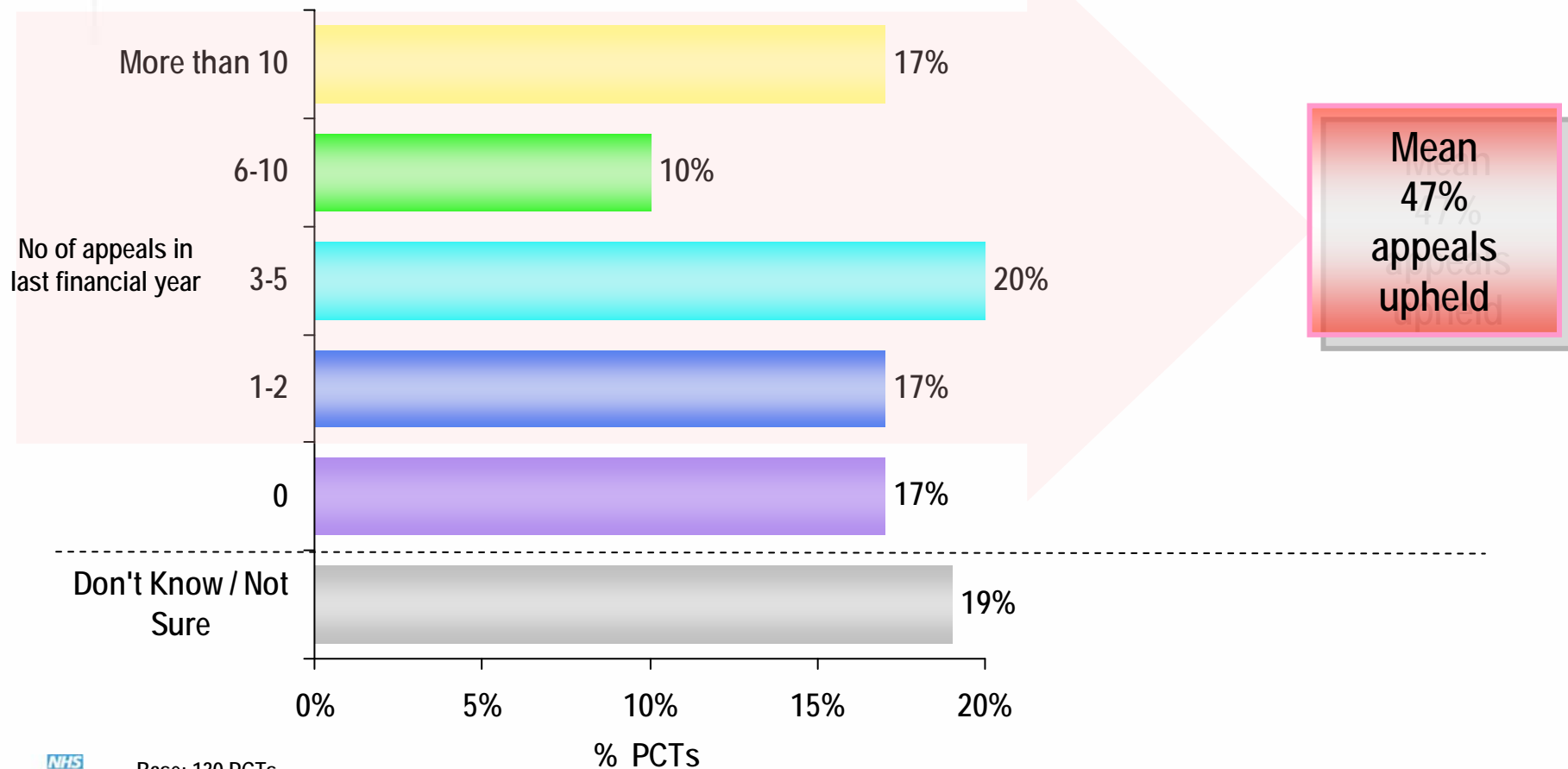


Appeals

Appeals Processes

97% of PCTs surveyed reported having a formal appeals process

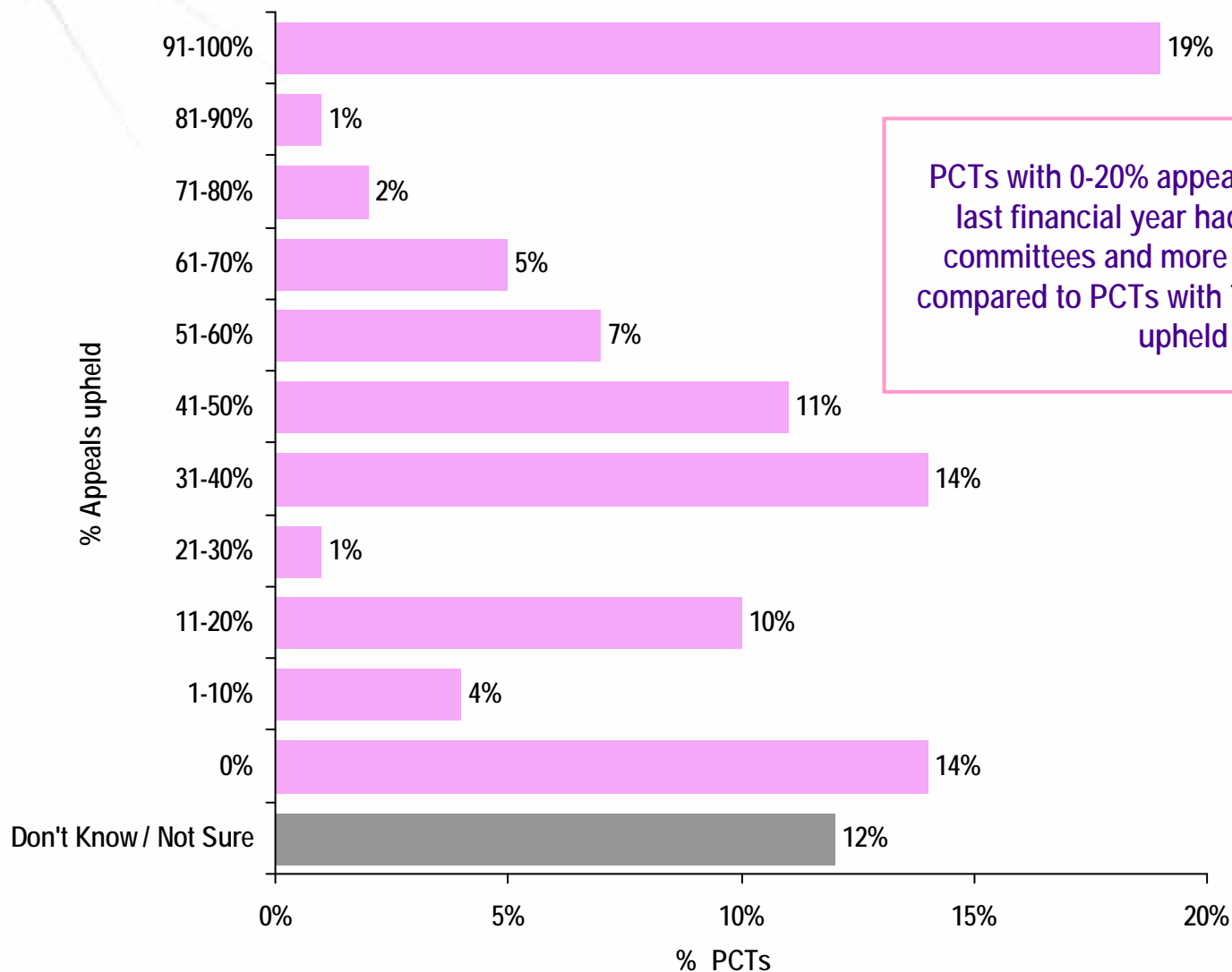
Q: How many appeals regarding decisions made on any medicine have there been in the last financial year in your PCT and what % were upheld? (n=126)



Base: 130 PCTs
Source: Q62 - Q64

Proportion of Appeals Upheld In the last Financial Year

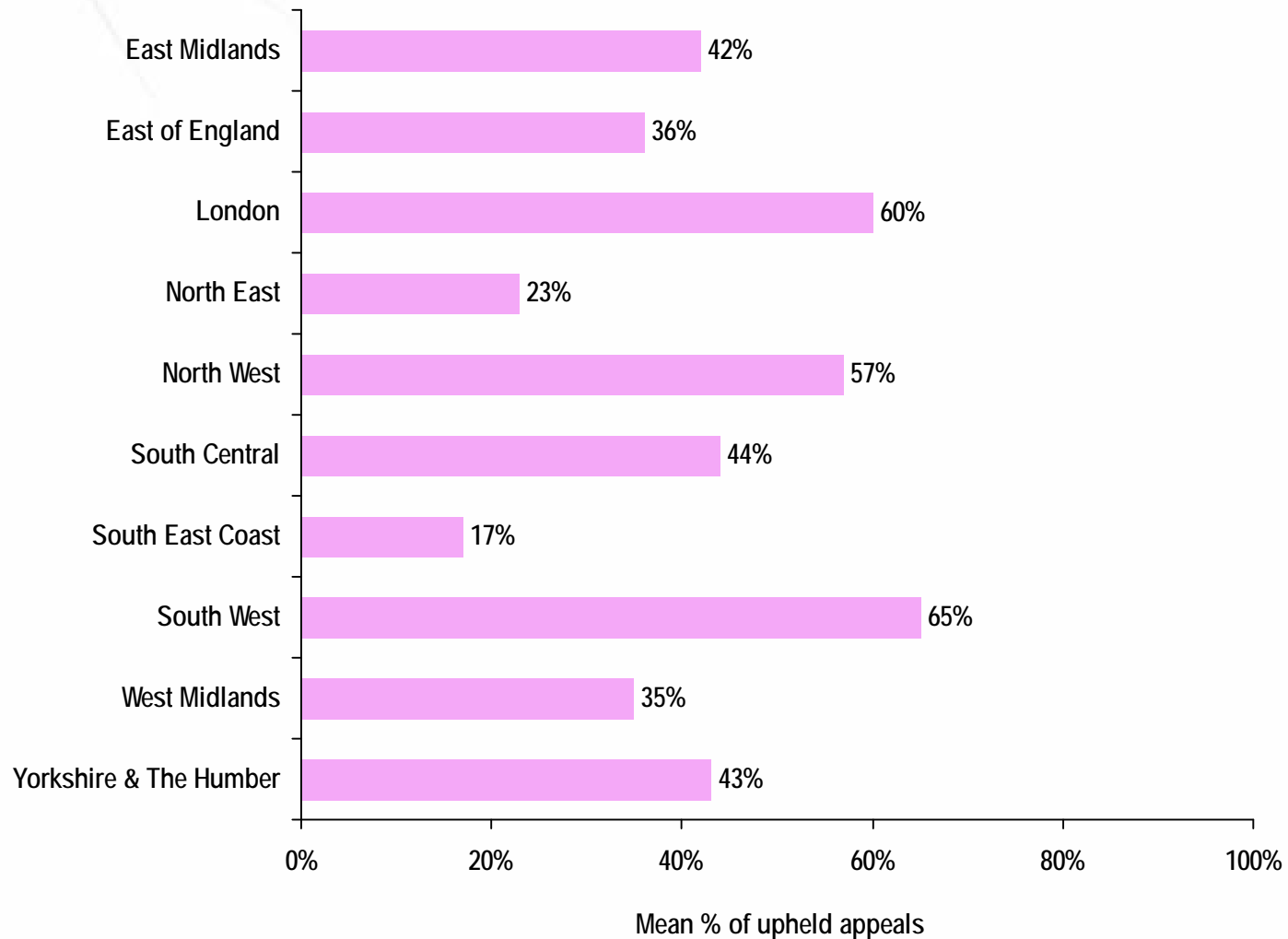
Q: What proportion of those appeals were upheld?



