

Policy for the management of commissioner primary care prescribing rebate schemes by NEW Devon CCG

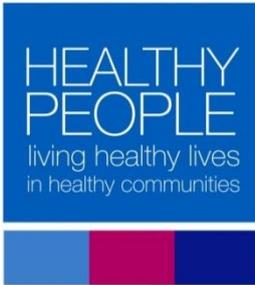
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|---|---|--|--------------|
| Date | | 21 st April 2016 | |
| Policy title | | Policy for the management of commissioner primary care prescribing rebate schemes by NEW Devon CCG | |
| Author(s) | | Sam Smith, Locality Medicines Optimisation Pharmacist Jill Parker, Medicines Optimisation Pharmacist | |
| Supporting Executive(s) | | John Finn, Managing Director, Eastern Locality | |
| Purpose of Policy | ✓ | Decision | ✓ |
| | | Assurance | |
| | | Information | |
| FOI Status | ✓ | Public | ✓ |
| | | Private | |
| Category of Policy | ✓ | Decision | ✓ |
| | | Position Statement | |
| | | Information | |
| Does this document place Individuals at the Centre | | Y | N Yes |
| Actions Requested | | Approval | |
| Which other committees has this item been to? | | Prescribing Control Centre | |
| Reference to other documents | | <ol style="list-style-type: none"> 1. Association of the British Pharmaceutical Industry Code Of Practice 2015 2. NHS NEW Devon CCG Policy and Guidance on Sponsorship from, and Joint Working with the Pharmaceutical Industry 3. NHS NEW Devon CCG Standards of Business Conduct Policy | |
| Have the legal implications been considered? | | Yes | |
| Equality Impact Assessment | | | |
| Who does the proposed piece of work affect? | | Staff | |
| | | Patients | ✓ |

| | | | |
|---|--|---|--------|
| | Carers | ✓ | |
| | Public | ✓ | |
| | | ✓ | |
| | | | |
| | | | Yes No |
| 1. | Will the proposal have any impact on discrimination, equality of opportunity or relations between groups? | | ✓ |
| 2. | Is the proposal controversial in any way (including media, academic, voluntary or sector specific interest) about the proposed work? | | ✓ |
| 3. | Will there be a positive benefit to the users or workforce as a result of the proposed work? | ✓ | |
| 4. | Will the users or workforce be disadvantaged as a result of the proposed work? | | ✓ |
| 5. | Is there doubt about answers to any of the above questions (e.g. there is not enough information to draw a conclusion)? | | ✓ |
| If the answer to any of the above questions is yes (other than question 3) or you are unsure of your answers to any of the above you should provide further information using Screening Form One available from Corporate Services | | | |
| If an equality assessment is not required briefly explain why and provide evidence for the decision. | | | |

NEW Devon CCG has made every effort to ensure this policy does not have the effect of discriminating, directly or indirectly, against employees, patients, contractors or visitors on grounds of race, colour, age, nationality, ethnic (or national) origin, sex, sexual orientation, marital status, religious belief or disability. This policy will apply equally to full and part time employees. All NEW Devon CCG policies can be provided in large print or Braille formats if requested, and language line interpreter services are available to individuals of different nationalities who require them.

Reference to Core Strategies and Corporate Objectives

| Core Strategies, we will: | Corporate Objective | Does this report reference to the Core Strategies/ Corporate Objectives | |
|---|--|---|---|
| | | ✓ | X |
| 1. Take joint ownership with partners and the public for creating sustainable health and care services | 1.1 Develop people, and those who support them, to value strengths and personal qualities in all that they do | X | |
| | 1.2 Listen to people and take action on what they say about services | X | |
| 2. Implement systems that make the best use of valuable health resources, every time | 2.1 Innovate to increase productivity and reduce waste | ✓ | |
| | 2.2 Commission safe services and reduce avoidable harm | X | |
| 3. Commission to prevent ill health, promote wellbeing and help people with long-term conditions to live well | 3.1 Support people to make healthy lifestyle choices and understand the care, treatment and services available to them | X | |
| | 3.2 Commission services with partners to reduce health inequalities and improve people's lives | ✓ | |



