AWTTC
All Wales Therapeutics & Toxicology Centre
Canolfan Therapiwteg a Thocsicoleg Cymru Gyfan

Improving access to medicines for patient cohorts

One Wales Interim Commissioning Process

1. Background

1.1 Health Technology Appraisal (HTA)

The All Wales Medicines Strategy Group (AWMSG) and the National Institute for Health and Care Excellence (NICE) provide HTA guidance on the introduction of new licensed medicines within NHS Wales. HTA by AWMSG/ NICE fulfils the principles of Prudent Healthcare in Wales that we should "reduce inappropriate variation using evidence based practices consistently and transparently" and "make the most effective use of all skills and resources". AWMSG shares the same criteria for clinical and cost-effectiveness with NICE. To avoid un-necessary duplication, AWMSG does not normally appraise medicines on the NICE work programme if final NICE technology appraisal (TA) guidance is expected within 12 months of marketing authorisation.

1.2 Individual Patient Funding Request (IPFR)

Whilst recognising that early HTA is always the preferred option, in the absence of AWMSG/NICE advice the individual patient funding request (IPFR) process may be used by clinicians to access a treatment in circumstances when a medicine is not routinely funded on the NHS in Wales. This may be particularly pertinent when a clinician is of the view that the medicine is likely to have significant benefits to a patient and where there is likely to be a delay of over 12 months before HTA guidance is available. Treatment will only be funded under IPFR where exceptionality has been demonstrated. Exceptionality can be defined as an unusual or rare clinical presentation that would mean that the patient will derive a greater clinical benefit from the requested treatment than other patients with the same condition. However, in circumstances where several patients who may benefit from the medicine are identified, the IPFR process with its emphasis on "exceptionality" may not be considered appropriate. The Welsh Government has requested AWTTC to address the issue and its proposal is outlined below.

2. Current position

The AWMSG Steering Committee has recently taken a pragmatic view of their original terms of reference to avoid duplication with the NICE work programme. On a case-by-case basis, and in collaboration with the marketing authorisation holder and informed by clear clinical need, a HTA may be conducted by AWMSG even when the medicine is on the NICE work programme. The recommendation of AWMSG, subsequently ratified by Welsh Government, continues to be *interim* to any subsequent NICE TA guidance and is superseded by the latter. This pragmatism is designed to reduce any delay in the availability of HTA guidance and thus reduce the requirement for clinicians to use the IPFR process because HTA has not yet been conducted.

3. Going Forward

3.1 Licensed medicines

AWTTC will continue to streamline AWMSG's HTA processes from receipt of a submission from the holder of the marketing authorisation through to AWMSG advice, so that the time-window between an AWMSG recommendation and any subsequent publication of NICE TA guidance is maximised.
In conjunction with representatives from Welsh Health Specialised Services and IPFR Panel Co-ordinators, AWTTC has developed a proposal for a new funding pathway – a One Wales Interim Commissioning Process where conditional approval in relation to interim commissioning of licensed medicines for clearly defined and specific "cohorts" of patients rather than "individual" patients may be progressed. It would be utilised rarely when there is a clearly identified clinical need and provided that there is a clear and binding commitment to engagement in a future HTA by the marketing authorisation (MA) holder.

This proposal was supported in principle by the health Board Chief Executives in August 2015; however wider consultation within the Service was requested before being finally approved.

3.2 Unlicensed medicines

The additional feedback, received from IPFR panels, Chief Pharmacists and Medical Directors, highlighted further issues involving variations in access to unlicensed medicines in Wales.

The General Medical Council (GMC) uses the term 'unlicensed medicines' to describe medicines that are used outside the terms of their UK license or which have no license for use in the UK. There are clinical situations when the use of unlicensed medicines or use of medicines outside the terms of the licence (i.e. 'off-label') may be judged by the prescriber to be in the best interest of the patient on the basis of available evidence. *Refer to the GMC website for Prescribing Guidance: Prescribing unlicensed medicines*.