Base: 81 PCTs All PCTs which had an appeal in the last financial year & reporting that number in this survey
Source: Q64

Proportion of Appeals Upheld by SHA In the last Financial Year

Q: What proportion of those appeals were upheld?



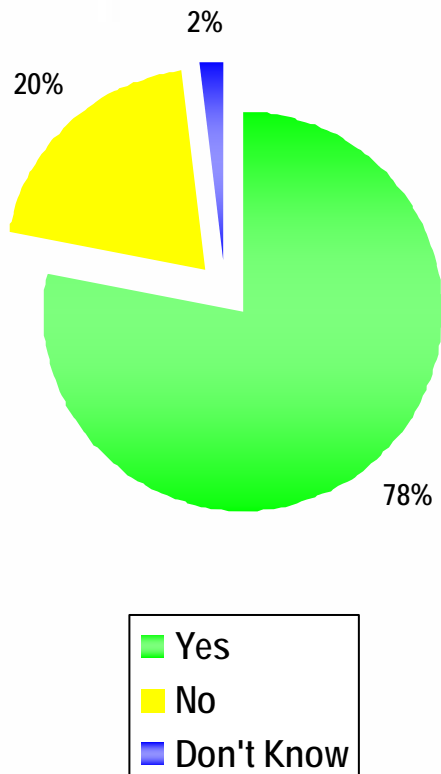
Base: 81 PCTs All PCTs which had an appeal in the last financial year & reporting that number in this survey
Source: D3 & Q64



Annual Commissioning Round and Individual Funding Requests

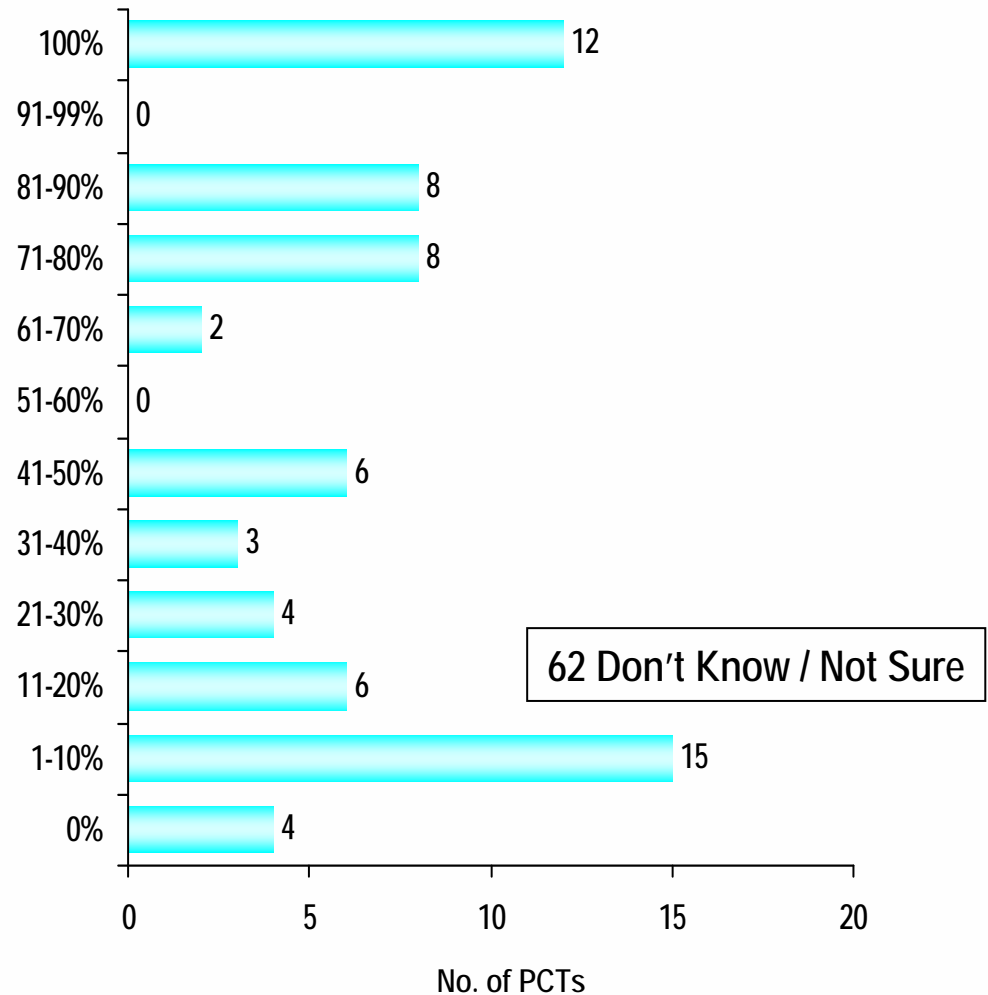
APC (or equivalents) - Links to ACR

Q: Does the APC have a direct link into the ACR?



Base: 130 PCTs
Source: Q29

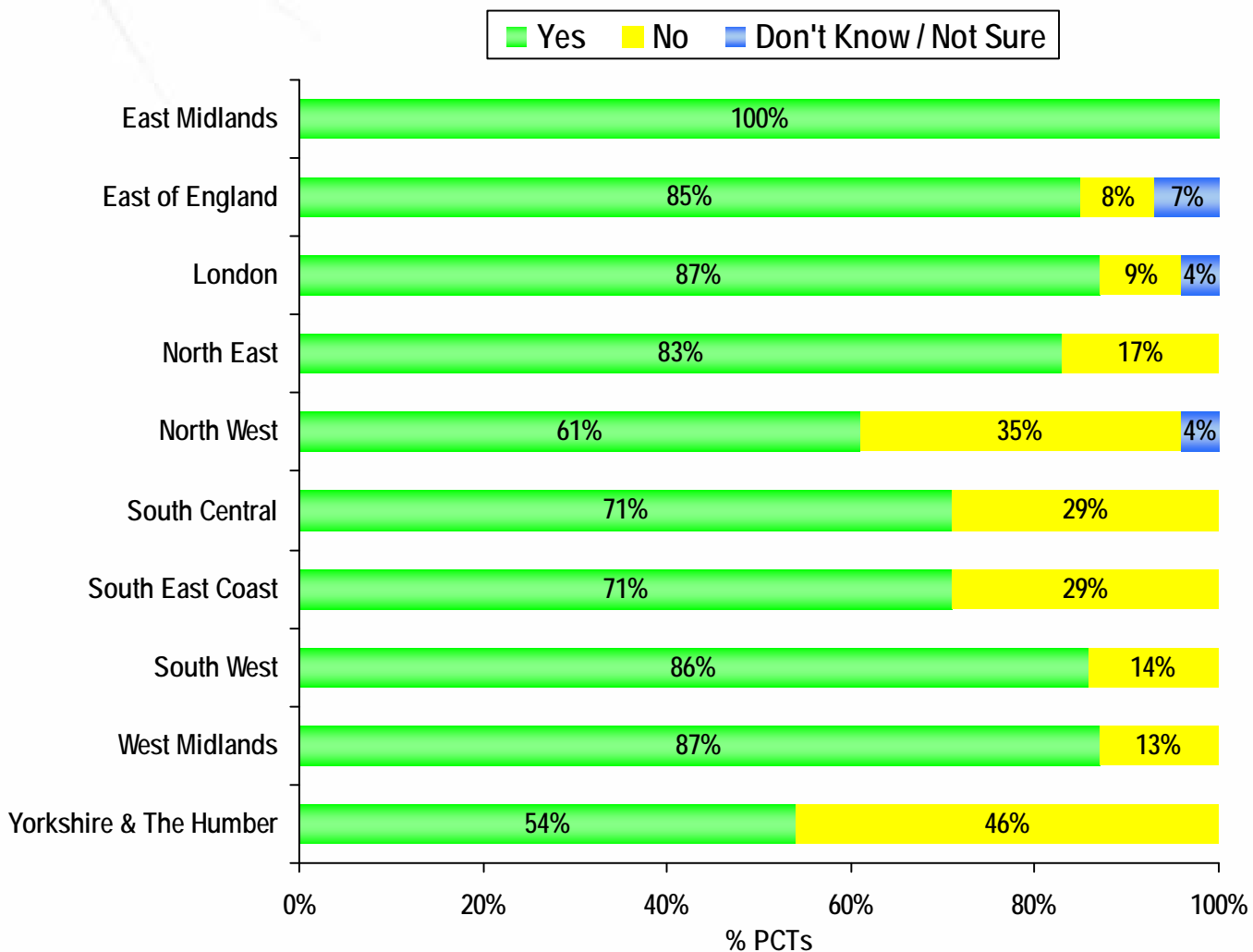
Q: What proportion of decisions regarding new medicines go through the ACR?



