

Clinical Standards Board

Minutes of the meeting held on
Thursday 14th February 2019
1- 3.30 pm
St James House, Pendleton Way, Salford

Present:

Name	Title	Organisation	Representing	Feb	Apr	Jun	Aug	Oct	Dec	Feb
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		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	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 (AH)	GP MO Prescribing lead	Trafford CCG	GPs	✓	✓	✓	✓	✓	✓	✓

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
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
Claire Vaughan (CV)	Head of MO	Salford CCG	HCDSG	✓	✓	✓	A	✓	✓	A
Dr Sanjay Wahie (SW)	Clinical Director	NHS Wigan CCG	GPs	✓	A	✓	✓	✓	✓	✓
Support										
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		✓ AM/ AP	✓ SJ	✓ SJ /KG/ AP	✓ SJ/ AM	✓ AM	✓ SJ/ AM/ KG	✓ KG/ AM

1. General Business

1.1 Apologies

Apologies had been received in advance as noted above.

Liz Bailey (MO lead, Stockport CCG) attended to support item 8.

Celia Poole and Stephen Woods attended to present item 7.

1.2 Declarations of Interest

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

1.3 Minutes and actions from the December meeting

The minutes were agreed as accurate. The progress of any outstanding actions not on this agenda was noted.

Action: MM to add December 2018 minutes to the GMMMG website

Governance

2. Clinical Standards Board terms of Reference

Following the dissolution of the GM Medicines Strategy Board, it was agreed that the CSB review of its terms of reference be paused to allow consideration of the implications of the disestablishment of the GM MSB.

Action: MO'D to arrange a meeting with MHSP to discuss the impact of the disestablishment of MSB on CSB

3. CSB work plan and monitoring schedule

CSB identified topics to be taken forward for the 2019/20 CSB work plan and asked that a final version of the work plan be shared with CSB members at the earliest convenience, to be approved by email.

Action: MO Hub to share a final version with CSB members for approval by email prior to the Chairs meeting in March.

4. Horizon scanning and financial planning for 2019/20

CSB considered a paper from the MO Hub highlighting those medicines expected to pose significant impact in the coming year. It was agreed that this information be communicated to DFCOs as there was no finance representation at the February CSB meeting.

Action: MO Hub to communicate highlights of this report to DFCOs

Items for consideration and prioritisation to CSB work plan

5. STOMP – update to scoping

The group revisited discussions around availability of funding to support STOMP. There was an update from the Mental Health Trusts (MHT) on their discussions to commission services, and that MHTs were supportive of the "Bury model", although it was acknowledged that there was only a small amount of funding available per CCG, and so support would need to be provided through a CCG pharmacist. It was agreed that this was not a work stream to be delivered through GMMMG but rather that it be recommended as an opportunity for those CCGs still to progress this agenda. The MO Hub would direct this proposal directly through the CCGs, and it would be removed from the CSB work plan.

Action: CCG leads to communicate opportunity for support to CCGs.

6. GM Palliative Care Guidance – scoping

CSB scoped a request that GMMMG support the development of the “Palliative Care: Pain and Symptom Guidelines” developed by the SCN for use across GM. This guidance is intended for use across primary and secondary care and hospices in GM. The intended outcome of this product is to reduce unnecessary admission to hospital at the end of life, and supporting people to die in the place of their choice. Implementation of this guidance across GM should reduce variation in end of life prescribing and reduce cross boundary issues experienced currently. CSB will monitor admissions to secondary care for end of life care on a six-monthly basis following guideline implementation. This guidance is expected to be submitted into CSB in early summer 2019.

Action: MM to add to work plan and communicate progress to authors and PaGDSG

7. GM Wound care formulary – scoping

Celia Poole (clinical procurement lead GMHSCP) attended CSB to present on a project being undertaken by the Theme 4 Procurement Team to reduce wound care spend across GM. This project aims to gain agreement from clinical and procurement stakeholders on a single standardised wound care formulary across primary, community and secondary care, with which GM HSCP can take to market on behalf of all GM. This piece of work coincides with a review of the GMMMG wound care formulary which sees the leads for these two projects working more closely together.

Whilst this project is expected to benefit secondary care through procurement, the need for it to avoid a negative impact on primary care prescribing was raised, it was suggested that this work could also produce savings in primary care. CSB highlighted the need that this theme 4 review was expanded to include wound care products in primary and community care, and that adherence to GMMMG guidance development processes, in particular the GM wide 6 week consultation period) if GMMMG support was to be sought.

Action: MM to add to work plan and communicate with FMESG and authors as to process to be followed

Items for ratification

8. GM OTC policy – approval for DoCs submission

LB updated CSB on the progress of this work, and explained that 9/10 CCGs now supported the draft position statement. It was agreed that this work should proceed in particular securing GM Comms support. A further update would return to the Chairs meeting in March.

