RESPONSE TO QUESTIONS FROM DR MARGARET McCARTNEY ON BEHALF OF THE BRITISH MEDICAL JOURNAL

Response to questions:

1) **Why does Bayer work with Interface Clinical Services in the UK, with particular reference to NOACs?**
    - *As a patient focussed organisation, Bayer is keen to support the NHS in ensuring that patients receive appropriate treatment for their conditions. Guidelines on managing certain conditions are constantly evolving and, due to many pressures on primary care services, we understand that the resources required to ensure patients are regularly reviewed may not always be in place. This unfortunately leaves some patients not being treated in line with the latest clinical guidance.*
    - *Our work with Interface Clinical Services is a step towards filling that resource and capacity gap in the NHS and provides a supportive service that may lead to more patients receiving the treatment that they need. In the case of NOACs in AF, patients who are, for example, untreated, inadequately treated on aspirin for stroke prevention or who are poorly-managed on warfarin, may have benefited from a review of their current status - no recommendation is made to the GP or any other healthcare professional regarding any patient treatment. The ICS process only identifies to the GP patients who require a review of their treatment based on criteria outlined in NICE AF guidelines. All treatment decisions are made at the discretion of the GP.*

2) **How many practices has Bayer done work for like this in the UK?**
    - *In the last 12 months, the number of practices that have used the ICS service to review patients in AF is 1,040 (since the start of the service it is 1,785, but this would include some practices that have requested a second review).*
    - *Additionally in the last 12 months, 15,791 patients have been identified who are not being treated in line with guidance to reduce their risk of AF related stroke.*

3) What impact has using an organisation like ICS made to Bayers' medication usage - is this not an expensive way for Bayer to work?

- *We do not track the impact of these activities on the uptake of Bayer's medicines in particular. However, we do track the proportion of patients that have been identified as not being treated in line with clinical guidance in these reviews - for example, in the area of anticoagulation, approximately 14% of patients reviewed were not being treated in line with the latest clinical guidance from NICE, leaving those patients at greater risk of complications from thrombosis and anticoagulation, including potentially devastating strokes. These patients can be reviewed by the treating clinician and their treatment options considered.*

4) Does Bayer think that the NHS should do more medicines optimisation work - why does Bayer feel the need to get involved?

- *The traditional relationship between the NHS and industry is evolving to incorporate more effective partnership working, where the industry and NHS work together to achieve common goals. The NHS itself supports this view and Bayer is proud of the work that we do in supporting the NHS and patients in these areas.*

5) You "…note in the documentation it says that the 'in kind' payments to practices will be listed on the ABPI website. I am unable to locate these and would be grateful for your help in doing so."

- *The references that you may have seen to "in kind" payments being listed on the ABPI website, relate to the new disclosure requirements that were brought into force this year by the PMCPA (reflecting European wide changes under EFPIA). These require the public disclosure of certain transfers of value made by pharmaceutical companies to healthcare professionals and organizations. Disclosures will be made on the ABPI website in June of the year following the year when the transfers of value where made. As the disclosure requirements only came into force this year (2015), the first disclosures will be published on the ABPI website in June 2016.*

6) SUPPLEMENTARY ENQUIRY: "I would be grateful as well for information about who retains legal responsibility when interface services make recommendations for patients. Any protocols, guidelines or contracts that you use would be gratefully received."

- *Interface Clinical Services do not make recommendations for patients. The ICS process only identifies to the GP patients who require a review of their treatment based on criteria outlined in NICE AF guidelines. All treatment decisions are made at the discretion of the GP.*
- *The Bayer protocols in place to govern any therapy review service carried out in the UK are compliant with our Medical Governance internal standards and rigorously adhere to the ABPI Code of Practice. Our contracts are the intellectual property of Bayer and the protocols and guidelines that ICS operate within are the intellectual property of Interface Clinical Service. These contracts and protocols are developed in line with the requirements of the ABPI Code of Practice.*