

Clinical Standards Board

**Minutes of the meeting held on
Thursday 11th April 2019
1- 3.30 pm
St James House, Pendleton Way, Salford**

Present:

Name	Title	Organisation	Representing	Apr	Jun	Aug	Oct	Dec	Feb	Apr
Dr Helen Burgess (HB)	GP MO Prescribing lead	NHS Manchester CCGs	Chair/GPs	✓	✓	✓	✓	✓	✓	✓
Dr Pete Budden (PB)	GP Prescribing lead	Salford CCG	FMESG							
Jane Brown (JB)	Chair of the GM Pharmacy LPN	GM Pharmacy LPN	NHSE Local Professional Network		A					
Petra Brown (PeB)	GM MH Medicines Optimisation Strategic Lead	GM MH	GM Mental Health Organisations	✓	✓	✓	✓	✓	✓	✓
Dr Richard Darling (RD)	GP Prescribing Lead	Heywood, Middleton and Rochdale CCG	PaGDSG	A	A	A				
Siobhan Farmer (SF)	Public Health Consultant & Screening and Immunisation Lead	Greater Manchester Health & Social Care Partnership	GM Public Health			✓	✓	A	✓	✓
Ben Galbraith (BG)	Chief Finance Officer	NHS Oldham CCG	CCG finance leads			✓				
Kate Rigden (KR)	Deputy Chief Finance Officer	NHS Oldham CCG	CCG finance leads					✓	A	✓
Jay Hamilton (JH)	Programme Development Lead	GM AHSN	Health Innovation Manchester (HIM)		✓	A	✓	✓	A	✓
Lindsay Harper (LH)	Director of Pharmacy	Salford Royal FT	FMESG	A	A	A				
Dr Ann Harrison	GP MO Prescribing lead	Trafford CCG	GPs	✓	✓	✓	✓	✓	✓	✓

(AH)										
Robert Hallworth (RH)	Specialist Cancer Pharmacist	NHSE	PaGDSG	✓	✓	✓	✓	✓	✓	✓
Peter Howarth (PH)	Head of Medicines Management	Tameside & Glossop CCG	CCG MO leads	✓	A (BW)	✓	A (KL)	A (LB)	✓	✓
Tom Leckie (TL)	Clinical director, emergency and Urgent Care Directorate	Pennine Acute Trust	Secondary Care Clinicians				✓	✓	A	A
Leigh Lord (LL)	Locality Lead Pharmacist	NHS Trafford CCG	CCG MO leads	✓ BW	✓	✓	✓	✓	✓	✓
Peter Marks	LPC Board Member	GM LPC	Community Pharmacy		✓	✓		✓	✓	✓
Karen O'Brien	Controlled Drugs Accountable Officer	Greater Manchester Health & Social Care Partnership	GM HSCP		✓	✓	✓	✓	✓	✓
Margaret O'Dwyer (MOD)	Director of Commissioning and Business Delivery / Deputy Chief Officer	Bury CCG	CCG Commissioning leads	✓	✓	✓	✓	✓	✓	✓
Steve Simpson (SS)	Chief Pharmacist	Bolton FT	Vice-Chair/ Chief pharmacists	✓	✓	A	✓	✓	✓	✓
Charlotte Skitterall (CS)	Chief Pharmacist	Manchester FT	HCDSG	✓	✓	✓	A	A	A	A
Claire Vaughan (CV)	Head of MO	Salford CCG	HCDSG	✓	✓	A	✓	✓	A	✓
Dr Sanjay Wahie (SW)	Clinical Director	NHS Wigan CCG	GPs	A	✓	✓	✓	✓	✓	✓
Sue Dickinson (SD)	Director of Pharmacy	RDTC		✓	✓	✓	✓	✓	✓	✓
Monica Mason (MM)	Head of Prescribing Support	RDTC		✓	✓	✓	✓	✓	✓	✓
Andrew Martin/ Sarah Jacobs/ Kathryn Griffiths/ Anna Pracz (SJ)	MO Pharmacists	GM Shared Service		✓ SJ	✓ SJ /KG/ AP	✓ SJ/ AM	✓ AM	✓ SJ/ AM/ KG	✓ KG/ AM	✓ AM

1. General Business

1.1 Apologies

Apologies had been received in advance as noted above. Dr Peter Elton (GM SCN) attended to present item 4.

