

## **Purpose**

Our work will help to shape the uptake and use of all high cost medicines not just those directly commissioned by NHS England.

Our focus is on outcomes:

- Quality of care (efficacy and safety),
- Patient experience - working with patients' to meet their needs,
- Value – working with CRGs to promote best value health gain from use of medicines
- Financial sustainability - appropriate investment by eliminating wasted resources.

The purpose of the Medicines Optimisation Clinical Reference Group (MO CRG) is to provide advice to optimise the use of high cost medicines. The overall objective is to improve patient outcomes of care through the principles of medicines optimisation; this is evidenced through measurement including patient experience.

We will follow the principles in the Long Term Plan and remain flexible and adaptable as policy develops. We will provide advice to other Clinical Reference Groups, commissioners, providers and patients. Our advice will be patient centred and focussed on quality, outcomes, safety and value. Where themes benefit from closer working with the pharmaceutical industry we will develop an open, transparent relationship.

We are accountable to the Specialised Commissioning Oversight Group (SCOG), NHS England.

## **Mission Statement**

The MO CRG will enable the best patient care with all high cost medicines not just those directly commissioned by NHS England to achieve best possible outcomes, experience, safety and value, for the population whilst balancing individual rights

## **Values**

### **Patient centred**

- We will ensure that all our decisions are patient centred
- We will seek to ensure that a wide range of patient perspectives are included in our work
- We will seek consensus but where that is not possible we expect the chair to take the final decision based on the interests of patients
- We will ensure our patient members feel confident in making contributions to our work

### **Collaborative**

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- We will work openly and honestly, by creating an environment during our meetings where everyone feels able to contribute
- We commit to a shared ownership of actions
- We will facilitate everyone working to achieve the group's objectives

### **Fair**

- We will respect the views of all in the room and listen to contributions even when not directly affected

### **Empowered**

- We will take full responsibility for the decisions made by the group
- We believe that decisions taken when we are not present still stand
- We will ensure the decisions made are actioned and delivered

### **Accountable**

- We will work through open, robust processes so that decision making is clear to all.

### **NHS values**

- We will operate in accordance with the NHS Constitution

### **Role and Responsibilities**

In line with the values, all members commit to supporting the MO CRG activities. The role of the Group is to ensure the overall delivery of the MO CRG work programme through:

- Approving the Work Programme and timeframes
- Taking overall responsibility for the effective running of the work programme
- Providing visible leadership about MO CRG
- Linking with other CRGs
- A two way communication channel with colleagues
- Being cognisant of other relevant other programmes such as the Procurement and Efficiency Carter Programme, ABPI / NHSE Medicines Value Programme and IHW obligations
- Working with others leading on Medicines Optimisation, such as the Academic Health Science Network, GIRFT and RMOCs
- Working in alignment with the NHS strategic direction and policy documents such as the Long Term Plan

### **Work Programme 2019-2022**

- To collate and summarise key outcome measures of care with high cost medicines commissioned by both specialist and local commissioners for inclusion in benchmarks to drive forward quality improvement.
- Through the MO Cquin, provide a set of incentivisation principles to support NHS England commissioners and provider organisations in eliminating wasted resources associated with medicines procurement, preparation,

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prescribing and thus ensure best value use of medicines. Oversee the delivery of the MO Cquin and identify areas of improvement that may be supported by future Cquin funding.

- To engage with a network of pharmacists associated with CRGs, NHS England area teams and clinical commissioning pharmacists to enable their sharing of best practice with the aim of improving medicines optimisation and financial sustainability

Through the data presented in the Innovation Scorecard, the Model Hospital Dashboard, Blueteq and “Define, provide information and challenge to other CRGs to achieve greater consistency in use of medicines commissioned by NHS England across England.

- To reduce costs and waste with chemotherapy regimens by:
  - standardising the payment for supportive therapies,
  - standardising the payment for chemotherapy provision from a pharmacy
  - proposing a national approach to chemotherapy dose banding.
- To review the financial success of such initiatives to publish a set of principles concerning the presentation of specialised medicines to enable patients to best manage their own care with efficient use of NHS facilities and resources and to explore options for applying to other treatments.
- To support the National Aseptic Transformation review through oversight and leadership of key recommendations relating to standardisation of products.
- To maintain overview on the list of medicines commissioned directly by NHS England, and where possible encourage uptake of relevant products into tariff
- To define a minimum provider / commissioner data set on medicines costs and savings to achieve transparency on product pricing
- In collaboration with procurement colleagues to explore alternative pricing models to incentivise the uptake of cost effective high cost medicines
- To develop an innovation portfolio, sharing good practice and identify initiatives for potential national roll out.
- Lead initiatives to improve the value for money of commissioned specialised services, recommending decommissioning in areas of potential inefficiency or waste and identifying areas where clinical collaboration may generate savings.
- Provide expert input and oversight into future key innovations including the use of ATMPs and the future priorities of the Accelerated Access Collaborative.

- To collaborate with RMOCs and GIRFT in delivering high quality medicines optimisation advice.

**September 2019**