

Wales Patient Access Schemes



AWTTC

All Wales Therapeutics
& Toxicology Centre

Paul Deslandes
November 23rd 2016

What are Patient Access Schemes?

PPRS 2014 defines them as:

Schemes which “...improve the cost effectiveness of a medicine and enable patients to receive access to cost-effective innovative medicines...”

Allows a variation in the list price of a medicine to help secure a positive appraisal recommendation

Schemes should be the exception not the rule

Cumulative burden to the NHS should be manageable



Establishing the Wales Patient Access Scheme

2010

- AWMSG identified the need for a process to review PAS for Wales

July
2011

- The Patient Access Scheme Wales Group (PASWG) was proposed, and supported by AWMSG

October 2011 to
January 2012

- Pilot undertaken

October
2012

- PASWG and the resulting WPAS process was approved by AWMSG and implemented



What is PASWG?

PASWG reviews WPAS submissions and provides advice on their feasibility to Welsh Government

POST	MEMBER
Chair	Bethan Tranter
Chief Pharmacist	Judith Vincent
Medical Director	Awaiting nomination
Senior Finance Manager	Steve Watkins
Representative of the All Wales Therapeutics and Toxicology Centre	Dr Paul Deslandes
Representative of the All Wales Drug Contracting Committee	Mark Francis
Representative of the Association of the British Pharmaceutical Industry Wales	Dr Rick Greville
Representative of the Patient Access Scheme Liaison Unit	Carl Boswell
Lay Member	Lisa Gerson



WPAS submission process

- Scheme submitted to AWTTC
- AWTTC review the submission and where necessary request clarification from the company
- For simple schemes:
 - PASWG chair reviews the submission and provides advice to Welsh Government
- For complex schemes:
 - PASWG meets to discuss the proposal and provides advice to Welsh Government
- Welsh Government give final decision on the scheme



Types of schemes - simple

- Should impose no additional burden on the NHS
- Are the preferred model
- Apply a discount at a single point of invoice
- May use:
 - a fixed discount where the purchase price varies with fluctuations in the list price
 - a variable discount to maintain a fixed purchase price irrespective of list price fluctuations
- Can be associated with either a Form B or Form C appraisal submission

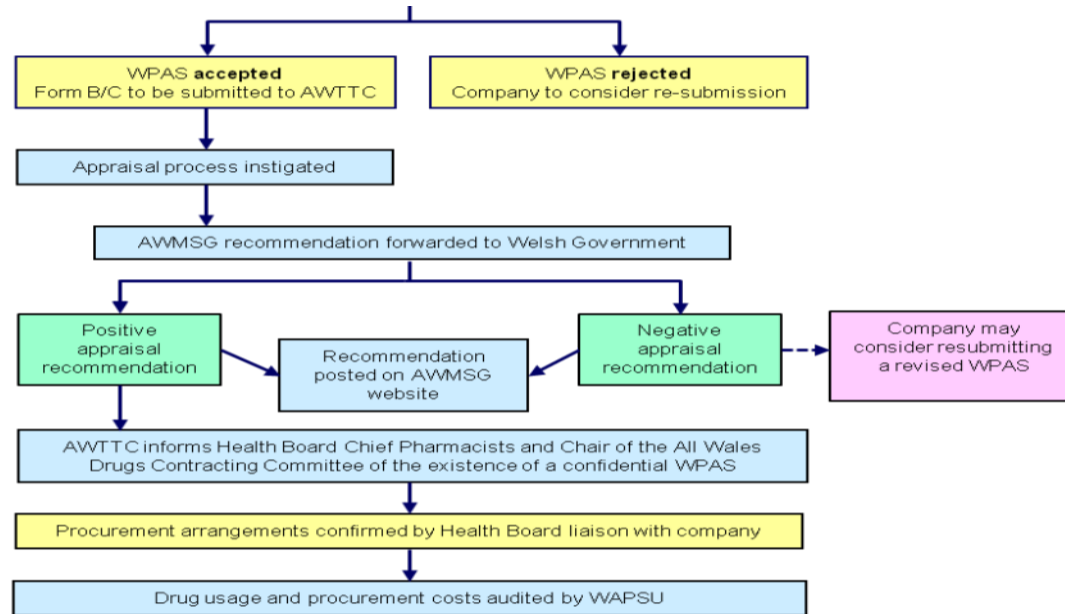


Types of schemes – complex

- All other types of scheme
 - rebates, zero cost stock, dose capping, outcome based schemes
- In Wales, schemes operating in primary care are considered complex
 - involve a rebate not a point of invoice discount
- Complex schemes should normally be associated with Form B submissions
- Primary care WPAS may be associated with Form B or Form C submissions