Query was raised on the development of supporting tools to aid prescribers in the implementation of this policy and it was confirmed that these are in development.

Action: LB to return update to the Chairs meeting in March. MO'D to support LB accessing support for GM Comms.

9. Pathways and Guidelines Development Subgroup Output report

This subgroup had not met in January, however an update on the work being undertaken and the progress made was noted.

10. GM Dermatology Pathways – outstanding actions for approval

CSB considered the request to recommend for DoCs submission the GM dermatology pathways, they queried the request that CSB agreed that the monitoring responsibilities for these pathway outcomes be undertaken by the GM Strategic Dermatology group, rather than CSB who ordinarily

would monitor such outcomes. MO'D agreed to contact the Chair of this group (KG to provide details) to discuss further.

CSB requested further amendment to the pathways noted by KG, after which they supported their submission to DoCs for approval.

Action: KG to provide MO'D with details of the Chair of the GM strategic dermatology group. KG to seek amendments requested by CSB be made by the pathway authors, after which they could be submitted for DoCs approval.

11. High Cost Drugs Subgroup Output Report

The recent outputs from the HCDSG were noted; HCDSG requested that assurance reporting undertaken by the group be used as a driver for HCDSG agenda setting in the coming year. The group are particularly keen to investigate the value delivered through high cost drug prescribing and to continue to work to reduce variations in prescribing patterns and outcomes to patients.

12. Unlicensed use of bevacizumab for the treatment of age related macular degeneration – interim statement for GM

It was noted and accepted that the interim statement on the GM position of prescribing bevacizumab for age related macular degeneration, planned for submission to this agenda, had been withdrawn pending further conversations across the region.

13. Formulary and Managed Entry Subgroup Output Report

The recent outputs from the FMESG were supported by CSB, and included the addition of semaglutide to formulary as the first choice weekly GLP1 preparation, dapoxetine to be assigned DNP status on basis of criterion 1 and tofacitinib to be added to formulary (RED) for psoriatic arthritis in line with NICE TA543.

The group noted the recommendations from FMESG which were currently undergoing GM wide consultation.

14. Proposed GM response to NHSE guidance update (Items which should not routinely be prescribed in primary care)

AM presented the proposed feedback to this consultation from GM, it was agreed this be submitted through the consultation. There was query on the effects this would have on the DLCV list and the target GM is working to. The planned DLCV assurance report would come to the April CSB meeting.

Action: AM to submit feedback into consultation. AM to submit deferred DLCV assurance report to the April CSB meeting

Monitoring and Assurance

15. GM biosimilar uptake assurance report (including adalimumab)

CSB considered the assurance report presented by HCDSG which detailed the uptake of biosimilar products across GM including adalimumab. The report communicated to CSB the urgent need for finance and other relevant teams within both commissioner and provider organisations to agree and formalize outstanding business cases and arrangements for gain share for the current financial year in addition to the adoption of reference price for the next financial year. These actions are necessary to ensure resource and infrastructure for the rapid implementation of best value adalimumab.

CSB acknowledged the efforts made towards the GM target for positive and increasing uptake of best value adalimumab in the first quarter of availability on the NHS framework, and the significant improvement in overall GM biosimilar uptake over the last 12 months. However ongoing and prolonged discussions between provider and commissioning teams to agree the resources needed

for implementing the switching of existing patients, has resulted in slow progress to implement switches, with early reports indicating that GM is lagging behind the rest of the NW region.

Action: CSB to request that DoCs communicate the urgent need for finance and other relevant teams within both commissioner and provider organisations, to agree and formalise outstanding arrangements to optimise the uptake of adalimumab biosimilar uptake across GM

16. GM Antimicrobial prescribing assurance report

A paper presented to the HSCP antimicrobial stewardship meeting was considered by CSB. There was some query on the accuracy of the data, and the need for narrative under the charts. It was noted that the action points from this meeting were pending, but CSB stressed the need for there to be a single group responsible for this work stream.

Action: KG to update CSB members (by email) following publication of the actions from the antimicrobial stewardship meeting.

17. Drugs of low clinical value assurance report

Deferred until April CSB meeting

18. 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, in particular the “shared care” work stream.

20. GMMM subgroups minutes

20.1 HCDSG minutes (Nov)

20.2 PaGDSG minutes (Nov)

20.3 FMESG minutes (Nov)

The above minutes were approved for publication

AOB

Date of next meeting: Thursday 11th April 201, 1-3.30pm. St James House, Pendleton Way, Salford, M6 5FW