

BHIVA AUTUMN CONFERENCE 2014

Including CHIVA Parallel Sessions



Dr Nicola Mackie

Imperial College Healthcare NHS Trust, London

9-10 October 2014, Queen Elizabeth II Conference Centre, London

Dr Nicola Mackie

Imperial College Healthcare NHS Trust, London

COMPETING INTEREST OF FINANCIAL VALUE \geq £1,000:	
Speaker Name	Statement
Nicola Mackie	has sat on Advisory Boards for ViiV, Gilead and MSD. She has been a speaker at company-sponsored events for ViiV and Gilead. She has been involved with development of educational materials for ViiV and has received sponsorship to attend a conference from BMS.
Date	October 2014

New drugs, new rules: balancing the books

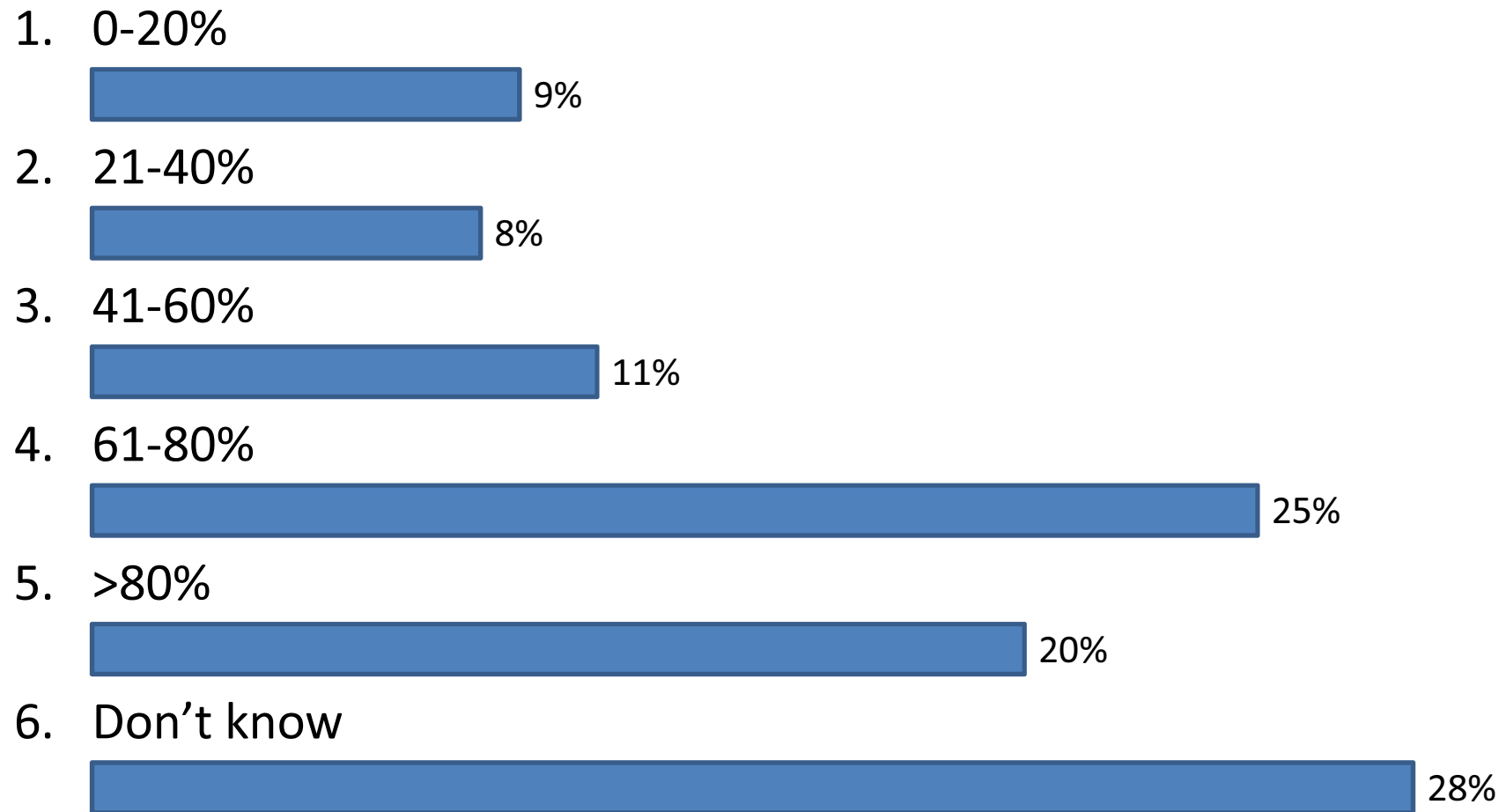
Dr Nicky Mackie

Imperial College Healthcare NHS Trust



New drugs, new rules: balancing the books

What proportion of your overall budget do ARVs represent?



