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HIGH COST DRUGS SUBGROUP

Strategic Group

Friday 22nd November 2019, 10am- 12noon. 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	Minutes and actions from the previous meeting The minutes from the Sept meeting were agreed as accurate - MM to share with HCDOG and GMMMG and publish to website. The only outstanding action not covered in this agenda was the HCD reporting which the RDTTC and GM contracting team continue to develop. DG gave an update on the progress of this work, which includes a direction to map independent providers across GM in order that a complete data set can be obtained. It was agreed that this be scheduled into 20/21 contracts, as there is a need for robust and comprehensive data to fully realise the HCD work streams. Action: RDTTC to continue to work on this data source with DG. CV to discuss schedule in 20/21 contracts with PK (GM contracting team)
Managed entry of HCDs	
2	Lessons learned: Slow uptake of adalimumab biosimilar across GM The group reviewed this revised statement alongside the biosimilar assurance report. Notable progress had been made by MFT and this was acknowledged, however three Trusts still appeared to be lagging behind the rest of GM based on the data presented (Sept 2019 data). The group requested further amendments to the “lessons learned” paper, it was agreed these would be agreed virtually in order that this report can be submitted to the December GMMMG meeting. It was also agreed that the final draft be shared with the HCDOG at their November meeting.

	Action: MM to amend and share as above
3	<p>Biosimilar teriparatide recommendation</p> <p>HCDStG approved this recommendation but asked that the statement reflect the GMMMG gainshare principles in absence of a national reference price, applicable for two years following approval today.</p> <p>Action: RDTC to amend recommendation and ask HCDOG to communicate out as appropriate</p>

HCD Pathways

4	<p>GMMMG Ophthalmology review 2019</p> <p>A scoping paper prepared by Kenny Li (MHCC) was considered by the group who agreed that a GM wide ophthalmology pathway review be undertaken, but that whilst GMMMG will support the medicines aspect of this review that this should be part of the ophthalmology workstream being undertaken by the GM Elective Reform Programme Board.</p> <p>A brief paper will be submitted to GMMMG proposing the direction of this work, the group acknowledged the benefits of collaborative working on a regional and national level. HCDStG asked that this work stream should be prioritised within the GMMMG workplan as the core project for HCDStG and HCDOG and be allocated the necessary resource to enable it to proceed.</p> <p>Action: MM to draft a paper and seek approval from the HCDStG for submission to the December GMMMG meeting. MO'D to seek further information from the GM Elective Reform Programme Board around their work with ophthalmology</p>
5	<p>GMMMG psoriasis pathway: commissioning implications</p> <p>The group discussed the comments received through the 6 week GM wide consultation on this revised pathway. They acknowledged the work done to reach a clinically agreed pathway, and thanked the working group led by GM dermatology specialists and the RDTC for their commitment to this review. The outstanding questions concerning the commissioning impact of this pathway were discussed, the lack of data required to provide a reliable impact assessment were acknowledged. It was accepted that there should be no significant financial impact associated with the launch of this pathway, due largely to the optimisation of adalimumab biosimilar, and that the pathway supported the use of the best value agents where possible.</p> <p>The group revisited the outcomes monitor and suggested some changes to support engagement with submission of the most relevant information via Blueteq in order that the impact of the pathway can be clearly measured in 12 months' time.</p> <p>Action: CV and MM to refine outcome monitor, after which MM to submit the pathway for GMMMG approval in December as discussed above.</p>

Monitoring and Assurance

<p>6</p>	<p>HCD Assurance Monitor HCDStG welcomed the presented assurance monitor and asked that it be further developed to include trend charts where relevant. The managed entry of dupilumab was commended and it was agreed that this success be shared with GMMMG and NICE. It was agreed that the Chair would make contact with those Trusts who are not performing so well with adalimumab biosimilar uptake to understand the issues. Action: MM to amend assurance monitor as per comments. CS to contact Trusts regarding adalimumab biosimilar performance. MM to prepare dupilumab report with SMcK for GMMMG and NICE.</p>
<p>7</p>	<p>HCD work plan update The group considered the PbRE drugs horizon scanning summary from HCDOG and the current HCD work plan. It was again emphasised that the ophthalmology pathway review should be assigned priority within the GMMMG workplan, but that sufficient flexibility should be retained within the plan to accommodate the managed entry of those high cost agents identified as expected within the next 12-18 months. The reviews of the HCD pathways already scheduled would need to be continued, although MM would look to see if there was scope within the current plan to optimise the resource currently allocated to this work. MO'D requested more advanced horizon scanning which MM agreed to provide although advised around the lower confidence associated with very early scanning. Action: SMcK and MM to support the continuous update of the work plan in line with HCDStG direction and HCDOG capacity.</p>
<p>8</p>	<p>GMMMG PbR-excluded drugs list 2019-20 V2 This list as updated by HCDOG was accepted by the HCDStG, it will be updated quarterly going forward. Action: RDTC to publish to website and ask AM to communicate this publication to PK within the GM contracting team.</p>
<p>Communication from Subgroups and Associated Committees</p>	
	<p>GMMMG HCDOG – the minutes from the last meeting were accepted by HCDStG It was agreed that CV would take up a CCG seat on HCDOG to support a balanced primary/secondary care membership MO CRG – CV has been welcomed onto this group as a commissioner representative</p>
<p>Date of next meeting: Friday 17th January 2020, 10-12, Bury CCG, Townside, Bury</p>	

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	A			