

Chair: Charlotte Skitterall, MFT
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HIGH COST DRUGS SUBGROUP

Strategic Group

Friday 20th September 2019, 10 am-11.30am. Room 504, Townside Primary Care Centre
 BL9 0SN

DRAFT Minutes

1. General Business	
1.1	Welcome and apologies (See register in appendix 1)
1.2	Declaration of Interest Nil
1.3	Actions from the previous meeting The group were updated on actions from the previous meeting, outstanding actions were discussed as below.
Governance	
2	Work plan (V8) <p>The group agreed that the headache pathway should be moved up the work plan in preparation for the imminent erenumab NICE TA publication. The lack of data into HCDOG was acknowledged and the group asked that this was flagged to CV.</p> <p>It was confirmed that the macular work would be taken onto the HCD work plan, and that the paper being prepared by KL is to come to HCDSStG first for approval prior to CSB submission.</p> <p>Action: MM to communicate discussion to the relevant persons</p>
3	Level of decision making for HCDSG <p>Following discussion around the current approval route of different decisions, it was proposed that high cost drugs should be assessed via the same route as non-HCD drugs i.e. through a formulary evaluation undertaken by HCDOG. It was recognised that on occasion these agents may exceed the £200K threshold for delegated decision</p>

making by the subgroups and would require escalation to CSB and DoCs but that recent examples had shown that this level of escalation was not necessary in all cases. The group agreed that it was important that these decisions were being considered on a GM basis, following GMMMG approved processes. The review of the GMMMG terms of reference would consider a review of the level of delegated authority afforded to GMMMG, and there was a recognised need to streamline the approval processes where possible. The introduction of the HCD strategic group above the operational group is intended to support the effectiveness of HCD management across GM, and would look to support more rapid decision making and communication of decisions if appropriate.

Action: Members involved in CSB terms of reference review to communicate the points raised by HCDStG above

Managed entry of HCDs

4 Discussion points: “Lessons Learned” around the slow GM uptake of biosimilar adalimumab”

The group considered the presented paper which described the factors which may have contributed to the slow uptake of adalimumab biosimilar. The impact of any local incentive arrangements was discussed, as was the current rates of uptake as presented in the GM biosimilar uptake assurance report prepared by the JCT. It was agreed that a communication would go to Trust DoFs and DoCs from CS and MO’D, urging progress to be made in this area, and highlighting the impact to the whole GM system.

Suggested amendments were made to the “lessons learned” paper which would return to the November meeting for approval to submit to December CSB.

Action: MO’D and CS to communicate with Trust DoFs and DoCs as above, MM to amend lessons learned paper as discussed and work with CSb to prprepare a final version for November HCDStG meeting.

HCD Pathways and Guidance

5 Psoriasis pathway

- **Approval for consultation**
- **Outcomes monitoring**

The group considered the request to approve the draft psoriasis pathway for GM wide consultation, and to approve the outcomes framework presented. It was noted that a communication had been sent out requesting information relating to the commissioning impact of this pathway, and that closer working with the GM contracting representation on HCDStG might help future requests. The group agreed that this work be held for a short time to provide opportunity for this information to be received, but that if unsuccessful the consultation open with a specific ask for views of the commissioning impact that may result from the implementation of this pathway.

Action: MM to liaise with DG to obtain information around services currently

contracted across GM, after which the pathway is to be opened for GM wide consultation to include a request for information around possible commissioning impact.

6 **Macular Pathway**

As above it was requested that the paper currently being prepared by KL is submitted to HCDStG prior to submission to CSB. It was accepted that this work stream should be under the direction of HCDStG.

Action: MM to communicate to KL regarding submission of scoping paper to November HCDStG

Monitoring and assurance

7 **Summary of GM HCD spend and variation: actions and limitations**

A paper supporting discussion as to the areas of highest spend for PbRE drugs across GM CCGs, and the work currently underway or scheduled was considered by the group. This paper also highlighted the limitations in reporting presented by the current lack of access to data.

The group acknowledged the current work being undertaken acknowledged the limitations posed by the limited data sets currently available.

DG highlighted to the group a data source which may further support this work, it was agreed that DG would look into the possibility of appropriate sharing of this data, following which further interrogation of this data would be undertaken and presented back to HCDStG in November. The need to pick up prescribing of HCDs through private providers was acknowledged and routes to obtain this data will be investigated.

Action: MM (RDTC) to liaise with DG to prepare a summary of findings to the November HCDStG meeting.

8 **GM biosimilar uptake assurance report**

This report was considered and discussed under item 4.

Communication from Subgroups and Associated Committees

Updates were received as available from the GM HCD optimisation network, MO CRG, HiM, GM Chief Pharmacists and MO leads and RMOC.

In particular it was noted that the MO CRG has been reviewing its remit and agreeing a work plan which will include a review of the FOC scheme, a review of IFR processes at a national level, and standardisation of TPN.

Date of next meeting: Friday 22nd November, 10-12, Bury CCG, Townside, Bury

Appendix 1 - Attendance register								
Name	Position	Representing	07/19	09/19	11/19	01/20	03/20	05/20
Charlotte Skitterall (Chair)	Chief Pharmacist (Manchester FT)	GM Provider Trusts	✓	✓				
Claire Vaughan (Vice Chair)	Head of Medicines Optimisation (Salford CCG)	GM CCG MO teams	✓	A				
Susan McKernan	Lead Pharmacist and Deputy Head of Medicines Optimisation (Manchester Health and Care Commissioning)	GMMMG HCD Operational Subgroup (Chair)	✓	✓				
David Dolman	Deputy Chief Finance Officer (NHS Stockport CCG)	GM Deputy Chief Finance Officers	✓	✓				
Margaret O'Dwyer	Director of Commissioning, (Bury CCG)	GM Commissioners	A	✓				
Darren Gregg	Contracting representative (T&G CCG)	GM Contracting teams		✓				
Selena Bealing	Finance Director (Manchester FT)	GM Trust finance teams	✓	A				