New drugs, new rules: balancing the books

Did you balance your drug budget last year?

1. Yes



2. No



3. Don't know



4. Not my problem/Don't care



Service Sub-code	Description	Comments / reporting method	Payment method
NCBPS14z1	HIV Drugs (a) ARVs (adult /Paeds) (b) PEP/PEPse (c) Non ARVs (Adult /Paeds)	Excluding Home Delivery Charges, including detail of drugs as per reporting of other specialised drugs SLAM / Bespoke Quarterly Drug & Diagnostic return	Pass through
NCBPS14z2	HIV Infrastructure/Outpatients Caseload (a) Infrastructure (b) Non ARVs (c) High cost diagnostics	Including Infrastructure, Fixed Cost Block Element, non-ARVs and High Cost Diagnostics	Fixed cost Block
NCBPS14z3	HIV Admitted Patient Care	Spells, Critical Care,	PbR
NCBPS14z4	HIV Delivery Charges	of ARVs/ Drugs Quarterly Drug &	Pass through
NCBPS14z5	HIV New Outpatients	This should be reported through the bespoke monthly HIV return	Non demographic growth – Block / annual reconciliation on new patients
NCBPS14z6	HIV Babies of Indeterminate Status	This should be reported through the bespoke monthly HIV return	Cost and volume –local tariff
NCBPS14z7	HIV Newfill	Providers are requested to report and recharge Newfill through Chelsea and Westminster Hospital NHS Foundation Trust.	Block through lead provider and for cross charge between providers and lead provider

Block contract?
Pass through costs?

ARV budget

- Block contract: provider paid an annual fee in instalments by commissioner for providing a defined range of services
- Pass through costs: budget based on out-turn from previous year (+ growth) divided into monthly instalments; quarterly reconciliation against data from provider (over- and under-performance)

Challenges

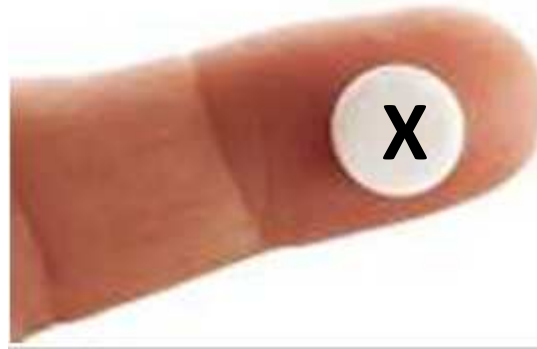
- No formal training in ‘balancing the books’
 - Increasing financial responsibility in a tough economic climate
 - Contain *and reduce* costs without affecting current high standards of care and treatment outcomes



Challenges

- No formal training in ‘balancing the books’
 - Increasing financial responsibility in a tough economic climate
 - Contain *and reduce* costs without affecting current high standards of care and treatment outcomes
- Constantly evolving commissioning landscape
- Inconsistency in access to drugs across the UK
- Differences in regional prescribing guidelines
- No clear single price

Back in the clinic...



- Drug X
- Single pill
- Statistically superior in all clinical trials
- Fewer side effects than comparators
- More expensive...£££

**British HIV Association guidelines for the treatment of
HIV-1-positive adults with antiretroviral therapy 2012**

(Updated November 2013. All changed text is cast in yellow
highlight.)

London Therapeutic Tender
Implementation: Guidance for
Clinical Use

4th June 2014

FINAL

Therapeutic Tendering

- **General principles:**
 - The tendering process has realised large savings for the NHS
 - Used to achieve ‘optimal’ pricing for HIV high-cost drugs: aim to ensure equity of access to HIV treatment and care for increasing numbers of patients
- **Financial impact* in London:**
 - Annual expenditure on ARVs in London= **£180 million**
 - Since 2011, Therapeutic Tendering saved **~£10.4 million** (recurrent annual savings) – equivalent to a reduction of **~5.2%** in annual ARV expenditure
 - The new therapeutic contract (April 2014) is expected to save at least **£4.8 million (2.5%)** on branded ARVs and a further **£16 million** on use of generics

*branded ARVs

Therapeutic Tendering

- Other regions:
 - Midlands and East: re-tendered and have regional guidelines
 - N England: tender underway: no current guidelines
 - S England: previous tender (due to re-tender Sep 2015): no current guidelines
- Why no national procurement of drugs?

