NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

Commissioning Medicines Policy

Version 4 191013

Introduction

1. The NHS Vale of York CCG is responsible for the commissioning of medicines that are prescribed to patients in colleagues in general practice and community nursing for its population of 336,330 patients.
2. This policy states the basis on which decisions are made about whether to commission new medicines and whether to continue to commission or decommission established treatments as new information about the evidence for their safety and clinical and cost effectiveness emerges.

Historical Development of the Joint Formulary

3. Over the last year, for the first time a joint medicines formulary has been developed. The formulary is collaboration between York Teaching Hospitals NHS Foundation Trust, NHS Vale of York CCG and NHS Scarborough and Ryedale CCG. It is publicly available on the internet at www.yorkandscarboroughformulary.nhs.uk. It is a work in progress and will always be subject to review and change. Clinicians and patients alike can for the first time see which medicines are commissioned locally.
4. The formulary has been created by combining existing legacy commissioning positions from North Yorkshire Primary Care Trust and the internal formulary York Teaching Hospitals NHS Foundation Trust. Commissioners and providers have discussed most medicines on the formulary jointly over recent years. New medicines have been added to the formulary after consideration at the Drugs and Therapeutics Committee, a joint hospital and commissioner committee. Parts of the formulary have also been reviewed at the same committee.
5. Existing processes under the new NHS structures are disjointed with recommendations from the NHS North Yorkshire and Humber Commissioning

Support Unit Treatment Advice Group being considered by CCGs often without the input of secondary care colleagues. Representatives at the Drugs and Therapeutics Committee consider whether to approve a medicine onto the joint formulary but do not have delegated authority to create a financial onus on the CCG.

6. The CCG will therefore develop new local decision making processes to commission medicines. These will ensure timely decisions about the approval (or otherwise) of a new medicine onto the joint formulary are made by the CCG for the benefit of all patients locally.

Medicines Commissioning Principles

7. NHS Vale of York CCG will commission medicines that have been demonstrated to be safe, clinically effective and cost effective and, as such are a priority for funding. The CCG will use the hierarchy of evidence[1] to seek the highest grade of clinical evidence available in assessing safety, clinical outcomes and cost effectiveness e.g. meta-analyses or large-scale double blind randomised controlled trials of new medicines compared to established treatments. Comparisons solely against placebo or medicines that are not commonly established treatment, or that use surrogate outcomes, will not be regarded as highly as those compared to routinely established treatments and patient orientated outcomes.
8. The CCG will compare new medicines affordability with that of established treatments. The CCG will assess the overall benefits of new medicines on patients' pathways, adverse side effects and convenience in administration when considering both clinical and financial outcomes.
9. The CCG will keep abreast of new therapies and ensure they are considered in a timely manner.
10. The CCG is committed to implementing NICE approved medicines within ninety days of the publication of NICE approval and, particularly when the treatment recommendation from NICE is 'an option', to discussing with local

[1] http://www.patient.co.uk/doctor/different-levels-of-evidence

clinicians, as appropriate, the place of NICE recommendations in local pathways and revising these accordingly. Where NICE have not given a view the CCG will consider the views of other respected organisations such as the Scottish Medicines Consortium (SMC), Midlands Therapeutics Review and Advisory Committee (MTRAC), Drugs and Therapeutics Bulletin (D&TB) amongst others. SMC decisions will be noted in light of NHS Scotland's ability to negotiate different drug prices for Scotland to those in England.

11. In commissioning new medicines, or reviewing the place of established medicines on the formulary, the CCG will consider established treatment pathways and the impact of the medicine(s) on the position of other previously approved medicines and the impact on the treatment pathway in terms of patient experience and cost.
12. The CCG will require clinical pathways and shared care guidelines to be developed or updated to ensure the medicines commissioning decisions are reflected in local treatment pathways and clinical responsibilities are clear.
13. The CCG will require mandatory audits of the number of patients in whom the new treatment is likely to be prescribed. These will be required at regular intervals in the first year(s) of use and the cost impact of such. The default audit period will be six monthly unless the CCG agrees, for clinical reasons, other periods are more appropriate. CCG Prescribing Leads or their deputies will have authority to decide appropriate intervals and duration of audit.
14. To provide assurance of the on-going evaluation of new medicines and their affordability within the health economy the audits will detail comparison of the estimates of use made at the time of approval to the actual subsequent use and any other issues arising.
15. In its deliberations the CCG will note whether the manufacturers of the new medicines have signed up to the aspirations of the All Trials campaign, to publish <u>all</u> trial data relating to that medicine. A failure to do so impairs the CCG's aspiration to knowingly commission safe drugs.
16. The CCG will consider recommendations from the Medicines Commissioning Group, a partnership of NHS Vale of York and NHS Scarborough and Ryedale CCG and primary and secondary care providers. This group will also have patient representation. The proposed Medicines Commissioning Group

will consider medicines reviewed by the local Commissioning Support Unit's Treatment Advice Group, by NICE and formal applications made by clinicians in primary and secondary care.

17. All colleagues involved in the commissioning of medicines will complete a Declaration of Interests statement which will be publicly available.
18. In commissioning newly licensed medicines which still have a black triangle status will seek to warn patients and clinicians of the limited experience of such products and their long term safety and inform patients, and remind clinicians, of the need to report side effects or interactions via the yellow card system.
19. The CCG will require proposed communications strategies for patients and primary and secondary care clinicians. The strategy needs to include the position of the new medicine in the formulary and any changes to the position of existing formulary medicines and the changes to any treatment pathways.