

**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 24<sup>th</sup> April 2019, 10a.m. - 12noon, St James's House, Pendleton Way, Salford. M6 5FW**

## Minutes

1. General Business	
1.1	Welcome and apologies (See register in appendix 1)
1.2	<b>Conflicts of Interest</b> Nothing in relation to agenda
1.3	<b>1. Minutes</b> The draft minutes from the March meeting were agreed as accurate <b>Action:</b> Publish on GMMMG website following CSB
1.4	<b>Actions and Matters arising</b> The group noted and agreed the actions from March as follows:
2. Medicines Optimisation	
2.1	<b>Blueteq use across GM</b>  BG (MO Hub) presented the Blueteq data available from the BI Portal, it was noted that this only reflects the data from those GM Trusts using Blueteq, an update from those Trusts moving to Blueteq was provided, and those organisations not using Blueteq were noted. The impact to commissioners where Trusts are not using the Blueteq system was discussed, but it was argued that in the absence of Blueteq there are still local systems in place to share data and that Blueteq doesn't necessarily enable all assurances to be provided. However it was recognised that the driver was always to get the whole of GM to use one system so that assurance reporting can be delivered at a GM level, but that it is up to commissioners to pursue this.  The group referred back to the poster presented by DS at the last meeting which highlighted how Blueteq could be used to successfully gather data which could be analysed to improve patient outcomes and reduce variation in prescribing across GM. There was some query as to whether Blueteq was the only route available to undertake this task, and whether investment in such a system was value for money.

	<p>The resource from pharmacy teams to input the data was recognised, and it was agreed that if the drive to use Blueteq to provide assurance around spend and outcomes on high cost drug pathways was to continue, it would need to be supported by GM commissioners. That all systems have to use Blueteq to receive reimbursement from NHSE was noted, but whether this was a stance that GM commissioners should look to was considered unlikely.</p> <p>The group agreed that central to the successful operation of GMMMG HCDSG was the ability to analyse HCD data and outcomes of commissioned pathways, and that currently Blueteq was the most widely used system across GM to support this function. It was agreed that the use of Blueteq on a national footprint would be raised at the upcoming MO CRG meeting.</p>
<p><b>2.2</b></p>	<p><b>HCD Pathways</b></p> <p>AS provided an update on the reviews of the HCDSG pathways being undertaken. It was accepted that these reviews were clinical in nature, and that further work would need to be undertaken to further develop these into commissioning pathways.</p> <p>This led onto a further discussion around the proposal that the HCDSG would split into a strategic group and an operational group, with the aim to support the production of HCD commissioning pathways, and to support the operational group to undertake more detailed scrutiny around the GM HCD budgets and outcomes. There continued discussion around the enhanced functions of these group and possible GM wide projects which could be undertaken e.g. supply routes of HCDs.</p> <p><b>Action:</b> MM to return revised terms of reference to the next meeting.</p>
<p><b>3. Monitoring and Assurance Reporting</b></p>	
<p><b>3.1</b></p>	<p><b>GM Biosimilar Uptake Assurance Paper</b></p> <p>The group considered the uptake of biosimilars across GM in the April assurance report produced by MO Hub. It was recognised that the delay in rapid implementation of biosimilar adalimumab continues and the positions of GM organisations was discussed. Recent escalation to CSB and GM heads of commissioning and finance was expected to support improvements to the current picture soon.</p> <p>CS explained that following the disappointing results reported at the March meeting she had contacted the NHSE regional pharmacist to update them on recent discussions, and explain that the situation was set to improve.</p> <p>The group revisited discussions on the proposed restructure of the HCDSG, and how this proposal was intended to better support future GM projects, such as this, more strategically.</p> <p>It was agreed that it would not be possible to achieve one methodology for the implementation of the reference price across GM, and that this should be left to local contract teams.</p>

