
# A SUMMARY OF RESPONSES TO A CONSULTATION ON

#  PROPOSED CHANGES TO

# THE NORTHERN IRELAND DRUG TARIFF FOR

# WOUND CARE MANAGEMENT PRODUCTS

December 2018

**Introduction**

1. The Department of Health (DoH) has a statutory responsibility under Regulation 9 of the Pharmaceutical Services Regulations (Northern Ireland) 1997 (SR 381/1997) to compile and publish a Drug Tariff for Northern Ireland[[1]](#footnote-1) (‘the Drug Tariff’). From 24th March 2016 to 20th May 2016, the then Department of Health, Social Services and Public Safety, organised a consultation on proposals for amending Part III (g) and (h) of the NI Drug Tariff for wound care management products[[2]](#footnote-2). This paper provides a summary of the responses to the consultation.
2. A number of options were considered for populating Part III (g) and (h) of the Northern Ireland Drug Tariff. These are as follows:

Option 1 – Do nothing

1. Continuing with the status quo would mean maintaining the list of wound care products and prices in Part III (g) and (h) of the NI Drug Tariff. Existing arrangements for the alternative/exception protocol which ensure that patients have access to any products not listed on the Drug Tariff would also be maintained.

Option 2 – Populate the Northern Ireland Drug Tariff with Part IXA of the England & Wales Drug Tariff.

1. Under this option, the NI Drug Tariff would be populated with wound care management products currently listed within Part IXA of the England & Wales Drug Tariff. Details of the products which would be included within the NI Drug Tariff, based on the current version of the England & Wales Drug Tariff.[[3]](#footnote-3) Any future changes to the list of products or reimbursement prices within the England & Wales Drug Tariff would be automatically replicated within the NI Drug Tariff.

Option 3 – Apply the STEPSelect selection methodology to populate the Northern Ireland Drug Tariff

1. Under this option, a selection methodology would be adopted to select wound care products for inclusion within the NI Drug Tariff. The STEPSelect methodology (Safe Therapeutic Economic Pharmaceutical) was proposed to identify those wound care products that are clinically effective, safe and cost efficient. When a list of suitable products was identified, it was proposed that reimbursement prices would be adopted from the England & Wales Drug Tariff.

**Summary of consultation responses**

1. The consultation document was distributed to relevant stakeholders and is available on the DoH website. Eighteen organisations/individuals responded to the consultation. A list of the respondents is provided at **Appendix 1**. The following is a summary of the responses to each question in the consultation questionnaire

**Q1. Do you agree that the STEPSelect methodology should be used to populate the Northern Ireland Drug Tariff for wound care products?**

1. Nine respondents either disagreed or strongly disagreed with the proposal that STEPSelect should be used to populate the Drug Tariff. A respondent noted that the management of the exceptions list was labour intensive and, at times, led to delays for patients. Another respondent commented that it was important to maintain the consistency of use of product across secondary and primary care.
2. Five respondents stated a preference for Option 2 – adopting the England & Wales Drug Tariff. One respondent noted that wound care costs are often a small part of overall treatment costs. Another respondent expressed caution about adopting the STEPSelect methodology within primary care and that adopting the England & Wales Drug Tariff would ensure similar access to products across the two regions.

**Q2. Have you any suggestions on an alternative selection methodology?**

1. Ten respondents did not comment on this question. However, suggestions included provision of an addendum with a list of products on the current NI formulary which are not on the England & Wales list and also splitting products into ‘standard’ products and ‘innovative’ products when applying the STEPSelect methodology. A number of respondents expressed a preference for Option 2. The difference between secondary care and primary care requirements was also noted as well as the different treatment requirements for chronic and acute wounds.

**Q3. Have you comments on how the application of the alternative/exception protocol could be improved?**

1. Five respondents did not comment on this question. Specific comments were made as follows:
	1. if option 2 is adopted, it would limit the requirement for an exception protocol;
	2. specialist nurses should have access to all products to allow a localised clinical decision for use in complex wounds;
	3. the exceptions protocol is cumbersome and should be simplified;
	4. the exception protocol should be limited to very specialised antimicrobial products/new products which are only prescribed by secondary care;
	5. a single, uniform procedure should be used to manage the supply of alternative products which can be accessed through community pharmacies;
	6. a clinical evaluation team should be established to organise local trials and generate local data for consideration of new product categories;
	7. if Option 3 is selected, there should be a “first line” list of dressings and a “common” list of exceptional products that can be easily accessed.

