Enclosure No:	**03**/AWMSG/0426
Agenda Item No:	8 - Implementation of the Blueteq High Cost Drugs System – Phase II update
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Action for AWMSG:

AWMSG is asked to consider the recommendations in this paper to support the further rollout of the Blueteq High Cost Drugs System.

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

Implementation of the Blueteq High Cost Drugs System – Phase II update

Executive summary

This paper provides a high-level progress update on the Phase II delivery of the Blueteq High Cost Drugs (HCDs) system and outlines the requirement for timely implementation.

The Blueteq HCDs system is a nationally commissioned IT platform designed to support the clinical governance, financial oversight, and equitable access to high-cost drugs used in secondary care. It provides a single, standardised process for recording and approving treatments, and plays an essential role in ensuring patients receive appropriate, evidence-based treatments. The system is mandated for use in Wales under Welsh Health Circular WHC/2022/032.

In 2024–2025, NHS Wales medicines prescribing expenditure in secondary care (hospital only) was £568.2m, an increase of 9.31% compared to 2023–2024. In 2024–2025, spend on AWMSG and NICE approved (New Treatment Fund) medicines was £359.2m. As the commercial landscape becomes more complex, the ability to monitor prescribing of these medicines (including cross-border activity) and recoup the financial rebate for medicines with indication specific pricing is becoming increasingly difficult. The Blueteq HCDs system provides indication specific data for high-cost drugs which is not available via any other secondary care systems. At the time of writing, there are more than 50 commercial access agreements which require indication specific data to secure financial rebates, all of which are managed via alternative methods including using company supplied data, NHS England proxy data, or clinical staff manually retrieving information from patients' notes. All of which can lead to errors, inaccuracies and delays in rebate claims. Some claims are outstanding from 2023–2024.

It is essential that health boards and Velindre NHS Trust fully support the roll out of the system so that the NHS in Wales can achieve its goal to implement Blueteq by March 2027. Health boards and Velindre NHS Trust uptake of Blueteq Phase II is currently at 5.5% (measured by the number of health boards/Velindre NHS Trust using the Blueteq HCDs system for a specific disease area compared to the total number of disease areas required for implementation). Delays with the adoption of the system may cause inequity in patient access to new medicines and present a financial risk to the NHS in Wales.

1. Background

In 2024–2025, NHS Wales prescribing expenditure in secondary care (hospital only) was £568.2m, an increase of 9.31% compared to 2023–2024. In 2024–2025 spend on AMWSG and NICE approved medicines (New Treatment Fund [NTF]) was £359.2m.

The Blueteq High Cost Drugs (HCDs) system is a nationally commissioned IT platform designed to support the clinical governance, financial oversight, and equitable access to high-cost drugs used in secondary care. It has been successfully deployed across NHS England for many years and is mandated for use in Wales under Welsh Health Circular WHC/2022/032.

Implementation of the Blueteq HCDs system started in 2020 and is being progressed in two phases. Phase I was to implement Blueteq for all medicines commissioned by NHS Wales Joint Commissioning Committee (NWJCC), including all advanced therapeutic medicinal products. Phase I is now complete. Phase II is to include all high-cost drugs prescribed in secondary care by the seven health boards and Velindre NHS Trust in Wales. A target has been set to implement all NICE and AWMSG approved high-cost drugs by March 2027. The health boards and Velindre NHS Trust have now agreed their own priority health care areas for implementation and will continue with a phased approach until all eligible medicines are included on the Blueteq HCDs system.

AWTTC are project managing Phase II and providing operational support to enable timely implementation of the Blueteq HCDs system. The Blueteq HCDs Steering Group (which includes representatives from all health boards, Velindre NHS Trust, Digital Health and Care Wales [DHCW] and NWJCC) provide a pivotal role in supporting AWTTC, overseeing the implementation of the Blueteq HCDs system by prioritising, developing and endorsing the Blueteq HCDs forms on an All Wales basis. The forms set out the eligibility criteria for each medicine/indication to ensure prescribing is in line with the advice recommended by NICE or AWMSG. Once completed, these forms provide indication specific data which is not available via any other secondary care system in Wales. The Steering Group reports to Welsh Government and actively monitors and reports risks, milestones, and engagement across the health boards and Velindre NHS Trust.