Base: 130 PCTs
Source: Q30

APC (or equivalents) – Links to ACR by SHA

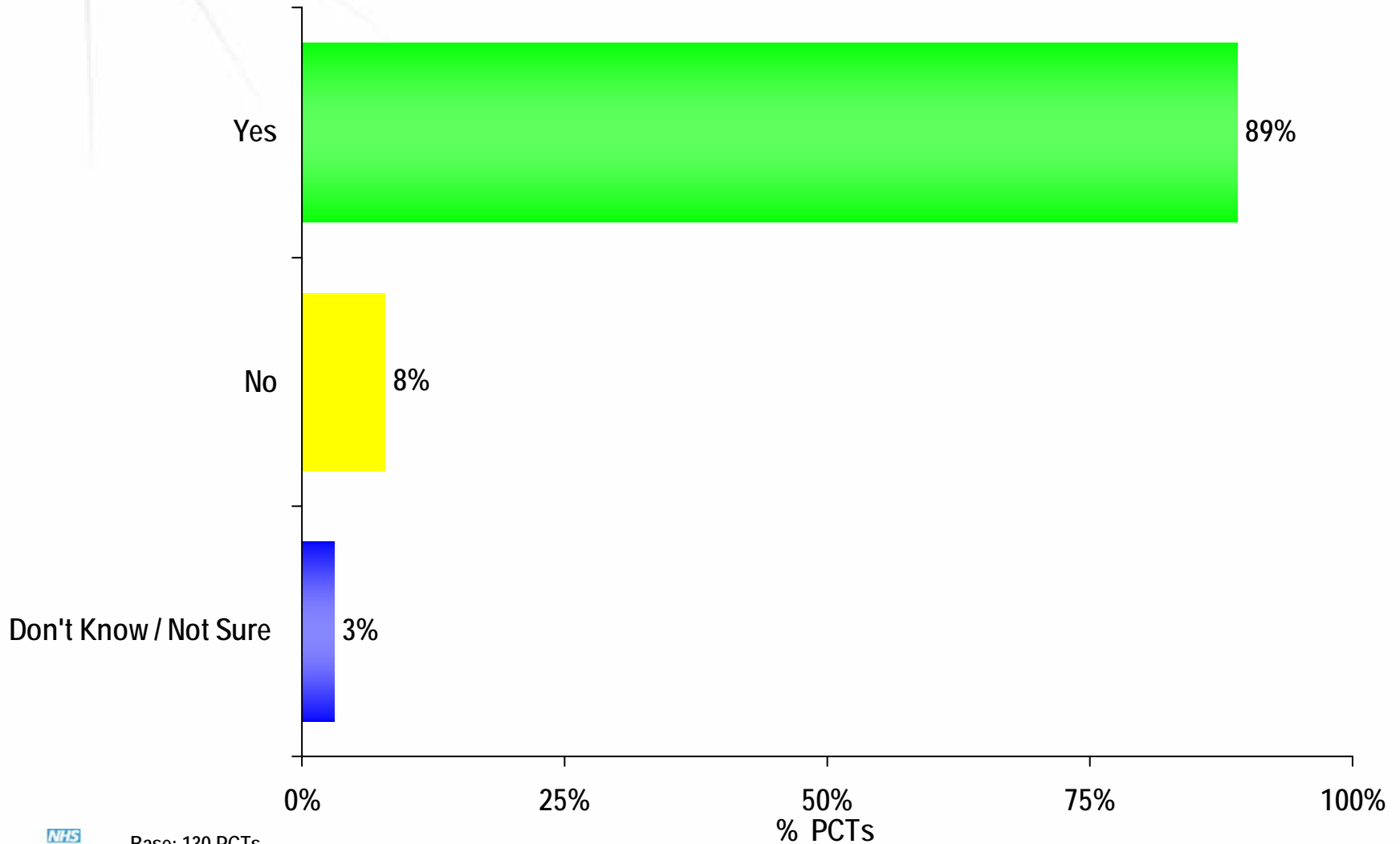
Q: Does the APC have a direct link into the ACR?



Base: 130 PCTs
Source: D3 & Q29

Differentiation of Exceptional Cases

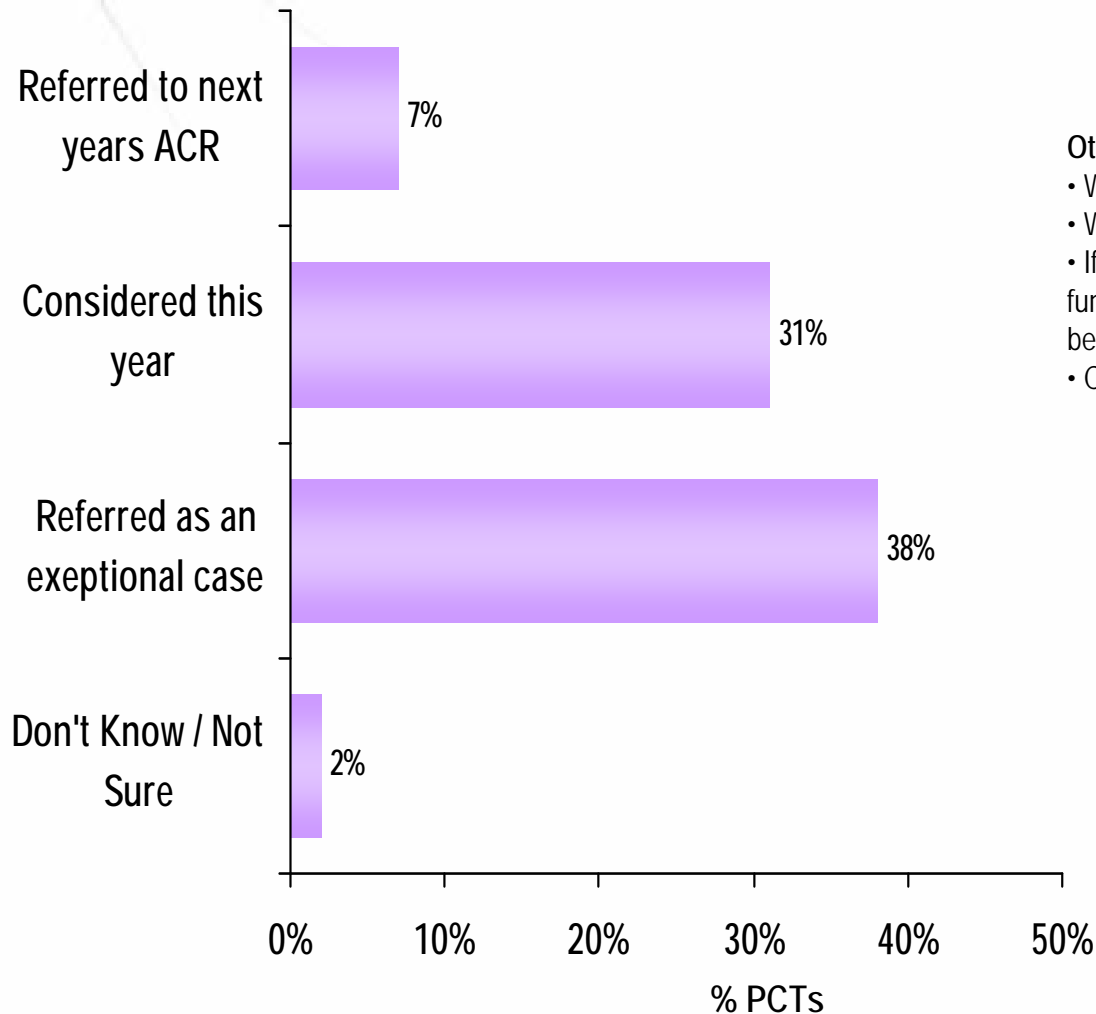
Q: When it comes to IFRs, does the PCT differentiate exceptional cases from other requests (i.e. those considered service developments)?



Base: 130 PCTs
Source: Q32

In Year Requests

Q: What is most likely to happen if a request for funding happens during the year (post ACR)?