**British HIV Association Guidelines for the treatment of
HIV-1-positive adults with antiretroviral therapy 2012**

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**London Therapeutic Tender
Implementation Guidance for**

Climate

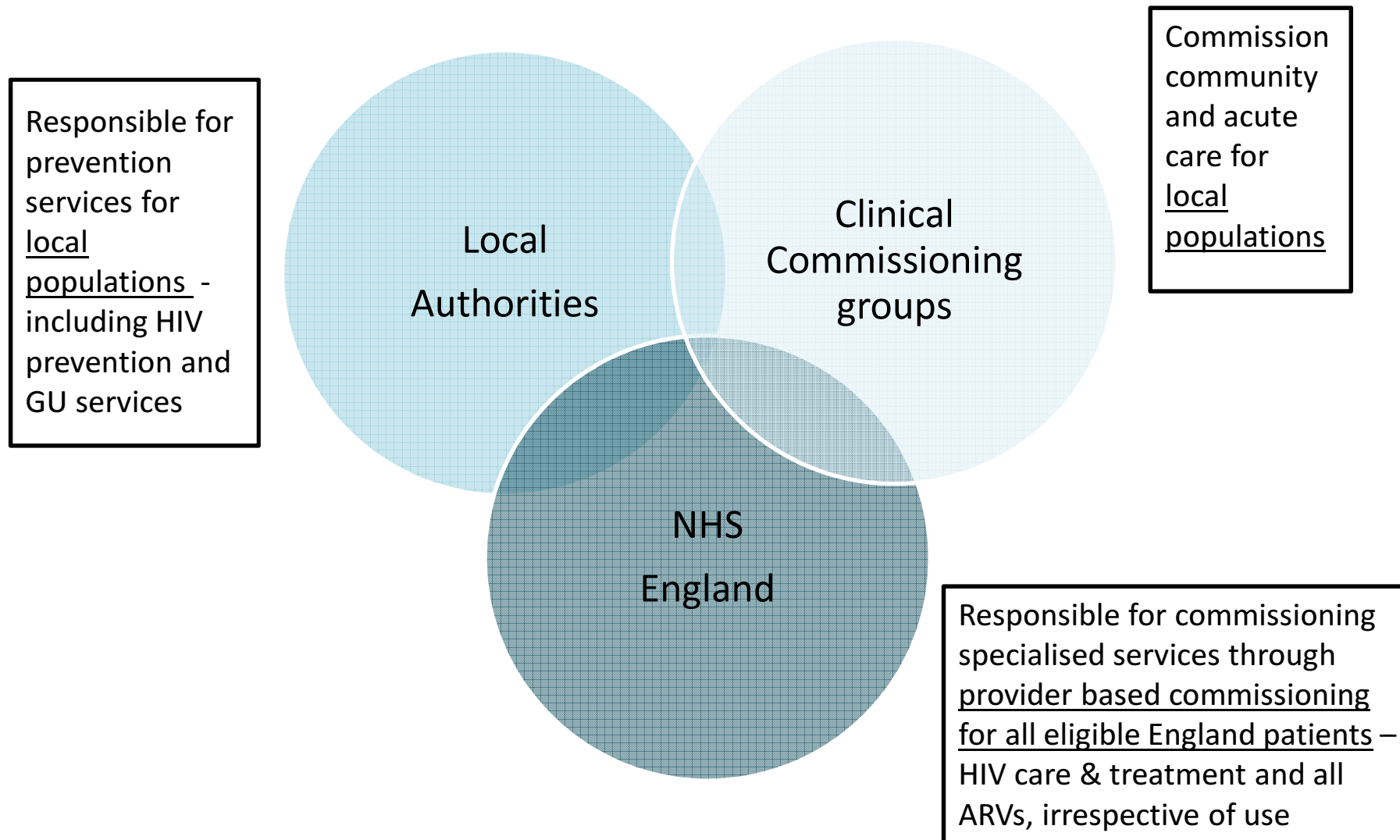
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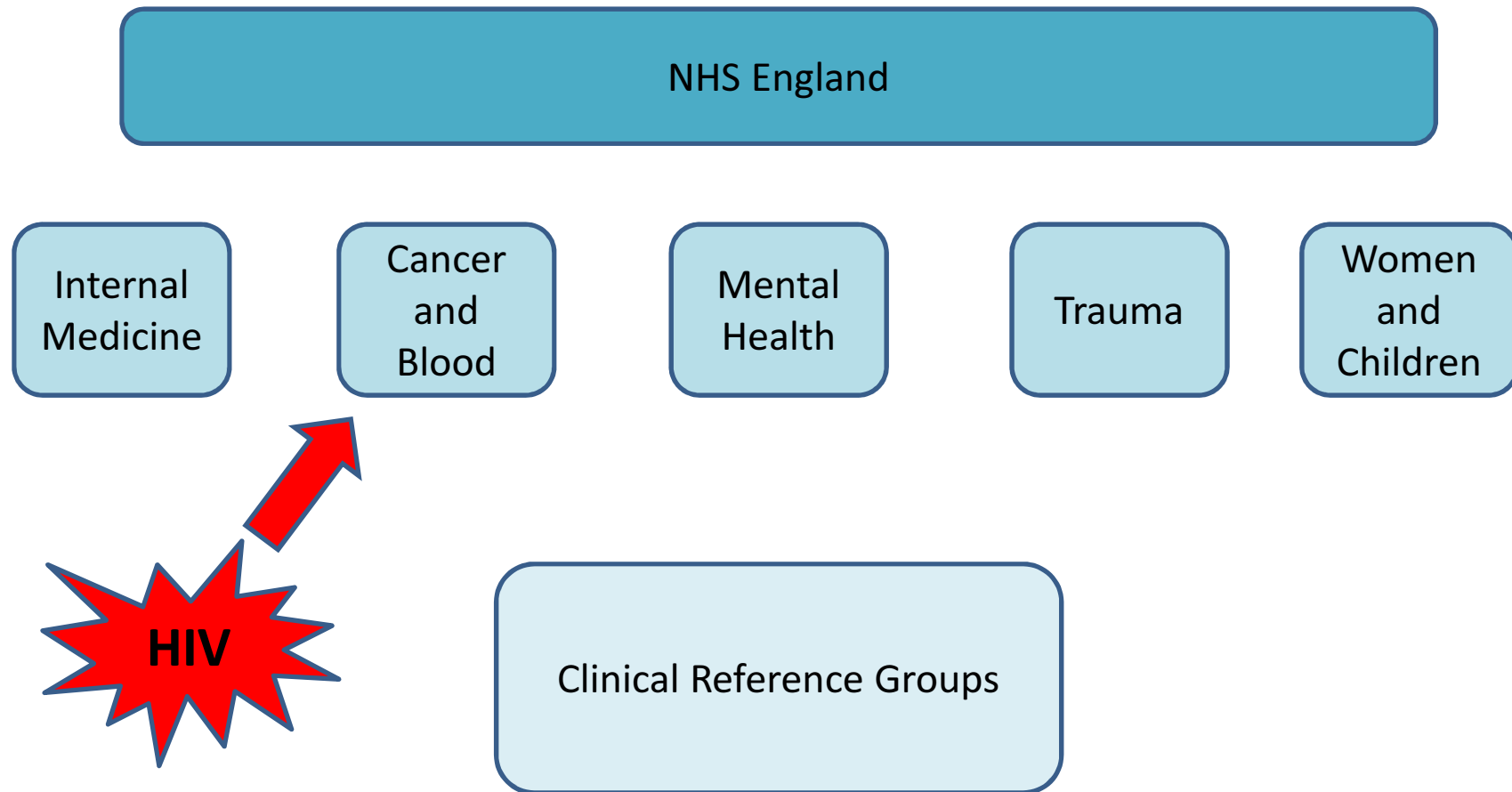
How does drug X reach the clinic?