	<p>It was agreed that the strategic group would review the biosimilar uptake targets and report back to the operational group in due course.</p> <p><b>Action:</b> Assurance report highlights to be submitted to CSB</p>
<p><b>3.2</b></p>	<p><b>High Cost Drug reporting</b></p> <p>BG (MO Hub) presented the PbRE HCD dashboards to the group, and explained that the dashboard is constantly updated so it is better to refer to this than published reports. It was noted that as the reports use SLAM data, prescribing through private providers is not captured; to avoid this commissioners should data submission as part of these contracts.</p> <p>Feedback from the group included requests to see average spend per capita, and some context around spend. It was agreed that this data was useful and further discussion within the strategic group would follow, any suggestions around the use of this data could be communicated into this group.</p>
<p><b>3.3</b></p>	<p><b>Managed Entry of Monoclonal Antibodies for migraine across GM assurance reporting</b></p> <p>AM provided the group with an assurance report concerning the number of patients accessing erenumab through the agreed FOC scheme. It was understood that the NICE TA publication date had been delayed, and the group were assured that whilst there were slightly more patients that expected receiving treatment, they all met the agreed criteria. There were no more patients expected to access this agent via the scheme, and the group were assured that in the event of a negative NICE position patients understood that treatment would cease.</p> <p>The group were disappointed that Blueteq had not been used to gather the outcome data, and whilst they understood this data was being gathered and would be made available, asked that in future all Blueteq be used for all approved drugs. In the absence of NICE criteria, GM criteria should be used.</p>
<p><b>4. Scoping and work planning</b></p>	
<p><b>4.1</b></p>	<p><b>Monthly horizon scanning (April 2019)</b></p> <p>It was agreed that pitolisant for narcolepsy be scoped for consideration by the HCDSG. There was query as to whether botulinum toxin would require further consideration.</p> <p>Going forward regular horizon scanning would continue to be undertaken by the operational group, with annual planning/commissioning intentions to be considered by the strategic group.</p> <p><b>Action:</b> AM to return the PbRE spreadsheet to the May HCDSG meetings.</p>

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>A brief update of the outputs of these groups was noted.</p>
<b>6. AOB</b>	
<p><b>Date of next meeting: 22<sup>nd</sup> May 2019, 10-12 noon at St James House, Salford (Broughton suite).</b></p>	

Attendee	M	J	J	A	S	O	N	J	F	M	A
Charlotte Skitterall Chief Pharmacist, MFT	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Steve Simpson Chief Pharmacist, Bolton Trust	A	✓		✓	A	✓	✓	✓	✓	✓	✓
Paul Buckley Chief Pharmacist, Stockport Trust	A	✓		✓	A	A	✓	A	✓	A	✓
Darren Staniforth HCD Pharmacist, MFT	✓	✓		✓	✓	✓	✓	✓	✓	✓	A
Andrea Marrosu HCD pharmacist, SRFT	✓	✓		A	✓	✓	✓	A	✓	✓	✓
Chris Astbury HCD Pharmacist, Pennine Acute Trust										✓	✓
Claire Vaughan Head of MO, Salford CCG	✓	✓		✓	✓	✓	✓	A	A	A	✓
Vacant seat Head of MO, CCG											
Susan McKernan Senior MO Adviser, North Manchester CCG	✓	✓		✓	✓	A	✓	✓	A	✓	✓
Jole Hannan CCG Interface Pharmacist, Bolton CCG	✓	A		✓	A	A	A	✓	✓	✓	✓
David Dolman Deputy Chief Finance Officer, Stockport CCG	A	✓		A	✓	A	A	✓	✓	✓	✓
Glenn Harley NW Procurement lead	✓	✓		A	✓	A	✓	A	A	✓	A
Connie Chen GP, MHCC	A	A		✓	A	✓	✓	✓	✓	✓	✓
Consultant rheumatologist (Therese Brammah, Sahena Haque, Louise Mercer, Surabhi Wig, Audrey Lowe or Charlie Filer)	✓ CF	✓ CF		A			✓ LM			✓ AL	
Sarah Jacobs Head of MO, GM Shared Service	✓	✓		✓	✓	✓	A				
Andrew Martin Strategic MO Pharmacist, MO Hub	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Anna Pracz MO pharmacist, MO Hub	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Elaine Radcliffe Mo Pharmacist, MO Hub									✓	A	A
Brian Galea Systems Administrator, MO Hub	A	A		✓	A	✓	A	A	A	A	✓
Monica Mason Head of Prescribing Support, RDTC	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