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| Document Status: | Ratified |
| Version: | 0.6 |

| DOCUMENT CHANGE HISTORY | | |
|---|---|--|
| Version: | Date: | Comments (i.e. viewed, or reviewed, amended, approved by person or committee) |
| 0.1 | 18 th January 2015 | Initial draft |
| 0.2 | 26 th March 2015 | Amended following Prescribing Control Centre |
| 0.3 | 15 th January 2016 | Amended following discussion with John Harle |
| 0.4 | 25 th January 2016 | Re-discussed at Prescribing Control Centre |
| 0.5 | 3 rd March 2016 | Addition of appendix |
| 0.6 | 20 th April 2016 | Amended following Executive Committee |
| 0.6 | 21 st April 2016 | Ratified by Executive committee |
| | | |
| | | |
| Authors: | Sam Smith, Locality Medicines Optimisation Pharmacist Jill Parker, Medicines Optimisation Pharmacist | |
| Scrutinised by: (name & title) Date: | John Finn, Managing Director, Eastern Locality | |
| Document Reference: | | |
| Review date of approved document: | April 2018 | |

CONTENTS

| Section | Page |
|-----------------------------------|------|
| 1. Introduction..... | 6 |
| 2. Core principles..... | 6 |
| 3. Governance and management..... | 7 |
| 4. Monitoring Compliance | 8 |
| 5. References | 8 |
| 6. Appendix 1 | 9 |

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| Linked strategies, policies and other documents | NHS NEW Devon CCG Standards of Business Conduct Policy NHS NEW Devon CCG Policy and Guidance on Sponsorship from, and Joint Working with the Pharmaceutical Industry Association of British Pharmaceutical Industry Code of Practice |
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1. Introduction

- 1.1 Primary care prescribing rebate schemes are contractual agreements offered by pharmaceutical companies or other third party companies which offer a financial rebate on primary care prescribing for a particular named medicine or device.
- 1.2 This policy sets out the framework and principles on how NEW Devon CCG will consider primary care prescribing rebate schemes.
- 1.3 All primary care prescribing rebate scheme proposals will be considered on clinical, financial and contractual grounds.

2. Core principles

- 2.1 No individual NHS employee or contractor should obtain direct financial benefit from participation in a commissioner primary care prescribing rebate scheme.
- 2.2 Benefit derived from such schemes will go directly to the finance department of NEW Devon CCG and will be used as resources for the commissioning of services as prioritised by the CCG.
- 2.3 Companies offering such schemes are responsible for ensuring their compliance with the Association of British Pharmaceutical Industry rules.
- 2.4 NEW Devon CCG will enter into such schemes, as it deems fit, in good faith.
- 2.5 Each scheme entered into will have a break clause of no more than 3 months' notice.
- 2.6 A register of schemes including company name and product, entered into by NEW Devon CCG will be kept and reported on an annual basis to the audit committee. See Appendix 1 for example.
- 2.7 Specific details of schemes entered into by NEW Devon CCG may be confidential and commercially sensitive and therefore not publically available documents. However the register will be a public document available on NEW Devon CCG website.
- 2.8 The procedure for management of commissioner primary care prescribing rebate schemes should be kept separate from and subsequent to the evidenced based evaluation of medicines and formulary process.
- 2.9 The integrity and value of the nationally reported GP practice month reported prescribing costs and forecast position must be maintained.
- 2.10 No adjustment will be made to practice reported prescribing budgets in respect of any rebate achieved on prescribing.

