Proposed new mechanism for commissioning new treatments – October 13

Treatment Advisory Group (TAG) - a service provided by the Commissioning Support Unit (CSU)

TAG catalogues all new drugs and then conducts

1. Full appraisals (new technologies)
2. Short appraisals ('me toos' medicines)
3. No appraisal (eg NICE Technology Appraisals passed straight on to LDCG)

Suggested membership

2 CSU pharmacists
2 Public Health Specialists
Consultants & GPs as needed for specific discussions

Local Drugs Commissioning Group (LDCG)

- Considers latest TAG outputs – considers place in formulary and makes recommendations to CCG
- Considers place of NICE recommended drugs in formulary and makes recommendation to CCG
- Receives CCG Governing Body decisions and informs providers – GPs and Hospitals
- Detail of formulary submissions will be worked up outside of the group but sent here for approval
- Classifies status of drug (R,A,G,G,B)*
- Latest NICE recommendations
- Receives requests for new drugs to be added to formulary and when appropriate forwards them to TAG
- Review of previous decisions e.g audit of new drugs
- Review of formulary 2 year rolling programme
- Review of other primary / secondary care interface issues – shared care guidelines, treatment advisory notes etc

Suggested membership

Alternate chair; deputy chair from "opposite organisation"

Vale of York CCG prescribing lead
Scarborough and Ryedale CCG prescribing lead
2 other CCG GP representatives
2 CSU Pharmacists
4 Provider Specialists
2 Provider Pharmacists
2 -4 Patient Representatives
Secretarial support from CSU

Consultants, nurses, pharmacists, GPs, Finance & Contract managers as
Meets every two months for half day
Rotating location: Malton Hospital, West Offices, Triune Court, York Hospital
Declaration of interest – individual, departmental, organisation

*RAGGB denotes commissioning decision –
Red – hospital only
Amber – shared care
Green – hospital or GP prescribing
Grey – not considered, no applications
Black – not commissioned

Implementation

CCG Board / Business committee decision

Benefits of the new process

The nature of the TAG outputs and reliance on this as a stream of medicines commissioning advice would remove the need for further critical appraisal of trials etc at LDCG level: the focus on LDCG is for consideration of whether this should be commissioned locally and how the drug, if approved, would be incorporated into the formulary. It facilitates the input of GPs, specialists, patient representatives, contract managers etc., as required. CCG Boards, or their authorised committees, should make the final decision based on detailed information about costs and benefits, and how their respective CCG strategic aims are addressed by doing so.

The model works with fewer consultants and pharmacists than the current processes, freeing up their time and includes vital patient input.

Applications received by the LDCG will be standardised to ensure when medicines are recommended to be commissioned (i.e. red, amber or green) there will be the following as a minimum

- An agreed pathway / place in formulary with ‘traffic light document’ to support subsequent communication
- Agreed shared care requirement where needed
- Declaration of interests
- Agree audit standards
- Communications requirements for the public, clinicians and individual patients
- Financial impacts on primary and secondary care, including impact on patient pathways
- Detail on how doing so fulfils CCG strategic aims