

Clinical Standards Board

**Minutes of the meeting held on
Thursday 12th December 2019
1- 3.30 pm
St James House, Pendleton Way, Salford**

Present:

Name	Title	Organisation	Representing	Dec	Feb	Apr	Jun	Aug	Oct	Dec
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							
Petra Brown (PeB)	GM MH Medicines Optimisation Strategic Lead	GM MH	GM Mental Health Organisations	✓	✓	✓	✓	A JW	✓	A
Dr Richard Darling (RD)	GP Prescribing Lead	Heywood, Middleton and Rochdale CCG	PaGDSG							
Siobhan Farmer (SF)	Public Health Consultant & Screening and Immunisation Lead	Greater Manchester Health & Social Care Partnership	GM Public Health	A	✓	✓	A	A	A	
Kate Rigden (KR)	Deputy Chief Finance Officer	NHS Oldham CCG	CCG finance leads	✓	A	✓	✓	✓	✓	✓
Jay Hamilton (JH)	Program Development Lead	GM AHSN	Health Innovation Manchester (HIM)	✓	A	✓	A (Dep)	✓	A	✓
Lindsay Harper (LH)	Director of Pharmacy	Salford Royal FT	FMESG							
Dr Ann Harrison (AH)	GP MO Prescribing lead	Trafford CCG	GPs	✓	✓	✓	✓	✓	A	✓
Robert Hallwort	Specialist Cancer	NHSE	PaGDSG	✓	✓	✓	✓	✓	✓	✓

h (RH)	Pharmacist									
Peter Howarth (PH)	Head of Medicines Management	Tameside & Glossop CCG	CCG MO leads	A (LB)	✓	✓	✓	✓	A (LB)	A (KL)
Vacant seat			Secondary Care Clinicians							
Leigh Lord (LL)	Locality Lead Pharmacist	NHS Trafford CCG	CCG MO leads	✓	✓	✓	A	✓	✓	A
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	A	A
Charlotte Skitterall (CS)	Chief Pharmacist	Manchester FT	HCDSG							
Claire Vaughan (CV)	Head of MO	Salford CCG	HCDSG	✓	A	✓	✓	A	✓	A
Dr Sanjay Wahie (SW)	Clinical Director	NHS Wigan CCG	GPs	✓	✓	✓	✓	✓	✓	✓
Sue Dickinson (SD)	Director of Pharmacy	RDTC		✓	✓	✓	✓	✓	✓	✓
Monica Mason (MM)	Head of Prescribing Support	RDTC		✓	✓	✓	✓	✓	✓	✓
Andrew Martin/ Sarah Jacobs/ Kathryn Griffiths/	MO Pharmacists	GM Shared Service		✓ SJ/ AM/ KG	✓ KG/ AM	✓ AM	✓ KG	✓ AM	✓ AM	✓ KG/ AM

1. General Business

1.1 Apologies

Apologies had been received in advance as noted above. It was agreed that due to the lack of secondary care representation and a vacant CCG MO lead seat that any decisions made should be circulated for approval by email post meeting. Kenny Li attended in place of Peter Howarth as a CCG MO lead. Rob Bellingham (JCT) attended as a guest for the latter part of the meeting.

1.2 Declarations of Interest

HB declared an interest in item 3 and abstained from any decision making around this item which was chaired by MO'D.

2.0 Minutes and actions from the October meeting

The minutes from the October meeting were agreed as accurate and approved for website publication.

- Antimicrobial steering group – it was noted that this group will not be a GMMMGM subgroup but will instead report to the Quality Board of the HSCP. However the minutes from this group will be submitted to GMMMGM, and KO'B will ensure that the identified CCG reps communicate with the relevant GMMMGM groups.
- Palliative care guidance – following recommendation by the PaGDSG this item had been ratified on the Chairs November call for website publication, as there was no associated significant commissioning or financial impact.
- Diabetes pathway - MM updated the group on discussions to arrange for economic modelling of this pathway, a collaborative approach with the NE of England can be investigated, MM to link with JH regarding HIM support. GMMMGM asked that SD liaise with MC as to possibility of NHSE looking at this once given it is wider than just GM.
- As per the October highlight report further clarification was sought from the GM CCGs to confirm which CCGs had approved the OTC commissioning statement. The policy (V2) published on the GMMMGM website confirms that Bolton CCG has not approved this statement for use and is running a local policy, and that Salford CCG has approved the commissioning statement but not applied to the CCG commissioned minor ailment scheme. The other eight CCGs have approved the statement for use within their organisations. GMMMGM asks that DoCs note the amendment in respect of Salford and Bolton positions
- Adult ADHD SCP: commissioning implications – it was confirmed that following submission to DoCs in October this item could now be removed from the GMMMGM action log and the SCP published.
- Reducing the environmental impact of inhalers – GMMMGM understood that this group had met and ToR drawn up. KO'B to pass the ToR to KR so that finance leads can be made aware of the target that GM is signing up to.
- Vitamin D guidance – AM and MM are trying to prepare a financial impact of this draft guideline based on the information available, with an aim to submit for GMMMGM approval in February. There was some discussion around local initiatives to restrict vitamin D testing and this information should be communicated into the guideline review (MO'D to submit information to MM).

