Managed Entry of New Drugs, New uses and new evidence on drugs in Hertfordshire Attachment 3

Clinical Executive Group

Chair PCT CEO(Anne Walker)

Membership inlcudes: Finance, commissioning, Board members (Pec Chairs, Dir of PH), Trust Medical Directors, etc - Meet monthly - Monitors work programmes for disinvestment across 1/2 care

- Reviews recommendations from HMMC in line with other priorities in the health system and makes final decision
- Ratifies recommendations from HMCC - Identifies funding streams

Strategic/Financial

Overall view of all investments

Hertfordshire Medicines Management Committee (HMCC)

Chair: DPH (Jane Halpin)

Membership: Chairs of sub groups plus.....

- Meet alternate months
- Horizon scanning new drugs and National Developments with significant resource implications.
- Develops criteria for inclusion onto work programme.
- Consider evidence for low volume high cost new drugs and makes policy recommendations.
- Reviews business cases from sub-groups that have a funding implication for the health system.
- Responsible for ensuring robust processes followed by local expert committees as well as consistency across Herts
- Ensures decisions made by local neighbouring PCTs when considering business cases.
- Considers implications of NICE Guidance to make recommendations to Trusts and Clinical Executive Group
- Use Priority setting framework and ethical framework

Advise on work programme including areas for disinvestment

West Hertfordshire Joint Primary / secondary care **Prescribing Group**

Mt Vernon **Cancer New Drugs Group**

HPT Drug & Therapeutics Committee

Cardiac Network To consult experts

East and North Herts New Drugs & **Formulary Group**

East & North PBC Prescribing Group

Some Expert sub groups as above (there may be others with a specialist view provided they fulfil the Quality standards)

- Meet alternate months: All groups to work to same quality standards (outlined by HMCC) to ensure consistency.
- Work programmes to include: new drugs, new uses of drugs, new evidence on existing drugs that will impact on primary care; identify areas for disinvestment; development and monitoring of joint formularies. Monitor implementation of decisions.
- Local focus to maintain engagement with GPs and consultants to ensure that prescribing across primary/ secondary care is within agreed principles. PBC representation on all groups in line with The Audit Commission's Review on Medicines Management in hospitals that recommended a health economy wide managed entry of drugs' group. PBC representation on all groups - The Audit Commission's Review on Medicines Management recommended a health economy wide managed entry of drugs group. The PCT supports joint groups between PBCs and NHS Trusts (e.g. WHMMC)
- Prepare application for drug treatment reviewer and applicant to attend expert group AND HMMC to present evidence and answer queries
- Review evidence for clinical-effectiveness & cost-effectiveness. Complete critical appraisal & priority setting for each application.

Outputs: To be make recommendations to HMCC for drugs, new uses of drugs and new evidence that represents value-for-money but may have resource implications. To advice HMCC of drugs, new uses of drugs and new evidence that was not approved (to contribute to the GREY List)

Expertise to review clinical evidence presented.

Outputs to:

- NHS Trusts, PBC Groups
- Exceptional treatment panel
- Research and Governance Committees

Operational

Primary / Secondary care clinicians to provide views on evidence presented and put forward business cases for drugs they want to prescribe.

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