Chair: Charlotte Skitterall, MFT
Vice Chair: Susan McKernan, MHCC
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HIGH COST DRUGS SUBGROUP

Wednesday 19th August 2020, 9 a.m. – 11 am, Virtual Meeting

Minutes

1. General Business	
1.1	Welcome and apologies (See register in appendix 1).
1.2	**Declarations of interest** None declared
1.3	**Minutes from the previous meeting** Minutes from the previous HCDOG June meeting were approved
1.4	**Actions and matters arising** See updated action log
Governance	
2	**Workplan** The main discussion points were regarding Blueteq forms which aren't been completed because of the virtual clinics since COVID. Everyone will have to adapt to a new model of care. There are a number of issues surrounding Blueteq use and an intended focus in GM on commissioning for outcomes with HCDs. The use of Blueteq for this and the extra work in collecting the required information must be justified by appropriate use of data. This should be a substantive agenda item for HCDSG going forward. There is a need to agree commissioning for outcomes principles and have these ratified by GMMMG, JCT have agreed to support this piece of work. CS requested that the next meeting of HCDSG has a focus on data and quality standards, which will require a review of what HCD data is currently being collected in GM It was acknowledged that HCDSG will need to review the RAG status of some Red drugs in GM, but that the process will be led by MGSG and will look to reduce the number of red drugs to amber/green in line with regional work on outpatient virtual clinics. DN will be the link between MGSG and HCDSG and will bring a paper to be

	agreed by the subgroup. It was noted that there is an elective care programme in GM, involving ophthalmology pathways which this group must be linked with. MM confirmed that RDTC are in touch with the project lead, Laura Marsh. MHCC will provide the sponsor for wAMD pathway work and CV will act as lead commissioner for the planned migraine and sleep HCD pathways. **Action**: AP to support development of commissioning for outcomes principles
3	**NICE/MHRA/Horizon Scanning** It was noted that dupilumab for CRSwNP is likely to have a significant cost impact but that a NICE TA is not expected until 2021 at the earliest.
4	**HCD Sub-group Structure** Discussion took place on the structure of the HCDSG and it was noted that there were members from secondary care and chief pharmacists but there was no clinicians from gastroenterology, dermatology or ophthalmology and no GPs. DN would take on the task of inviting clinicians. Many of these groups input to HCDSG via the working groups and could not always attend meetings. DN is seeking feedback on the GMMMG subgroups ToR document by Friday 4th September 2020.
5	**HCDs funding arrangements 2020-21** It was noted that block contract information suggested an 11.5% decrease in spending whilst clinics were cancelled due to the ongoing COVID pandemic. It is believed many patients were reluctant to start biologic therapy during March – June or those already treated with IV therapy may have delayed treatment during this period, which has resulted in lower spend during these months than in previous years. This may have also led to an increased risk of patients experiencing a flare of their disease and a need to escalate or change treatment. The group also noted there may be inequalities created by ability or willingness to access HCD treatment during the UK's COVID-19 response which could be related to ethnicity and deprivation levels. However HCDSG felt that any inequalities did not persist once HCD/biologic treatment had been initiated as there was a standard approach followed by clinicians. The new funding arrangements until April 202021 were noted.
HCD Pathways and Guidance	
6	**Draft rheumatoid arthritis HCD Pathway** An updated version of the GMMMG rheumatoid arthritis (RA) pathway was produced and asked for approval from the group for this to be able to be sent out for consultation. HCDG were happy with the pathway content but wished to discuss the outcomes and monitoring framework There is work required on the target for best value biologic initiation targets within the outcomes and monitoring framework, which HCDSG asked DN to discuss further with