Items received for GMMMGM ratification

3.0 GM Gluten Free Policy

GMMMGM considered the GMMMGM Gluten Free (GF) policy which updates the current GMMMGM guidance 'Gluten Free Foods Available on NHS Prescription', and recommends appropriate quantities of gluten free flour mixes and breads available on prescription in line with NHSE guidance.

GMMMGM noted that under the new legislation, CCGs can further restrict prescribing of GF products by selecting bread only, mixes only or can choose to end prescribing of all GF foods if they feel this is appropriate for their population, whilst taking account of their legal duties to advance equality and have regard to reducing health inequalities.

Across GM CCGs have taken different approaches to GF food provision, this policy allows for those that have undertaken appropriate consultation with their population and either reduced or terminated access to GF foods. Three out of the ten GM CCGs currently restrict GF prescribing beyond that of the GMMMGM position.

Following discussion with locality leads GMMMGM understood that there was not a consistent desire to pursue a zero prescribing position across all GM CCGs currently.

Across GM a reduction in prescribing of GF products was noted against the same period last year.

Action: GMMMGM recommended the GMMMGM GF policy for publication, MM to submit to DoCs requesting they accept this decision and communicate it through their organisations.

4.0 GM Rebate schemes policy and framework

GMMMGM was asked to accept the revisions made to this framework in particular that schemes can only be accepted and not solicited. GMMMGM agreed the £1M saving to GM primary care prescribing budgets could not be ignored, but accepted that support be given to community pharmacy with regards the implementation of rebate schemes locally, via sharing of current local protocols. GMMMGM emphasised that this is a framework by which CCGs can operate, but that GMMMGM is not imposing this on CCGs and decisions around whether or not to accept a rebate scheme need to be taken through the CCGs own governance processes.

Action: GMMMGM recommended this framework for publication; MM to submit to DoCs requesting they accept this decision and communicate it through their organisations.

5.0 Lessons learned around biosimilar adalimumab uptake

GMMMGM considered a paper prepared by the GMMMGM High Cost Drugs Strategic Group (HCDStG) which discussed the contributing factors and proposed recommendations for the future; namely that the newly formed HCDStG would define roles and actions to ensure effective communication at executive multidisciplinary team and strategic level within all GM Trusts and Commissioning Organisations assuming a similar framework introduces future biosimilars. The request to share this paper with the MO CRG was approved.

Action: No further action

6.0 GMMMGM Psoriasis pathway

GMMMGM considered this revised pathway which primarily aims to improve equitable access to biologic therapy across GM for the treatment of psoriasis whilst containing prescribing costs through the optimised use of the best value biologics. The pathway has been developed by a specialist group with independent evaluation of the evidence base by the RDTCC, in particular the evidence to support the dose optimisation of adalimumab which is a key component within this pathway.

Cost savings will be generated by the first line positioning of adalimumab, a best value biologic and monitoring of its uptake in biological treatment naive patients. The new additional step of dose

optimisation of adalimumab is also significantly cheaper than any other currently commissioned 2nd line agent. Addition of up to 6 routinely approved biologics may grow the patient cohort minimally. According to GM BI Tool in the last 18 months approximately 16 pts have exceeded the number of commissioned steps in the current pathway (four treatments) via IFRs, this represents 10% of the treated cohort. Any potential growth will be offset by best value biologic positioning and uptake. Dermatology at SRFTs high uptake of best value adalimumab biosimilar and implementation of blue teq has highlighted their commitment to delivering a cost effective, outcome based psoriasis pathway.