In such cases, and where there is no suitably licensed medicine available that will meet the patient's needs, a clinician may apply for access to an unlicensed medicine via the Health Board's IPFR panel, provided that the case for exceptionality has been made. However, this request may also result in variation in access to some medicines across Wales. It was therefore agreed that where a clearly defined cohort of potential patients has been described, the One Wales Interim Commissioning Process should also enable an All Wales consideration and potential interim commissioning of unlicensed medicines where either;

- the medicine is not licensed for any indication
- the medicine is not licensed for the indication of interest
- the requested use of the medicine is outside of accepted treatment pathway i.e. the specific sequence of treatment/s has not been approved by NICE/AWMSG, and there is no suitably licensed medicine available that will meet the patients' needs

One Wales Interim Commissioning Process – how will it work?

4.0 Identifying medicines and related potential patient cohorts

Medicines and potential clearly defined and specific patient cohorts will be identified by Health Board IPFR panels, Welsh Health Specialised Services Committee (WHSSC), Chief Pharmacists or clinical experts. As AWTTC will have a central co-ordinating role in the IPFR process they will also have knowledge of potential specific patient cohorts at an early stage. The final decision as to whether or not the One Wales Interim Commissioning Process should be initiated will be proposed by AWTTC and sanctioned by the AWMSG Steering Committee.

Once the need for a One Wales decision has been identified for a **licensed medicine**, AWTTC will contact the holder of the MA and explore their willingness to make a binding commitment to;

- engage in a future NICE or AWMSG HTA (within a specified time, normally 12 months), and;
- provide the evidence to progress a One Wales Interim Commissioning Process.

If there is sufficient evidence to demonstrate clinical and cost effectiveness, then an early HTA would always be the preferred approach. However in the absence of such a robust evidence base and if the final decision to proceed with the One Wales Interim Commissioning Process is confirmed by the AWMSG Steering Group, AWTTC will produce an Evidence Status Report (ESR) which will include comparator data. This will be compiled in collaboration with the MA holder (see Appendix 1 Process Flow Diagram) and clinicians.

Once the need for a One Wales decision has been identified for an **unlicensed medicine or outside of normal treatment pathway**, AWTTC will contact the manufacturer to inform them that an ESR is being produced and invite them to submit any supportive information, i.e. any evidence or experience of using the medicine to demonstrate its safety, efficacy, clinical and cost effectiveness, if available (see Appendix 1 Process Flow Diagram).

The ESR will be considered by an Interim Pathways Commissioning Group (IPCG) (see below for further details). That Group will directly advise the Executive Committee of Health Board Chief Executives, who will be the final decision-makers with regard to One Wales Interim Commissioning. To ensure transparency, the ESR and IPCG advice will be shared with the MA holder/manufacturer.

5. Gathering the evidence

For licensed medicines, the MA holder/manufacturer will be expected to provide AWTTC with clinical evidence demonstrating the potential for the medicine in question to address an unmet medical need. An unmet medical need relates to a condition for which treatment or diagnosis is not addressed adequately by available licensed therapy. This includes an immediate need for a defined population (i.e. to treat a serious condition with limited or no available treatment options) or a longer-term need for society (e.g. to address the development of resistance to antibacterial drugs). To satisfy this criterion, a medicine must have a demonstrable and clearly evidenced effect on a serious condition or a serious aspect of a condition, such as the direct effect on a serious manifestation or symptom of a condition or other clinical effects. Any available budget impact and cost-effectiveness evidence should also be submitted to AWTTC.

If the One Wales Interim Commissioning Process is to proceed, the MA holder must submit sufficient/appropriate evidence to AWTTC to inform an ESR.

In relation to unlicensed medicines or unapproved treatment pathways, evidence will be gathered from all possible sources, including the manufacturer of the medicine.

