

FAQs about the National Authorisation Panel (NAP)

What is the National Authorisation Panel?

The National Authorisation Panel (NAP) is the committee that has been set up by NHS England and NHS Improvement to provide expert clinical advice about patients with Hypophosphatasia (HPP). One aspect of this role is that the NAP review requests for patients to start treatment on asfotase alfa. They also ensure that patients already using the drug are continuing to benefit from treatment. They do this using the 'Starting' and 'Stopping' criteria set out in the [Managed Access Agreement](#).

Who is on the NAP?

The NAP is chaired by Dr Ayesha Ali, an experienced public health doctor whose general role is to ensure that patients with rare diseases have access to high quality services. Professors Nick Bishop and Richard Eastell provide advice on patients with HPP and Dr Jacqui Clinch provides advice on pain management. Malcolm Qualie from NHS England and NHS Improvement provides pharmaceutical advice. Fiona Marley from NHS England and NHS Improvement makes sure that the committee functions properly and ensures that referrals are considered promptly.

How often does the NAP meet?

The NAP meets about every six weeks but can consider urgent referrals between meetings if necessary.

Does the NAP have a cost saving/cost minimising role?

No, the role of the NAP is to assess patients against the 'Starting' and 'Stopping' criteria. If they decide that a patient meets the 'Starting' criteria, then the funding for this patient is made available by NHS England and NHS Improvement. The NAP also has a role in ensuring that patients are continuing to benefit from asfotase alfa. They assess patients on an annual basis against the 'Stopping' criteria set out in the [Managed Access Agreement](#). There are a number of 'Stopping' criteria related to pain, wellbeing, mobility and fractures. These criteria are not reviewed in isolation, they are considered collectively by the NAP sometimes in combination with additional information from a patient's treating doctor. If a patient meets a 'Stopping' criteria, there would be a conversation between the patient (their carers) and their treating doctor, at the same time as discussions with the NAP, before treatment was stopped.

How are decisions made by the NAP communicated to patients and their carers?

To maintain patient confidentiality, the NAP cannot communicate directly with patients and their carers. The NAP will communicate decisions directly with the patient's treating doctor. Patients and their carers should speak to their treating doctor regarding any information that is expected from the NAP.