

# L-T3 Information v4

We have prepared this document in order that it may be quoted by patients and doctors experiencing difficulties around the prescribing of liothyronine (L-T3).

It contains updated guidance issued by NHS England, in July 2019, and the new NICE guideline, published November 2019, an extract from The Liothyronine Dossier, a major 2018 report on L-T3 prepared for the Department of Health and Social Care, following debates in both the House of Commons and the House of Lords.

***Liothyronine, Case Details with Clear Evidence that NHS England Guidance on Prescription of Liothyronine is not Being Followed by CCGs. Evidence in Response to a Request from The Lord O’Shaughnessy Parliamentary Under-Secretary of State for Health and Social Care***, is available to read here: [bit.ly/LiothyronineDossier2018](https://bit.ly/LiothyronineDossier2018)

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**Extract:** The below extract is from page 7 and 8 of the dossier:

## **Parliamentary Scrutiny**

Lord O’Shaughnessy responded to a written question from Lord Hunt on 4th July 2018, stating:

*“the national guidelines advise clinical commissioning groups (CCGs) that local decisions should be made regarding arrangements for the on-going prescribing of liothyronine, taking into account both the local needs of the population and the best practice set out in the guidance.”*

On 25th July, in response to another written question from Lord Hunt asking:

*“...whether Her Majesty’s Government intend to review local and regional guidance by NHS bodies which do not follow current national guidance in relation to the prescribing of liothyronine (T3)”*

Lord O’Shaughnessy wrote:

*“...we are informed by NHS England that the joint clinical working group has agreed that NHS clinical commissioners will reiterate to clinical commissioning groups (CCGs) by the end of July 2018 that the intention of the guidance published last November was to end the routine prescription of liothyronine only where it was clinically appropriate to do so.”*

CCGs are accountable to NHS England, which has a key role to ensure that they, as statutory organisations, deliver the best possible services and outcomes for patients within their financial allocation. Where there are concerns about CCGs failing or at risk of failing to discharge its functions, NHS England has the ability to exercise formal powers to either provide enhanced support to a CCG, or in rare circumstances to intervene.”

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## Update

Following publication of the dossier, NHS England, Regional Medicines Optimisation Committees, agreed to work on clarifying the guidance they issued to CCGs on liothyronine in November 2018. In July 2019 the updated guidance was published and can be found on this link.

<https://www.sps.nhs.uk/articles/updated-rmoc-guidance-prescribing-of-liothyronine/>

*(For the record, here is a link to the statement that went out in February 2019*

<https://www.sps.nhs.uk/articles/regional-medicines-optimisation-committee-newsletter-issue-2-2019/>)

NICE published a new [guideline on thyroid disease assessment and management](#), in November 2019. This guideline is not intended to be comprehensive or to replace clinical judgement, patient centred care, or shared decision making for individual patients. The guideline rationale refers to the above prescribing guidance from NHS England and emphasises the importance of shared decision making, hence the NICE recommendations should not affect liothyronine prescribing where it is required.

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## Guidance

The British Thyroid Association guidance statements on liothyronine state clearly that a patient established and well on liothyronine should not have their treatment disrupted.

<https://www.british-thyroid-association.org/current-bta-guidelines->

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