As part of the One Wales Interim Commissioning Process the holder of the marketing authorisation will be asked to submit a confidential commercial arrangement. This commercial arrangement may be submitted and applied as a Wales Patient Access Scheme (WPAS) to any subsequent HTA by AWMSG. All commercial arrangements must be agreed **prior** to drafting the ESR.

AWTTC will work closely with clinical networks and IPFR panels in producing the evidence to support decision-making. AWTTC is keen to build on the well-established good working relationship with colleagues in the pharmaceutical industry and with ABPI by continuing our collaborative approach in ensuring that the evidence base on which One Wales Interim Commissioning decisions of whatever type is robust, comprehensive and clearly identifies the place of this treatment in relation to currently available treatment strategies (where available) for the identified cohort of patients.

6. Establishing an Interim Pathways Commissioning Group (IPCG)

Membership of the Interim Pathways Commissioning Group (IPCG) will be drawn from IPFR Panels (see Appendix 2 - Terms of Reference) and will report to the NHS Wales Executive Board of Chief Executives. It is intended that, whenever possible, all of the IPFR panels will be represented at every meeting (with deputies when the main member is unavailable). IPCG will convene on a monthly basis or as needed to obtain optimum timeliness. IPCG will advise in accordance with the GMC guidance on unlicensed medicines, and will also make interim recommendations for licensed medicines ahead of appraisal by NICE/AWMSG when deemed appropriate.

7. Making a One Wales Interim Commissioning Decision

The NHS Wales Executive Board of Chief Executives will consider the advice of IPCG and will make a final decision as to whether or not the medicine will be available to a patient cohort.

The advice of the One Wales IPCG may be either positive, positive with specific restrictions related to its use (“optimised”) or negative. All health boards will be expected to comply with the final decision made by the Executive Committee of Health Board Chief Executives. NHS Wales and the manufacturer will be informed of the decision by AWTTC by email (see appendix one).

The duration of a One Wales Interim Commissioning decision will be on a case-by-case basis. For licensed medicines, it is unlikely to exceed 18 months and would normally be 12 months or until publication/ratification of NICE TA guidance/AWMSG recommendation. Commissioning decisions regarding unlicensed medicines or unapproved pathways will be reviewed annually or earlier if new evidence becomes available.

8. Monitoring Outcomes

It is crucial that appropriate patient outcomes are monitored in all of the situations described. If not already available, an outcome/s or data collection tool will be expected to be developed by the MA holder/manufacturer in collaboration with AWTTC in order to capture relevant data in relation to patient outcomes (including quality of life). This 'real world' data may inform the evidence subsequently submitted by the MA holder to either NICE or AWMSG, or, for unlicensed medicines, to the regulatory authorities. The need to capture data on clinical outcomes will be expected for both licensed and unlicensed medicines. This data may provide supporting information, especially where the current dataset is immature or scant in terms of clinical effectiveness, or where economic modelling would benefit from the input of values derived from the use of the medicine.

9. Clinician Responsibility

The responsibility that falls on healthcare professionals when prescribing an unlicensed medicine or a medicine off-label may be greater than when prescribing a licensed medicine within the terms of its licence. Prescribers should pay particular attention to the risks associated with using unlicensed medicines or using a licensed medicine off-label. These risks may include: adverse reactions; product quality; or discrepant product information or labelling (e.g. absence of information for some unlicensed medicines, information in a foreign language for unlicensed imports, and potential confusion for patients or carers when the Patient Information Leaflet (PIL) is inconsistent with a medicine's off-label use). Monitoring clinical outcomes will be a pre-requisite of all the One Wales Interim Commissioning Processes.

10. Advantages of this proposal

The One Wales Interim Commissioning Process will encourage early engagement with clinicians to ensure they have opportunity to provide advice on how treatments are used in clinical practice, which will give a 'real world' slant to the Evidence Status Report and encourage clinician endorsement of the process.

