

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES  
BY DEPUTY M. TADIER OF ST. BRELADE  
ANSWER TO BE TABLED ON TUESDAY 20th JANUARY 2015**

**Question**

During the debate on 9th December 2014 relating to the availability of Sativex, the Minister informed members of an existing mechanism whereby the medicine could be available if an application was supported by a general practitioner (G.P.) and if a recognised consultant in an appropriate specialism had made a request for public funding on behalf of a specific individual, but to date no applications had been received. Will the Minister inform Members:

- (a) when the existing mechanism was introduced;
- (b) whether the public and G.P.s were informed, and if so, how and when;
- (c) whether the fact that no applications had been received could have been due to G.P.s and the public being unaware of the existing mechanism, and whether the Minister intends to take steps to inform them?

**Answer**

Firstly, for clarification, any GP can prescribe Sativex. It is not, however, a medicine that is routinely available and, as such, can ordinarily only be accessed via private prescription.

There has, however, been a long standing mechanism in place, within Health and Social Services, whereby a Hospital Consultant can make an individual patient request for a medicine – where it is not routinely available – to be supplied free of charge through Health and Social Services..

The mechanism for application has been in existence for over 15 years and applies to Hospital Consultants only.

General Practitioners are not able to make individual patient requests directly to Health and Social Services for a medicine that is not routinely available. However, they may refer patients to a relevant Hospital Consultant for review, if they think it appropriate.

Referral to a Hospital Consultant in such cases would be through normal referral channels and a GP may include a request for consideration of the prescribing of Sativex, as part of a referral, where they consider that to be appropriate.

However, the decision on whether to make a request for the non-routine drug to be supplied by Health and Social Services for an individual, rests entirely with the relevant Hospital Consultant, who will give due regard to the patient's particular clinical circumstances; the likely benefit to be gained from the medicine; other treatments previously tried or available; and any exceptional circumstances in the case that may influence the patient's condition.

This can only take place after a patient has been reviewed by the Hospital Consultant following a referral by the patient's GP.

If, after reviewing the patient, the Hospital Consultant's clinical opinion is that a particular treatment would not provide the desired benefit, it follows that they would not submit an individual patient request.

In the 15 years that the process has been in place within Health and Social Services, no such submissions have been received from any Hospital Consultant for the prescribing and supply of Sativex for an individual patient.

GPs are aware of the normal Consultant referral process, but my Department will ensure that they are reminded of the options and process for applications, where they feel this to be an appropriate course of action.

Alternatively GPs can make an application to Social Security to have a particular medicine included in the approved list of medicines. In the event this is agreed by Social Security, the GP would be able to ordinarily prescribe the medication under the Health Insurance Scheme.