Chair: Charlotte Skitterall, Chief Pharmacist, UHSM
Vice Chair: Claire Vaughan, Head of Medicines Optimisation, Salford CCG
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HIGH COST DRUGS SUBGROUP

Wednesday 26th July 2017, 10am until 12 noon
Committee Room 3, Pendleton Gateway, Salford, M6 5FX

Draft Minutes

1. General Business	
1.1	Welcome and apologies (See register in appendix 1) Apologies as per register were noted.
1.2	**Conflicts of Interest** Nothing declared
1.3	**1. Minutes and actions** Some minor amendments to the minutes were agreed **Action: MM to amend and submit to GMMMG** **2. Actions and Matters arising** Psoriasis pathway– SJ had contacted the specialists regarding the changes requested, after which the pathway would be forwarded to MM for GM consultation. All other items were on the agenda for discussion
2. Medicines Optimisation	
2.1 and 2.2	**Rituximab: Potential savings associated with biosimilar uptake in GM – Draft recommendation for approval** **Implementation and principles of a GM gain share agreement – Draft recommendation for approval** Following discussion at the June meeting draft recommendations had been prepared for approval at this meeting. The group considered the draft recommendations and the accompanying gain share agreement paper and some changes were agreed. It was noted that these papers and recommendations have been developed using guidance from national reviews (Carter review) and relevant NHSE guidance, NICE guidance and product specific information e.g. SPCs, along with regional and local specialist knowledge and information. It was agreed that these items would be submitted to GMMMG for approval by email, as the position had previously been approved in principle in June. Approval would then be sought from the Association of CCGs Chief

	Finance Officers (CFOs) and Directors of Commissioning (DoCs). It was noted that the rituximab gain share agreement was proposed to start on the 1st August 2017 for two years and that whilst these recommendations may not be published in this time, GM organisations were aware of them and had already undertaken preliminary work on the back of these discussions. It was agreed that HCDSG would review the uptake of biosimilar rituximab on a quarterly basis and report their findings to GMMMG. **Action: MM to send amended recommendations and gain share agreement paper to GMMMG for email approval, thereafter to submit to CFOs and DoCs for approval.**
2.3	**Homecare/HCD service scoping template – discussion of information gathered during the scoping exercise** The greater Manchester Shared Service (GMSS) updated the group on the exercise undertaken to scope the Greater Manchester's commissioner, provider, and commissioning support organisations for information relating to the workforce involved in direct and indirect high cost drugs (HCD) and homecare processing and management activities. This included HCD internal processing, Blueteq usage, homecare, individual funding requests (IFR), biosimilars, other local agreements e.g. gainshare. The group noted that this exercise had been identified to support the Greater Manchester Hospital Transformation Project (HPTP), with an aim to support a reduction in variation across the region and to improve quality of care. Eight GM Trusts plus The Christie, East Cheshire, Pennine Care and Manchester Mental Health trust , 10CCGs and the GMSS were consulted, of which 6 out of 12 trusts and 5 out of 10 CCGs and the GMSS responded. It was recognised that this work could lead to changes in the commissioning of services associated with HCDs, and a change in funding and that it was disappointing that there had been a number of non-responders. It was agreed that these findings should be forwarded to the HPTP to be taken forward. **Action: GMSS to forward this work to the HPTP**
2.4	**Review of HCD data challenges – to identify changes in the current process** GMSS has been analysing and challenging the payment by results excluded high cost drug (PBRex HCD) data on behalf of Greater Manchester clinical commissioning groups (CCGs) since 2015. GMSS presented a report to HCDSG detailing the different types of HCD challenge that are undertaken currently. The paper highlighted challenges which are useful and identified possible options for those reports that are considered less useful. The group considered the proposals within the paper and agreed that the monthly challenge process should continue but that amendments would be made as follows: • Date of birth challenges for 16-18 year olds would stop • Duplicate challenges would reduce in frequency to quarterly

