Clinical Standards Board

Minutes of the meeting held on
Thursday 13th June 2019
1- 3.30 pm
St James House, Pendleton Way, Salford

Present:

Name	Title	Organisation	Representing	Jun	Aug	Oct	Dec	Feb	Apr	Jun
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					
Siobhan Farmer (SF)	Public Health Consultant & Screening and Immunisation Lead	Greater Manchester Health & Social Care Partnership	GM Public Health		✓	✓	A	✓	✓	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)	Program Development Lead	GM AHSN	Health Innovation Manchester (HIM)	✓	A	✓	✓	A	✓	A (Dep)
Lindsay Harper (LH)	Director of Pharmacy	Salford Royal FT	FMESG	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 Clincians			✓	✓	A	A	A
Leigh Lord (LL)	Locality Lead Pharmacist	NHS Trafford CCG	CCG MO leads	✓	✓	✓	✓	✓	✓	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	✓	✓	✓	✓	✓
Charlotte Skitterall (CS)	Chief Pharmacist	Manchester FT	HCDSG	✓	✓	A	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	✓	✓	✓	✓	✓	✓	✓
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 /KG/ AP	✓ SJ/ AM	✓ AM	✓ SJ/ AM/ KG	✓ KG/ AM	✓ AM	✓ KG

1. General Business

1.1 Apologies

Apologies had been received in advance as noted above. Dr Tracey Vell (HIM) attended in place of Jay Hamilton to present item 16. Kenny Li (MHCC) attended to present item 2, and Will Blandamer (GM Joint Commissioning Team) attended to present item 9 and to observe the meeting.

1.2 Declarations of Interest

There were no interests raised that were relevant to this agenda. Members were reminded that it is their responsibility to submit any relevant information, to ensure the DOI register (published on the GMMMG website and considered at each meeting) is kept up to date at all times.

1.3 Minutes and actions from the April meeting

A number of minor amendments were requested to the April minutes after which they can be approved by Chair.

The progress of any outstanding actions not on this agenda was discussed as follows:

GMMMG TOR review – postponed pending discussions at the MO summit in July

GM OTC policy – approved for website addition by DoCs earlier this week, awaiting final version from AM to add to the website. KO'B agreed to speak to LB around the GM communication strategy. A further update on this work stream was expected into CSB at the August meeting.

Drugs for wAMD – KL gave a brief update, and agreed to bring a more formal update to the August CSB meeting

HCD assurance report – a submission date was to be confirmed with the HCDSG

GM palliative care guidance – a clinical check has been undertaken and this item is out for GM wide consultation as per GMMMG process

GM wound care formulary – MO hub was reminded to contact Celia Poole with regards a three-monthly progress/assurance report being submitted to CSB. A query was raised around treatment of wounds on drug users, it was suggested this be directed to SW at the MO Hub to feed into this work.

GM neuropathic pain guidance review – technical review in progress

GM commissioning impact of revisions to SCPs for hydroxychloroquine for dermatology and rheumatology – this item was closed off on the GMMMG agenda as it has been taken forward by DFCOs and DoCs.

GM diabetes pathway – DoCs and DFCOs requested that further analysis of the cost benefit of this pathway be undertaken before this pathway could be considered for approval by DoCs. KR to make contact with MM to discuss the options for health economics modelling.

GM antimicrobial prescribing assurance report – it was noted that this working group will meet on the 17th July, and will submit their terms of reference and reports to August CSB meeting

Action: MM to amend April minutes, seek Chairs approval and add to the GMMMG website. Outstanding actions to be completed by the relevant individuals as detailed above.

Items received for GMMMG ratification

2. Pharmaceutical Rebates – updated guidance and changes to the ethical framework

CSB considered a summary of the legal advice provided following the decision to review the GM position on rebate arrangements; this included proposed amendments to the legal framework. The group felt that there was a need for transparency, and proposed that as much information should be made public around these schemes as possible, including the total saving to the GM system that such schemes could present. A robust declaration of interest policy should support any revised scheme.

Secondary care representation asked that any rebate schemes consider the likelihood of impact on secondary care, and asked that the policy state that any rebates being undertaken should have no negative impact on secondary care providers.

There was some discussion around the benefits and otherwise of rebate schemes and the appropriateness of a GM framework and the role of GMMMG in this. It was agreed that a reasonable next step would be to apply the revised framework against previous rebate applications to see how applications would likely fare going forward and whether applying these principles in the future would support a viable GM framework.

