

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

**Wednesday 27<sup>th</sup> February 2019, 10a.m. - 12noon, St James's House,  
 Pendleton Way, Salford. M6 5FW (telecom)**

## Minutes

1. General Business	
1.1	<p>Welcome and apologies (See register in appendix 1)</p> <p>Apologies as per register were noted, it was noted that this meeting was not quorate and so no decisions would be made other than to update communications and ongoing work.</p> <p>Chris Astbury (CA) HCD Pharmacist Pennine Acute Hospital NHS Trust dialled in in place of Rob Elsey.</p>
1.2	<p><b>Conflicts of Interest</b></p> <p>Nothing in relation to agenda.</p>
1.3	<p><b>1. Minutes</b></p> <p>The draft minutes from the January meeting were agreed as accurate by those present, however approval would be sought from primary care representatives not present.</p> <p><b>Action: Publish on GMMMG website following CSB</b></p>
1.4	<p><b>Actions and Matters arising</b></p> <p>The group noted and agreed the actions from January as follows:</p> <ul style="list-style-type: none"> <li>• Blueteq use across GM – this work would now be presented at the March meeting.</li> <li>• HCD reporting – the high cost drugs dashboard would be presented at the March HCDSG meeting, where members would discuss and agree possible performance measures based on the information presented</li> <li>• HCDSG understood that a holding statement concerning the use of bevacizumab for wAMD as requested at the January meeting had been drafted for CSB submission, however it was agreed that this statement would not be submitted to CSB for approval until there was a clearer understanding of the current situation. Members asked that progress be made on this topic, and that a paper be presented to the March meeting highlighting the opportunities and challenges posed to the GM system by this treatment option. A number of points for consideration within this paper were raised i.e. availability of product, expected changes to the pricing framework, aseptic production capacity,</li> </ul>

	<p>accuracy of cost benefit proposed by alternative treatment options, capacity of ophthalmology departments to treat additional patients as identified.</p> <p><b>Action: MM agreed to take this discussion forward with KL as lead for this project, and to report back to HCDSG.</b></p> <ul style="list-style-type: none"> <li>• Managed entry of monoclonal antibodies for migraine across GM – it was noted that prescribing of erenumab would be reported back to the March meeting</li> <li>• A summary report detailing IFR drug requests would return to the March meeting with a view to reduce variation in request outcomes across GM.</li> </ul>
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## 2. Medicines Optimisation