WPAS implementation

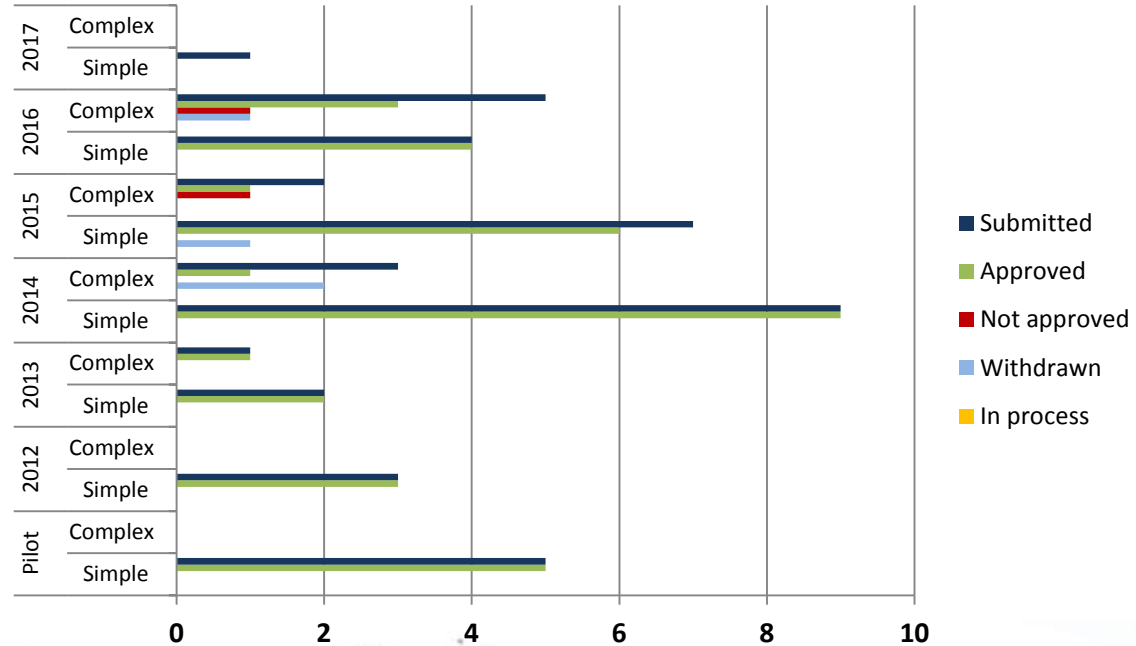


July 2016



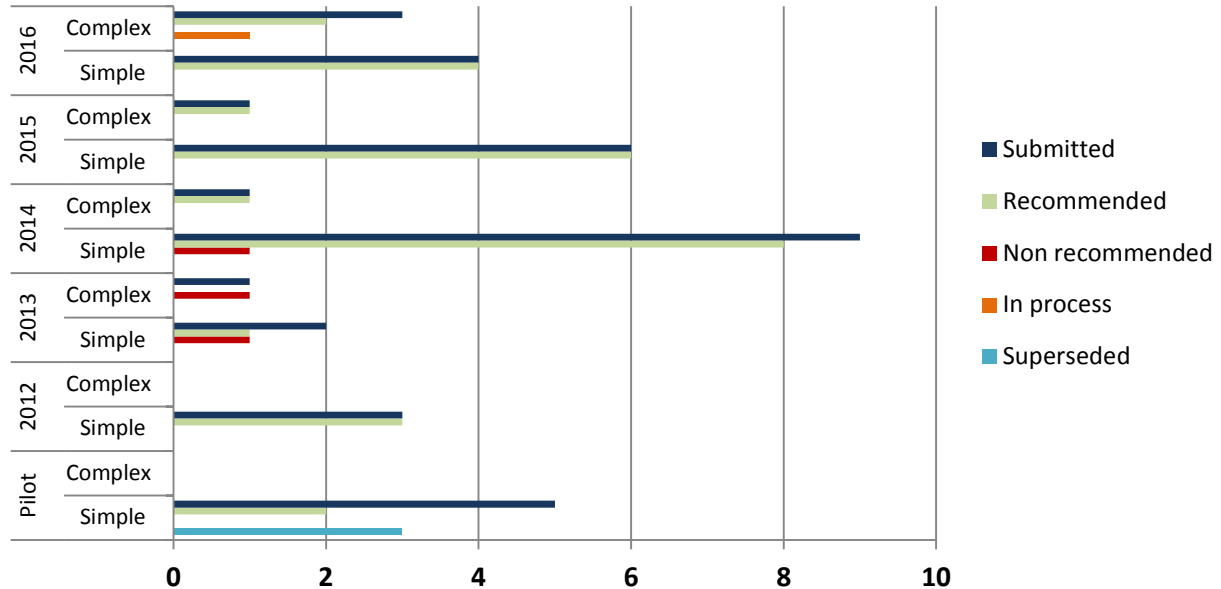
WPAS schemes reviewed

42 schemes submitted to date



AWMSG appraisals with a WPAS

35 appraisals with a WPAS have been reviewed or are under review



WPAS monitoring

- 27 WPAS within published AWMSG FARs
 - Two others currently undergoing appraisal
- QA process required to ensure discount is applied
 - WAPSU monitor data from Medusa for medicines used in secondary care
 - WAPSU obtain primary care prescribing data from CASPA which is sent to the relevant company
- Successful Invest To Save bid in 2016



Invest To Save bid

- Aim
 - To facilitate joint working between AWTTC and health boards to ensure effective implementation of PAS and WPAS
- Objectives
 - Monitor uptake and implementation of both WPAS and Department of Health PAS
 - Scope IT needs to facilitate monitoring
- Project manager post to be advertised soon





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Horizon scanning and financial forecasting



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Dr Paul Deslandes
18th January 2017

Why is horizon scanning important?

- For AWTTC it facilitates timely appraisal of new medicines
- For health boards it could help to facilitate implementation of NICE/AWMSG advice
- Implementation is often considered in the 3 months post ratification
- Earlier consideration of the medicine costs and requirements for service delivery could allow more effective planning and uptake of new medicines



Implementation of NICE/AWMSG advice

- Often seen as a considerable challenge to health boards
- Health boards have a fixed budget, with new medicines generally seen as an additional cost pressure
- The focus tends to be patient centred rather than based on population outcome
