

Medicines Funding Briefing 2021/22

Executive Summary

PUBLISHED

SEPTEMBER 2021

Wilmington
Healthcare

Drugs funding is on the move

The system we have come to know as an industry has been in place in a similar form for at least 10 years. Some drugs, especially ones that are used in primary care, have been funded locally by the local payer, which since 2013 has been clinical commissioning groups (CCGs). This included many high-cost drugs.

Drugs that were specialised came under the specialised commissioning route, and were funded nationally by NHS England.

And for high-cost novel cancer drugs there was the cancer drugs fund, funded centrally. A few other drugs such as those for Hepatitis C, were also given ringfenced national funding.

Two big shifts in the landscape have meant this recognised funding system is coming to an end.

Firstly, CCGs are on the way out, to be replaced by integrated care systems (ICSs).

Secondly, responsibility for specialised commissioning is to be gradually taken on by ICSs as well.

This means we have to get used to a new system.

This system is still very much in the ‘forming’ stage and it is impossible to currently state with clarity whether what is transacted at the moment will be the long-term plan for drugs funding.

We do however have a good idea of how it will work this year (2021/22), and through our correspondence, interviews, events and networking with high-cost drugs and specialised commissioned drugs professionals, can give some insight into how things are developing on the ground.

To these main two landscape shifts, we can add some further nuance.

Firstly, about area prescribing committees. APCs were the ‘medicines management wing’ of CCGs and set local formularies; with CCGs gone, they will need to be replaced by something else. The current likelihood is APCs will move to ICS level.

Secondly, within ICSs, there will be some decision making by provider collaboratives (formerly integrated care providers, or ICPs) or groups of providers on medicines use, to the extent that ICPs are developing their own formularies and ways of interpreting overall ICS medicines guidelines. So this adds another layer of local market access to navigate, and yes, may well result in some local issues going forward.

Our Medicines Funding briefing document is a single, must-have resource specifically designed to guide strategic decision making for industry. It includes all the information we have absorbed over the past six months, underpinned by our unrivalled knowledge and experience of the UK healthcare sector. We also draw on our relationships with key NHS stakeholders and our extensive data and insight resources to give our industry clients the best possible overview of the current situation of medicines funding in England.

Expert contributors

In addition to our in-house team of experts, this report is peer reviewed by high-cost drugs pharmacist **Anusha Patel**. In addition to her role as Regional Homecare Lead for the East Midlands, Anusha is Regional Pharmacy Programme Manager for the E and W Midlands for Specialised Commissioning for NHS England and Improvement.

Anusha was a guest panellist on our Medicines Funding webinar earlier this year, providing unique real-world insights and clarity for our audience. Her expert and candid approach was popular, inciting scores of questions and provoking much debate so it seemed only natural that we invite her to contribute to this report.

Why this Medicines Funding Briefing is important:

- 1.** This insight is not available anywhere else; it's the best possible source of information on the shifting medicines funding landscape.
- 2.** It includes answers to some of the most pressing questions arising in industry right now.
- 3.** It provides access to first-hand insight from key stakeholders working in the high-cost medicines space.
- 4.** It includes licenced primary data and curated data for high cost and specialised commissioning drugs, all contextualised to help you define who your customers are.

What's included in this report:

- Diagrams and representations to help explain some of these developments to colleagues
- Lists of drugs that will help you determine in what way your portfolio will be funded
- Data to help you ascertain and engage with the bodies that will be taking the medicines agenda forward over the next decade
- Some areas will undoubtedly develop more fully in future as certain situations become clearer, therefore an update to the report will be provided in late spring
- A one-hour virtual session with one of our consultants to answer your questions stimulated by this report

We hope that you will find this review helpful. We welcome feedback and evidence from client companies of their own experience of these changes.

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