

Chemical reagents: securing quality and value for patients and the NHS

Reviewing Part IX of the Drug Tariff

The Department of Health has recently conducted a consultation exercise looking at possible options for changing Part IX of the Drug Tariff, which covers arrangements for the provision of dressings, incontinence appliances, stoma appliances, chemical reagents and other appliances for primary and secondary care. The consultation aims to secure value for money for the NHS while retaining high quality patient care and ensuring transparent reimbursement pricing.

BIVDA

The British In Vitro Diagnostics Association (BIVDA), as the national trade association for companies with an involvement and interest in the provision of In Vitro Diagnostics (IVD), has responded to the Government consultation. BIVDA members are responsible for researching, developing, manufacturing and marketing a number of products included in Part IX of the Drug Tariff, including equipment relevant to the management of diabetes and the monitoring of anti-coagulation levels.

Self-monitoring and self-management

Diabetes is a major cause of ill health in England. Approximately 3.5% of the UK adult population (2.1 million people) has been diagnosed as having diabetes, and estimates suggest that a further one million people have diabetes but are not aware of it (overall prevalence of 5.2%). The prevalence of diabetes is increasing, particularly among high risk groups which include those who are overweight, have a family history of the condition or are of Asian or Afro-Caribbean origin. Ensuring that high quality diabetes services are available for a growing patient population will have a major impact on health outcomes and on the NHS resources needed to manage the condition.



Blood Glucose meter for patient self-monitoring

Diabetes is a condition managed largely by the patient themselves. The Diabetes National Service Frameworks (NSF), published in 2001 and 2003, set out a vision of a system of care where the person with diabetes is at the centre of the decision making process about how their condition is managed. The availability of products to monitor blood-glucose levels and associated services to support patients are therefore crucial for high quality diabetes care which meets the Diabetes NSFs' standard.

There are currently over 950,000 patients on oral anti-coagulation therapy in the UK, including around 5,000 children. Oral anticoagulation is prescribed to patients who have conditions that put them at risk of developing blood clots such as deep vein thrombosis. Once treatment has begun, around four out of five patients must take it on a daily basis for the rest of their lives. Traditionally this meant that the patient had to have a blood test once a week in a hospital but recent developments in the technology available now allow patients to test themselves with a small portable meter and testing strips that can provide an INR reading within two to three minutes.

Helping patients self-manage

BIVDA believes that the current Drug Tariff system has delivered choice to patients, additional support and education for both patients and professionals and good value to the NHS. The

fixed prices on the tariff and healthy competition within the sector have allowed chemical reagent providers to supply additional high-quality services aimed at improving concordance free of charge to patients and healthcare professionals. These services, estimated to be worth over £16 million per year, include:

- free 24 hour telephone helplines available in seven different languages
- training programmes for diabetes-specialist professionals
- accessible information and advice on blood-glucose self-monitoring
- free meters for use with blood-glucose monitoring testing strips

Patient concordance is the focus of the products and added services which providers currently offer under the Drug Tariff system. This lowers the long-term cost to the NHS by allowing patients to control their condition and reduce the likelihood of serious complications.

Reform of the Drug Tariff: delivering added-value for patients and the NHS

BIVDA is happy to work with the DH to look at how the current system can be improved. However, any new arrangement should enhance the support and choice available to patients and make provision for costs associated with researching, developing and delivering to patients new chemical reagent products which can encourage and maximise patient concordance. The one size fits all solutions proposed in the consultation are inappropriate for the unique nature of the "product package" provided to diabetes patients. BIVDA fears that the price adjustments and tendering processes suggested, while aiming to provide value for money, will have adverse repercussions on the quality of patient care provided and thus lead to greater costs for the NHS.



Case Studies

How industry innovation is helping visually impaired people with diabetes

Adrian is a blind man in his sixties living in Bexleyheath, Kent. He has diabetes and as his wife is also blind they found it impossible to self-test using a conventional blood glucose meter which have digital readers. As a consequence Adrian's diabetes was uncontrolled and he was starting to suffer from the long-term effects of the disease. To stop this and to regain good glycaemic control he needed a huge amount of support from the community nurse who was visiting him three times a day to perform his blood glucose monitoring. Once Adrian obtained a speaking blood glucose meter he was able to test himself reliably and this has led to an improvement in his health and helped him to regain both his independence and a feeling of self-worth. He now just needs to attend the routine diabetes clinic every 6 months in the same way as sighted people with diabetes. This product was introduced into the UK early in 2005 by a British company responding to a need in the diabetes patient population. John Godber from the RNIB said: *"We're delighted with this product. An inaccessible blood glucose monitor is like playing Russian roulette with your life."*

Innovative products for anti-coagulation monitoring give greater independence to patients

At the age of 15, Dianne developed a deep vein thrombosis and was hospitalised for several weeks. The hospital diagnosed Anti-Thrombin III deficiency, a congenital clotting disorder, and she was placed on life long warfarin. The thought of having to be dependent on blood thinners and having to have regular blood tests was particularly daunting for her as a teenager, not to mention the frequent visits to the anti-coagulation clinics. However, newly developed products over the last ten years have allowed Dianne to live a full and active life. She monitors herself with a portable meter and says that this has been a "godsend" and allowed her to live an independent life.