The process will enable timely and consistent One Wales Interim Commissioning decisions to be made for clearly defined and specific patient cohorts in relation to;

- newly licensed medicines, or
- new indications of existing medicines, ahead of appraisal by NICE/AWMSG; and
- unlicensed/off-label medicines

The One Wales Interim Commissioning Process will be linked to, and thus promote the application of formal HTA via NICE or AWMSG for licensed medicines. The One Wales Interim Commissioning Process will not apply to medicines that have been appraised by NICE/AWMSG and received a negative recommendation, so as not to undermine the principle that HTA is the most robust and transparent approach to ensuring patients have access to clinically- and cost- effective medicines. For these medicines, the IPFR process will still be applicable assuming that exceptionality for a patient can be demonstrated, and reappraisal with additional or significant new evidence would be encouraged.

The One Wales Interim Commissioning Process will promote inclusivity and equity, since Membership of the Interim Pathways Commissioning Group (IPCG) will be drawn from all the IPFR Panels across NHS Wales, members of whom who have the relevant expertise to make robust and consistent decisions.

The process will reduce the requirement to use the IPFR process where a patient cohort has been identified, avoiding duplication of effort and inappropriate use of the IPFR process with its emphasis on demonstrating patient exceptionality.

11. Conclusion

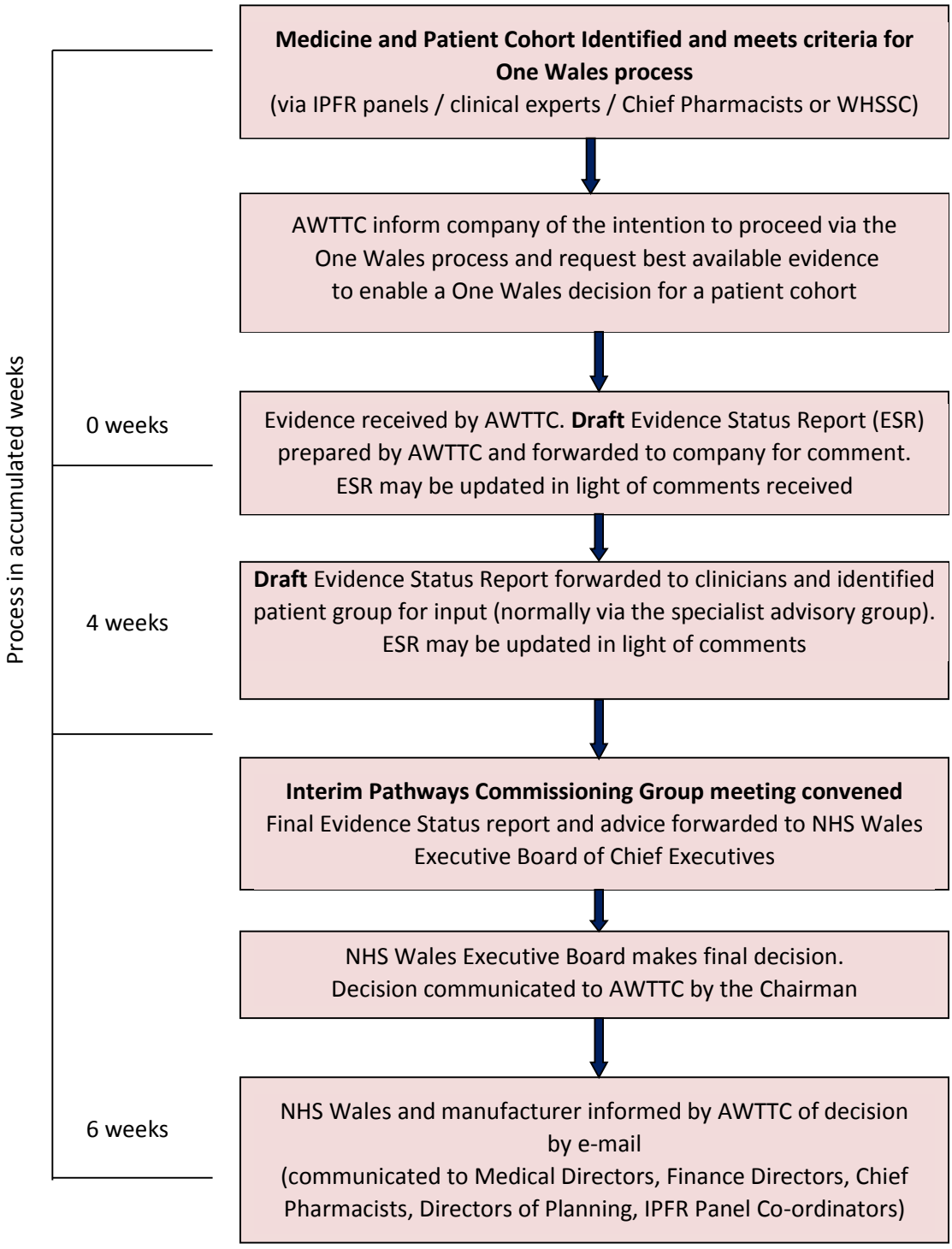
Recognising Prudent Healthcare principles that we should "reduce inappropriate variation using evidence based practices consistently and transparently" and "make the most effective use of all skills and resources" should be at the heart of our process for access to medicines, we propose the development of a One Wales Interim Commissioning Process and the establishment of an Interim Pathways Commissioning Group to advise health boards in the following circumstances:

1. Interim commissioning of medicines which are not immediately appropriate for Health Technology Appraisal (HTA) provided a binding commitment to future HTA has been made. Each of these decisions will be reviewed annually or earlier if new evidence becomes available.
2. Commissioning of certain medicines that are used outside the terms of their UK licence or which have no licence for use in the UK and for which a clear clinical need within NHS Wales has been demonstrated. Each of these decisions will be reviewed annually or earlier if new evidence becomes available.
3. Commissioning of treatment pathways, where, for example, the sequence of treatments has not been approved, but an adequate evidence base for the treatment pathway has accrued. Each of these decisions will also be reviewed annually or earlier if new evidence becomes available.

It must be re-emphasised that whenever possible, early and timely appraisal by AWMSG/NICE will remain the preferred option for licensed medicines and the One Wales Interim Commissioning Process will only be applied when the marketing authorisation holder/ manufacturer commits to actively engage with all the recommendations outlined in this proposal.

Appendix 1

ONE WALES INTERIM COMMISSIONING PROCESS



Appendix 2

CONSTITUTION

INTERIM PATHWAYS COMMISSIONING GROUP

1. OBJECTIVES OF THE GROUP:

To advise NHS Executive Board of Chief Executives regarding One Wales Interim funding of new treatments or treatments which are the subject of major uncertainty across NHS Wales and for which a clear clinical need within NHS Wales has been demonstrated. This may be because of the unlicensed status of the medicine for the proposed indication or because of uncertainties surrounding the evidence base for its use in a particular treatment pathway or sequence.

2. TERMS OF REFERENCE

2.1. The group will complement the work of AWMSG, NICE and MHRA and will not duplicate the work programmes of these bodies.

2.2. The group will report to the NHS Wales Executive Board of Chief Executives.

2.3. It will consider the Evidence Summary Report (ESR) and issues identified by the AWMSG Steering Committee.

2.4. Its work-programme will be directed by the AWMSG Steering Committee.

2.5. It will normally meet on a monthly basis and whenever appropriate, conduct its business online or by videoconference.

2.6. It will advise in accordance with the General Medical Council (GMC) guidance on prescribing unlicensed medicines.

2.7. It will obtain its professional and administrative support from the All Wales Therapeutics and Toxicology Centre (AWTTC).

3. MEMBERSHIP

3.1. Members will be appointed by the AWMSG Steering Committee in accordance with the arrangements set out in paragraph 3.2 below. Members will be drawn from Individual Patient Funding Request panels from different geographical areas across Wales.