Publicly available information on the use and purpose of Blueteq is published on the AWTTC website and this includes frequently asked questions, a user guide, a quick reference sheet and a list of available (or ‘live’) Blueteq forms.

The need for timely roll out of Blueteq for all high-cost drugs has greater importance and urgency because most NICE and AWMSG approved medicines (79% added to the NTF since 2021 [337/424]) are associated with a commercial arrangement with the manufacturer. The Commercial Medicines Access Team (CMAT) manage all secondary care commercial arrangements for Wales, and the commercial access agreements are becoming increasingly complex. A medicine with a commercial arrangement may require indication specific data to be captured for the NHS to recoup the financial rebate agreed by the manufacturer and NICE. It is essential that the commercial arrangements are managed centrally for Wales, however due to the level of prescribing data available and the lack of additional resource, it is becoming increasingly difficult for CMAT to ensure NHS Wales is maximising rebate claims. In

the absence of Blueteq data, Wales has had to find alternative, labour-intensive ways to access these data which has not always been possible. Alternatives include using proxy data from NHS England (which may not be reflective of the Welsh population) or clinicians manually retrieving data from patients' notes. The potential financial loss to the NHS in Wales cannot be quantified as the data are not available, but it will be significant. One example is pembrolizumab, a cancer medicine where Wales currently spends around £25m annually, but the rebate cannot be calculated due to lack of available data. At the time of writing, there are more than 50 commercial access agreements which require indication specific data to secure financial rebates; all of which are managed via alternative methods that may lead to errors, inaccuracies and delays in rebate claims. Some claims are outstanding from 2023-2024.

2. Benefits to the NHS in Wales

The Blueteq HCDs system provides the NHS in Wales with:

- a standardised, streamlined process that reduces variation in access to medicines, reduces administrative burden and speeds up treatment initiation
- assurance that approved high-cost drugs are prescribed in line with NICE and AWMSG recommendations
- support for efficient and reliable cross-border prescribing
- improved clinical and financial governance for high-cost drugs
- indication specific data otherwise unavailable in Welsh secondary care
- the opportunity to record multiple datasets such as baseline demographics, clinical outcomes, and patient characteristics
- data to help manage financial rebates for all eligible secondary care medicines (these currently exceed £20m annually)
- support for financial forecasting and service planning.

Blueteq offers improved efficiency, transparency, cost control, and is a strategic enabler for sustainable, high-quality care.

3. Status update

To comply with WHC/2022/032, health boards and Velindre NHS Trust are expected to ensure timely and successful adoption of the Blueteq HCDs system. Since April 2025, the Blueteq HCDs Steering Group and AWTTC have invested significant time and resource to facilitate successful Phase II implementation of the Blueteq HCDs system. To date, the following key tasks have been completed:

3.1 Procurement

- The NWJCC procure the Blueteq HCDs system annual licence on behalf of the health boards and Velindre NHS Trust.
- AWTTC has secured short term funding to centrally manage the Phase II roll out ‘Once for Wales.’
- AWTTC has funded a one-year additional licence for integrating with the DHCW Master Patient Index (see section 3.6).

3.2 Information governance

- Standard operating procedures for system administrators and prescribers are in place.
- All seven health boards and Velindre NHS Trust have completed and approved Data Protection Impact Assessments (DPIA).

3.3 Systems and processes for developing Blueteq forms

- AWTTC collaboration with the Blueteq HCDs Steering Group, CMAT, and the NTF team to prioritise Blueteq forms.
- AWTTC have worked with NHS Wales clinical networks and multidisciplinary teams, and colleagues in NHS England to develop Blueteq forms.

3.4 Blueteq 'tracker'

- Launch of a Blueteq 'tracker': a comprehensive list detailing the status of medicines and indications for which Blueteq forms are either in development or approved and available.
- Blueteq leads from all health boards and Velindre NHS Trust have been nominated and provided access to the Blueteq tracker.