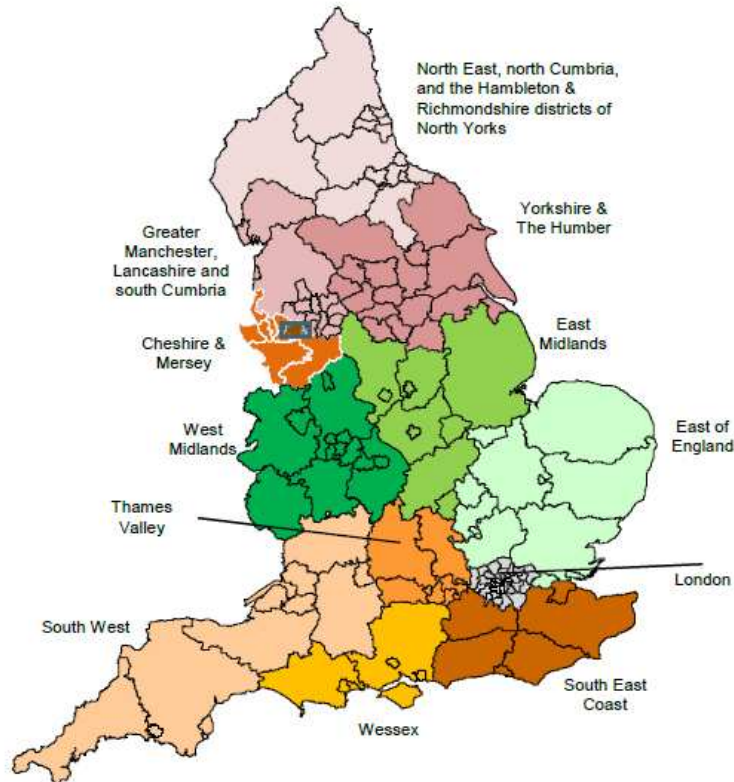
How is HIV care commissioned?



