Chair: Charlotte Skitterall, Chief Pharmacist, UHSM
Vice Chair: Claire Vaughan, Head of Medicines Optimisation, Salford CCG
Enquiries: Monica Mason, Head of Prescribing Support, RDTC
(tel : 0191 213 7855, email: rdtc.rxsupp@nuth.nhs.uk)

HIGH COST DRUGS SUBGROUP

Wednesday 24th January 2017, 10am until 12 noon
Swinton Room, Mezzanine Floor, St James House, Salford.

Draft Minutes

1. General Business	
1.1	Welcome and apologies (See register in appendix 1) Apologies as per register were noted.
1.2	**Conflicts of Interest** CS declared an association with Dr Fitchet and did not partake in the discussion regarding Octreotide in PoTs.
1.3	**1. Minutes** The minutes were agreed as accurate. **Action: MM to upload to the GMMMG website**
1.4	**Actions and Matters arising** The group considered the progress of actions from the November meeting and noted that: **Free of Charge Medicines Policy:** This policy which had been prepared by the HCDSG had been submitted to the RMOC for socialisation. HCDSG members asked that this final draft be shared with the group for information at this stage. The group asked for a timeline for publication by RMOC, however this was unknown. There was some discussion as to the possibility of this document being prepared for use locally if there was a delay in the national publication, and it was agreed that this final draft be shared with the group so that further comments could be taken if local development was required. This item will remain on the work plan to return to the agenda should a local version be deemed necessary. **Action:** SJ to circulate the final draft to HCDSG members; significant comments would be gathered and discussed if necessary. **Commissioning framework for biological medicines: consistent implementation in GM:** This paper had been discussed at GM Chief Pharmacists meeting who had agreed the principles and which should have now been included in all GM organisations commissioning intentions. The issue of defining the term “best value biologic” was outstanding and it was agreed that SS and CV would prepare a paper to

	return to the next meeting. The group also asked that the NHSE CCG-commissioned best value biological medicines return (reflecting GM position) be shared with group members by email, members were reminded that at they would need to liaise with their own organisations for the specifics. **Action:** CV to liaise with SS and make necessary amendments to the paper (presented at the Oct meeting) and return a final version to HCDSG in February.
2. Medicines Optimisation	
2.1 – 2.4	**Output of the PbRex drug spreadsheet review subgroup: Summary paper plus recommendations for Rituximab in immune cytopenias, Octreotide in gastro conditions and Octreotide in PoTS and palliative care** The Chair thanked AM and SMcK and the rest of the working group tasked to review the PbRe spreadsheet, which will result in a significant saving of administrative work in producing IFRs (20-30 per year) thereby enabling patients to receive quicker access to medicines. The group considered three draft recommendations for rituximab and octreotide (as above), whilst it was accepted that there was a lack of published evidence for some of these indications, it was agreed that this was established practice for these less common conditions. The group approved the rituximab for immune cytopenias and octreotide in gastro conditions recommendations, but requested a more specific recommendation for octreotide in PoTs and palliative care, as it was deemed that the evidence for this use was not sufficient to support this recommendation, and a pathway from the specialist was requested detailing the steps that would lead to this treatment request, following which the spreadsheet could be updated appropriately. It was agreed that the spreadsheet should be provided to all CCGs for commissioning and contracting inclusion (AM to forward to spreadsheet to CV). The group discussed the use of octreotide in palliative care and the difficulties in access for some palliative care teams, it was agreed that there should be a re-review of the RAG status of this agent for use in palliative care, and this task was referred to the FMESG. **Action:** Octreotide in PoTS and palliative care: recommendation: AM to liaise with specialist to draft recommendation specifics, and to refer the RAG status review to FMESG**. Post meeting note:** Octreotide and PoTS to remain under IFR request, if numbers exceed threshold this use will be re-reviewed. SE to communicate to the specialist.
2.5	**Dupilumab for dermatitis: draft statement (v1)** The group considered the first draft of this recommendation for the use of dupilumab for dermatitis, and noted that dupilumab costs approximately £17,000 per patient per year. The Early Access to Medicines Scheme (EAMS) that had been operational in SRFT had finished in September 2017, some of these patients had been granted access to a Free of Charge Medicines Scheme. The group expressed their disapproval towards the use of EAMs at SRFT and the resulting FOC scheme.