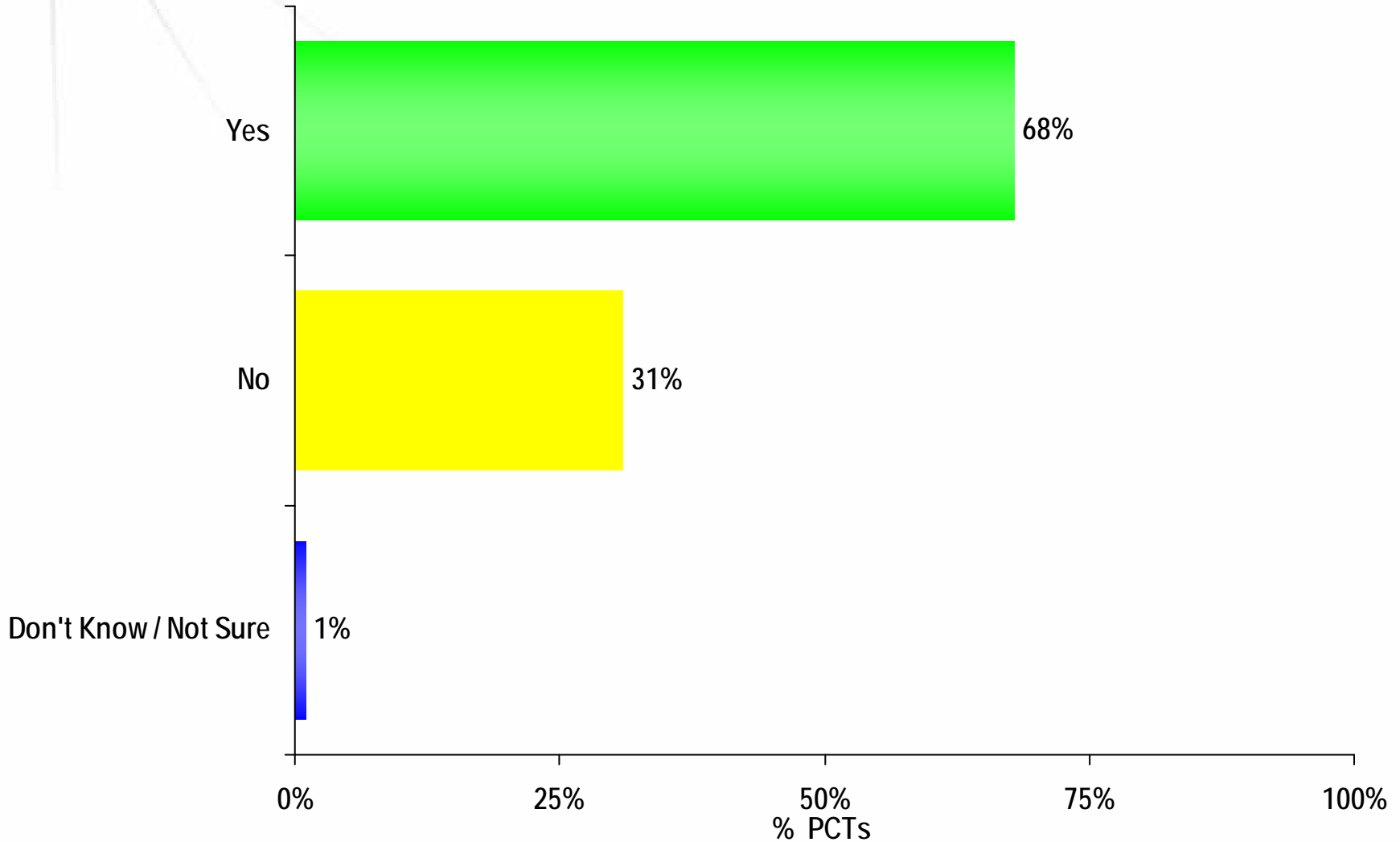
Other mentions:

- We take each case on its merit / urgency (9%)
- Would depend on funding / tariff (6%)
- If it is NICE approved it would automatically be funded, if it was outside NICE guidelines it would be considered an exceptional case (3%)
- Considered at the next ACR in year (3%)

Base: 130 PCTs
Source: Q31

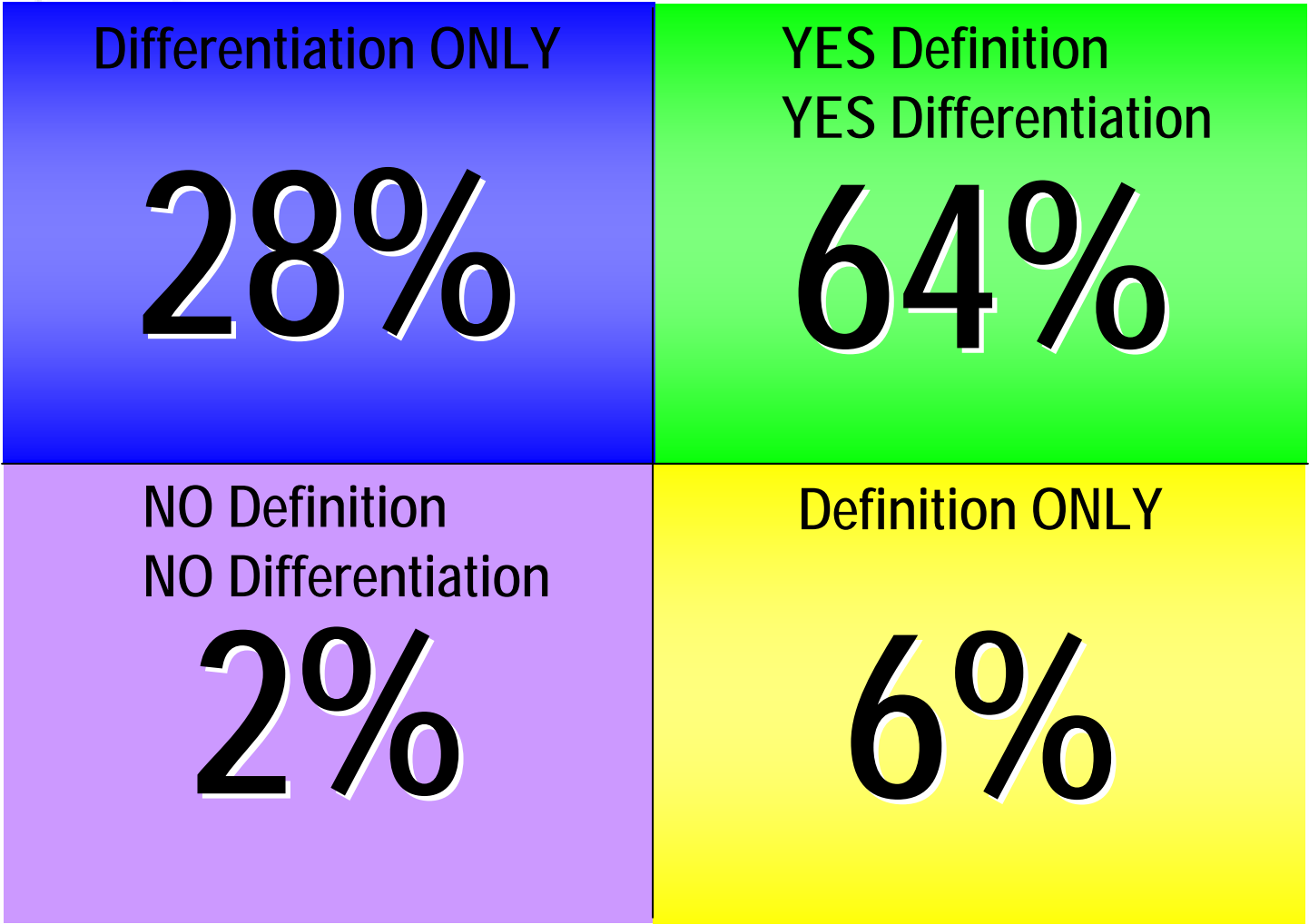
Definition of Exceptionality

Q: Is there a definition of 'exceptionality' within the PCT?



Differentiation of Exceptional Cases / Other Funding Requests and Definition of Exceptionality

Existence of differentiation between exceptional cases & other funding requests



Presence of exceptionality definition



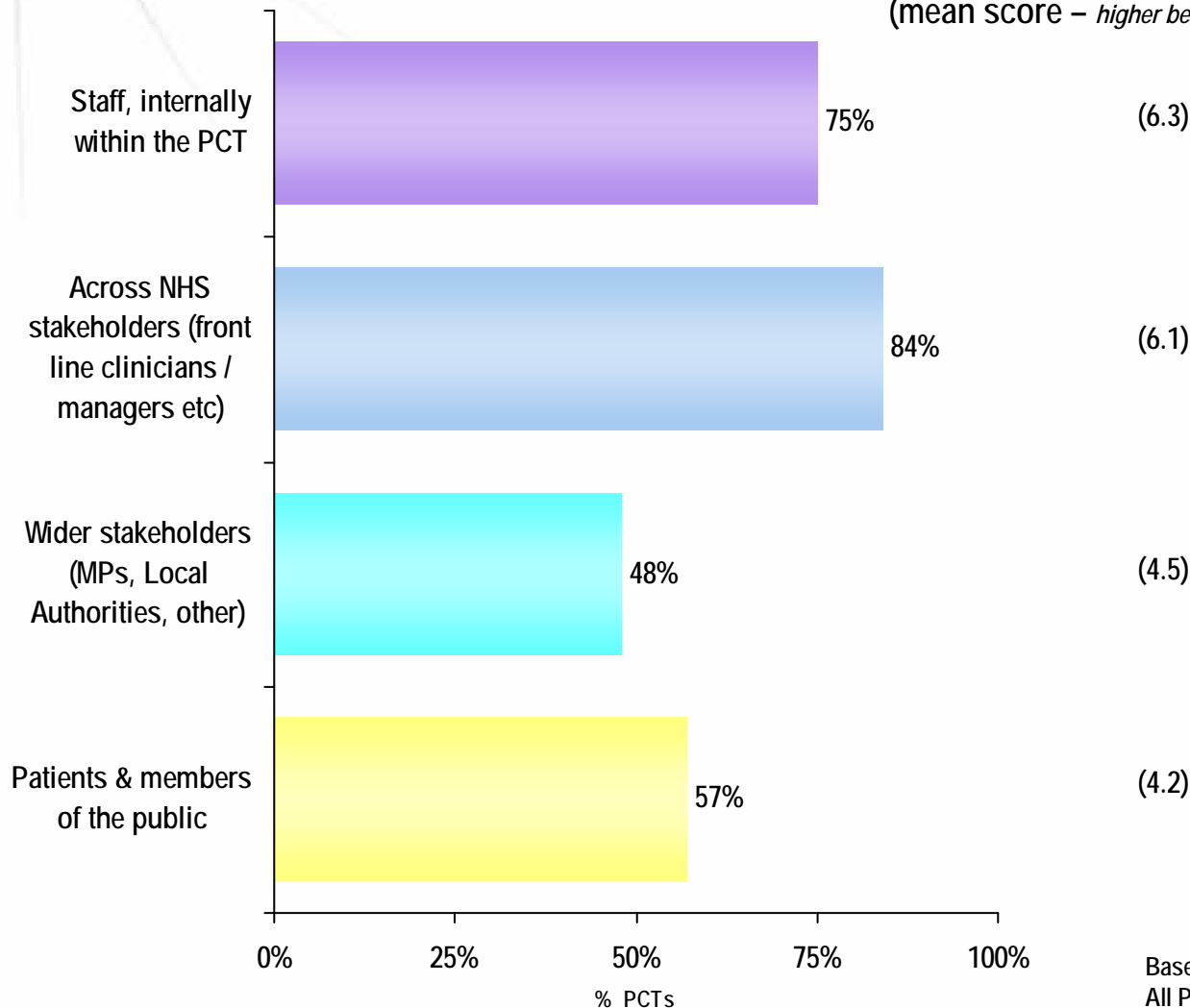
Communication

Awareness and Understanding of Decisions

Q: Which of the following groups are aware of the decisions made by the ECP & APC?