Action: KL to arrange for any previous rebate applications to be assessed against the revised framework, results to return to the August meeting.

3. GMMMG Workplan 2019/20

A working group had been convened following April's CSB meeting to support completion of the workplan documentation, and this was now presented to CSB for approval. The planned work incorporates a mixture of national and local priorities e.g. antimicrobial stewardship, best value biologics (biosimilars), NHS England initiatives – Drugs not to be routinely prescribed in primary care and Over the Counter, Diabetes and Medicines safety, of which it was accepted there remains considerable variation in prescribing performance across GM CCGs, and in some areas GM performance is worse than the national average. A focus on these streams aims to improve the GM picture, and includes priority areas identified by the GM Medicines Strategy.

It was agreed that interim targets would be set for each of these workstreams, and that assurance reporting would ensure that all targets were being worked towards. It was recognised that the GM CCGs will be starting from different baselines, and that a plan from each CCG should be requested, T&G CCG plan was cited as a good example which CCG MO teams may wish to consider.

There was a query as to when the terms of reference of the antimicrobial subgroup would be submitted to CSB for ratification, it was confirmed that they would be submitted to the August meeting.

CSB again requested that a narrative accompany the worksheet plan, and that a monitoring programme and proforma be prepared so that the ask of CSB and those being asked to provide assurance eg CCGs is clear. KG agreed to communicate the amendments requested at this meeting and the need for the additional documentation detailed above to AM to action.

The working group were thanked for their efforts with this work.

Action: AM to amend work sheet as requested, and to prepare narrative, monitoring schedule and proforma to return to MO'D in the first instance, after which they will be submitted to CSB either

by email or in August as appropriate for ratification and onward communication. KG to submit antimicrobial subgroup terms of reference to the August CSB meeting for ratification.

4. High Cost Drugs Assurance and Operational Subgroups terms of reference

As proposed at the April CSB meeting, the terms of reference for the new High Cost Drugs Assurance Subgroup (HCDAG) and High Cost Drugs Operational Subgroup (HCDOG) were presented for ratification by CSB. Comment was raised that the HCDOG had not yet had an opportunity to consider these, and it was explained that this was due to the short timeframe to get these into this meeting , although it was understood that the Chairs of the HCDSG (comprising HCDOG and HCDAG members) had spoken with group members about this proposal at their April meeting.

CSB agreed that section 7.4 should be amended to read ”have authority to inform clinical and commissioning decisions on behalf of their constituent organisations and professional groups”. After which CSB asked that HCDOG be given an opportunity to comment, if there are no significant changes then these TOR can be approved by Chairs action. Any significant change to the comments would result in the TOR returning to CSB in August.

Action: Terms of reference to be tabled at the June HCDSG meeting for comment, after which Chairs approval can be sought.

5. High Cost Drugs Payment by Results (PbR) drug and device exclusions 2019/20

The High Cost Drugs Payment by Results (PbR) drug and device exclusions 2019/20 were presented to CSB for approval for varying into Contracts by the EUR team and placing on the GMMMG website. It was noted that the list for 2019/20 includes many new drugs. At present, these have had to be categorised as ‘Individual Funding’ and commissioning positions will have to be decided for Greater Manchester. In some cases (e.g. anticoagulation reversal agents) it is recommended that these positions be reached quickly. The High Cost Drugs Subgroup (HCDSG) will be tasked with doing this work.

The group queried why this list was being received later than expected and also that there remained too many agents listed as requiring IFRs, there was concern that this information was being received too late to be include in contracting rounds and would need to be considered as contract variation. GMSS responded that they did not have access to the necessary information to enable a more timely response, and there was a lack of robust process due to IG issues. It was accepted that the HCDSG were to prioritise issuing commissioning statements for a number of these agents, and recognised the need to reduce the number of agents being considered as IFR requests.

Action: Spreadsheets to be added to GMMMG website, GMSS to communicate their availability to commissioning and contracting teams.

Outputs from GMMMG Subgroups

6. Pathways and Guidelines Development Subgroup Minutes

The minutes and actions from the March and May meetings were accepted by CSB. It was understood that the SCP for adult ADHD had been drafted, however in order to include a specialist service annual review of patients as specified in NICE guidance then additional capacity may need to be commissioned. It was agreed that to prevent patients waiting unduly for treatment that these discussions be prioritised with commissioners.