NHS England: Specialised Services



Clinical Reference Groups (CRGs)



- Comprise:
 - clinicians, commissioners, public health experts, representatives from patient/carer groups and professional organisations
- Roles:
 - review and develop national strategies, service specifications and clinical access policies
 - define quality measures and build quality dashboards

HIV CRG

HIV CRG			
Chair – Simon Barton			
NORTH		MIDLANDS & EAST	
North East (Vice Chair)	Edmund Liang Ong	West Midlands	Stephen Taylor
Greater Manchester	Edmund Wilkins	East of England	Nelson David
Yorkshire + Humber	Christine Bowman	East Midlands	Adrian Palfreeman
Cheshire + Mersey	Mas Chaponda		
SOUTH		London	
South West	Mark Gompels	London NW	Brian Gazzard
Thames Valley	Christopher Conlon	London NE/NC	Ian Williams
Wessex	Cecilia Priestley	London S	Derek Macallan
South East Coast	Martin Fisher		
PPE		AFFILIATES	
Patient rep	Paul Clift	BHIVA	Duncan Churchill
Patient rep	Memory Sachikonye	BASHH	Simon Edwards
Patient Advocate	Abi Carter	CHIVA	Fiona Thompson
Patient Advocate	Garry Brough	NHIVNA	Eileen Nixon
Accountable Commissioner	Claire Foreman	Assoc. Commissioner (Pharmacy Lead)	Malcolm Qualie

Clinical Commissioning Policy Statement: Stribild® for the treatment of HIV-1 infection in adults