	Although NICE is issuing a TA in August 2018, HCDSG agreed that further work be undertaken on this recommendation, as it was useful at this stage to gauge the intention of specialists and the likely impact the TA will have if it receives a recommendation. The group asked that the draft recommendation be shared with GM specialists in order that a more detailed place in therapy for dupilumab be included within this recommendation and an expected cost impact be presented to GMMMG at its April meeting. It was also proposed that a scoping exercise be undertaken to assess the number of EAMS currently in place across GM. **Action:** SE and SJ to seek comments from specialists, MM to re-draft recommendation.
2.6	**Blueteq forms** RE shared a paper to support users with Blueteq functionality, CS thanked RE for this information and asked that members return any comments to RE directly. CS queried how commissioners are using Blueteq data to provide assurances to NICE compliance, and requested that a paper is prepared for HCDSG to demonstrate the "HCDSG compliance with NICE is X%. It was agreed that GMSS lead on the production of a report for the February meeting, with support from SMcK. SJ questioned the usefulness of this report, but CS explained that it would be useful to scope who is currently using Blueteq and whether they agree it is the most suitable system for enabling Trusts to monitor NICE compliance. It was recognised that Bolton FT do not currently use Blueteq as they fail to see it's benefits, and that the GM H&SCP are requesting all GM Trusts to report compliance but how can this happen on a GM footprint if the system cannot provide this information. CS also agreed to take this forward at the MOCRG for national feedback. **Action:** GMSS with support from SMcK to scope and report back to HCDSG as requested
2.7	**Adalimumab biosimilar switch programme for GM: update** SJ was confirmed as the project lead for this work and will provide monthly updates regarding the progress of the GM adalimumab biosimilar switch to HCDSG, and then to GMMMG. CS updated the group on a meeting she had with GM rheumatologists, unfortunately SJ and CV had been unable to attend. It was agreed that some useful work was being undertaken across GM to optimise the use of biologics, and that the regular rheumatologist attendance at HCDSG was valuable in communicating this work to HCDSG. Group members expressed concern regarding Industry funded pharmacists undertaking work for Health Innovation Manchester (HIM). It was recognised that it is within HIM terms of reference to work with Industry; however the group queried whether this may influence the outcome of a GM wide adalimumab biosimilar switch. Members also felt that there was a lot of individual biosimilar "projects" being

	undertaken across GM without any GMMMG involvement. Members were reminded that good communication between GM providers and commissioners and HCDSG is essential to ensure that the most appropriate approach to biosimilar adalimumab is prepared delivered by GMMMG for the whole GM economy. The group agreed that a business case to optimise biologic use across GM, to include dose tapering and GM approved gain share arrangements should be developed with the support of the GM rheumatology network, and that CS, CV and SJ would arrange to meet senior colleagues at HIM to gain an understanding of the work they are undertaking, and how this fits with the work of GMMMG. The adalimumab biosimilar implementation plan was a separate project that HCDSG would lead on, with SJ as project lead. CS also suggested that Trust Chief Pharmacists be encouraged to submit information of all GM resources and funding currently available to them for CCG commissioned biologic work streams, and to gauge whether there was an appetite to be part of a GM biologics "best practice" document. PB agreed to lead with Charlotte on this work. **Action:** CS, PB, CV and SJ to work to develop a business case as above, to return to HCDSG when available. SJ to produce an adalimumab biosimilar implementation plan to present for HCDSG approval.
2.8	**Request for a Gain Share Assurance paper for biologics** HCDSG accepted a request from the GM Directors of Commissioning for a paper to be supplied to AGG (via Chief Finance Officers and Directors of Commissioning) providing assurances that the biosimilar gain share arrangements agreed across GM organisations were being achieved, following inclusion in contracts from April 2018. It was agreed that following the launch of the BI dashboard, a paper would be prepared for GMMMG, which would subsequently be communicated to AGG. **Action:** Assurance paper to be prepared for the March meeting (author TBC)
2.9	**Profile Trial** The group considered a summary of this trial which looks to see whether a simple blood test ('biomarker') can improve Crohn's disease outcomes and reduce the number of flares experienced by enabling delivery of 'personalised therapy' (that is, treatment tailored to the individual person based on their predicted disease course and severity). All patients enrolled receive established treatments (there are no new drug therapies being trialled – rather, it is the new blood 'biomarker' that is being tested). The aim of this study is to investigate whether the biomarker enables the correct treatment to be selected for the patient at the time of diagnosis, rather than the patient moving through treatment options as per current pathways. The group discussed the lack of an effective GM wide approval process for non-drug trials such as this, and the difficulties in gaining commissioner approval. It was agreed

