Shropshire and Telford Local Health Economy

High Cost Drug Commissioning Policy

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1. Background & Scope

Aim of this policy:

This document provides generic guidance and outlines the process for the commissioning of high cost drugs within the Shropshire and Telford & Wrekin Local Health Economy.

For drugs excluded from tariff (i.e. those drugs listed in the annual notification from NHS England) and those identified by NICE as commissioned by CCGs the relevant CCG should be notified before treatment is initiated.

Prior approval for Payment by Result (PbR) excluded medicines, which are approved by NICE should be obtained via the high cost drug management system – Blueteq. Blueteq templates will be set to auto-approve where possible. This will enable all patients to be captured within the system and to provide data to work from.

New Blueteq templates will be presented at the Drug and Therapeutics Committee (DTC) within the relevant timescales and the Shropshire Local Health Economy Net Formulary will be updated accordingly.

The Blueteq system will be used to validate data by matching the data to the request, thereby ensuring that Trusts are reimbursed swiftly.

This policy applies to commissioners and providers (medical, nursing, pharmacy staff and other key staff involved in any aspects of requesting funding for high cost drugs which are tariff excluded).

Benefits of Blueteq

- Clinicians should receive an immediate response to their request for funding approval (auto-approve), thus reduce delays in treatment initiation.
- A complete audit trail is kept.
- Ease of validating/challenging provider drugs data.

2. Definitions:

Payment by Results (PbR): An approach to paying providers on the basis of activity undertaken, in accordance with a national tariff.

3. Duties & Responsibilities

Commissioner

- To work with providers to develop Blueteq templates.
- Ensure that the providers are made aware of new Blueteq templates via Drug and Therapeutics Committees (DTCs).
    - The implementation of national guidance for a specific high cost drug must be within the stated timeframe e.g. 90 days. Where shorter timelines are stated and a DTC does not fall within them, processes will be agreed with the clinical team and the pharmacy team outside of the meeting but ratified at the next DTC
- Ensure that where possible forms are set to auto-approve
    - Those not set to auto-approve will be discussed with the provider
- To validate/challenge provider drugs data within agreed timelines

Provider

Clinical team

- Responsible for ensuring that the patient meets all of the commissioning criteria and consults the CCG Commissioner where this is in doubt. Where the commissioning criteria cannot be met the clinician may apply for funding via the 'Individual Funding Request' process. Information on this process can be accessed via the relevant CCG website.
- To submit requests for indicated drugs/conditions using the Blueteq system
- To ensure that continuation funding requests for indicated drugs/conditions are made where appropriate within the given timescales
- To keep patient information up-to-date with respect to stopping and switching treatments or where patients are deceased

Pharmacy Department

- Responsible for ensuring that the patients have funding in place before dispensing any of the indicated high cost drugs
- Responsible for ensuring that the monthly report data contains the relevant Blueteq ID number

4. Introduction

4.1 Considerations prior to the development of a Blueteq template

- NICE horizon scanning
- Consideration of clinicians affected
- NICE implementation timelines
- RMOC guidelines
- Dates of Drug and Therapeutics committee meetings

4.2 Internal governance

- Blueteq templates will be presented at the DTC
- Providers are responsible for ensuring that relevant clinicians are informed
- An implementation plan and timeline needs to be agreed and in place for each drug
- The Trust will share with the commissioner the results of any audits conducted relating to the tariff excluded medicines.

4.3 Commissioner position

- The CCG reserves the right to audit information submitted through Blueteq.
- If Blueteq approval has been falsely gained and the patient does not meet the approval criteria, the CCG will not pay for the drug in line with the contract challenge process.

4.4 Financial arrangements

- The CCGs will only fund treatment approved via the Blueteq system.
- For new NICE TAs or new commissioning policies where there is already activity (such as when commissioning responsibility switches from NHSE to the CCG) then the CCGs will continue to fund approved treatment of existing patients until the completion of any required bulk upload. This must be arranged and completed by the Trust within 90 days.

- If retrospective approval is sought after prescribing, the CCGs will withhold funding in line with the challenge process until evidence is provided that:

- The patient is under a GP that falls within the appropriate CCG area
- Evidence has been provided by means of a Blueteq form to show that treatment is in line with local/national guidelines

- The Commissioner will recover any funding made if subsequent information demonstrates that the provider has submitted claims for treatment used outside NICE TA or CCG commissioning policy criteria, without seeking approval via the correct route. The contract challenge process, as outlined in section 4.3 above, will be used.

5. Management

5.1 Switching commissioner

- Patient switching GP from outside Shropshire/Telford & Wrekin
  - Liaise with Medicines Management at the relevant CCG
  - You may be required to complete a new Blueteq form

- Patient switching GP within Shropshire – liaise with Medicines Management at the relevant CCG before supplying the next prescription

5.2 Switching provider

- Obtain clinical notes from previous provider
- Liaise with Medicines Management at the relevant CCG
- You may be required to complete a new Blueteq form

6. Review and maintenance of policy

This commissioning policy will be reviewed annually before the end of the financial year or earlier in response to new local/national guidance.

7. Bibliography

https://www.sps.nhs.uk/wp-content/uploads/2017/04/Specialised-Commissioning-Drugs-Briefing-Spring-2017.pdf

https://improvement.nhs.uk/documents/1044/2017-18_and_2018-19_National_Tariff_Payment_System.pdf

https://www.sps.nhs.uk/wp-content/uploads/2020/01/Blueteq-principles-RMOC-Final-1.0.pdf

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