There are ongoing considerations regarding which GM providers deliver prescribing and monitoring of biologics for psoriasis across GM that are being considered by the GM dermatology group. Commissioners and providers are discussing this via the 2020/21 commissioning intentions and contracting round. The majority of current GM activity remains delivered by SRFT. While this pathway makes recommendations on other centres providing biologics as part of their delivery pathway, that may not be currently be achievable and SRFT clinicians are aware of this. The pathways clinical recommendations on product choice, positioning and dose optimisation are, however, unaffected by these discussions and so can be implemented while service reconfiguration continues to develop. GMMMGM recommended this pathway for commissioning on the basis that detailed data on the financial and clinical impact of the introduction of the pathway be collected over the first 12 months to enable assurance to commissioners that it offers value for money. The pathway and outcomes monitor are attached.

Action: GMMMGM to submit to Docs in January requesting that DoCs commission this pathway as recommended by GMMMGM

Governance

7.0 GMMMGM Revised terms of reference

The GMMMGM terms of reference have been reviewed following the GM medicines summit and in response to changes in the GMMMGM reporting structure. In summary CSB will be replaced by GMMMGM, the aims and objectives of GMMMGM have been more clearly defined, and reflect GMMMGMs role in making recommendation, and the level of authority delegated to GMMMGM. The membership has been revised and will look to draw in from relevant parties across GM either through the membership or invited attendees. Membership will be reviewed on three year tenure. Lines have been included to support the operation of GMMMGM e.g. expected behaviours of members, measures to try and improve the timeliness and communication of GMMMGM outputs.

Action: GMMMGM members to submit any final comments to MM within the next two weeks after which the ToR will be submitted to DoCs for approval in January

Outputs from the GMMMGM subgroups and work streams

8.0 Drugs for wAMD work stream

GMMMGM agreed that a wider GM ophthalmology pathway review be undertaken which would look at all available and potential medicines used for ophthalmology within GM (rather than the off-label use of bevacizumab for wAMD alone). It was therefore proposed that whilst GMMMGM will support the medicines aspect of this review, it should be part of the ophthalmology work stream being undertaken by the GM Elective Reform Programme Board.

KL was thanked for his work to date. Whilst the HCDStG would lead on this work going forward it was expected that KL as lead commissioner would continue to be involved.

Action: MM to include within highlight report to DoCs for MO'D to present.

9.0 GMMMG subgroup decisions for ratification

GMMMG ratified the recommendations made by its subgroups which are below the financial threshold for full GMMMG deliberation. These will be published within the GMMMG formulary and associated GMMMG website pages, and a summary made available to CCGs to support update on their prescribing systems.

Action: GMMMG formulary and website to be updated to reflect decisions made.

Monitoring and assurance

10.0 GMMMG Work plan performance monitor

GMMMG discussed the presented progress and performance of the GMMMG priority work streams (antimicrobial stewardship, best value biologics, Low priority and over the counter prescribing initiatives, diabetes and medicines safety). GMMMG requested further narrative be added to the monitor to enable GMMMG to better understand the current situations across GM. GMMMG urged CCG MO teams to respond to request for information from the Joint Commissioning Team.

Action: JCT to further develop this report to include supporting narrative with the support of a small working group.

Communication from Subgroups and Associated Committees

GMMMG subgroup minutes were accepted by CSB.

GM CCG lead pharmacists – minutes distributed

GM Chief Pharmacists - no representative present

GM Mental Health Trusts - no representative present

NHSE Local Professional Network – no representative present

Health Innovation Manchester – JH explained that HIM are producing reports that are shared with quality and transformation board around TCAM, PINCER, and Care homes. It was agreed these could be provided to GMMMG going forward.

GM Pharmaceutical Industry Partnership Group Meeting – no update

RMOC – the consultation on the shared care work was raised, a GM response will be submitted. It was understood that there was currently a lack of appetite for two RMOCs by GM.

NHSE/DHSC: Preparing for EU Exit: <https://www.england.nhs.uk/eu-exit/>, group directed to information through this webpage.

AOB

GMMMG discussed a recent Coroner's report and confirmed that the amiodarone RAG status change from green to amber to be accelerated, noting that the SCP is awaited.

The group were also made aware of an alert being shared with schools around children vaping CBD

Date of next meeting: Thursday 13th February 2020, 1 - 3.30pm

St James's House Pendleton Way, Salford. M6 5FW