Reference: FOI.ICB-2425/210

Subject: Alopecia Care

I can confirm that the ICB does hold some of the information requested; please see responses below:

QUESTION	RESPONSE
Please refer to requesters template enclosed.	

The information provided in this response is accurate as of 24 September 2024 and has been approved for release by Dr Joanne Medhurst, Chief Medical Officer for NHS Bristol, North Somerset and South Gloucestershire ICB.

[redacted]

Section 1: Patient pathways and prescription

	1.Do you have a patient pathway for alopecia?	1.(a) If yes, what does it say, and when was it last reviewed, does it include referral from primary to secondary care?	1.(b) If no, please explain any reasons for what has prevented this (e.g. budgets, other priorities, other organisations' responsibility).	1.(c) If no, do you prescribe some off license treatments (e.g. topical steroids) in your area (area is defined as all the local Trusts that are relevant to your ICB, serve your ICB area, or are commissioned by your ICB, for which you are responsible to fund or commission treatment?	2. Are patients with alopecia areata in your ICB area able to be prescribed ritlecitinib, as approved by NICE technology appraisal guidance TA958 (area is defined as all the local Trusts that are relevant to your ICB, serve your ICB area, or are commissioned by your ICB, for which you are responsible to fund or commission treatment)?	2.(a) If yes, could you provide information on any policy or limitations on the number of patients with alopecia areata that can be prescribed ritlecitinib?	2.(b) If no, or if any limitations are present, please explain any reasons for not adhering to NICE's mandatory guidance (e.g. budgets, other priorities, other organisations' responsibility).
Questions							
Answers	Not yet. We are working towards a pathway for alopecia with the relevant clinical teams.	N/A	This is a new pathway in development.	yes	We are working with the relevant clinical teams to establish the correct infrastructure required for patients to receive ritlecitinib safely. Once this is established ritlecitinib may be routinely prescribed in line with NICE TA958	N/A	N/A

Section 2: Clinics and referrals in your area

	3. Are you currently referring alopecia patients to secondary/tertiary care?	3.(a) If yes, please explain the referral criteria, including whether referrals are for virtual or in person appointments?	3.(b) If no, what is preventing this? (e.g. budgets / other priorities / other organisations' responsibility)	4. What is the average time for a patient with alopecia to be referred to secondary/tertiary care within your ICB area?
Questions				
Answers	We are working with the relevant clinical teams to establish a referral route for patients to received ritlecitinib in line with NICE TA958.	N/A	This is a new pathway in development and we are working to ensure that the correct infrastructure is in place for patients to receive ritlecitinib safely.	Referral pathway in progress.

Section 3: Wigs

	5. Do you have a wig policy for patients with alopecia in your ICB area (area is defined as all the local Trusts that are relevant to your ICB, serve your ICB area, or are commissioned by your ICB, for which you are responsible to fund or commission treatment)?	5.(a) If so, what does your policy state regarding the provision of wigs for alopecia patients? Specifically, please address the following: i. Are all types of alopecia eligible for a wig? ii. How many wigs are provided to patients per year? iii. Are there any limitations on the type of wig available (e.g. acrylic or human hair wigs)? iv. Do patients have a choice of supplier? And if so, how many? v. How do patients pay for their wigs? vi. Are patients allowed to pay a top-up to the prescription to get a wig that costs more?	5.(b) If no, what has prevented this so far?
Questions			
Answers	Please see BNSSG policy: https://bnssg.icb.nhs.uk/directory/wigs-hairpieces-and-hair-replacement-systems/	i. please see policy ii. please see policy iii. Please see policy iv. BNSSG ICB commission Bristol Centre for Enablement for supply of wigs v. The supplier is paid by the ICB vi. Not currently	N/A

Section 4: Mental Health

	6. Are the associated mental health or psychological challenges of patients with alopecia assessed in your ICB area (area is defined as all the local Trusts that are relevant to your ICB, serve your ICB area, or are commissioned by your ICB, for which you are responsible to fund or commission treatment)?	6.(a) If yes, please explain what specific support is available, whether people are signposted to relevant support organisations, and if there is any criteria to receive support (e.g. percentage of hair loss, type of alopecia)?	6.(b) If no, please explain what has prevented this so far?
Questions			
Answer	There are no specific service commissioned to assess the mental health challenges associated with alopecia	The ICB commissions NHS Talking Therapies which will be able to support patients suffering from anxiety and or depression as a result of alopecia.	N/A

Section 5: Awareness of local population

	7. Have you reviewed the alopecia needs of your local population (e.g. numbers of people living with alopecia who are diagnosed and not yet diagnosed, gender, ethnicity, socio-economic groups)?	7.(a) If yes, please give details.	7.(b) If no, what has prevented this and are there plans to do so?	8. Are you aware of local inequalities of access to care services for people with alopecia amongst any groups (e.g. by gender, ethnicity, socio-economic groups)?	8.(a) If yes, please give details of the inequalities and any work you are doing or planning to do to address this.	8.(b) If no, are there plans to do so?
Questions						
Answers	In progress	N/A	The ICB is working with the relevant clinical teams to establish this data as part of the implementation of TA958.	Not yet	N/A	The ICB is working with the relevant clinical teams to establish this data as part of the implementation of TA958.