**Q4. Have you any other comments on the proposals to populate the Northern Ireland Drug Tariff for wound care products?**

1. Responses to this question included the following observations:
	1. a protocol should be established with a methodology to evaluate new products as they come to market;
	2. a query was posed as to whether there would be visibility about how the products are reviewed and if there would be an appeal mechanism;
	3. suppliers should have the opportunity to present their products on a face to face basis;
	4. STEPSelect is driven by clinical evidence and the impact on budget with no opportunity for the products to be evaluated in a clinical setting;
	5. notification of preferred products should be provided in a timely manner to allow community pharmacists to best manage stock levels, thus avoiding widespread disruption, and ensuing overstocks;
	6. the current product list is too restrictive and needs to be updated in line with other parts of the UK;
	7. adopting the England & Wales DrugTariff would ensure that patients have equitable access to a wide range of clinically-appropriate and cost- effective products.

**Q5. Is the preferred option set out in the consultation document likely to have an adverse impact on any of the nine equality groups identified under Section 75 of the Northern Ireland Act 1998?   If yes, please state the group(s) and provide comment on how these adverse impacts could be reduced or alleviated in the proposals.**

1. Fifteen respondents indicated that the preferred option was unlikely to have an adverse impact on any of the Section 75 groups. However, where there was the potential for an adverse impact, it could be alleviated by adopting a robust methodology. It was also suggested that a limited number of products available to patients may impact on patient outcomes, possible delaying healing which could affect the quality of life for these groups.

**Q6. Are you aware of any indication or evidence – qualitative or quantitative – that the preferred option set out in the consultation document may have an adverse impact on equality of opportunity or on good relations?  If yes, please give details and comment on what you think should be added or removed to alleviate the adverse impact.**

1. Sixteen respondents indicated that they were not aware of any evidence. However, there was a suggestion that the preferred option could potentially have an impact on relations with manufacturers if they decided not to submit products for consideration.

**Q7. Is there an opportunity to better promote equality of opportunity or good relations? If yes, please give details as to how.**

1. The majority of respondents did not identify any opportunity to better promote equality of opportunity or good relations.

**Q8. Are there any aspects of the proposals where potential human rights violations may occur?**

1. No issues were highlighted in relation to how the proposals might impact on human rights violations.

**Department’s Response**

1. The Department is grateful to those who took the time to respond to the consultation. The responses have helped to inform consideration of the most appropriate mechanism for populating the Drug Tariff for wound care management products. It has been decided that the Northern Ireland Drug Tariff will be populated with wound care products from the England & Wales Drug Tariff and work is now ongoing to implement that decision. The Health & Social Care Board will also commence work on the development of an associated formulary.

**Appendix 1**

# NAME OF ORGANISATIONS WHO RESPONDED TO CONSULTATION

Professor Andrea Nelson, University of Leeds

Mr Mike Hoskins, H&R Healthcare Ltd

Ms Emma Canning, Healthcare 21

Mr Peter Murphy, Paul Hartman Ltd

Mr Dan Reilly, Aspen Medical Europe Ltd

Mr Simon Whitfield, ConvAtec

Mr James Saunders, 365 Healthcare Shermond

Mr Oliver Schuster, Medline Ireland Ltd

Dr Deirdre McAree, Medicare Pharmacy Group

Justine Patton, Fannin (NI) Limited

Mr Gerard Greene, Community Pharmacy NI

Mr Gordon Cunningham, Acelity

Mr Stephen Hilton, 3M UK PLC

Mr SJ Dewis, Urgo Limited

Mr Ashley Clarke, Coloplast Ltd

Ms Jeannie Donnelly, Belfast HSCT

Mrs Anne McAlister, National Pharmacy Association

Mr Noel Dunn, Northern HSCT

1. The Northern Ireland Drug Tariff is available from: <http://www.hscbusiness.hscni.net/services/2034.htm> [↑](#footnote-ref-1)
2. A copy of the consultation document is available from here:
[www.health-ni.gov.uk/consultations/consultation-proposed-change-northern-ireland-drug-tariff-wound-care-management](http://www.health-ni.gov.uk/consultations/consultation-proposed-change-northern-ireland-drug-tariff-wound-care-management) [↑](#footnote-ref-2)
3. The England & Wales Drug Tariff is available from: [www.nhsbsa.nhs.uk/PrescriptionServices/4940.aspx](http://www.nhsbsa.nhs.uk/PrescriptionServices/4940.aspx) [↑](#footnote-ref-3)