1.2 Declarations of Interest

There were no interests raised that were relevant to this agenda.

1.3 Minutes and actions from the February meeting

The minutes were agreed as accurate. The progress of any outstanding actions not on this agenda was noted, members were reminded to refer to the action log and minutes for details and to ensure that actions are completed as agreed.

OTC statement publication update: It was confirmed that as per discussion at the April 2019 CSB meeting support was confirmed from the remaining GM CCG, therefore the OTC policy statement could be submitted to DoCs for approval to publish.

Action: MM to add February 2019 minutes to the GMMMG website. Outstanding actions to be completed as detailed. MM to seek permission from DoCs to publish the OTC statement to the website.

Governance

2. Proposed CSB work plan

The proposed work plan was presented to the group in excel format. There was some frustration expressed by group members that this plan had not yet been finalised and had returned again to CSB. The group understood from recent CCG MO leads discussions that RB wished to prepare “a single plan for medicines” as a plan on a page. CSB members stressed the need for a narrative priorities paper to be prepared for submission to DoCs and the JCB highlighting the priorities agreed by CSB for the coming year.

Action: It was agreed that MO'D+CCG MO leads reps + MO Hub reps would meet to finalise this paper, and return it to CSB when complete. A priorities paper would be prepared for submission to JCB via DoCs.

3. Items for consideration and prioritisation to CSB work plan

4. GM Hypertension Pathway

CSB considered a request from the Greater Manchester Strategic Clinical Network (presented by Dr Peter Elton) to support the development of a GM wide policy for the improved treatment of hypertension. CSB expressed some reservations around one of the key points of the draft policy presented which stated that initial anti-hypertensive drug therapy should be a fixed dose combination pill. It was confirmed in the meeting that NICE are reviewing their guidance in August and so CSB agreed they were unable to support this work ahead of NICE. CSB did agree to support further scoping should NICE guidance not address the principles of this project.

Action: MM to communicate back to the applicant as above

5. Review of neuropathic pain guidance

CSB considered a scoping paper detailing the areas of review required by the GMMMG neuropathic pain pathway. It was agreed that this guidance undergo a technical review rather than a full review.

There was some discussion around the GM Medicines Dashboard assurance indicators developed by the MHSP, and in particular the target to reduce the number of patients inappropriately receiving pregabalin and opioid combinations.. It was agreed that this paper would be shared with CSB members.

Action: MM to communicate to RDTC to proceed with technical review, add to PaGDSG workplan and share the Medicines dashboard paper with CSB members upon receipt.

Items for ratification

6. Pathways and Guidelines Development Subgroup – Output report

The output report from the March meeting was considered and supported by CSB.

There was a request that the vitamin D guidance be progressed more quickly, and there was an offer from the public health representation to support the PaGDSG with the smoking cessation guidance..

GMMMGM CSB supported the updates made to the shared care protocols (SCPs) for hydroxychloroquine in dermatology and rheumatology, which included new dosing recommendations in line with RCO guidance, and information around interactions (tamoxifen). They also noted clarification of eye monitoring requirements included in the previous versions of the SCPs. Given the variation in local ophthalmology service provision, the GM commissioning impact of these SCPs following their initial GMMMGM approval in October 2017 is unknown. CCGs should check local use of ophthalmology services to establish whether sufficient capacity is being commissioned to implement the recommendations from the RCO guidance (in summary patients exceeding five years of therapy have annual ophthalmology review).

It was agreed that CSB would request DoCs to recommend that chief clinical officers communicate the need for review of patients and DoCs review capacity of service provision to ensure compliance with the updated RCO recommendation. The commissioning and finance representation on CSB will support this conversation with the support of the MO Hub.

Action: KG (MO Hub) to seek information from lead commissioners with support from KR and MO'D regarding the estimated commissioning impact of the revised monitoring schedule for this agent. MM to communicate approval of PaGDSG output report back to PaGDSG so that actions can be taken forward.