3. Governance and management

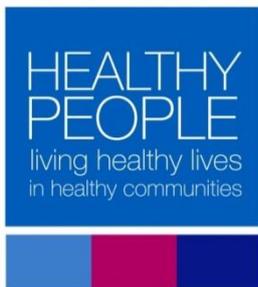
- 3.1 The approved signatories for entering into commissioner primary care prescribing rebate schemes will be the Managing Director, Eastern Locality and Dr Tim Burke, Chair of NEW Devon CCG.
- 3.2 Primary care prescribing rebate schemes considered by NEW Devon CCG will be evaluated in the first instance by the Medicines Optimisation team to consider clinical, financial and contractual appropriateness. Rebates schemes identified as appropriate based on these considerations will be presented to the Prescribing Control Centre (PCC) for final decision.
- 3.3 Where schemes have been reviewed by PrescQIPP Pharmaceutical Industry Scheme Governance Review Board, the evaluated outcome will inform PCC discussions to determine whether the scheme should be approved.
- 3.4 The Director of Corporate Governance will maintain the register of schemes entered into by NEW Devon CCG from April 2015 onwards.
- 3.5 The Head of Medicines Optimisation (North & East) will hold the formal agreements and notify the finance department of each scheme.
- 3.6 The Director of Finance will provide an annual financial return for the commissioner primary care prescribing rebate schemes entered into by NEW Devon CCG.
- 3.7 The Head of Medicines Optimisation (North & East) will ensure that prescribing information relevant to each scheme (such as ePACT data) is provided to the pharmaceutical company in a timely manner.
- 3.8 The register of schemes will be a standing agenda item for noting and if required discussion at each Prescribing Control Centre meeting.
- 3.9 The evidence based evaluation of new drugs will continue to be made by the Clinical Policy Committee without consideration of any proposed commissioner primary care prescribing rebate schemes.
- 3.10 The Prescribing Control Centre will decide on the appropriateness of schemes even if the drug is included in the formulary. The signatory for commissioner primary care prescribing rebate schemes will be bound by the decision of Prescribing Control Centre.
- 3.11 If a formulary evaluation is positive but the scheme not approved the medicine will remain on formulary but the scheme will not be entered.
- 3.12 Removal of a commissioner primary care prescribing rebate scheme will not affect the formulary status of a medicine.

4. Monitoring Compliance

- 4.1 This policy should be read in conjunction with the CCG policy on Standards of Business Conduct and the Policy and Guidance on Sponsorship from, and Joint Working with the Pharmaceutical Industry.
- 4.2 The signatory will review documentation with appropriate due diligence and sign on behalf of NEW Devon CCG in good faith.
- 4.3 The Director of Corporate Governance will be notified of all primary care prescribing rebate schemes entered into by NEW Devon CCG and will maintain a register of such schemes.
- 4.4 The Head of Corporate Governance will present the NEW Devon CCG register of primary care prescribing rebate schemes to the NEW Devon CCG Audit and Assurance Committee on a regular basis and at least annually.
- 4.5 The Director of Finance will be notified of all primary care prescribing rebate schemes entered into by NEW Devon CCG and will monitor all funds received as per standing financial arrangements. Prescribing rebate schemes will also be reported to the Turnaround Steering Group.

5. References

- 5.1 Association of the British Pharmaceutical Industry. *Code of practice for the pharmaceutical industry*. 2015. <https://www.bsped.org.uk/resources/docs/ABPIguidelines.pdf> [Accessed 16 January 2016]
- 5.2 London Procurement Partnership. *Principles and Legal Implications of Primary Care Rebate Schemes*. 2012. <http://www.lpp.nhs.uk/categories/medicines-optimisation-pharmacy-procurement/primary-care/primary-care-rebate-schemes/> [Accessed 16 January 2016]
- 5.3 NHS PrescQIPP Pharmaceutical Industry Scheme Governance Review Board. *Guidance on contractual assessments*. 2016. <https://www.prescqipp.info/primary-care-rebates/finish/76-primary-care-rebate-governance/2449-guidance-on-pisgrb-contractual-assessment> [Accessed 16 January 2016] PrescQIPP login required.



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Appendix 1

Example of Pharmaceutical rebate list for NEW Devon CCG for public website

Pharmaceutical rebate scheme list

Updated February 2016

Primary care rebate schemes NHS NEW Devon CCG currently participating in

| Name of Company | Name of drug or appliance | Start date of agreement |
|-----------------|---------------------------|-------------------------|
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