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 26th June 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	**Declaration of Interest** Nil declared Item 7 – AM interest declared as per register and paper, this paper was an update and was provided for information only, with work being transferred to another lead to mitigate the possible DOI.
1.3	**Minutes from the previous meeting** April minutes had been approved by email and were provided here for information only, no meeting in May **Action:** Publish to GMMMG website
1.4	**Actions and Matters arising** Nil – all items were on agenda or transferred to work plan
Governance	
2	**Overview of proposed changes to HCDSG** SMcK as acting Chair presented slides highlighting the proposed changes which would see HCDSG split into a strategic (assurance) group and an operational group to be more effective and responsive to the PBR drug management agenda in Greater Manchester. The governance surrounding these proposed changes were discussed, following initial discussion at the April HCDSG meeting at the April meeting CSB supported the request from the HCDSG to change their operating model with the introduction of a strategic group to oversee the operational HCDSG, and asked that terms of reference return to CSB in June. The revised ToR had been presented for approval at the June CSB meeting, with verbally agreement having been sought from GM MO CCG Leads

	and GMMMG director of commissioning representative on behalf of DOCs.
3	**Terms of reference for high cost drugs assurance and operational groups** It was explained that whilst CSB had considered and provisionally approved the terms of reference for the HCDSG operational and assurance groups they had noted that HCDOG has not yet had sight of them. Therefore it was agreed that GMMMG CSB approval would be upheld pending no significant comments from HCDOG at their June meeting. If further changes are requested these will be raised with CSB either by email or at the August meeting. The group considered the revised ToR presented and discussed the role of the group and of its members, it was suggested that the group look at devices in addition to drugs. Examples of topics recently tackled by the group were used as examples of how the new group format may function differently. The group requested some amendments to the groups, including the assurance group becoming a strategic group as this would better fulfil its function. It was suggested that it was probably sufficient to have one chief pharmacist on the membership representing GM chief pharmacists, and was recognised that SS was also committed to the role as Vice Chair of CSB, although his continued support on this group would be appreciated if possible. PB explained that he was happy to continue to support the group, assuming that the new structure of the group did not significantly change the expectation of his roles and responsibilities from his current commitment. It was recognised that the role of specialist clinicians on this group is invaluable, and the group suggested this be extended to other specialities on a rotational basis. **Action:** MM to amend ToR as requested and return to the group for virtual approval, after which CSB Chairs sign off would be requested.
4	**Work plan** A work plan drafted by the HCD leads was presented to the group for their consideration. Some updates were suggested, and further comments welcomed. It was explained that this would be a living document, which would be maintained by both HCD groups. **Action:** Members to submit further comments/suggestions to MM
Managed entry of HCDs	
5	**Dibotermin alfa (InductOs) for acute tibial fractures: commissioning statement – draft for consideration post consultation** Mr Rafee was welcomed to the meeting to discuss the draft GM commissioning statement, and comments from the GM wide consultation were discussed. The

	inclusion and exclusion criteria proposed were discussed, as was the reasoning for extending use beyond the licensed indications and if there would be an evidence base to support this. Expected patient numbers and the cost impact to GM were discussed against the expected benefits to both patient outcomes and surgery times. It was agreed that this treatment should be restricted to those non-union specialists operating through one of the GM major trauma centres only. **Action:** Amend commissioning statement to reflect the decision of the group, commissioning and financial impact to be presented for approval with the statement at the July meeting.
6	**Monthly horizon scanning and identification of agents for evaluation** It was noted that the High Cost Drugs Payment by Results (PbR) drug and device exclusions 2019/20 spreadsheets had been approved at CSB in June, and would be communicated to contracting teams. CSB had agreed that too many agents were listed as requiring IFR, and supported the proposal for HCDSG to issue commissioning statements as a priority. The group approved the timeframe for production of the identified commissioning statements as detailed, and considered the attached horizon scanning documents to identify any additional high cost items for evaluation with a view to the production of a GM position. There was some discussion around GMMMG guidance versus policy, particularly around the botulinum policy which should be amended to guidance. **Action: Commissioning statements to be scheduled into the work plan.**
HCD Pathways	
7	**Update on review of GM Biologics pathway for Psoriasis** A progress update on the psoriasis pathway was considered by the group who were asked to note the stage of development of the updated Pathway, and agree to a full review in line with GMMMG approved process. The group recognised the need for further review work to be undertaken, particularly around dose optimisation, the number of treatment options included, whether these could be further prioritised so that the patient received the most effective agent first (based on the evidence available). The commissioning impact of patients receiving up to three biologics from a non-specialist centre was identified as requiring commissioning impact assessment. It was agreed that the pathway was currently at about step 5 in the development process, and it was agreed it should be submitted into the RDTC to align it against process and address the issues raised. As this pathway has been under review for some time now it was felt that communication to the working group involved should explain the status of this work and that it will be taken forward as a priority. **Action:** AM to submit draft pathway to RDTC for progression through GMMMG development and approval process. MM to contact working group following submission of pathway.

