System to aid prioritisation of healthcare treatments/services in NHS Wales

Availability of new drugs/new or unlicensed indications for existing drugs

- To AWTCC, AWMSG and local MTCs - see Availability of medicines & medicines appraisal information & support in NHS Wales [appendices 2a & 2b]
- Note: these issues could also feature in IPFR requests, as potential INNUs and prioritisation proposals

Individual Patient funding Requests [IPFR]

Health Board IPFR process / networking across Wales

Pattern recognition of IPFRs by national IPFR network

Interventions Not Normally Undertaken [INNU]

Potential for new national INNU policies through:
- Horizon scanning
- Operational planning process/service commissioning specifications
- Service reviews
- IPFR pattern recognition
- Prioritisation panel recommendations

Prioritisation panels

Prioritisation panel proposals identified through:
- Operational planning process/service commissioning specifications
- Service reviews
- In-year service developments
- INNU assessment

Panel recommendations to HB Board/WHSCC Board

INNU assessment

INNU policy

Implementation of decision

Tools to help service planning & prioritisation:
- Spend & outcome tool (SPOT)
- Programme budgeting & marginal analysis
- NHS atlas of variation
- Patient level costing
- Systematic service planning discussions using prioritisation criteria
- Service reviews
Appendix 1

INTERVENTIONS NOT NORMALLY UNDERTAKEN (INNUs) AND PRIORITISATION – PROCESS FOR EVIDENCE PROVISION

Differences in evidence requirements

<table>
<thead>
<tr>
<th></th>
<th>INNU</th>
<th>PRIORITISATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issue identified</td>
<td>Treatment/Intervention</td>
<td>Intervention/Service</td>
</tr>
<tr>
<td>Scope/nature of</td>
<td>Rapid review of high level evidence</td>
<td>Wider range of high level evidence – will depend on</td>
</tr>
<tr>
<td>evidence provision</td>
<td></td>
<td>whether it is an individual treatment/intervention or a</td>
</tr>
<tr>
<td></td>
<td></td>
<td>full service</td>
</tr>
<tr>
<td>Frequency of</td>
<td>To be determined – anticipate more regular</td>
<td>Depends on issue, timing of service planning</td>
</tr>
<tr>
<td>evidence review</td>
<td>review than with prioritisation</td>
<td></td>
</tr>
</tbody>
</table>

Process for evidence provision for INNU/prioritisation

Identification of issue:
- IPFRs (pattern spotting)
- Horizon scanning
- Operational planning process/ service commissioning specifications
- Service Reviews
- In-year service developments

Scope the question/requirement
(Health Board locally / within WHSCC / within WG)

Extract and process suitable evidence locally/nationally
(standardised process)
Gateway requests

Provide processed evidence/publish evidence products via the web

Use evidence to make decision - Health Board/ WHSCC/Welsh Government
### Availability of medicines and medicines appraisal information in NHS Wales - appendix 2a

<table>
<thead>
<tr>
<th><strong>Primary Care</strong></th>
<th><strong>Secondary Care</strong></th>
<th><strong>National</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• GPs can prescribe any licensed or unlicensed medicine that is clinically indicated unless specifically disallowed by NHS regulations e.g. Black listed medicines as specified in Part XVIIIA of the Drug Tariff.</td>
<td>• Positive NICE Technology Appraisal Guidance (TAGs) and AWMSG appraisal decisions place an obligation on NHS bodies to fund.</td>
<td>• NICE and AWMSG make decisions about whether newly licensed medicines should be available at NHS expense i.e. TAGs and AWMSG decisions ratified by the Minister.</td>
</tr>
<tr>
<td>• GPs are expected to have regard to the decisions of NICE, All Wales Medicines Strategy Group (AWMSG) and the Health Board Medicines and Therapeutics Committee (MTC).</td>
<td>• Prescribing in secondary care should be in line with the local formulary which is managed by the MTC.</td>
<td>• In addition, as of June 2012, NICE produces <em>Evidence summaries: new medicines</em> (ESMN). An ESMN does not constitute formal NICE guidance but reviews the strengths and weaknesses of available evidence. ESMNs will be undertaken on medicines marketed in the UK within the next 6-12 months. NICE will also produce evidence summaries on unlicensed/off label medicines.</td>
</tr>
<tr>
<td>• Prescribing teams linked to Health Board Pharmacy departments support GPs encouraging clinical and cost effective prescribing.</td>
<td>• Formulary and medicines information pharmacists from the Health Board pharmacy departments support the MTC’s including provision of evidence to support decision making.</td>
<td>• AWMSG aim to appraise all new medicines, new indications and new formulations within three months of being licensed.</td>
</tr>
<tr>
<td></td>
<td>• The Health Boards have the option of including a senior pharmacist in the membership of their IPFR panels.</td>
<td>• AWMSG is supported by staff at the All Wales Therapeutics and Toxicology Centre (AWTTC). AWTCC actively engage with pharmaceutical companies prior to product licensing and are responsible for gathering, analysing and presenting evidence for the medicines under consideration.</td>
</tr>
<tr>
<td></td>
<td>• There is a network of medicines information pharmacists providing information to professionals across NHS Wales.</td>
<td>• AWTTC is involved in horizon scanning and is part of the UK’s PharmaScan group hosted by Department of Health.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• In addition to funding AWTTC, Welsh Government also funds the Prescribing Analytical Unit. Both are hosted by Cardiff and Vale University Health Board.</td>
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<td></td>
<td></td>
<td>• There have been national discussions as to whether AWTTC can support WHSSC/local IPFR panels with medicines related cases.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Public Health Wales’ Pharmaceutical team, on behalf of Welsh Government, collect and collate some information from the Health Boards on the number of medicines related IPFRs they have dealt with.</td>
</tr>
</tbody>
</table>
| | | • Public Health Wales’ Pharmaceutical team support medicines management and decision making regarding availability of medicines in Wales through membership of AWMSG and its sub-groups including the New Medicines Group (NMG) and All Wales Prescribing Advisory Group (AWPAG). In addition the team are represented at Wales’ Medicines Management Programme Board, WHSSC IPFR panel, All Wales Drug Contracting Committee and Welsh Pharmaceutical Committee.
Availability of medicines and medicines appraisal support in NHS Wales-appendix 2b

Health Board prescribing advisors working with GPs

Health Board Medicines and Therapeutics Committees (MTC) make formulary decisions

AWMSG make decision

New Medicines Group appraises the evidence and makes a recommendation to AWMSG

Monitoring of implementation by Prescribing Analytical Unit

Monitoring of MTC decision implementation by Health Board pharmacists

AWTTC critically assess, collate and present evidence to NMG

AWTTC horizon scanning and interaction with pharmaceutical companies

Health Board formulary/medicines information pharmacists support MTCs with evidence. May also support local IPFR panels

NICE TAGs and ESMNs

AWTTC may support WHSSC and Health Boards for medicines related IPFRs (to be agreed)