Q: On a scale of 1-10 how well do the following groups of individuals understand decisions made by the ECP & APC?

(mean score – higher being a better understanding)



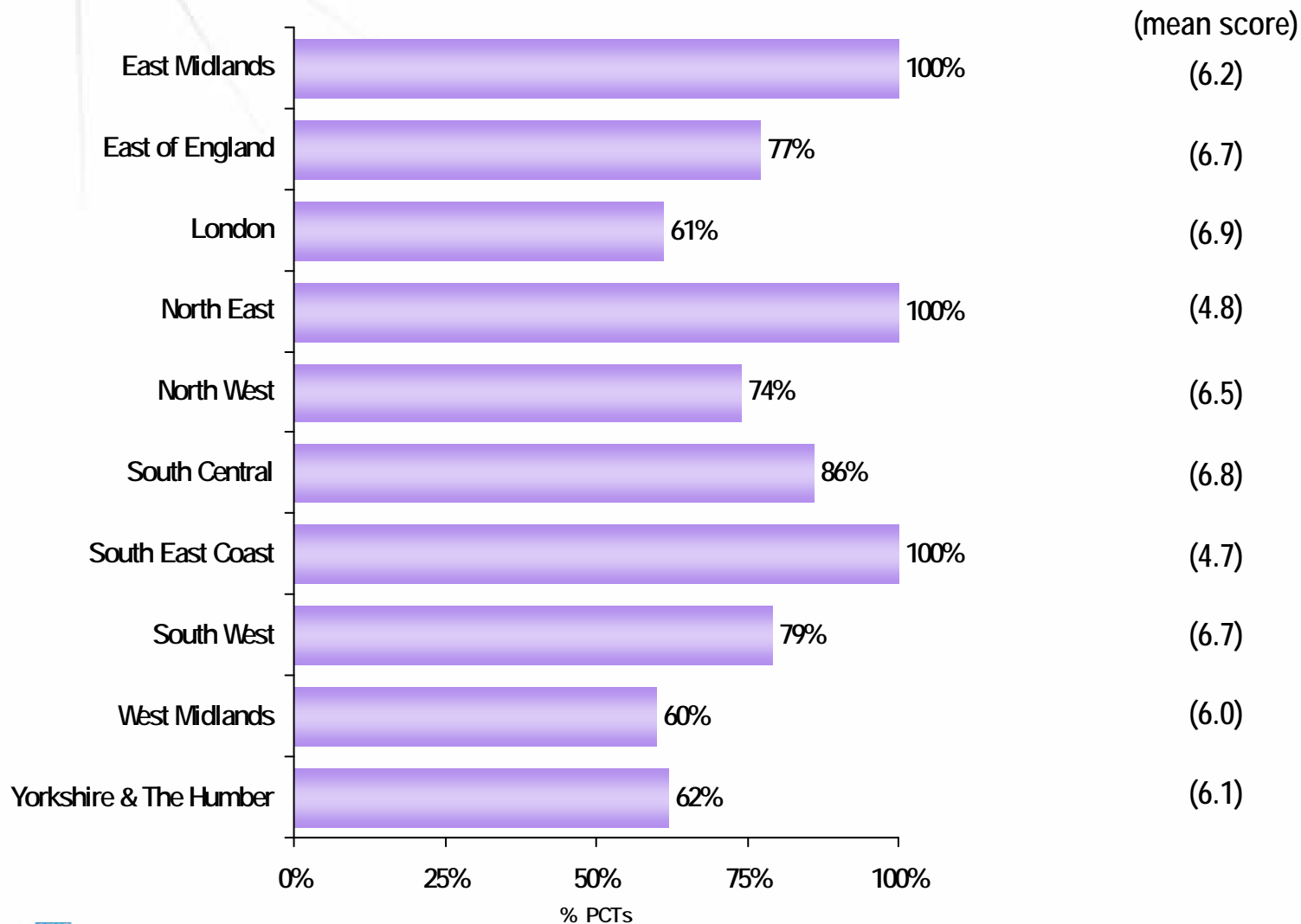
Physicians, not PCTs, usually communicate ECP decisions to patients
(Source: Qualitative interviews)

Base: 97, 109, 62, 74 PCTs respectively
All PCTs making groups aware of decisions made, yes at Q59
Source: Q60

