

**From Director of Hospital Care  
Paul Cavanagh**



**By email**

**Chief Executives of Trusts - for cascade to:**  
Medical Directors  
Directors of Nursing  
Directors of Acute Services  
Heads of Pharmacy & Medicines Management  
Clinical & Social Governance Leads

**Director of Primary Care, SPPG - for cascade to:**  
Head of Pharmacy  
Medicines Management  
Family Practitioners

**Strategic Planning and Performance Group**  
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Email: [SPPG-NICEInbox@hscni.net](mailto:SPPG-NICEInbox@hscni.net)  
Date: 7 February 2025

Dear Colleague,

**SERVICE NOTIFICATION FOR NICE TECHNOLOGY APPRAISAL TA996 –  
LINZAGOLIX FOR TREATING MODERATE TO SEVERE SYMPTOMS OF UTERINE  
FIBROIDS**

**Background**

The Department's Medicines Policy Branch (MPB) in the Chief Medical Officer's Group has recently reviewed the above NICE guidance and has formally endorsed it as applicable in Northern Ireland.

In line with Circular HSC (SQSD) 12/22, the SPPG is required to issue a Service Notification to HSC Trusts and other relevant providers and stakeholders, including Family Practitioners, setting out the expectations for implementation.

**Commissioning Arrangements**

This regimen will be formally commissioned by the SPPG.

Any changes to the commissioning arrangements on this treatment will be updated on the SPPG NI Formulary Managed Entry Decisions webpage:

<https://niformulary.hscni.net/managed-entry/managed-entry-decisions/>

**Resource Implications**

Any resources associated with the introduction of the technology in line with the commissioning arrangements set out above will be incorporated in the financial allocations for the appropriate financial year.

Any additional infrastructure requirements will be subject to agreement with the relevant SPPG Service Team.

## **Legislative/Policy Caveats**

This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. This would, for example, include situations where individual patients have other conditions or complications that need to be taken into account in determining whether the NICE guidance is fully appropriate in their case.

The Rural Needs Act (NI) 2016 has been considered and this guidance, which is purely of a technical nature, is not regarded as falling within the scope of the Act.

## **Action required by Health and Social Care Trusts / Family Practitioners**

Trusts / Family Practitioners should now take forward the implementation of the TA in accordance with Circular HSC (SQSD) 12/22. The SPPG's expectation is that proportionate implementation arrangements will be established on receipt of this correspondence.

In particular, within three months Trusts should ensure that: targeted dissemination takes place; a clinical/management change leader has been agreed; and a proportionate implementation plan is in place.

Family Practitioners should take steps to ensure the treatment is prescribed in accordance with the NICE guidance.

## **SPPG Monitoring and Assurance arrangements**

The SPPG will seek direct assurances from Trusts regarding the actions outlined above.

Thank you for your attention with this matter. If you have any queries please email SPPG Hospital Care directorate via [SPPG-NICEInbox@hscni.net](mailto:SPPG-NICEInbox@hscni.net) in the first instance.

Yours sincerely



p.p.

**Paul Cavanagh**  
**Director of Hospital Care**

Cc:

Chief Medical Officer  
Chief Pharmaceutical Officer  
Chief Executive Patient and Client Council  
Chief Executive/Postgraduate Dean, NIMDTA  
Chief Executive, NICPLD  
Chief Executive, NIPEC  
Chief Executive, NIBTS  
Chief Executive, RQIA  
Chief Executive, PHA  
Group Heads, SPPG  
Assistant Directors of Commissioning, SPPG  
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