September 2013

Reference: NHS ENGLAND
BO6/PS/a

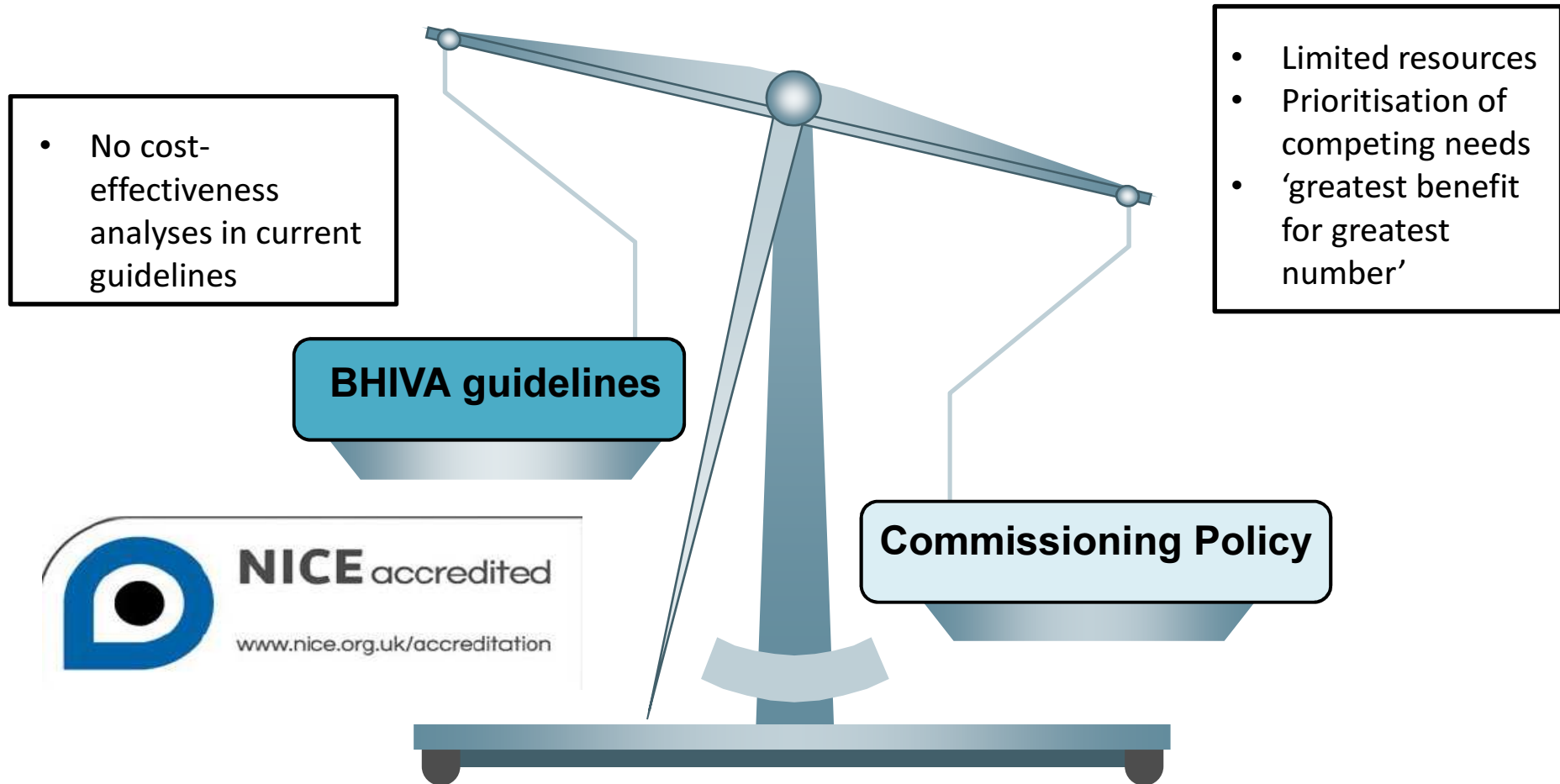
Commissioning position:	<p>In the context of available effective ARV therapy, Stribild® represents an alternative therapy for patients with HIV infection as per its licensing authorisation. Stribild® will be routinely funded by NHS England in the following scenarios:</p> <p>In ARV experienced patients with no prior history of virological failure or drug resistance, and who require a switch from their current regimen where there is a clinical advantage of Stribild® over alternative switch options and where the use of the individual components is not contraindicated</p>
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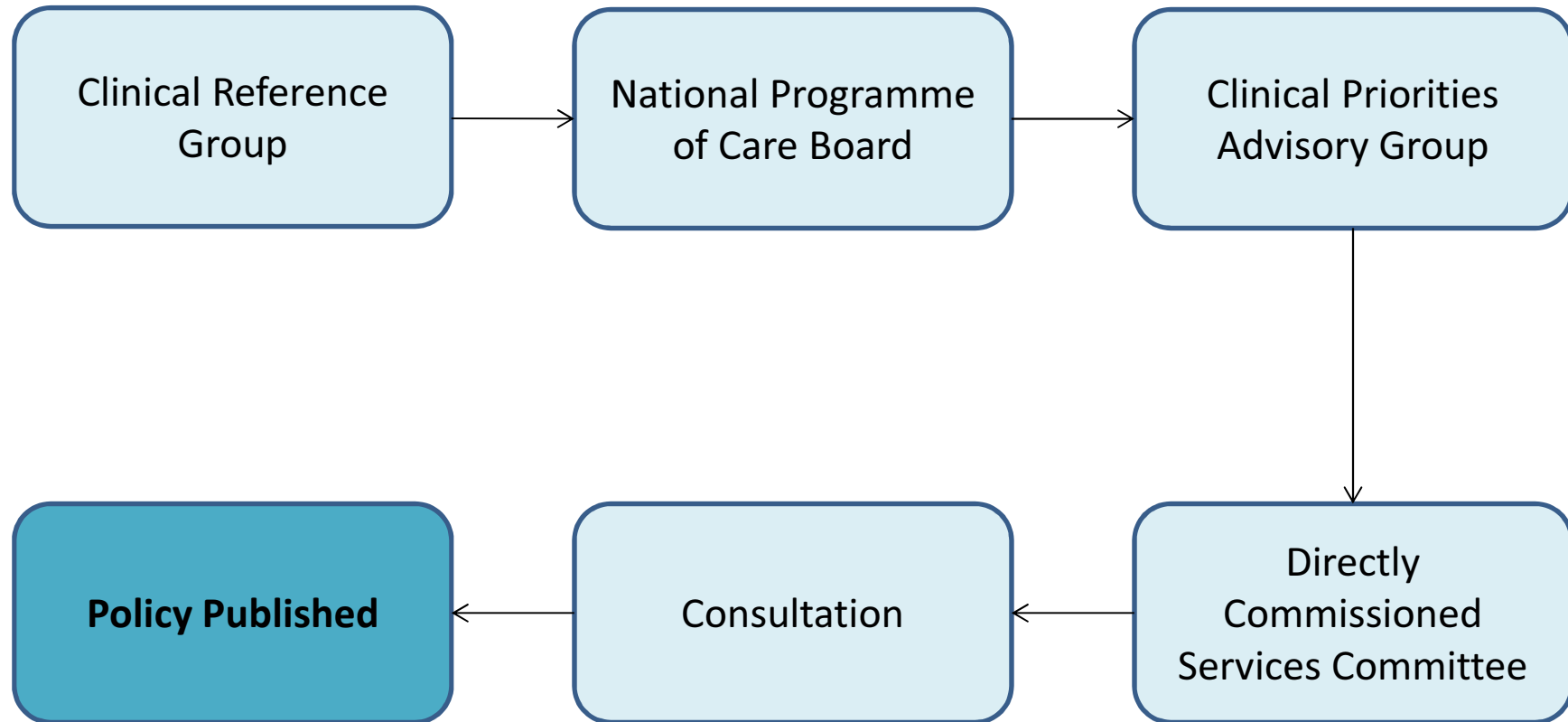


