

BGMA – Clinical Task & Finish Group

Meeting held on 24 April 2023

Notes

Chaired by Dr Steve Lloyd and Paul Fleming

Background

Following the VPAS Roundtable in January, in order to further strengthen engagement and partnership working on a sub-national basis with the NHS, it was proposed that two task & finish groups (T&F) should be created to focus on further developing the commercial and clinical partnership offer.

Conclusio will work with the BGMA to agree Terms of Reference and work plans for each group and oversee the delivery of each.

These are the notes of the first meeting of the Clinical T&F Group.

Purpose

- Agree ToR.
- Achieve more equitable VPAS alternative of successor scheme.
- Understand and articulate fullest outlook on key issues.
- Where opportunities exist for equitable VPAS model to demonstrate value in supporting a pop. health proposition through branded generics/biosimilar industry partnership with NHS.

Draft outline ToR

- Each Task and Finish Group will be jointly chaired by a senior NHS Leader and a member of the BGMA Leadership Team
- Each T&F will comprise a membership that includes senior NHS stakeholders who wish to work closely with industry partners.
- The Clinical T&F Group will develop a partnership strategy for each area and generate a range of proof points and case studies which both demonstrate the impact of medicine as part of a population health approach and the implications of a reduction in medicines supply.
- It is anticipated that the Clinical T&F Group will meet once in-person and twice virtually. The aim to have a joint in-person meeting of both the Clinical and Commercial T&F Groups where recommendations and supporting information will be presented to a senior meeting of the BGMA and its core members.

Discussion themes

NHS external affairs, landscape and perspective

- Key challenge is that DHSC appraises value based on cost.

- Case for generics is commercial also.
- Uncertainty over the extent to which feedback from ICBs will resonate with Treasury.

Clinical pathway approach

- Need to demonstrate impacts on clinical pathways and what that looks like.
- Pertinent case studies should reflect existing pressures and cost/patient benefits
- What are the priority areas/clinical areas.
 - Pathways cited as good exemplars were:
 - **Respiratory** because of diversity/mixed economy and R&D factors.
 - An area where industry adds value beyond the product.
 - Supports earlier access and intervention benefits.
 - Offers a good example across a wide range of products.
 - Can evidence population differentials.
 - Availability of academic/clinical studies.
 - Asthma, specifically, doesn't have same status as other diseases yet impacts as significant. Also, there is a strong existing social narrative on Asthma and has links with wider determinants of health and inequalities. In addition, Asthma features significantly in the paediatric population healthcare agenda.
 - **Ulcerative Colitis** another good clinical opportunity.
 - Earlier access and effective treatments.
 - Biosimilars make a significant difference to QoL, reduce surgical interventions and reduce NHS resource required over life-time of therapy.
- All efforts should be shown to add value to existing pathway approaches.

Patient outcomes and experience

- Need to quantify clinical harms that are being generated and stored up through waiting list challenges.
- Quantify QALYs? And link to health economics.
- Personify patient experience: real people at real risk.

Awareness and education

- Education piece needed to help ICBs understand complexity and mechanics of supply and purchasing.
- Aligned education piece in primary care to focus on meds and pathway optimisation.

Key factors in developing the issue and engagement narrative

- Important to amplify generic sector voice. BGMA need to show its clear authority and credibility for being involved in the VPAS negotiations. Founded on:
 - Disproportionate impact of VPAS on sector.
 - Pop health and supply consequences for UK.
 - Strong market stimulates new products, innovation in the off-patent sector and market competition which lowers medicines acquisition costs.
- NHS and health narrative dominated by patented sector and doesn't give enough space to importance of branded generics and biosimilars.
- Clinical benefits of branded generics and biosimilars for patients.
- When we engage on this, we are not necessarily engaging with people that are acutely informed on this issue.
- Pro-competitive approach in the market is an advantage in stimulating new meds and developing local offers.

- Is message around meds op. strong enough?
- UK faces significant consequences from fewer biosimilars being launched and branded generics being withdrawn from the market
- Principles in these pathways can be shown to be transferable.
- PSNC survey states CP spending 11 hours a week sourcing out of stock meds.

Supply

- Consistency of product choice and availability and prescribing supports adherence.

Next Steps

- Share Asthma and Ulcerative Colitis pathway.
- Build optimal illustration and methodology.
- Build in lived experiences of patients and HCPs.
- Create development framework.
- Highlight risks.

Next Meeting

10 May

For that meeting:

- Run-down of approach will be shared for sign-off, including:
 - Points of relevance.
 - Draft list of priorities.
 - Pathway points.
 - Case study opps.
 - Draft messaging for agreement.