3.5 Publication of medicines with Blueteq forms

- A list of medicines with available Blueteq forms is published on the AWTTC website and a monthly update email is disseminated to health boards and Velindre NHS Trust.

3.6 Collaboration with DHCW to improve data linkage

- AWTTC has submitted a new service request to DHCW to integrate Blueteq with the Master Patient Index. This will ensure that patient demographics can be prepopulated (from their NHS number), reducing risk of errors and reducing the administrative burden for clinicians.
- AWTTC have coordinated with DHCW to centrally provide a Blueteq flag on Careflow and Inform, so health boards and Velindre NHS Trust know which medicines require a Blueteq form.

3.7 Blueteq pilots (see Appendix 1)

- AWTTC is also coordinating Blueteq data requirements to support clinical pathways (pilot in ophthalmology), clinical data (severe asthma), and commercial access agreements.

3.8 Training

- AWTTC provide support to health boards and Velindre NHS Trust with training, administration, and implementation within clinical areas (for example registering users and providing training on the Blueteq system).

4. Blueteq metrics

At the time of writing:

- **Disease areas enabled: 4/23** (all forms available on the Blueteq HCDs system for use across health boards and Velindre NHS Trust).

- **Overall compliance: 39%** (calculated by the number of health boards/ Velindre NHS Trust using Blueteq for a specific disease area compared to the number of disease areas enabled on the Blueteq HCDs system).
- **Overall uptake of Blueteq Phase II: 5.5%** (measured by the number of health boards/Velindre NHS Trust using Blueteq for a specific disease area compared to the total number of disease areas required for implementation).
- Approximately 600 NTF medicines require review for eligibility for a Blueteq form. Of those:
    - **Number of Blueteq forms in development: 483**
    - **Number of forms enabled on the Blueteq HCDs system: 102/483**

Blueteq Metrics

Blueteq Uptake

Target 100%

Percentage of disease areas which health boards and trusts have confirmed, where applicable, they have implemented ('go live status')

4 disease areas enabled for use across all health boards and trust

Feb 2026:
Confirmation of 'go live' by health boards and trust **5.5%**

Blueteq forms/disease area **enabled**: available to use on Blueteq HCDs System.

'Go live': Health boards/trust have confirmed they are using Blueteq for that disease area

