Appeals Form

Use this form to make an appeal against a policy statement recommendation issued by the Pan Mersey APC.

You can use this form if you are a clinician (GP, Consultant, Senior Nurse, Senior Pharmacist or non-medical independent prescriber) with relevant expertise and who work within the Pan Mersey Health Economy, and for the following reasons:

1. You are appealing against a decision by the Pan Mersey APC to accept, reject or position an application for a specific medicine because vital evidence was not considered or incorrect information was considered in the original application.
2. You are appealing against a decision made by the Pan Mersey APC because its procedures and policies were not followed

You cannot use this form if you are appealing against a decision because new evidence has come to light since the original decision was made. In this case, a new business case, highlighting the new evidence, should be made (see <http://www.panmerseyapc.nhs.uk/>)

# Submission

Your completed form should be emailed to medsmanagement.bevan@nhs.net

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| --- |
| Name of applicant |
|       |
| Role |
|       |
| Organisation name |
|       |
| Contact details |
|       |
| Name of medicine (generic and brand name) |
|       |
| Strength(s) and form(s) of preparation |
|       |
| Date of APC decision the appeal relates to |
|       |
| Reason for the appeal (state 1 or 2 as above) |
|       |
| Basis for the appeal |
|       |
| Please state any potential conflicts of intereste.g. funding of research, equipment, consulting or speaking fees, other personal or non-personal or family interest etc. in relation to this request: |
|       |
|  |
|  |
| Signed |
|  |
| Date |

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