Base: 130 PCTs
Source: Q59

Awareness and Understanding of Decisions by SHA

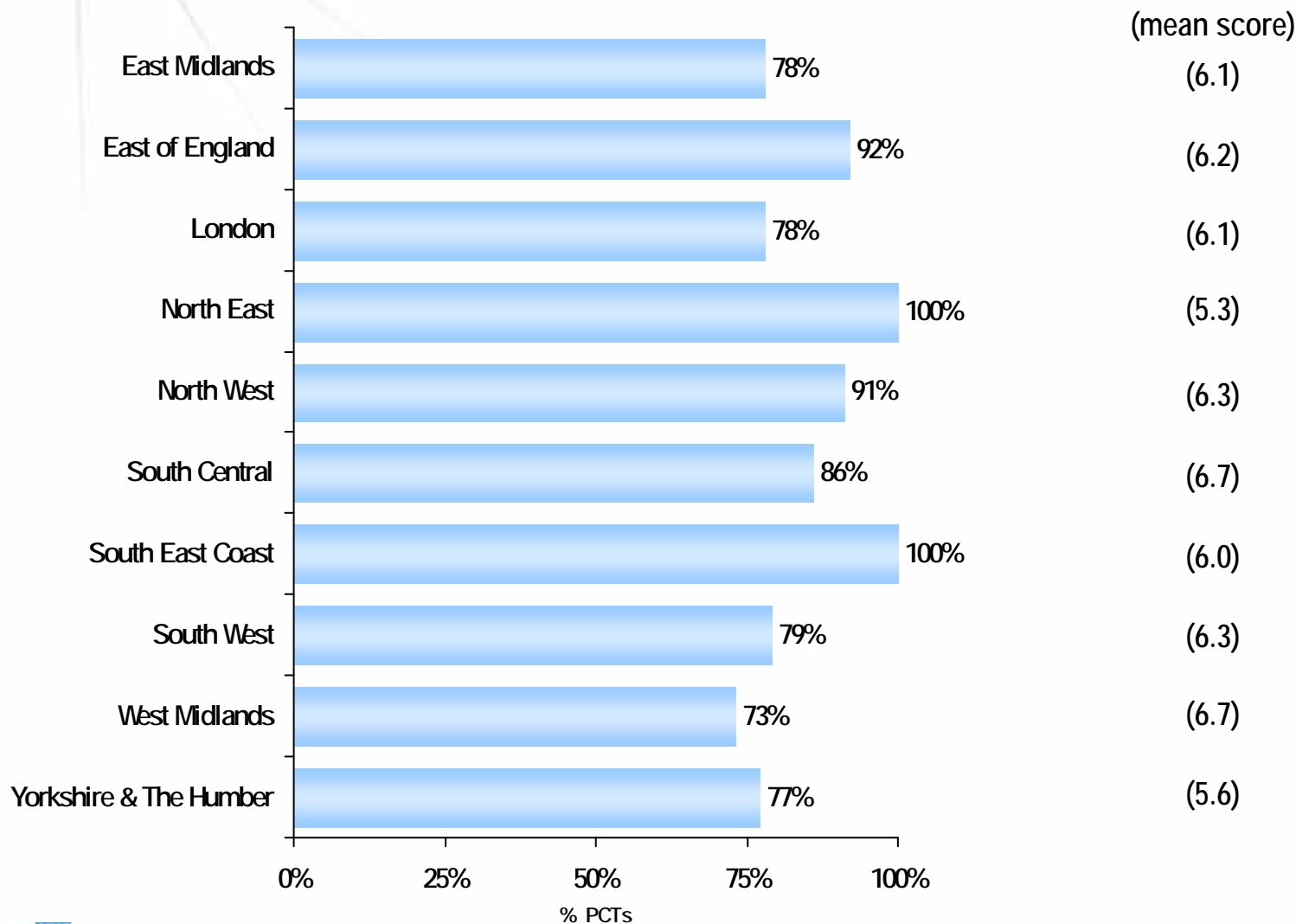
Staff internally within the PCT



Base: 130 PCTs
Source: Q59 & Q60

Base: 97 PCTs All PCTs making
groups aware of decisions made
Source: Q60a

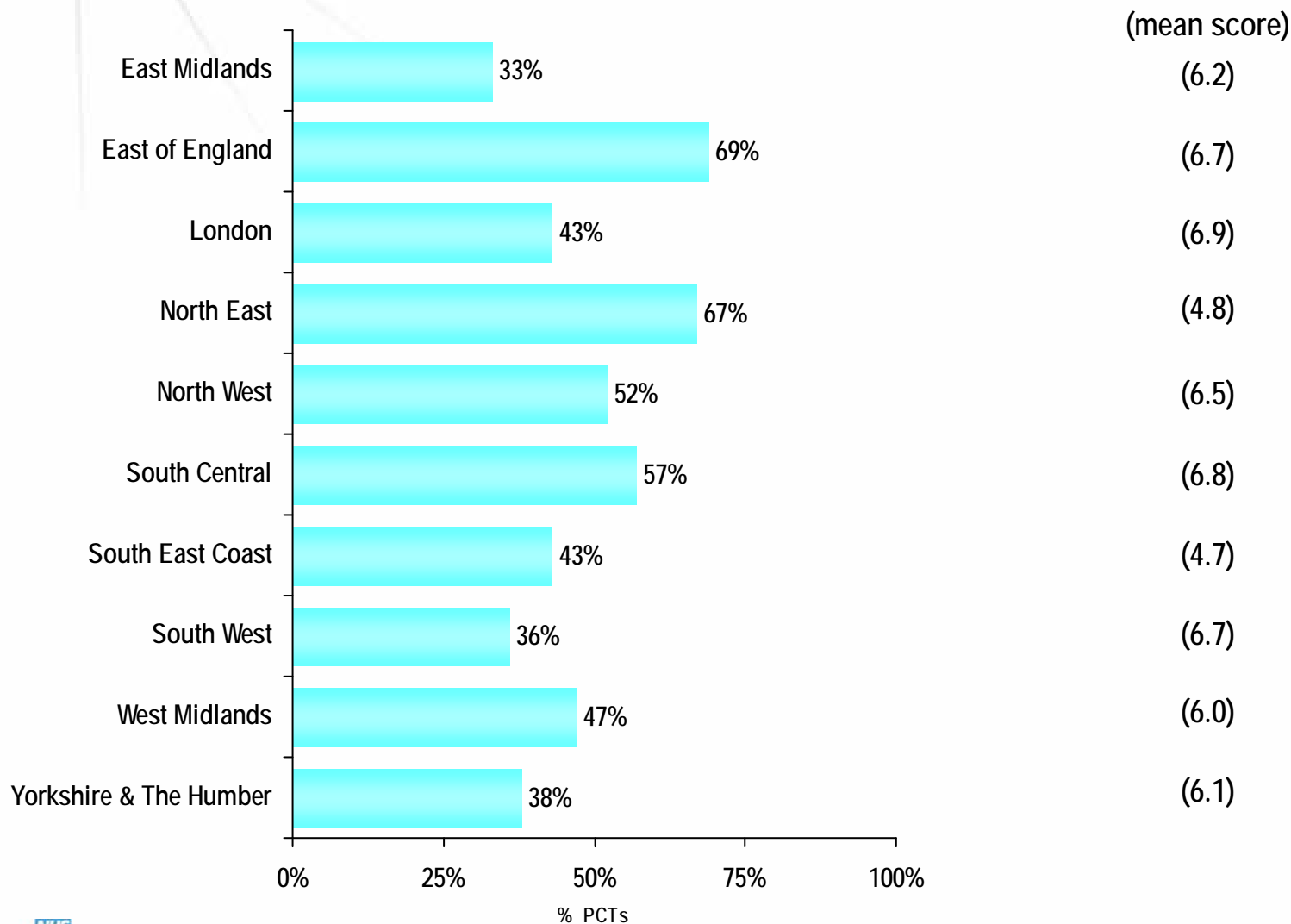
Awareness and Understanding of Decisions by SHA Across NHS Stakeholders



Base: 130 PCTs
Source: Q59 & Q60

Base: 109 PCTs All PCTs making
groups aware of decisions made
Source: Q60b

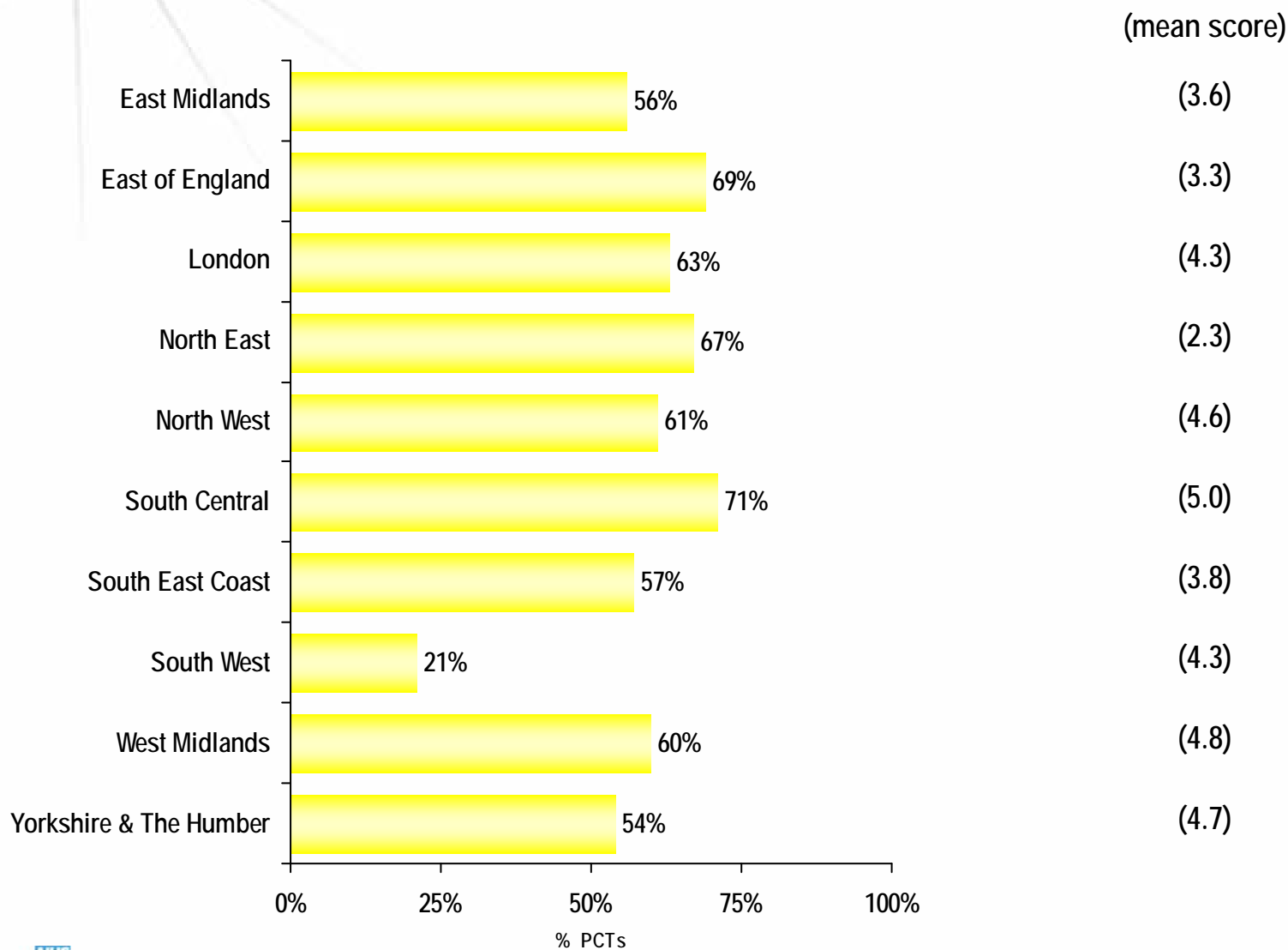
Awareness and Understanding of Decisions by SHA Wider Stakeholders (MPs, Local Authorities, other)



Base: 130 PCTs
Source: Q59 & Q60

Base: 62 PCTs All PCTs making
groups aware of decisions made
Source: Q60c

Awareness and Understanding of Decisions by SHA Patients and Members of the Public



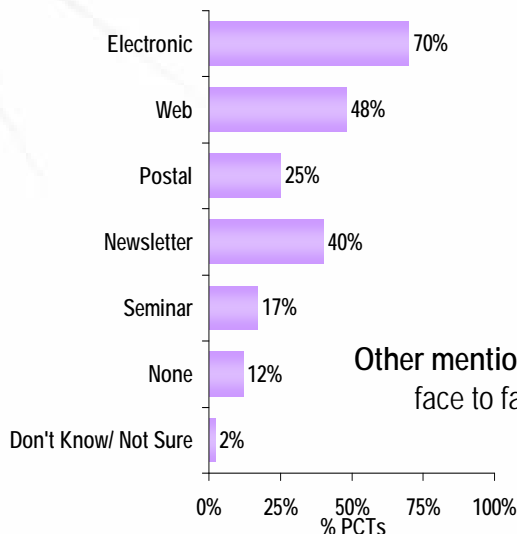
Base: 130 PCTs
Source: Q59 & Q60

Base: 74 PCTs All PCTs making
groups aware of decisions made
Source: Q60d

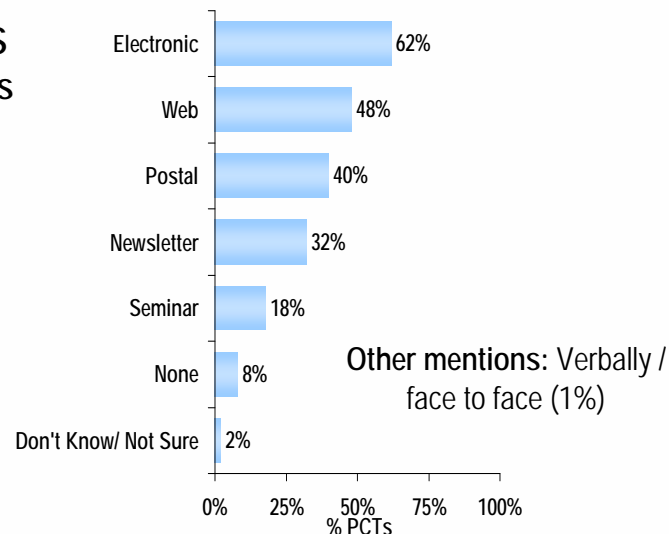
Communication with Patients and the Public

Q: What systems of communication are used?

