

**MEETING BETWEEN THE ASSOCIATION OF THE BRITISH PHARMACEUTICAL
INDUSTRY NORTHERN IRELAND, DHSSPS AND HSC OFFICERS
WEDNESDAY 25 NOVEMBER 2009**

Present:

DHSSPS

Dr Miriam McCarthy (Chair)
Dr Norman Morrow
Dr Martin Donnelly
Angela McLernon
Dreena Evans
Emer Morelli
Kirsty Adair

ABPI

Dr Richard Greville
Charlie Ensor
Dino Karmiotis
Breda McKee
Susan Kelly
Tom Mills

HSC

Kathryn Turner,
Dr Jackie McCall

1. Welcome and apologies

1.1. Dr McCarthy welcomed everyone. Apologies were received from Mark Timoney.

2. Note of the previous meeting

2.1. The note of the meeting of 5 June 2009 was agreed subject to one amendment:

Item 9 (Any Other Business) should be revised to read:
"Dr Greville reported the establishment of the Office for Life Sciences whose purpose is to improve the operating environment for the pharmaceutical, medical biotech and medical devices sectors."

3. Matters arising

3.1. Terms of reference (TOR) and revised membership

3.1.1. In light of the RPA the group will be expanded to include representation from the HSC Board and Public Health Agency. Kathryn Turner and Dr Jackie McCall were present today; a representative from the Board's service delivery or commissioning side would be invited to future meetings.

3.1.2. ABPI representation would comprise Richard Greville, Charlie Ensor and Dino Karmiotis as core members with up to three more representatives co-opted as necessary, depending on the topics to be considered.

- 3.1.3. Terms of reference would be drafted for the next meeting. These could usefully include reference to:
- the group's information sharing role
 - the extent and limits of the group's powers
 - communication arrangements.
- 3.1.4. It was agreed that the group should be the main forum through which the pharmaceutical industry should raise generic and policy issues with the Department. It was however recognised that there may be occasional issues specific to an individual company that needed to be brought directly to the Department's attention, for example relating to delivery or safety matters. There may also be issues e.g. service delivery which would be best taken forward by individual companies with the HSC Board and commissioners.
- 3.1.5. Where there is uncertainty about which approach is appropriate, there will be a direct line of contact between ABPI and DHSSPS to discuss and resolve this. Dr Morrow and Dr Greville will act as the contacts.
- 3.1.6. The Department will publish the agreed notes of the meetings on the Departmental website.
- 3.1.7. ABPI will inform their members of the existence of the group and its function as the forum for policy and generic pharmaceutical matters; DHSSPS will do likewise for the HSC. Letters will be issued when TOR are agreed.

3.2. Joint working

- 3.2.1. Mr Ensor outlined some of the areas where ABPI subgroups were working in partnership with the HSC, including respiratory, cardiovascular, oncology and pain control.
- 3.2.2. ABPI indicated that the current absence of a regional policy around joint working was causing the industry some difficulty, as some Trusts were developing their own policies. It was agreed that a small sub-group would be set up to examine the Department of Health's best practice guidance on joint working between the NHS and the pharmaceutical industry to determine its applicability to Northern Ireland, and if any adjustments were needed to tailor it to the Northern Ireland situation.
- 3.2.3. It was agreed the subgroup would consist of 2 ABPI representatives, 1 DHSSPS and 1 HSC Board. Dr Morrow and Dr Greville will agree the nominees. The sub-group will report to the main group at its next meeting in February, at which time the group will consider how to take forward the introduction of the agreed guidance in Northern Ireland. The Department's

letter advising the HSC of the existence of the group could mention that regional guidance on joint working is being developed.

3.3. Office for Life Sciences

3.3.1. Dr Greville outlined the background to the Office for Life Sciences and the blueprint document which had been published in the summer. He had met with a number of local interests to explore their interests in the OLS agenda, including Bernie Hannigan, DETI and Invest NI. ABPI were suggesting the establishment of a cross-Departmental group to look at issues which were of interest to more than one NI department. It was agreed that Prof Hannigan was the most appropriate lead within DHSSPS but another departments such as DETI might have the lead role in coordinating developments. ABPI will keep DHSSPS informed of developments.

3.3.2. One of the key proposals for DHSSPS and the HSC was the introduction of an 'Innovation Pass', an initiative whereby selected new medicines would be funded across the NHS from a ring-fenced budget, in advance of NICE guidance. Dr Morrow advised that the Innovation Pass was being taken forward as an English initiative without initial involvement of the devolved administrations, and there was no ring-fenced budget for Northern Ireland. This could potentially result in patients here having their expectations raised inappropriately.

3.3.3. DHSSPS will raise the matter with their Department of Health counterparts. ABPI had until recently assumed the initiative was UK-wide and will be happy to facilitate contact with the relevant bodies in England.