	<p>Or</p> <p>In ARV-naïve patients with high viral loads who are not suitable for NNRTIs (or others on NNRTI who need to switch for reasons unrelated to resistance).</p> <p>And</p> <p>Where the decision to prescribe Stribild® has been taken after review in a Multidisciplinary HIV specialist treatment meeting and that this will be subject to clinical and commissioner audit.</p> <p>And</p> <p>Where Stribild® prescribing is no greater than 5% of the patients in a clinical cohort on treatment.</p>
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Why do commissioning policies exist?



The policy: who decides?



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3

In ARV-naïve patients with high viral loads who are not suitable for NNRTIs (or others on NNRTI who need to switch for reasons unrelated to resistance).

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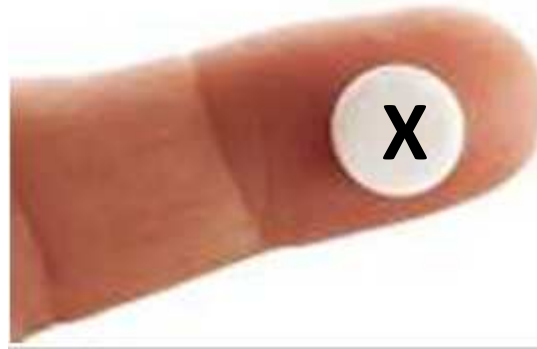
Where Stribild® prescribing is no greater than 5% of the patients in a clinical cohort on treatment.