	the working group before opening for consultation.
7	**Draft IBD HCDs pathway** This was discussed by the group and it was agreed that we should review the targets within the outcomes and monitoring framework and ensure the consultation document includes input from specialist nurses on the feasibility of collecting this data. DN will take this discussion back to the working group. Discussion also took place on switching of biosimilar infliximab as Inflectra and remsima (IV) drugs. It was acknowledged that this is a unique situation where these two drugs are identical and manufactured by the same pharmaceutical company (Celltrion) but marketed under different brand names. Some trusts have asked in the IBD pathway could make a statement on these two products being interchangeable due to the opportunity to make financial savings. It was agreed, draft wording would be produced for comments from the group before being incorporated into the pathway It was highlighted that the draft pathway also includes off-label recommendations for the dose escalation of ustekinumab in CD, which would have an estimated cost impact of £200k per year in GM. These were discussed by HCDSG in 2019 but that further published evidence in this area has potentially changed the GMMMG position. An update to the 2019 evidence review and commissioning statement was requested to be presented to HCDSG at a later date for review. **Action:** RDTC to produce draft wording on switching of Inflectra and Remsima (IV) **Action:** RDTC to updated ustekinumab evidence review and commissioning statement for reconsideration by HCDSG
Monitoring and assurance	
8	**Review of GM High Cost Drugs Data Challenge Reports** Recommendations were brought to the group and agreed. These need to align with contracting and year end. It was also noted and requested that for governance purposes these reports should come to the HCD group before being sent to other clinicians and finance colleagues.
9	**Blueteq forms - Fremanezumab** The group discussed the new forms for Fremanezumab and agreed them. They can now go live for clinician use.
10	**Eltrombopag for ITP** Noted information from this paper
Communication from Subgroups and Associated Committees	

11	- **GM HCD Optimisation Network** - **Medicines Optimisation Clinical Reference Group** - **Health Innovation Manchester** - **GM Chief Pharmacists** - **Regional Medicines Optimisation Group (RMOC)** Due to time constraints this section was not discussed
AOB	
13	An issued was raised regarding a patient who was being treated with sulfasalazine for PsA and was trying to get pregnant, Stockport rheumatology wished to initiate certolizumab but the patient's CCG has requested that this only be continued until the patient has given birth and ceased breastfeeding, after which she should revert back to adequate trials of DMARDs, in line with NICE guidance. Members of the group considered this unfair but that there was no GMMMG policy covering this scenario and would need to be discussed further at some point for consideration as part of the HCDSG work plan.

Date of next meeting: Wednesday 16th September

This will again be a virtual meeting, dial in details to follow

Appendix 1 – attendance register

Attendee	J	J	A	S	O	N	D	J	F	M
Charlotte Skitterall Group Chief Pharmacist, MFT (Chair)	✓		✓							
David Dolman Deputy Chief Finance Officer, Stockport CCG	✓		A							
Steve Simpson Chief Pharmacist, Bolton Trust	✓		✓							
Paul Buckley Chief Pharmacist, Stockport Trust	✓		✓							
Darren Staniforth/Louise Brown HCD Pharmacist, MFT	✓ DS /LB		~~✓~~ LB							
Andrea Marrosu HCD pharmacist, SRFT	✓									
Chris Astbury HCD Pharmacist, Pennine Acute Trust	✓		✓							
Jacqueline Coleman Specialist Interface Pharmacist, Stockport CCG	✓		✓							
Susan McKernan (Vice-chair) Senior MO Adviser, MHCC	✓		✓							
Jole Hannan CCG Interface Pharmacist, Bolton CCG	✓									
Consultant rheumatologist (Therese Brammah, Sahena Haque, Louise Mercer, Surabhi Wig, Audrey Lowe or Charlie Filer)	AL/ LM		AL							
Commissioning representative - Vacant	✓ M' OD									
Contracting representative - Vacant										
Claire Vaughan Head of MO, Salford CCG	✓		✓							
Glenn Harley Regional Pharmacy Procurement Specialist	✓		✓							
Andrew White Head of MO, GM JCT			✓							
Andrew Martin Strategic MO Pharmacist, GM JCT	✓		✓							
Anna Pracz Senior MO pharmacist, GM JCT	✓		✓							
Elaine Radcliffe Senior MO Pharmacist, GM JCT			✓							
Monica Mason Head of Prescribing Support, RDTC	✓		✓							
Dan Newsome Principal Pharmacist RDTC	✓		✓							