“A new value based approach to the pricing of branded medicines (VBP)”

A response by the National Clinical Homecare Association

What is Clinical Homecare?
Clinical homecare is the provision of medicines, supplies and supporting clinical services directly to patients at times and places most convenient to them, supporting the vision of a more patient-focused health service.

These often extremely high-value medicines can be supplied to patients in their homes, at work or to differing locations and are able to accommodate holiday travel. Clinical homecare thereby enables reduced demand for significant numbers of hospital or clinic appointments, reduces exposure to hospital acquired infections and can have a positive effect on patient adherence to their prescribed medication.

Many different and often complex treatments can be delivered and/or administered in this way, and each is prepared, delivered and/or administered by a suitably qualified healthcare professional. Some treatments are suitable for self administration and patients themselves, as well as family members, can be trained to administer the medication.

Clinical homecare provides a vital NHS private outsourcing service which liberates the NHS from certain aspects of healthcare provision. It provides an opportunity to create new and innovative approaches to the delivery of out-of-hospital care, often at reduced cost to current alternatives.

Who are the National Clinical Homecare Association (NCHA)

The National Clinical Homecare Association (NCHA) represents the majority of companies providing clinical homecare services to patients of the NHS, charitable and independent healthcare sectors in the UK. Its members have to meet core standards, including registration with appropriate professional regulatory bodies.

NCHA member companies currently provide clinical homecare services to around 150,000 patients, and make around one million patient visits each year. The total value of drugs supplied through NCHA members is estimated to be over £1 billion and growing significantly year-on-year. Services are provided to all NHS Trusts in the UK. NCHA Member companies are:

- Baxter Healthcare
- Bupa Home Healthcare
- Calea UK
- Careology
- Central Homecare
- Chemistree Homecare
- EuroBay Pharma
- Evolution Homecare
- Healthcare at Home
- Medco
- Qualified Cancer Care

Introduction and commentary

The NCHA is wholly supportive of the government's desire to achieve value for money in an NHS that is capacity and cost constrained. Our industry truly puts patients at the heart of all we do whilst delivering significant added value and cost benefits to the NHS. Our services are designed around the patient, wherever they are.

Clinical homecare services have a wide range of benefits to NHS commissioners, clinicians and, of course, patients:

Commissioners	Reduced capacity pressure on wards, clinics and pharmacies, with treatment costs reduced by up to 80%[1], whilst also reducing working capital. Improved adherence to treatment supported by regular patient contact and monitoring, including contact outside normal working hours. This can contribute to better outcomes and often a reduction in drug wastage.
Clinicians	Proactive prescription management with all treatments delivered according to agreed protocols and pathways by specially-trained staff. Fully traceable supply chain. Ability to separate NHS and private "top up" treatments. Close liaison and feedback from health professionals.

[1] "Home healthcare – an economic choice for the health service" Northern Ireland Health Economics Group (2008)

Variable Capacity	Demand on NHS beds and patient wait times remains an issue within the service. Members of the NCHA immediately offer the NHS the ability to vary their capacity at short notice. From a point of arbitrage, patients who can be treated at home can be referred to clinical homecare companies who will arrange for home-based treatments. This frees up much needed bed capacity and resources in the secondary care sector at short notice.
Financial Information	The success of the reforms within the NHS are heavily dependent on billing, financial reporting and transparency, akin to those readily available in the private sector. Members of the NCHA already provide these services to the NHS and are adept at providing cost effective IT solutions tailored to healthcare allowing the reforms to be audited and change to be embedded within the NHS.
Patients	Regular contact and support from trained healthcare professionals in times and places that are convenient to them. Choice of location for service. Fewer hospital visits mean reduced costs of transport, time off work, childcare, etc**.** Discrete and confidential services maintain privacy and increase independence. Great customer experience with high patient satisfaction scores relating to choice, convenience, information and quality of service.

Whilst many of these services are now offered and commissioned directly through the NHS a significant number of services provided by our industry are supported and fully funded through our partnerships with the pharmaceutical industry.

We recognise that the pharmaceutical industry will respond directly to its own concerns so the comments below are restricted to those issues directly impacted or affected by our services to patients. As a general comment, however, we would like to ensure that any associated holistic patient services associated with medicines are considered in any overall pricing assessment.

Comments on specific issues

We believe that measures to introduce VBP will require precise clarity around the evaluation measures chosen. In order to establish fairness, some methodology to ensure that estimates of target patient uptake are reasonable and achievable, are required. In this area gathering real-life clinical and

patient outcome data will be invaluable prior to the launch of a particular medicine. As services provided by members of the NCHA have the capability of collecting real-time information and in some cases biometric measurements we would hope that our industry can help validate some of the necessary market and clinical dynamics.

It is true that the administrative burdens placed upon the NHS relating to the myriad of Patient Access schemes are perceived to be burdensome to the NHS . it is our belief that some of the patient and financial management issues relating to these schemes could be eased with greater consultation and adaptation of systems and technology to align with those developed by our members.

The NCHA agree with the contention that current pricing mechanisms do not adequately reflect all the components that contribute to a full assessment of a treatment's impact on health and quality of life. We very much welcome the broader set of objectives set out in the consultation and would support any initiatives which can help to measure the full impact of a treatment upon patients, their carers and wider society.

Many of those patients who receive treatment for very rare conditions already benefit from specialised services provided by members and in this regard the focus for those patients that is provided by national commissioning appears to work well.

The NCHA would support the general principle of valuations based upon unmet need and believe that it is possible to administer pricing for products through appropriate data recording and rebate mechanisms. There would however be administrative processes to overlay these systems which may only be justified for higher value/lower volume products. Greater provision of patient level information from prescribers would be necessary to support these mechanisms.

With regard to the approach relating to lower prices being agreed for less innovative drugs we would be cautious to ensure that this does not introduce a perverse incentive to prescribe the lower cost but less innovative drug if used within the same indication which

- Gives a higher overall cost to the healthcare system or
- Gives lower clinical and/or patient satisfaction outcomes or
- Delays the gathering of evidence needed to prove the benefits of the innovative drug

The burden of illness measures such as QALY must be supplemented by a fuller evaluation of the societal impacts of a treatment. Further work would be required to find agreed objective measures, such as "patient independence" pre and post treatment.

Where insufficient evidence can be obtained we would suggest a longer controlled period be granted for "in-use" evidence to be collected. Such controls could take the form of limited prescribing on a proportional basis to those Centres contributing to the body of evidence at that point in time.

The continuation of Patient Access Schemes during the transitional period is sensible and the NCHA would encourage continued review of those schemes in order to fully establish how utilising more holistic management of such schemes may enhance access to innovative patient care.

Response prepared on behalf of the NCHA

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