Blueteq forms in development

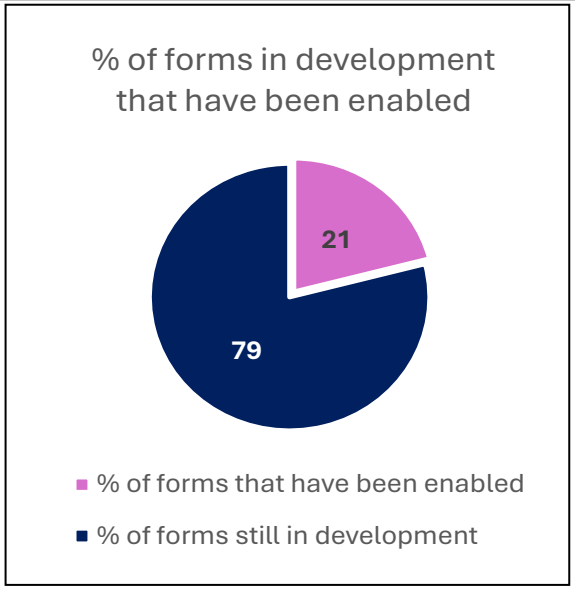
483 **Blueteq forms in development***

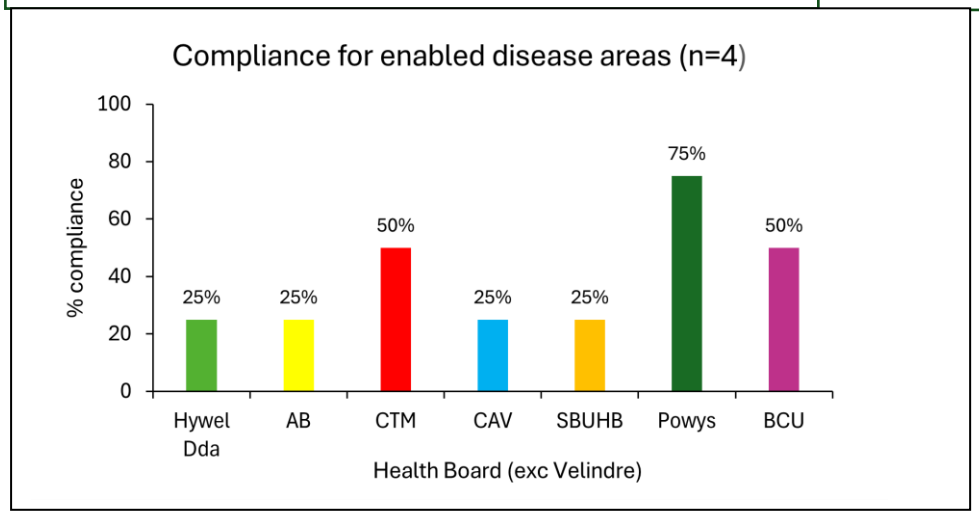
6 **disease areas****

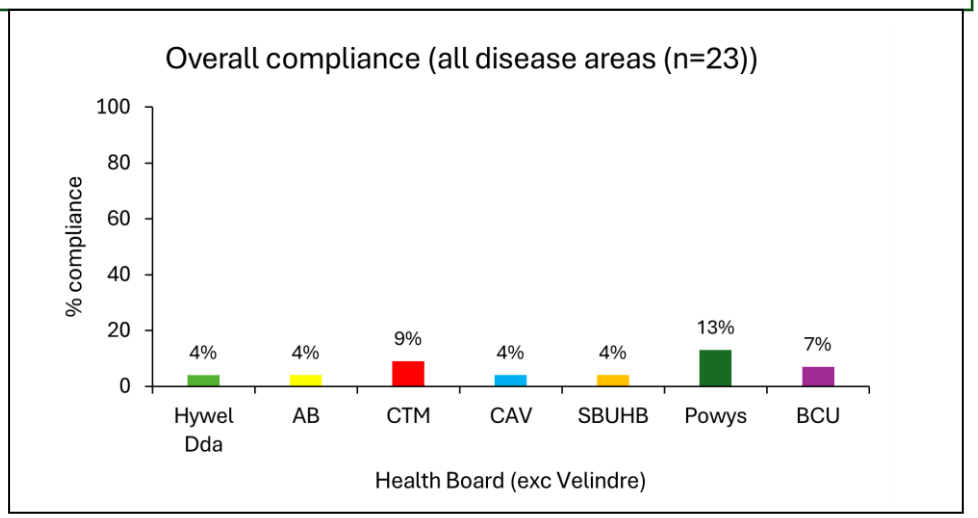
21% **102/483**

Blueteq forms have been enabled on the Blueteq system

*Available to nominated health board and Velindre NHS Trust Blueteq leads via the Blueteq 'tracker'
** Including cancer, ophthalmology, gastroenterology, dermatology, multiple sclerosis and migraine







5. Risks from delays to implementation

Successful implementation of the Blueteq HCDs system requires careful planning by the Blueteq HCDs Steering Group, health boards and Velindre NHS Trust, to ensure a timely and coordinated approach to training and adoption within the designated timeframe.

Delays with the adoption of the Blueteq HCDs system and insufficient uptake of Blueteq forms may result in the following risks:

- delayed patient access to new medicines and inequity across Wales and the UK
- lack of access to specific data sets limiting the ability to:
    - implement commercial arrangements
    - analyse of real−world outcomes
    - strategic planning
    - missed opportunities for benchmarking.
- lack of financial governance:
    - inability to implement commercial access agreements resulting in potential increase in spend of approved medicines
    - difficulties in claiming appropriate rebates due to lack of indication specific data.

