

Item: 8.2i

PLANNING & COMMISSIONING COMMITTEE MEETING HELD ON 7 JANUARY 2022 CHAIR'S UPDATE REPORT

INTRODUCTION

This is the Chair's report to the Clinical Commissioning Group Board following the January Committee.

LEARNING DISABILITIES

The Strategic Lead for Mental Health and Learning Disabilities advised

NHS England had changed the way Learning Disability Health Checks are reported therefore quarterly reports had not been received at this present time. The new way of reporting the information may change the way the denominator is counted and may impact on the delivery of target. The local data has identified that there are some practices have achieved over 70% uptake however some are under 10% uptake of the Learning Disability Health Checks. City Health Care Partnership (CHCP) are targeting some resources to support the lower performing practices.

NHS England had circulated correspondence stating Learning Disability Health Checks and Severe Mental Illness (SMI) were still a priority for 2022.

Learning Disability vaccinations for COVID 19 continue to progress well. Dr Oehring advised that Humber TFT had not been very proactive at recognising that they would be required at second and booster vaccinations after being required for the first vaccination. The Strategic Lead for Mental Health and Learning Disabilities asked for details on the individual to be emailed to them.

The Transforming Care Programme (TCP) – Safe and Well Being Reviews

An audit is being undertaken for patients in specialist inpatient units. six patients have been identified on a risk matrix as requiring a visit. Visits are likely to take over 7 hours per patient. The results will feed into the TCP assurance and then would be reported nationally.

NATIONAL PROCUREMENT FOR DIRECT ACTING ORAL ANTICOAGULANTS (DOACS)

The Medicines Optimisation Pharmacist requested that the Planning and Commissioning Committee to consider the 'National procurement for direct acting oral anticoagulants (DOACS)' and agree on the next steps. Following a national procurement exercise that included rebates on the primary care prescribing of direct acting oral anticoagulants (DOACs), every CCG was being asked to decide if they would like to sign up to a new rebate agreement (to 31/03/2024 which could be extended to 31/03/2025) or if they would like to continue with its existing contracted arrangement (to 31/12/2024). It is not an option to sign up to both.

It was noted that there are 3 rebates relevant to the national scheme for DOACs. At present NHS Hull CCG have an edoxaban rebate in place and it was explained that the edoxaban rebate in the National Scheme was significantly greater. If the national schemes are signed up for there would be a financial increase of £48,704.

It must also be noted that the patent of edoxaban expires in April 2028 compared to rivaroxaban (January 2026) and apixaban (November 2026). Unless there is a greatly improved rebate

agreement for edoxaban from April 2025, the NHS will pay significantly more than very low generic rivaroxaban and apixaban prices for 27 months and 17 months respectively. NHSE+I are unable to provide any assurance on this and it is unlikely that the manufacturer of edoxaban (Daiichi Sankyo) would be prepared to commit at this stage.

On the basis that the new NHSE+I offer is for a higher rebate value and longer duration, and includes a support package, then the view is to accept as described.

From discussion with other medicines optimisation colleagues across the Integrated Care System, the same recommendation is going to be used i.e. to accept the national framework agreements.

The offer would deliver improved overall savings at a national level and is expected to significantly increase the DOAC rebate for this CCG.

The CCG has the option to either:

- retain the existing local pricing arrangements for edoxaban
- terminate any local pricing arrangements for edoxaban and adopt the national framework.
- A third option of not participating in any rebate arrangement.

The CCG is not permitted to mix and match, that is, it will not be able to access the national edoxaban price while also retaining locally agreed DOAC rebates for any of the three participating suppliers.

This offer may result in higher growth in the use of edoxaban than other DOACs. While this will increase the rebate value, more patients are expected to be on this drug long-term, including for the duration of the period when the edoxaban list price is significantly greater than very low-price generic alternatives. Even if alternative arrangements are not made, then the saving is likely to be worthwhile.

It was highlighted that the final NHSE+I commissioning recommendations which were due to be published by NHSE+I by the end of December 2021 had not been published yet.

The Chair stated that it was expected that many of these DOAC drugs would commence at secondary care.

Committee Members voted unanimously to approve the national framework agreements for Direct Acting Oral Anticoagulants (DOACS)

The Medicines Optimisation Pharmacist stated the NHS Hull CCG Deputy Chief Finance Officer (DS) would be included in communicating the CCG decision to NHE+I, so ensuring a document record was within the system.



Vincent Rawcliffe
Clinical Chair, Planning and Commissioning Committee
January 2022