8	**GM HCD pathway for inflammatory bowel disease: technical review** This pathway was submitted to the group for approval following a technical update. The group considered the changes made and agreed that these were technical in nature i.e. addition of links to NICE technology appraisals, reformatting of text, updates to content in line with its data source. **Action:** AP to submit revised draft to MM for GMMMG website addition, MM to notify GMMMG of this update at the August meeting.
9	**Update on review of Harmonised Biologics Pathway for Ankylosing Spondylitis and Psoriatic Arthritis** The group were provided with an update on the review of the Harmonised Biologics Pathway for Ankylosing Spondylitis (including non-radiographic axial sponyloarthritis - AS) and Psoriatic Arthritis PsA. It was noted that this review is currently up to step 5 in the development process, MO Hub have a draft awaiting RDTC submission, which is currently on-hold pending principles from HCDAG. **Action:** ER to submit draft pathway to RDTC for progression through GMMMG development and approval process. MM to contact working group following submission of pathway.
Monitoring and assurance	
10	GM biosimilar uptake assurance report – June 2019 The May 2019 GM biosimilar update assurance report was presented to HCDSG, who were asked to acknowledge the issues presented and consider actions to improve the situation. The current uptake rates for adalimumab biosimilar were discussed, it was noted that at around 30% these rates were significantly lower than other parts of the region, and this continued to be concerning. Whilst it was noted that some progress had been made and some Trusts were now reporting between 60-70% uptake, one Trust was noted not to have commenced any switching. The reasons cited for the lag in GM uptake were multifactorial and include unresolved resource issues and workforce arrangements. The group stressed that these issues must be resolved as this represented a loss to the whole system which was sitting with providers. There was no update available regarding the future of the current CMU framework. **Action:** Assurance report to be submitted to the new HCD strategic group to undertake discussion to find a way to improve the biosimilar adalimumab uptake situation.
Communication from Subgroups and Associated Committees	
11	GM HCD optimisation network: the group had recently discussed BSR statement on dose tapering, and the criteria for a treatment step.
12	Medicines Optimisation Clinical Reference Group – no update
13	Health Innovation Manchester – an update was given on the Cardiovita presentation delivered at CSB
14	GM Chief Pharmacists – it was explained that GM CPs would be meeting in July to review their work plan

15	Regional Medicines Optimisation Group (RMOC) – there was query as to the progress of the sodium oxybate recommendation, MM to enquire.

AOB

It was noted that St James House would be available for use until March 2020. MM to forward dates to CV for future meetings.

Date of next meeting: 24th July 2019, 10-12 noon at St James House, Salford (Broughton suite).

Attendee	J	J	A	S	O	N	J	F	M	A	J
Charlotte Skitterall Chief Pharmacist, MFT	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Steve Simpson Chief Pharmacist, Bolton Trust	✓		✓	A	✓	✓	✓	✓	✓	✓	A
Paul Buckley Chief Pharmacist, Stockport Trust	✓		✓	A	A	✓	A	✓	A	✓	✓
Darren Staniforth HCD Pharmacist, MFT	✓		✓	✓	✓	✓	✓	✓	✓	A	✓
Andrea Marrosu HCD pharmacist, SRFT	✓		A	✓	✓	✓	A	✓	✓	✓	✓
Chris Astbury HCD Pharmacist, Pennine Acute Trust									✓	✓	A
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	✓	✓	✓	✓	
Glenn Harley NW Procurement lead	✓		A	✓	A	✓	A	A	✓	A	✓
Connie Chen GP, MHCC	A		✓	A	✓	✓	✓	✓	✓	✓	
Consultant rheumatologist (Therese Brammah, Sahena Haque, Louise Mercer, Surabhi Wig, Audrey Lowe or Charlie Filer)	✓ CF		A			✓ LM			✓ AL		✓ CF
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								✓			
Brian Galea Systems Administrator, MO Hub	A		✓	A	✓	A	A	A	A	✓	
Monica Mason Head of Prescribing Support, RDTC	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