7. GM Diabetes Pathways (Insulin titration guidance + Antihyperglycaemic pathways in adults with T2DM)

Two pieces of guidance developed by the GM diabetes working group with support from PaGDSG were considered by CSB (Greater Manchester Medicines Management Group Prescribing Aid: Glucose Lowering Therapy in Adults with Type 2 Diabetes and the Greater Manchester Medicines Management Group Insulin Titration Guidance in Adults with Type 2 Diabetes). A background to this work was presented by the Chair of the group (RH), who explained that a key aim of this work is intended to try and improve cardiometabolic outcomes in people with Type 2 diabetes, with or without cardiovascular disease through the prioritization of those agents (GLP1s and SGLT2s) that have proven benefit in improvements in cardiovascular outcomes. Also that supportive prescribing notes were in development.

The declarations of interest register for all members of the working group were provided for consideration, and the email to the launch event and why this had been distributed by NovoNordisk was discussed. It was understood that the authors had been made aware that these guidelines couldn't be "launched" ahead of GMMMGM approval, however CSB were satisfied that

this guidance had been developed in line with GMMMG process and that whilst it differs from NICE guidance is evidenced based, and designed to deliver on the aims stated.

CSB recognised the challenges faced by GM in terms of spend on diabetes agents and current outcomes, and recommended submission to DoCs, with the cost information requested from the authors.

Action: MM to submit draft guidance to DoCs, with requested cost impact from authors as requested by DFCOs (KR).

8. Formulary and Managed Entry Subgroup Output report

The output report from the February and March meetings was considered and supported by CSB, this included formulary and RAG decisions made by the group.

A further comment was raised in relation to liothyronine and whether patients should remain under the annual review of an endocrinologist, it was noted that further clarification from RMOC was expected on this topic. AM agreed to feed this additional comment back to FMESG, however this would not affect the decision from CSB to support this current recommendation.

Action: MM to communicate support for FMESG decisions to FMESG for update of formulary and RAG lists as appropriate.

9. Freestyle Libre: NHSE Impact

CSB considered the changes proposed by FMESG to the GMMMG Freestyle Libre statement to align with the NHSE position. It was noted that GMMMG position has been revised in accordance with NHSE criteria but retains a prescribing provision for pregnant type 2 patients on a basal bolus insulin regimen and type 1 patients actively trying to conceive. That from the 1st April 2019 CCGs will be reimbursed for each set of sensors prescribed for up to 20% of their type 1 diabetic population, and that NHSE anticipates these funding arrangements will time limited to 2019/20 and 2020/21. CSB accepted the assumption that NHSE will use primary care prescribing data to reimburse CCGs, and that whilst making no allowance for growth some GM CCGs will not receive their maximum possible reimbursements.

It was agreed that GM CCGs should reconsider the commissioning arrangements around which FSL is supplied to maximise their allocation from NHSE.

Action: MM/AM to submit a paper to DoCs to accept this recommendation and to highlight the associated commissioning implications.

10. Xonvea for nausea and vomiting in pregnancy: Grey list recommendation

CSB considered the request from FMESG that CSB support the following GREY listing positioning for Xonvea®: To be used only when the other preparations currently recommended in RCOG guidance have been tried and have failed. (Criterion 1: there is a lack of robust evidence of effectiveness).

This recommendation will be reviewed once guidance from RCOG, NICE and/or RMOC is available.

It was noted that Doxylamine + pyridoxine (Xonvea®) is a newly licensed preparation indicated for the treatment of nausea and vomiting in pregnancy, it was launched in the UK in October 2018. Current options for nausea and vomiting listed in guidance from the Royal College of Obstetrics and Gynaecologists (RCOG) are all “off-label”, and this is the first licensed treatment option available, which would mean it should be prescribed ahead of “off label” alternatives in line with General Medical Council guidance. However GMMMG do not feel the evidence for Xonvea® is strong

enough to recommend its use ahead of 'off-label' alternatives for which there is extensive clinical experience and are included in national guidance.

CSB acknowledged the comments submitted through GM wide consultation of this proposal and agreed that to support this recommendation to DoCs for approval.

Action: MM to submit to DoCs for approval.

11. High Cost Drugs Subgroup Output report

CSB accepted the outputs from the February and March HCDSG meetings, which included an update on the progress of the high cost drug pathway reviews, a summary report detailing IFR requests for PbRE drugs and discussion around the benefits of using Blueteq GM wide to support HCD assurance reporting.