- If a new medicine realises savings through service improvement, this is difficult to reconcile
 - The way in which budgets are allocated
 - The inability to monitor and therefore evaluate impact



AWTTC activities

- Horizon scanning
- Financial forecasting



Horizon scanning

'the systematic examination of potential threats, opportunities and likely future developments, including (but not restricted to) those at the margins of current thinking and planning.'

- Information from UK PharmaScan and other resources
- Identify new medicines in development
- Used to inform the appraisal process



Financial forecasting

- Collate data from budget impact section of AWMSG ASAR documents
- Produce a rolling quarterly report
- Report reviewed by a forecasting group consisting of health board and welsh government pharmacy and finance representatives
- Individual members feedback to relevant colleagues



What are the limitations?

- Horizon scanning allows early identification of new medicines, however:
 - Cost data is difficult to obtain
 - Patient numbers are difficult to predict
 - The licensed and appraised indications may be different
 - The medicine may not be recommended by NICE/AWMSG
- Financial forecasting uses data from the appraisal process
 - Cost estimates are more robust, but less timely



Moving forward?

- Develop medium to long-term financial planning
 - Pipeline (identify clinical priorities)
 - During drug development (medium term cost estimates)
 - Prior to marketing authorisation being granted (short term cost estimates)
- Aim to improve intelligence around probable costs and patient cohorts with a focus on
 - Potential high cost medicines
 - Medicines which offer a new way of treating an illness
 - Medicines which will require a review of service delivery
- Greater engagement between the NHS and industry



Thank you



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