New Drugs Panel

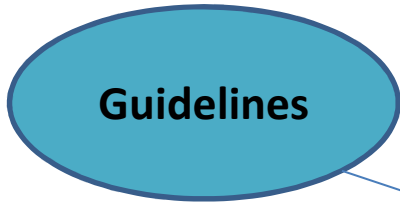
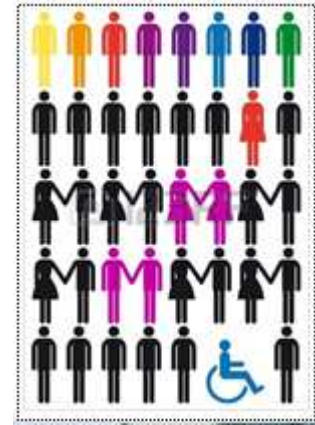
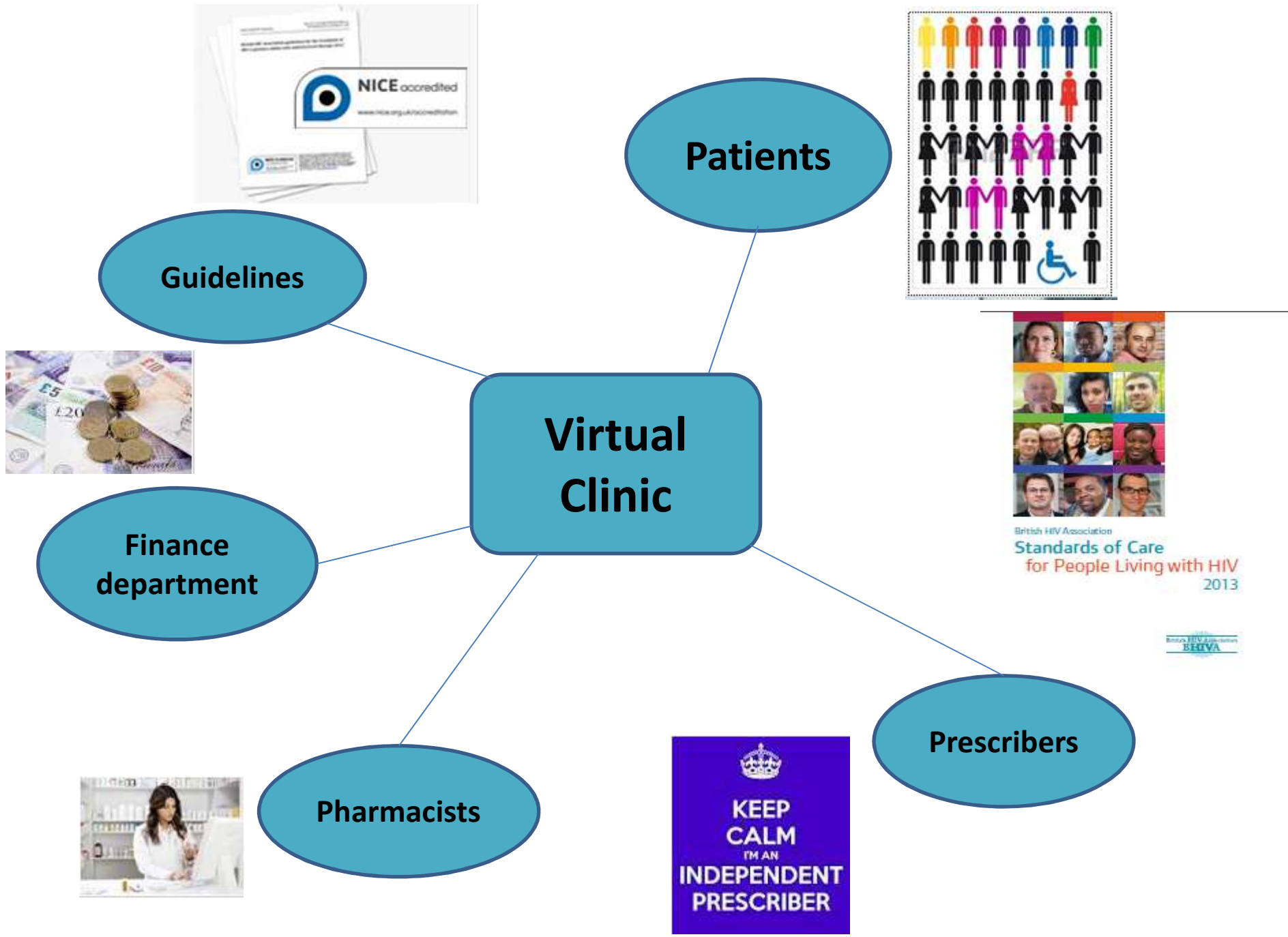
- “ensures that drugs are introduced and managed...in an appropriate, safe and effective manner; a process in line with Trust clinical governance requirements and other national guidelines for maintenance and updating of local formularies”

<p style="text-align: right;">Imperial College Healthcare  NHS Trust</p> <p style="text-align: center;">New Drugs Panel New Drug/Use of Drug Form</p> <p>This form supersedes all other previous forms. All sections to be completed by the applying Consultant, except for those marked 'Pharmacy'. Financial approval from Division must be evident before submission to the Panel</p>
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Back in the clinic...



- Drug X
- Single pill
- Statistically superior in all clinical trials
- Fewer side effects than comparators
- More expensive...£££



British HIV Association
Standards of Care
for People Living with HIV
2013



Balancing the books: the future

- On-going financial constraint within the NHS
- Commissioning intentions 2015/16

- Cost-effectiveness
- Generics

Cost-effectiveness (1)

- BHIVA guidelines



- Paucity of data comparing different drug regimens
- There is a need to produce and understand cost-effectiveness data

Cost-effectiveness (2)

- What is the additional cost for prescribing drug X compared with a conventional backbone +/- a generic agent?
- How much is *reasonable* to pay to avoid side effects in some patients?
- What is the *true* cost of toxicity (more appointments, monitoring etc)?
- Only one of a number of criteria that should be employed in determining whether an intervention should be made available

Generics: Patent expiration dates

2006	2011	2012	2013	2014
Zidovudine	Lamivudine	Nevirapine (IR)	Combivir	Abacavir
			Efavirenz	
2015	2017	2018	2019	2022
Nevirapine (PR)	Atazanavir	Darunavir	Kivexa	Raltegravir
Lopinavir				
Ritonavir				

Discounts range between 60 and 90%

Conclusions

- We should **all** be responsible for ‘balancing the books’
- Collaborative approach with commissioners
- Informed patient choice should remain central to all decisions
- Strive to continue to allow flexibility in our prescribing where appropriate

Thank you

- To all those who offered advice or information:
 - Duncan Churchill
 - Simon Collins
 - Martin Fisher
 - Claire Foreman
 - Linda Greene
 - Nadia Naous
 - Peter Sharott
 - Rosy Weston
 - Ed Wilkins