Action: PB to support KG on behalf of PaGDSG to prepare a paper detailing the service requirements for submission to DoCs. Minutes to be published

7. Formulary and Managed Entry Subgroup Minutes

The April and May minutes and actions were accepted by CSB. Query was raised as to the cost impact of the FMESG decision on Alkindi®, it was confirmed that this decision was open for GM wide consultation, and a cost impact to GM included in this consultation. This decision would return to CSB in August if necessary.
Action: Minutes to be published

8. High Cost Drugs Subgroup Minutes

The April minutes and actions were accepted by CSB, there had been no May meeting. It was noted that publication of the NICE TA on erenumab for migraine had been delayed further, and would be discussed by the HCDSG.
Action: Minutes to be published

Governance

9. GM Medicines Optimisation in the Changing Commissioning Environment

CSB were updated on the outcomes of the commissioning review and the future arrangements of the Joint Commissioning Team and Hub. Medicines optimisation continues to be one of the priorities of the JCB and CSB discussed the objectives for a Medicines Optimisation Summit planned for the summer. It was agreed that it would be useful to highlight the good work already undertaken by GMMMG.
Action: Virtual group to support the preparation of material for the MO summit

10. GMMMG April decisions submitted to DoCs – confirmation of approval

CSB understood that approval of its April decisions by DoCs had been received earlier in the week. All decisions submitted had been approved, apart from the diabetes pathway which required further financial scrutiny by DFCOs.
Action: Highlight report to be shared with stakeholders

Monitoring and assurance
11. GM Biosimilar uptake assurance report

HCDSG emphasised again to CSB that the slow uptake of adalimumab biosimilar across GM was a loss to the GM system. The group discussed the possible reasons as to why GM uptake and the NW as a whole were so poor, particularly in comparison to other areas such as Yorkshire and Humber. It was agreed that assurance reporting should continue to be received into CSB who would in turn focus discussions with finance and commissioning teams.
Action: Assurance report to be shared with finance and commissioning teams

Communication from Subgroups and Associated Committees

12. GM CCG Lead Pharmacists

CSB were updated on discussions at the recent CCG MO leads meeting, which included an update on the future of practice pharmacists in Primary care networks , discussions with HIM on pathways for Industry co-working, sharing of QIPP plans across GM and changes required to the BI tool.

13. GM Chief Pharmacists

Recent discussions included an update on the progress of the GM pharmacy store, and the need for CPs to meet to refresh their work streams.

14. Mental Health

14.1 Improving physical health in SMI: contract changes for primary care and secondary care now include a 12 month medicines review / medicines reconciliation requirement – PB gave CSB an update on this topic, it was agreed it would be taken forward for discussion at the CCG MO leads meeting.

14.2 Section 28 letter – PB provided information pertaining to this letter, in particular the request for a policy for triangulation with community pharmacy to ensure patients are taking the medicines they are prescribed. CSB agreed that it would be extremely unlikely that this request could be supported as there simply wasn't the architecture in the system to support it.

15. Local Professional Network – no representative present

16. Health Innovation Manchester

16.1 CardioVita: a HIM program of work to improve cardiovascular outcomes across GM

Dr Tracey Vell explained to CSB that CardioVita at Health Innovation Manchester is a program of work to evaluate the feasibility & value of deploying new technology, processes and behaviours to reduce the number of patients dying from cardiovascular disease and improve CV outcomes across Greater Manchester. CSB commented on a paper presented which aimed to give GMMMG early sight of the proposed program of work; approval will be sought for the program later this year when GM locations i.e. CCGs/Trusts etc and a full design of the intervention are ready to launch. The group asked that their comments be taken back to the project lead, these included the need for a robust process for identification of patient cohorts, the value of outcome measures capturing real world reduction in events, rather than HDL reduction or similar, the possibility of using "Free of Charge" scheme principles to evaluate the suitability of this project.

Action: TV to feed GMMMG comments back to the trial leads.

17. GM Pharmaceutical Industry Partnership Group Meeting – no update

18. RMOC

The group noted the recent RMOC newsletters; SD explained that the revised operating model was expected to return for approval in the autumn.

AOB

Nil

Date of next meeting: Thursday 8th August 2019, 1-3.30pm. St James House, Pendleton Way, Salford, M6 5FW