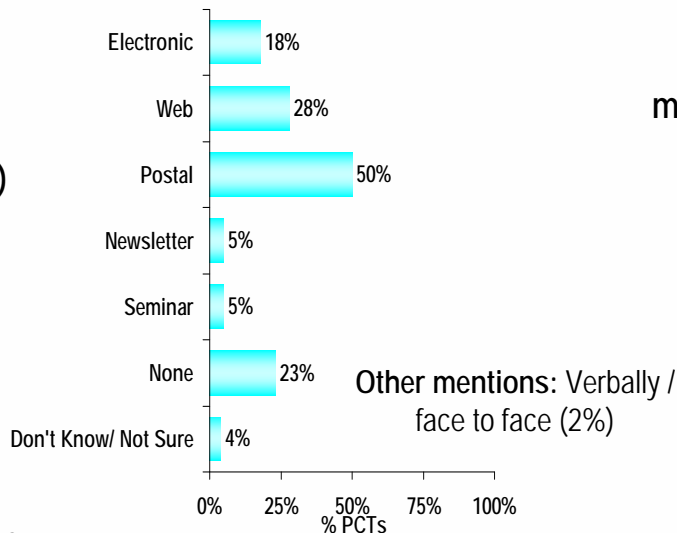
**Staff internally
within the PCT**



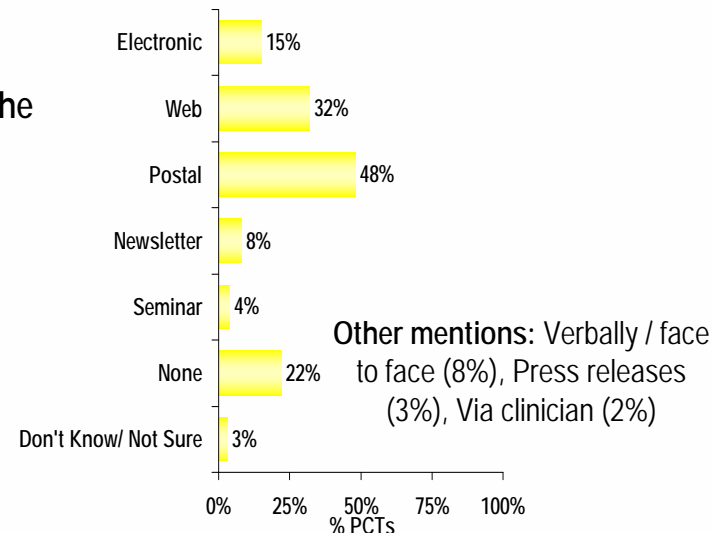
**Across NHS
stakeholders
(Front line
clinicians)**



**Wider
stakeholders
(MPs, Local
Authorities, other)**



**Patients &
members of the
public**

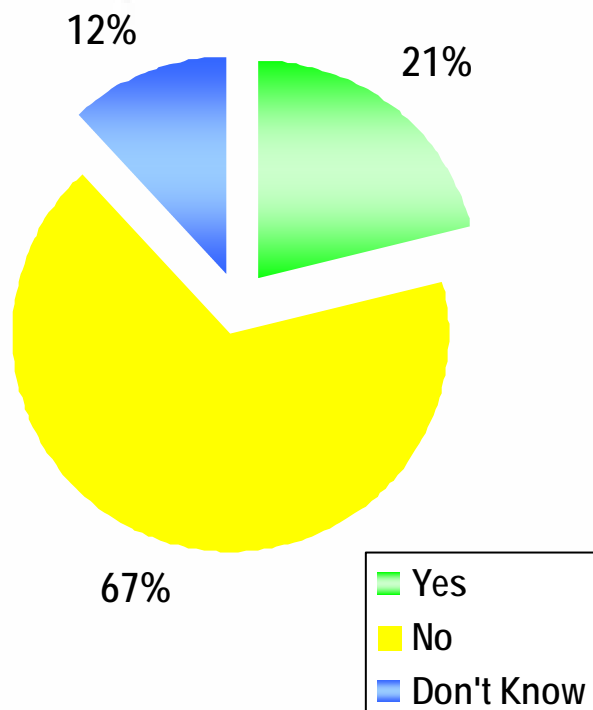




Support Resources

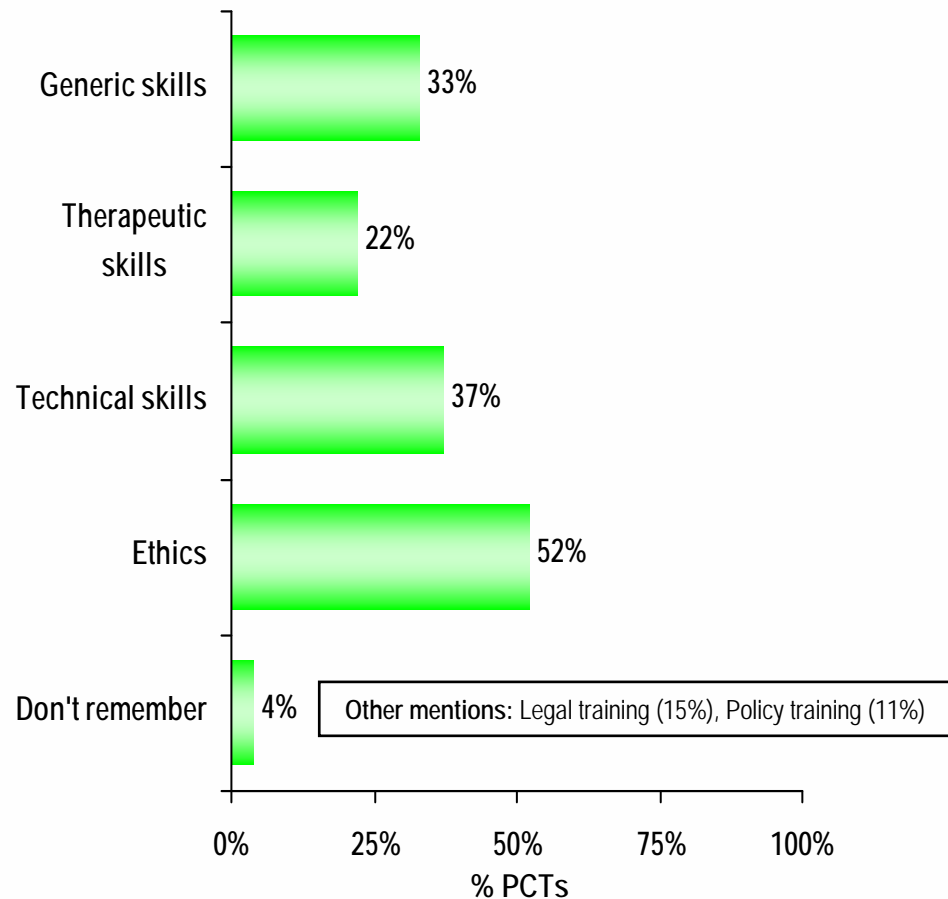
APC (or equivalents) - Training Support

Q: Is training currently provided for APC members?



Base: 130 PCTs
Source: Q25

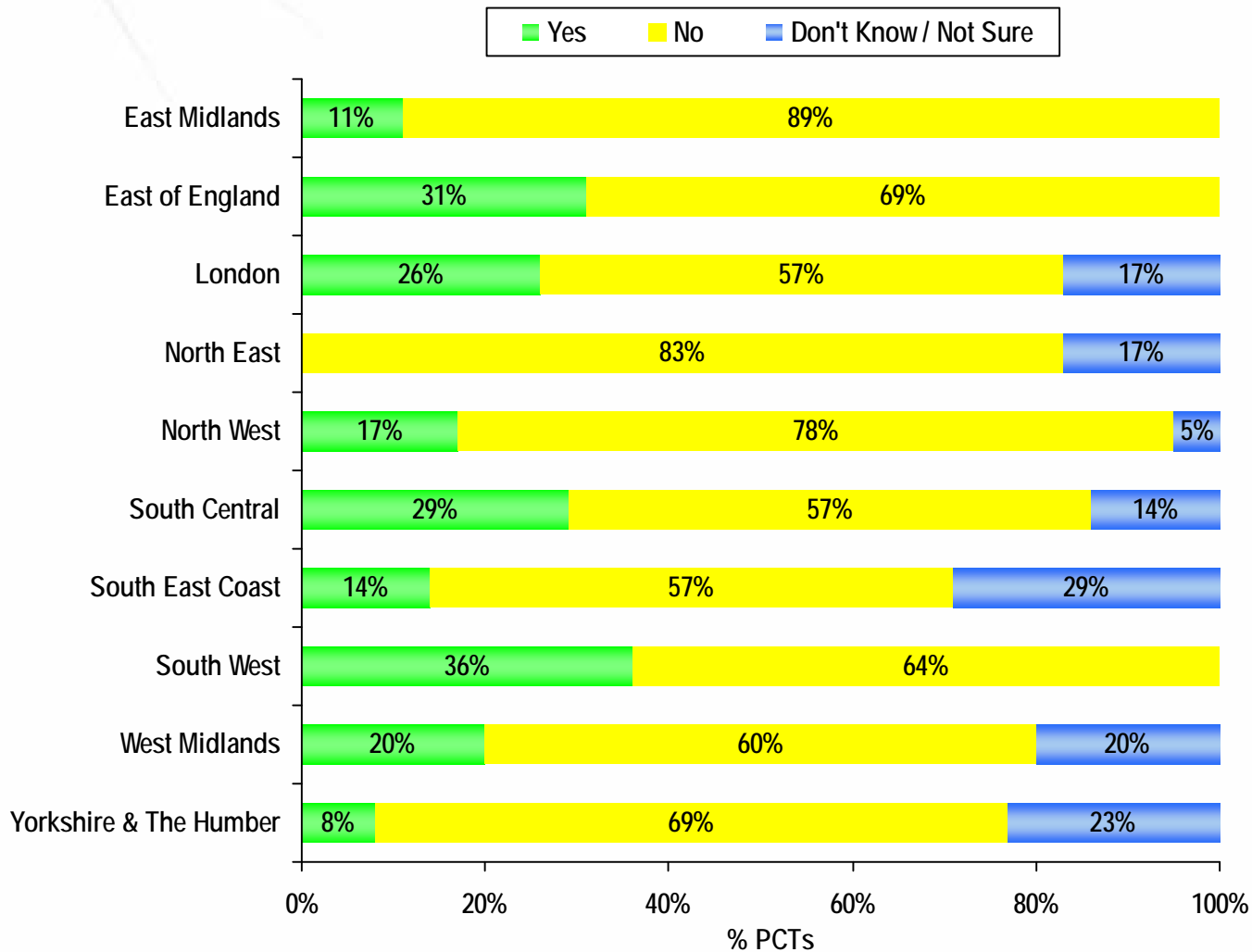
Q: If so, what? (n=27)



Base: 27 PCTs All those where training is currently provided for APC members
Source: Q26

APC (or equivalents) – Training Support by SHA

Q: Is training currently provided for APC members?