Given the increase in the number of new high-cost medicines associated with complex commercial arrangements, Wales has insufficient resource for dealing with these unless Blueteq is fully implemented. This means patients in Wales may not be able to routinely access new medicines recommended by NICE, they may have delayed access, or Wales may have to pay a higher price than providers in England.

6. Conclusion

AWTTC and the Blueteq HCDs Steering Group aims to coordinate the successful implementation of Blueteq across Wales by March 2027. The Blueteq system helps the NHS in Wales reduce unwarranted variation, maximise value for money and support equitable patient access. This alignment not only safeguards public funds but also underpins the long-term sustainability of healthcare services, ensuring that investment in medicines delivers the greatest possible benefit for patients and the wider health system.

Health boards and Velindre NHS Trust engagement and uptake needs to improve; it is vital for the successful implementation of Blueteq. It is essential that health boards and Velindre NHS Trust make plans for implementing Blueteq, utilising forms as they become available. Without a consistent and timely approach to the adoption of the Blueteq HCDs system, Wales has limited clinical and financial governance for high-cost medicines. This will negatively impact financial positions and reduce equitable and timely access to medicines impacting patient outcomes.

7. Recommendations

- To note the contents of this report, including a commitment for all health boards and Velindre NHS Trust to fully support the roll out of the Blueteq HCDs system so that the NHS in Wales can achieve its goal to implement Blueteq by March 2027.

- All health boards and Velindre NHS Trust to ensure they have processes in place for staff to access and use all applicable forms as they become available on the Blueteq HCDs system.

- All health boards and Velindre NHS Trust to upload prespecified details to the Blueteq system for existing patients receiving high-cost drugs with an associated commercial access agreement.

- Health boards and Velindre NHS Trust to note their current compliance with implementation of Phase II of the Blueteq HCDs system roll out (see section 4) and provide a detailed update on their plans to the Blueteq HCDs Steering Group to ensure complete uptake by March 2027.

- Health boards and Velindre NHS Trust should consider how to manage and fund the central support required for the Blueteq HCDs system (see section 3.1) beyond March 2027.

Appendix 1: Examples of best practice

Existing in-use Blueteq forms have already proved invaluable.

Severe asthma
The development of Blueteq forms for medicines that treat severe asthma has been driven by clinical networks and is enabling access to data from across Wales not previously available. An All Wales standard operating procedure has been developed by the Welsh asthma network to help guide health boards in the prescribing of biologics.

Initiation forms are completed to confirm eligibility criteria for treatment thus reducing the number of patients requiring discussion at the All Wales severe asthma multidisciplinary meeting. Additional clinical data is also captured via the Blueteq forms, building a data set to allow audit and governance to ensure appropriate biologics prescribing, equivalent to the NHS England severe asthma registry. The key principle is that these data are only entered once by clinicians and then extracted for various purposes. The data captured allows monitoring of time to access biologics from approval, and the outcome of the six month and annual assessments. An interim form can also record if a change in biologic is made at any other time point.

These forms also provide a cross-border solution. For Welsh patients being treated in England, relevant health boards request that the NHS in Wales forms for cross-border patients are completed. The English clinical teams are to feed the data into the NHS England severe asthma registry. For those patients with an English GP being treated in Wales, Welsh clinical teams complete the NHS England/integrated care board form available to them.

Ophthalmology
Blueteq forms for ophthalmology have been developed alongside an evaluation, redesign and optimisation of the existing treatment pathway for the NHS in Wales for age-related macular degeneration. The redesigned pathway and aligned Blueteq forms aim to:

- ensure timely access to anti-VEGF treatment for eligible patients
- standardise clinical protocols across sites to reduce variation
- streamline referral and triage processes
- improve scheduling and capacity planning for intravitreal injections
- align medicine procurement with pathway demand
- evaluate biosimilar uptake and cost-effectiveness
- facilitate cross-disciplinary collaboration
- define key performance indicators for pathway performance
- establish a reporting framework for continuous improvement.