	this item would be communicated to GMMMG to seek development of an appropriate approval process. **Action:** Paper to be submitted to GMMMG seeking support for a GM approval process.

3. Pathways

3.1	**GMMMG Biologics for Psoriasis Pathway: 3rd and 4th line treatment issue** Current commissioning of dermatology services within GM was discussed and how this is reflected in the GMMMG Biologics for Psoriasis Pathway. It was agreed that there may be a need to map the provision of dermatology services provided by GM Trusts, however further discussion was required with the specialists concerned and this could be facilitated at the GM Dermatology group meeting on the 20th Feb. **Action:** CV to forward dermatology group meeting details to SMcK and SJ for discussion at the GM dermatology group meeting on the 20th February, after which this item could return to HCDSG for action.
3.2	**GM Botulinum toxin commissioning policy** The group approved this pathway for submission to GMMMG; it received strong support from commissioners, although there were queries as to how it would be implemented. The group considered the use of Blueteq, but it was agreed that it may be too time consuming to ask for this many forms to be developed and completed due to the high number of indications included within the policy. Therefore it was agreed that the policy would be monitored for a year using treatment function codes, after which Blueteq would be considered for implementation. There was also a request that the BI tool be used to headline botulinum prescribing. **Action:** AP to submit to Feb GMMMG meeting and support BG in the development of the BI platform
3.3	**Summary of updates made to HCD pathways in January** The group noted updates e.g. links to NICE TAs that had been made to the Biologics pathway for AS and PsA, the HCD pathway for rheumatoid arthritis and the HCD pathway for psoriasis. Further work was required to better define the place in therapy of NICE approved agents within these pathways and would be scheduled in the near future. **Action:** MM to schedule pathway updates in the near future

4. Data

4.1	**BI Tool: Biosimilar dashboard** A revised version of the biosimilar dashboard on the BI tool was presented to the group and approved for appropriate demonstration outside of HCDSG. It was agreed

	that this item would be submitted to GMMMG for demonstration at the February meeting, and PB and SS would demonstrate at the next Chief Pharmacists meeting. It was acknowledged that the dashboard was not ready to be used for assurance purposes yet due to some outstanding data inaccuracies, but there was an aim to fix these before April 2018. Thanks were expressed from group members to BG for his continued support in assisting group members gain access to the tool. **Action:** BG/AM to continue to lead on data set accuracy and to demonstrate the dashboard at the Feb GMMMG meeting.
5. Horizon scanning and Work plan	
5.1 and 5.2	**RDTC Monthly Horizon Scanning Document (December and January 2017/18) and work plan** The group noted the information in these documents regarding new product launches and guidance publications dates from NICE. It was agreed the work plan be updated to accommodate any relevant items, AM had already forwarded a number of items to MM. **Action:** MM/AM to update the work plan accordingly
6. Communication from other groups	
6.1	Medicines Optimisation Clinical Reference Group CS explained that the next meeting of this group was on the 20th Feb and she would feed back at the Feb HCDSG meeting
6.2	Update from Chief Pharmacists meeting The good work of the HCDSG was recognised at this meeting, in particular the work being undertaken to support the adalimumab biosimilar switch
6.3	Other HCDs subgroups (HIM etc) This had been covered under item 2.7
6.4	NHSE Antifungal Stewardship An update on this work would follow the MO CRG meeting