4. Medicine shortages

4.1. Dr Morrow thanked ABPI for their paper on *Trading Medicines for Human Use: Shortages and Supply Chain Obligations* which set out the legal and ethical obligations. He advised that the Pharmaceutical Society of Northern Ireland had issued professional guidance on 24 November endorsing the document, and tabled the document. Mr Ensor advised that the matter had recently been examined by the Westminster All-Party Pharmacy Group.

4.2. Ms Turner advised that BSO/HSC Board were experiencing real problems in primary care as a result of exporting, with some products running short and suppliers reporting that they were unable to source some medicines at drug tariff prices. She will share the information she has with Dr Greville.

4.3. It was suggested that it would be useful for DHSSPS to issue a letter to those involved, explaining the position, the legal and ethical requirements and the need for every part of the system to play its part in ensuring that patients do not

suffer as a result of parallel exporting. Departmental officials are to consider this. ABPI offered to assist in whatever way it could to minimise the problem.

5. Pharmaceutical Clinical Effectiveness Programme

5.1. Dr Morrow acknowledged the support given by ABPI in taking forward the Pharmaceutical Clinical Effectiveness Programme and advised that the programme was on track to achieve its targets for 2009/10. He said that the economic outlook for the coming period gave fresh impetus to ensuring the most effective use of medicines in future.

5.2. He also raised the issue of Healthcare at Home and the difficulty being experienced in trying to distinguish what part of the costs represented the actual drug and what element covered the preparation and delivery costs. This is an important issue for the HSC sector in facilitating home based care services, the deployment of their own staff and transparency of costs. It was agreed to include this as an agenda item for the next meeting, to allow ABPI to seek the views of their members who provided homecare services.

6. Managed entry of medicines in Northern Ireland

6.1. It was noted that the PCE Programme work linked with a number of other developments, including the managed entry of medicines and the implementation of NICE guidance. DHSSPS said that as the Board developed its role and filled posts, it was likely that some of the work on medicines management would migrate to the Board.

6.2. ABPI indicated that it would be helpful if they were involved at an early stage in the new arrangements in respect of medicines. They mentioned the ABPI Values Group and suggested the Board and Agency might be interested in attending that group.

7. Monitoring implementation of NICE guidance in Northern Ireland

7.1. Dr McCarthy advised that proposed new arrangements for the implementation of NICE guidance in Northern Ireland were currently under consideration and would be subject to Ministerial approval. DHSSPS hoped to be in a position to advise on the new arrangements early next year.

7.2. ABPI said that the industry could help in terms of implementing NICE guidance, for example sharing examples of changes in practice or technologies.

8. Pandemic flu planning

- 8.1. Dr Morrow advised that planning and preparation for swine flu had gone well. He highlighted the work done nationally to secure not only the flu medicines but other essential medicines. Mr Karmiotis said that the industry would be pleased to offer their support if the need arose in future.

9. Patient access schemes

- 9.1. ABPI asked if DHSSPS would be looking at patient access schemes as they are approved by NICE and the Department of Health or if they would be seeking representation on the NICE group on patient access schemes. Dr McCarthy said that the general presumption was that most NICE guidance would be applicable to Northern Ireland including their assessment of patient access schemes; however DHSSPS would consider whether it might be advisable to be involved with the NICE group. Dr Greville will let Dr McCarthy know who heads the group.

10. Next meeting

- 10.1. The next meeting of the group will be held on 24 February 2010 at 10.00am.

ACTION POINTS

Paragraph	Action	By
3.1.3	Terms of reference for the group to be drafted for the next meeting.	DHSSPS
3.1.7 & 3.2.3	When TOR are agreed, ABPI to inform their members of the existence of the group and its function as the forum for policy and generic pharmaceutical matters DHSSPS to do likewise for the HSC, and include a reference to the fact that a regional policy on joint working will be developed.	ABPI DHSSPS
3.2.2	A sub-group will examine the Department of Health's best practice guidance on joint working between the NHS and the pharmaceutical industry to determine its applicability to Northern Ireland, with a view to reporting back to the main group at the February meeting.	Dr Morrow / Dr Greville
3.3.3	DHSSPS to consider implications of Innovation Pass for Northern Ireland	DHSSPS
4.2	Kathryn Turner to share information on drug shortages/pricing with Richard Greville, for consideration.	Ms Turner / Dr Greville
4.3	DHSSPS to consider issuing a letter about parallel exporting.	DHSSPS
5.2	Separation of drug costs from homecare costs to be on the agenda for the next meeting. ABPI to seek views of members providing such services.	ABPI / DHSSPS
9.1	DHSSPS to consider NI involvement with NICE patient access scheme group. Dr Greville to advise Dr McCarthy on the appropriate contact.	Dr McCarthy / Dr Greville