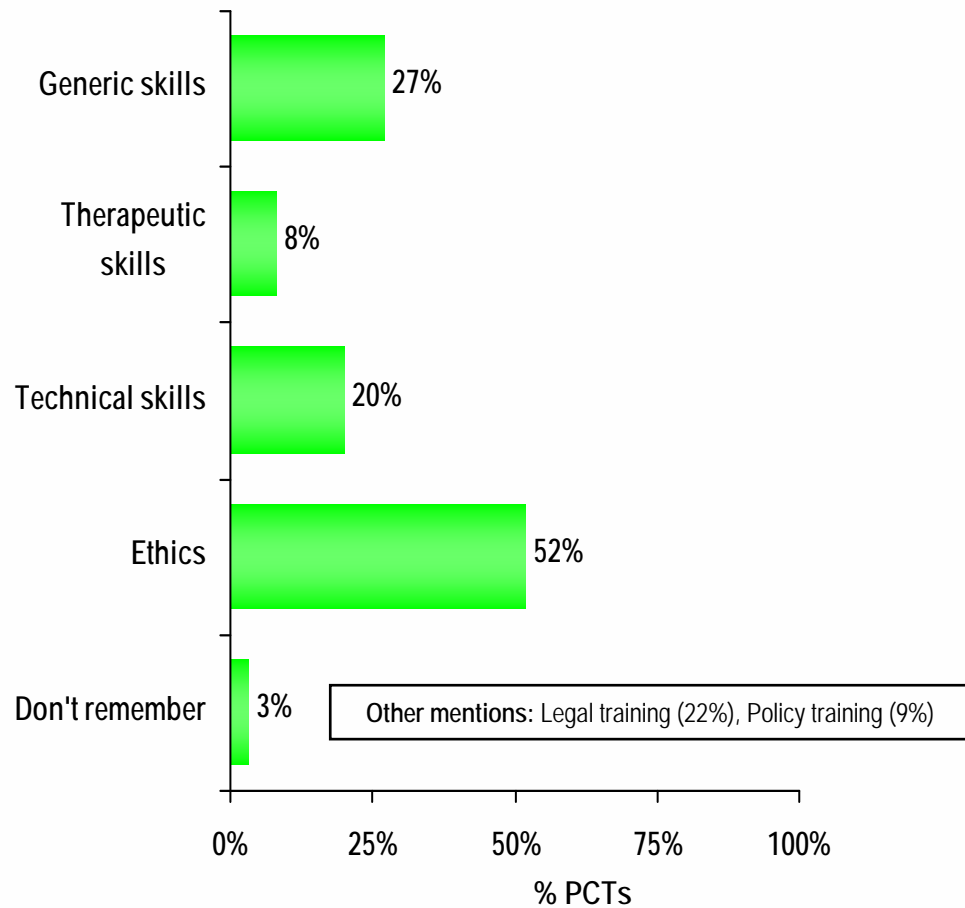
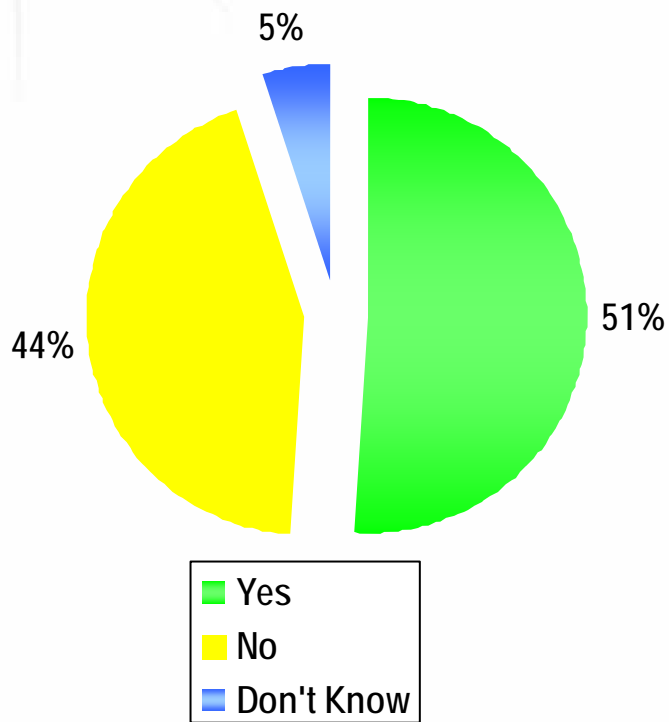


Base: 130 PCTs
Source: D3 & Q25

ECP - Training Support

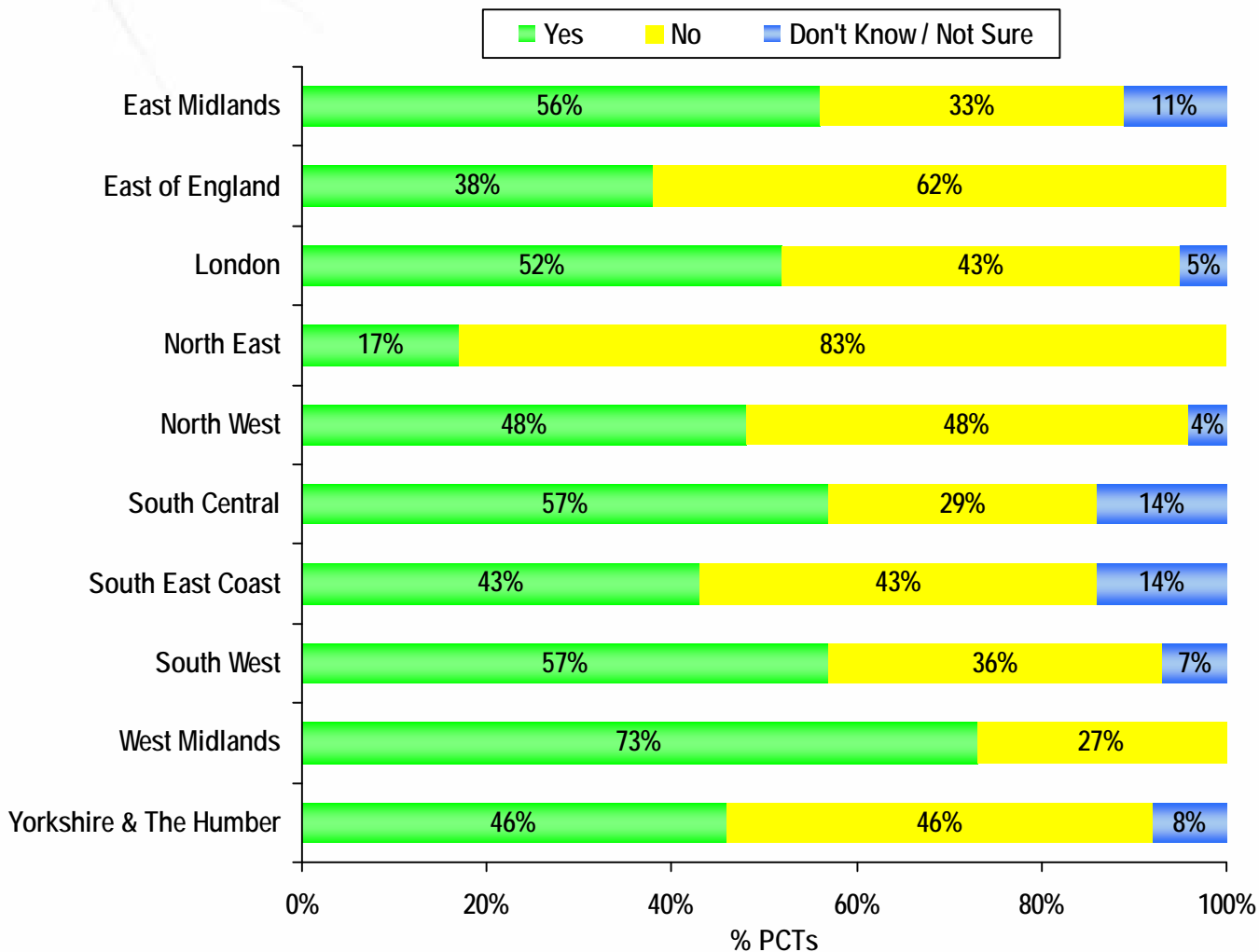
Q: Is training currently provided for ECP members?

Q: If so, what (n=66)?



ECP - Training Support by SHA

Q: Is training currently provided for ECP members?

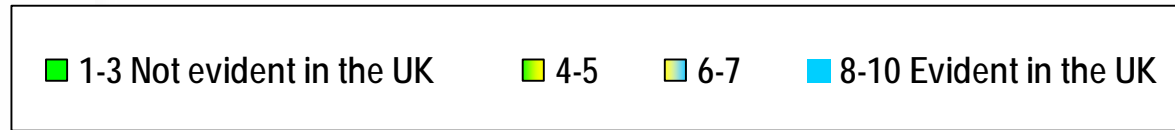


Base: 130 PCTs
Source: D3 & Q57



**PCT Perceptions of the
'Post Code Lottery'**

PCT Perceptions of 'Post Code Lottery'



On a scale of 1-10, to what extent do you think there is a post code lottery for new medicines in the UK?