3.2. The Group will consist of the following voting members:-

- One Chair – ideally an IPFR Panel Representative appointed by the All Wales Therapeutics and Toxicology Centre
- Seven health professional members drawn from the existing IPFR panels in Wales and WHSSC.

- One Health Economist – following nomination by the Welsh Health Economic Support Service
- A Finance Director or representative
- One Representative following nomination by ABPI Cymru Wales
- One Lay representative following nomination by Community Health Councils
- One Clinical Pharmacologist – following nomination by the All Wales Therapeutics and Toxicology Centre

The following non-voting members may be invited to attend:

- Representative/s of AWTTC
- Individuals who are co-opted for advice on specialist subjects e.g. professional and patient groups
- Chairs of the AWMSG sub-groups
- Representative from Velindre Trust IPFR group

4. DEPUTIES

With the exception of the Chair, in the event of any voting member being unable to attend a meeting of the Group, a named deputy, who has been nominated by the appropriate nominating body may attend in their place and will have voting rights. Appointed deputies for all voting members of the Group, except for the Chair, may be elevated to the appropriate vacancy should a vacancy occur. A Vice Chair will be appointed in accordance with clause 6:2.

5. TERM OF OFFICE

Subject to paragraph 12, a voting member's term of office shall be 4 years. Appointees may serve 2 terms but the total period of appointment must not exceed 8 years. Reappointment is subject to a satisfactory attendance and performance appraisal, which for all voting members, except the Chair, will be undertaken by the Chair.

6. OFFICERS

6.1. The Chair will be appointed by AWTTC. The term of office shall normally be 4 years. The Chair will be eligible for re-appointment for an additional term of office subject to a satisfactory performance appraisal but the total period of appointment must not exceed 8 years. A Vice-Chair will be elected from the voting membership and will serve for a usual term of 4 years. The Vice-Chair will be eligible for re-election for an additional term of office subject to a satisfactory performance appraisal but the total period of appointment must not exceed 8 years.

6.2. The Vice-Chair, or, in the absence of the Vice-Chair, such other voting member as the other voting members may decide upon, shall preside over meetings in the absence of the Chair.

7. MEETINGS

7.1. The Terms of Reference and roles and responsibilities of the Group should be readily available to any relevant party on request.

7.2. Secretariat services will be provided by the AWTTC.

8. FINANCIAL OR PERSONAL INTERESTS

Members should declare, in advance, financial or personal interests, whether pecuniary or otherwise, in any related matter that is the subject of consideration. All declarations of interest made as a result of this provision, and any action taken, should be noted in the minutes of the meeting. Guidance on declaration of interests and participation by members is available on the AWMSG website.

9. VOTING

Questions at any meeting should be resolved, if possible, by consensus or by a simple majority vote. Only the voting members will have voting rights. Deputies are eligible to vote. In the absence of a majority, the Chair, or in the absence of the Chair, the person presiding at the meeting will have a second casting vote.

10. QUORUM

The quorum for meetings of the Group will be 7 voting members, 4 of which will be health board representatives.

11. VALIDITY OF PROCEEDINGS

The validity of the proceedings of the Group is not affected by any vacancy among the members or by any defect in the appointment of a member or a deputy.

12. VACANCIES IN MEMBERSHIP

Membership of the Group shall end if members:

i. resign by giving notice in writing to the Chair of the AWMSG Steering Committee

ii. are absent from three consecutive meetings, unless the Group is satisfied that the absence is due to a reasonable cause

iii. cease to belong to the IPFR panel which they represent

iv. term of office expires

v. death of member occurs

13. CASUAL VACANCIES

Any casual vacancy will usually be filled by the appointed deputy.

14. POWERS OF THE COMMITTEE

The Group may seek independent advice as to particular aspects of therapeutics, health economics or the health service.

15. CONSTITUTION

The Constitution will be reviewed by the AWMSG Steering Committee at regular intervals and at least on an annual basis and amended as necessary to reflect policy and structural changes within the NHS in Wales.

November 2015