Monitoring and assurance

12. GM Biosimilar uptake assurance report

CSB considered this assurance paper which reported that the delay in rapid implementation of biosimilar adalimumab continues and the issues remain unresolved in some organisations regardless of recent escalation to CSB and GM heads of commissioning and finance. Estimated vs achieved financial savings were discussed. CSB members provided further update of progress made since this report, and agreed that the position had now improved but acknowledged the opportunity lost. CSB acknowledged the recent support from finance and commissioning members of GMMMGM which have helped improve this situation.

CV explained that the group had reflected on the performance of the HCDSG over the last 6-9 months, in particular the performance of the adalimumab work stream, where it was suggested that more discussion with finance teams may have improved the current position. The need for HCD commissioning vs clinical pathways was stated to better manage HCD spend across GM. It was proposed that the HCDSG split into a strategic group and an operational group to be more effective.

CSB supported the request from the High Cost Drugs Subgroup (HCDSG) to change their operating model with the introduction of a strategic group to oversee the operational HCDSG, and asked that terms of reference return to CSB in June.

Action: MM to communicate support from CSB to HCDSG Chairs.

13. GM antimicrobial prescribing assurance report

Following consideration of this paper, and update on the progress of the GM AMR coordinating group meeting from the 20th March, GMMMGM supported the proposal that a subgroup of GMMMGM would be formed to include the following leads: operational lead for AMR Stewardship, executive lead for AMR Stewardship (Sepsis lead), clinical lead for AMR Stewardship, campaign for AMR Stewardship – GMHSCP lead, secondary care lead. This group would return its terms of reference and membership to GMMMGM CSB, but would be expected to explore the role of pharmacists in GP practices and care homes, undertake quarterly assurance meetings with CCGs, to focus on secondary care prescribing in particular A&E and out of hours services, self-care agenda and role of community pharmacy, link with infection control programs, review implementation of hydration guidelines and link with HIM to explore innovation opportunities.

CSB appreciated the assurance data presented, and noted the improvements in prescribing made but also the ongoing variation across GM. The group agreed that the data was useful and should continue to be reviewed by CSB, although this work stream would be led by MHSP.

Action: MM to include this update in the highlight paper to DoCs, asking that DoCs advise their CCGs to respond to recent communications from GMHSCP regarding nominations of board, clinical and operational leads regarding antimicrobial stewardship.

14. Drugs of Low Clinical Value assurance report

GMMMGM considered an assurance report on the progress made by GM CCGs on the reduction in prescribing of drugs of low clinical value. This area was deemed a GMMMGM priority workstream for 2018/19 and this report details current spend within GM CCGs on those items. Compared to Q3 17/18, data from Q3 18/19 shows items have reduced by 15.2%, and costs by 16.8%. All GM CCGs have demonstrated a reduction in prescribing in the last 12 months, however there remains considerable variation across GM. It was recognised that if all CCGs achieved the lowest level of prescribing there would be a further £2.5M savings realised.

CSB asked that DoCs acknowledge the work already carried out and results achieved so far, but note the continuing levels of variation in usage of these products across GM CCGs and encourage those with high levels of spend to focus more on this area.

Action: MM to include this information in the highlight paper to DoCs. Mo Hub to resubmit this report to CSB in December.

15. Communication from Subgroups and Associated Committees

GM CCG Lead Pharmacists

GM Chief Pharmacists

Mental Health

Local Professional Network

Health Innovation Manchester

GM Pharmaceutical Industry Partnership Group Meeting

CSB were briefly updated on the work being undertaken by the above groups by those representatives present.

19.1 RMOC

The group noted the recent RMOC newsletter.

20. GMMMGM subgroup minutes

20.1 HCDSG minutes (Feb)

20.2 PaGDSG minutes (Nil, no Jan meeting)

20.3 FMESG minutes (Jan, Feb)

The above minutes were approved for publication

AOB

- AM wished to make GMMMGM aware that funds were to be made available to support the Rightbreathe programme, further details would follow.

- DoCs supported the request from CSB that GMMMG could take forward approved actions immediately upon approval from DoCs, to prevent unnecessary delay.

Thanks and best wishes were extended to Jeanette Tilstone for all her hard work and support to GMMMG, upon her retirement from Bury CCG.

**Date of next meeting: Thursday 13th June 2019, 1-3.30pm. St James House, Pendleton Way,
Salford, M6 5FW**