Information Governance

18 July 2018 **Our Ref:** RFI 23888

Dear

Freedom of Information Act 2000
Information in relation to Biological and Biosimilar medicines

I am writing to confirm that the South Eastern Health & Social Care Trust (the Trust) has now completed its search for information relating to the above which you requested on 13 June 2018.

A response to each of the questions raised has been provided by the Hospital Services Directorate and is attached in Appendix A.

If you are unhappy as to how this request has been handled, you have the right to seek a review within the Trust in the first instance. You should write to the Information Governance Department, Lough House, Ards Community Hospital (informationgovernance@setrust.hscni.net) within two months of the date of this response and your complaint will be considered and a response provided, within 20 working days of receipt.

If, after receiving a response, you remain unhappy, you can refer your complaint to the Information Commissioner at The Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF. It is important to note that if you refer any matter to the Information Commissioner, you will need to show evidence of having gone through the Trust's internal review procedure to try to resolve the matter with the Trust in the first instance.

If you have any queries about this letter, please do not hesitate to contact me. Please remember to quote the reference number above in any future communications.

Yours sincerely

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Victoria Smith
Information Governance Assistant

Q1. In your Trust, how much did you spend on Biological and biosimilar medicines, in the past financial year ending April 2018?

A1. The Trust spent £8,073,905.03 on Biological and biosimilar medicines in the past financial year.

Q2. Have you developed a policy on how prescribers can switch their patients to biosimilars and support them in making informed choices to save resources? If yes, please provide details.

A2. Yes – a switch from originator Infliximab to biosimilar Infliximab is currently under way for gastroenterology patients. This is carried out on an individual patient basis to ensure that patient consent is obtained and patients are subject to additional monitoring to ensure the switching process is successful.

A similar process is being agreed to switch Etanercept and Rituximab patients and is hoped to commence soon.

Q3. Do you have any specific plans in place for the launch of biosimilar Adalimumab later in 2018?

A3. It is hoped that experience gained from switching Etanercept patients will enable the Trust to commence the switching process for Adalimumab as soon as biosimilar products become available.

Q4. Are there any agreements in place between you the Provider and CCG that would enable savings in drug costs to be made ? (For example, Gainshare agreements where the benefits associated with more efficient use of medicines not reimbursed through national prices is shared between the Provider and the Clinical Commissioning Group party to the agreement. This included agreements for the switch to biosimilar products). If yes, please provide following details.

A4. Currently Clinical Commissioning Groups (CCGs) are not a feature of the National Health Service (NHS)/Health & Social Care (HSC) structure within Northern Ireland. However the equivalent ‘commissioner’ role is assumed by the Health & Social Care Board (HSCB). Discussion regarding Gainshare are ongoing with HSCB and have not yet been finalised/formalised. However from initial discussions, it is assumed that providers will be in a position to invest a small part of the planned savings to be achieved from biosimilar switches back to staffing infrastructure for each of the specialities/disease areas involved. It is recognised that this additional staffing infrastructure is necessary to deal with the additional workload associated with the switching process. This will be formalised in business cases currently under discussion and a similar arrangement will apply across all of the disease areas and drugs where biosimilar switch is planned.

Q5. Are there any other agreements with a CCG, not included in the above, for the following services? If yes, please provide following details.

A5. There are no plans yet in development for these areas.