	• In tariff challenges would continue but that locally agreed variations should be included in contracts to ensure clarity. • VAT exemption challenges would stop until the NHSE data set has been adopted • Monthly challenges of variation in cost would stop but would be undertaken as drug specific reports • Zero activity challenges would stop The group agreed that these proposals be submitted to DoFs for their comment and approval at this stage. **Action: SJ to forward this report to CFOs for consideration, thereafter it will be submitted to GMMMG**

3. Pathway and policy development

3.1	**GMMMG biologics pathway for rheumatoid arthritis** The group noted the updated version of the GMMMG biologics pathway, and that there were no new implications for consideration, but rather the document consolidated current commissioning arrangements and was in line with NICE guidance. The group supported the GMMMG approval of this pathway. **Action: MM to submit to GMMMG**
3.2	**Juvenile Idiopathic Arthritis: summary of information regarding paediatric to adult transition funding** SMcK presented a background on juvenile idiopathic arthritis (JIA) and considerations for commissioning. The funding of biologics started in children had been briefly discussed at the June HCDSG where members had supported CCG funding of these agents when the child transitioned to adult services. CV suggested that a general position statement which covered continued funding of HCD treatments for other indications would be helpful. The group noted that for JIA in addition to those patients who transition on treatment there would also be a cohort of patients who would need to switch biologic treatments in adulthood and that the British Rheumatology Society state that patients with JIA should not be reclassified as RA when they transition to adult services. It was noted that there is a NHSE commissioning policy for biologics for JIA in children and adults. However because CCGs are the responsible commissioner for biologics in adult patients with JIA there is a requirement for this to be formally adopted by CCGs as a commissioning position. This would then provide clarity regarding the switching or initiation of biologics in adulthood. VR was to confirm with CMFT rheumatologists that they supported the NHSE guidance. ER also informed the group

	that the JIA Blueteq forms for patients transitioning from children to adult services were on the website for GM consultation. **Action: VR to confirm CMFT support for adoption of the NHSE guidance on JIA**

4. Data

4.1	**Biosimilar uptake – data set reporting** During the development of the rituximab biosimilar uptake recommendation and the gain share recommendation it was agreed that uptake of biosimilar medicines across GM would be monitored and that a quarterly report would be presented to GMMMG. A draft report produced by GMSS was presented to the group, the group were asked to submit suggestions on the format of this report to ER by email. **Action: All members to submit suggestions to ER regarding the content and format of the biosimilar uptake report**

5. Communication from other groups

5.1	**Medicines Optimisation Clinical Reference Group** The group were briefly updated on the items under consideration from this group via draft minutes CS had provided to MM. The group asked that an update on the progress of the "free of charge" policy be obtained, there was some concern from HCDSG that this work had been ongoing for some time and that if it was unlikely to made available soon local work may have to be undertaken. **Action: MM to ask CS to seek a timescale for this work**
5.2	**Update from Chief Pharmacists meeting May 2017** SS provided the group with a brief update of the most recent meeting. There was nothing of significance for HCDSG at this time.
5.3	**Health Innovation Manchester – optimising biologics work stream** SMcK updated the group on a recent meeting she had attended where a "high cost biologics optimisation" project was discussed. The group also discussed the workings of the MAHSC. It was again agreed that it was important that both these groups were aware of the role and remit of the GMMMG HCDSG, and that HCDSG were keen to interact with these groups to ensure there was no duplication of work. A letter had been drafted explaining the role and remit of HCDSG and would be forwarded to these groups in due course, however attendance by HCDSG member at each group was requested. AM agreed to try and attend the meeting planned for the MAHSC meeting planned for mid-August.