2.1	Nil
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## 3. Monitoring and Assurance Reporting

3.1	<p>The group considered an assurance report detailing uptake of biosimilar products (including adalimumab) across the system, which had been presented to the Clinical Standards Board. A summary of CSB discussion was relayed to the group, namely that progress in all biosimilar uptake was recognised, but that there were still outstanding business cases requiring approval and this was leading to a delay in biosimilar adalimumab uptake at some GM sites. It was noted that CSB had agreed to support the necessary discussions with commissioners to ensure any outstanding cases were resolved as early as possible, however following a quick survey of organisations represented at CSB it appeared that there was only one business case to complete.</p> <p>HCDSG reviewed the current positions of Trusts with regard uptake and switching to biosimilar adalimumab and discussed any further support needed. Providers present commented that those organisations who had received adequate funding to resource uptake and switching programmes appeared to be performing best, however the lack of CCG representation on this call meant that this discussion could not be taken forward fully. There was some feeling that GM may not be performing as well as the rest of the NW although further data was needed to confirm this, and it was recognised that the data available through the Model Dashboard may not be an accurate reflection of the real position.</p> <p>Those present asked for further assurance that all GM business cases had been agreed and that this is highlighted through the report that was delivered from CSB to Directors of Commissioning (DoCs). There was a suggestion that further feedback be gathered from providers as to their current position, but that it may be difficult to obtain this information prior to DoCs meeting in March.</p> <p><b>Action:</b> MM to relay discussions above to DOCs as appropriate through the CSB highlights paper.</p>
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	<p><b>PCSK9 inhibitor Assurance Report</b></p> <p>Those present briefly considered the presented PCSK9 inhibitor assurance report prepared by the MO Hub. The aim of this paper was to highlight variation in the use of these agents across GM, with an aim to ensure equitable use of these NICE approved agents across all GM organisations. As it was imperative that this commissioning discussion involved GM commissioners it was agreed that this paper should be taken</p>
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	<p>forward first with CCG MO leads, and to return to HCDSG if agreed as appropriate for this group's agenda.</p> <p><b>Action:</b> ER to take this paper forward with GM CCG MO leads.</p>
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<b>4.Scoping and work planning</b>	
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4.1	<p><b>Proposed HCDSG work plan 2019/20: Update from CSB</b></p> <p>MM explained that a draft HCDSG work plan had recently been shared with HCDSG Chairs and would return to HCDSG when approved, pending CSB agreement of work streams.</p>
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5	<p><b>Communication from other groups</b></p> <ul style="list-style-type: none"> <li>• GM HCD optimisation network</li> <li>• Medicines Optimisation Clinical Reference Group</li> <li>• Health Innovation Manchester</li> <li>• Chief Pharmacists</li> <li>• RMOG</li> </ul> <p>Output from these groups was shared as appropriate throughout meeting discussion which included an update on the progress of the GM pharmacy hub.</p>
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<b>6. AOB</b>	
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<p><b>Date of next meeting: 27th March 2018, 10-12 noon at St James House, Salford (Broughton suite).</b></p>
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Attendee	M	A	M	J	J	A	S	O	N	J	F
Charlotte Skitterall Chief Pharmacist, MFT	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
Danielle Timoney Lead Pharmacist, Med Man, FT	A	✓	✓	✓		✓	A	A			
Carolanne O'Sullivan HCD pharmacist, MFT									✓	✓	✓
Steve Simpson Chief Pharmacist, Bolton Trust	✓	✓	A	✓		✓	A	✓	✓	✓	✓
Paul Buckley Chief Pharmacist, Stockport Trust	A	A	A	✓		✓	A	A	✓	A	✓
Darren Staniforth HCD Pharmacist, MFT	A	✓	✓	✓		✓	✓	✓	✓	✓	✓
Andrea Marrosu HCD pharmacist, SRFT	✓ SE	✓	✓	✓		A	✓	✓	✓	A	✓
Robert Elsey Specialist Pharmacist, PAT	✓	✓	✓	✓		✓	✓	✓	✓	A	✓ <sub>CA</sub>
Claire Vaughan Head of MO, Salford CCG	✓	✓	✓	✓		✓	✓	✓	✓	A	A
Jeanette Tilstone Head of MO, Bury CCG	A	✓	✓	✓		✓	A	✓	✓	✓	A
Susan McKernan Senior MO Adviser, North Manchester CCG	A ✓ KL	✓	✓	✓		✓	✓	A	✓	✓	A
Jole Hannan CCG Interface Pharmacist, Bolton CCG	A	A	✓	A		✓	A	A	A	✓	✓
David Dolman Deputy Chief Finance Officer, Stockport CCG	A	A	A	✓		A	✓	A	A	✓	✓
Glenn Harley NW Procurement lead	✓	A	✓	✓		A	✓	A	✓	A	A
Connie Chen GP, MHCC	A	✓	A	A		✓	A	✓	✓	✓	✓
Consultant rheumatologist (Therese Brammah, Sahena Haque, Louise Mercer, Surabhi Wig (Bolton) or Charlie Filer)	✓ SH	✓ SW	✓ CF	✓ CF		A			✓ LM		
Sarah Jacobs Head of MO, GM Shared Service	✓	✓	✓	✓		✓	✓	✓	A	A	A
Andrew Martin Strategic MO Pharmacist, MO Hub	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
Anna Pracz MO pharmacist, MO Hub	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
Elaine Radcliffe Mo Pharmacist, MO Hub											✓
Brian Galea Systems Administrator, MO Hub	A	A	A	A		✓	A	✓	A	A	A
Monica Mason Head of Prescribing Support, RDTTC	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