Date of next meeting: Wednesday 28th February 2018, 10am until 12 noon in Community Room 1, Pendleton Gateway, Salford.

Attendee	F	~~M~~	A	~~M~~	J	J	~~A~~	S	O	N	J
Charlotte Skitterall Chief Pharmacist UHSM	✓		✓		✓	A		✓	A	✓	✓
Rachael Fallon (or Danielle Timoney or Vanessa Reid) Deputy Director of Pharmacy & Head of MO CMFT	✓		✓		✓ DT	✓ VR		✓DT	✓ DT	✓ DT	✓
Steve Simpson Chief Pharmacist Bolton Trust	A		✓		✓	✓		✓	✓	✓	✓
Paul Buckley Chief Pharmacist Stockport Trust	A		A		A	✓		✓	A	✓	✓
Carolanne O'Sullivan or Darren Staniforth HCD Pharmacist UHSM	✓ CO'S							✓ DS	✓ DS	✓ DS	✓ DS
Lindsay Harper (or Selwa Elrouby) Director for Pharmacy SRFT	✓ SE		✓ SE		✓ SE	✓ SE		✓ SE	✓ SE	✓ SE	✓ SE
Robert Elsey Specialist Pharmacist PAT	✓		✓		A	✓		✓	A	✓ RE	✓ RE
Claire Vaughan Head of MO Salford CCG	✓		✓		✓	✓ (Chair)		✓	✓	✓	✓
Jeanette Tilstone Head of MO Bury CCG	✓		✓		✓	✓		✓	✓	A	✓
Peter Howarth Head of MO T&G CCG								✓			
Susan McKernan Senior MO Adviser North Manchester CCG	✓		✓		✓	✓		✓	✓	✓	✓
Kenny Li Senior Head of MO Manchester CCGs	✓		✓								
Jole Hannan CCG Interface Pharmacist Bolton CCG	✓		✓		A	A		✓	A	✓	
David Dolman Deputy Chief Finance Officer Stockport CCGs	A		✓		✓	✓		A	A	A	✓
Jackie Murray Deputy Chief Finance Officer / FSD Lead NHS Bolton Clinical Commissioning Group			✓		A	A					
Glenn Harley NW Procurement lead NW	A		✓		✓	✓		✓	✓	✓	A
Connie Chen GP	✓		✓		✓	✓		✓	✓	✓	✓

Manchester CCG											
Consultant rheumatologist (Therese Brammah, Sahena Haque, Louise Mercer or Charlie Filer)	A		A		A	X		✓ SH	✓ LM	✓ CF	✓
Sarah Jacobs Strategic medicines optimisation pharmacist GM Shared Service	✓		✓		✓	✓		✓	✓	✓	✓
Andrew Martin Strategic Medicines Optimisation Pharmacist GM Shared Service	✓		✓		✓	✓		✓	✓	✓	✓
Elaine Radcliffe Medicines optimisation pharmacist GM Shared Service	A		✓		✓	✓					
Anna Pracz Medicines optimisation pharmacist GM Shared Service	A		✓		✓	A					
Tanveer Kausser Contract Management and Performance Team Leader GM Shared Service	✓										
Brian Galea Systems Administrator GM Shared Service	✓		✓		✓	A		✓	✓	✓	✓
Adrian Byrne Advanced Medicines Optimisation Pharmacist	✓										
Monica Mason Principal pharmacist RDTC	✓		G M		✓	✓		✓	✓	✓	✓