6. Horizon scanning and work plan

6.1	**GM HCD horizon scanning and financial planning: scoping of GM processes** AM explained that following scoping the intention of this group was to draft best practice principles on how to horizon scan and financial plan. These would return to HCDSG in September. It was also agreed that mental health Trusts should be

	included within this exercise. **Action: AM to submit paper to the September meeting**
6.2	**RDTC monthly horizon scanning document (July 2017)** The group considered the monthly horizon scanning document provided by the RDTC. It was noted that the first biosimilar etanercept product had launched and that a second was imminent. The group asked if anything had been raised for HCDSG attention from FMESG the previous day, AM explained that this was to be decided by email and he would update the group if necessary. **Action: AM to update HCDSG with any items for consideration from FMESG**
6.3	**Work plan** The group revised the work plan and asked that it be submitted to GMMMG for their information. **Action: MM to submit the revised work plan to GMMMG**
7. Strategic Direction	
7.1	**Other local HCD groups** This item was discussed under item 5.3.
8	**AOB** SE asked whether the NICE TA456 on ustekinumab had been considered by this group, it was noted that the group were aware of this TA as it had been picked up under "forthcoming NICE guidance" but that it would appear in the August horizon scanning document, as it had been published after publication of the July horizon scanning document, and so would be considered at the next meeting. The IBD pathway would need to be updated to reflect this.

Date of next meeting: August 23rd 2017, 10am until 12noon, Community room 3, Pendleton Gateway – 1 Broadwalk, Pendleton, Salford, M6 5FX **- CANCELLED**

Appendix 1: Attendance register 2017											
Attendee	**J**	**F**	**~~M~~**	**A**	**~~M~~**	**J**	**J**	**A**	**S**	**O**	**N**
Charlotte Skitterall Chief Pharmacist UHSM	✓	✓		✓		✓	A				
Rachael Fallon (or Danielle Timoney or Vanessa Reid) Deputy Director of Pharmacy & Head of MO CMFT	✓	✓		✓		✓DT	✓ VR				
Steve Simpson Chief Pharmacist Bolton Trust	A	A		✓		✓	✓				
Paul Buckley Chief Pharmacist Stockport Trust	A	A		A		A	✓				
Carolanne O'Sullivan HCD Pharmacist UHSM	✓	✓									
Lindsay Harper (or Selwa Elrouby) Director for Pharmacy SRFT	✓	✓ SE		✓ SE		✓SE	✓ SE				
Robert Elsey Specialist Pharmacist PAT	✓	✓		✓		A	✓				
Claire Vaughan Head of MO Salford CCG	✓	✓		✓		✓	✓ (Chair)				
Jeanette Tilstone Head of MO Bury CCG	A	✓		✓		✓	✓				
Peter Howarth Head of MO T&G CCG	A	A		A		A	A				
Susan McKernan Senior MO Adviser North Manchester CCG	✓	✓		✓		✓	✓				
Kenny Li Senior Head of MO Manchester CCGs	✓	✓		✓							
Jole Hannan CCG Interface Pharmacist Bolton CCG	✓	✓		✓		A	A				
David Dolman Deputy Chief Finance Officer Stockport CCGs	✓	A		✓		✓	✓				
Jackie Murray Deputy Chief Finance Officer / FSD Lead NHS Bolton Clinical Commissioning Group				✓		A	A				
Glenn Harley NW Procurement lead NW	A	A		✓		✓	✓				
Connie Chen		✓		✓		✓	✓				

GP Manchester CCG											
Therese Brammah Consultant rheumatologist Tameside	✓	A		A		A	X				
Sarah Jacobs Strategic medicines optimisation pharmacist GM Shared Service	✓	✓		✓		✓	✓				
Andrew Martin Strategic Medicines Optimisation Pharmacist GM Shared Service		✓		✓		✓	✓				
Elaine Radcliffe Medicines optimisation pharmacist GM Shared Service	✓	A		✓		✓	✓				
Anna Pracz Medicines optimisation pharmacist GM Shared Service	✓	A		✓		✓	A				
Tanveer Kausser Contract Management and Performance Team Leader GM Shared Service	✓	✓									
Brian Galea Systems Administrator GM Shared Service	✓	✓		✓		✓	A				
Adrian Byrne Advanced Medicines Optimisation Pharmacist	✓	✓									
Monica Mason Principal pharmacist RDTC	✓	✓		GM		✓	✓				