

Clinical Standards Board

**Minutes of the meeting held on
Thursday 10th October 2019
1- 3.30 pm
St James House, Pendleton Way, Salford**

Present:

Name	Title	Organisation	Representing	Dec	Feb	Apr	Jun	Aug	Oct
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	✓
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 Hallworth	Specialist Cancer	NHSE	PaGDSG	✓	✓	✓	✓	✓	✓

(RH)	Pharmacist								
Peter Howarth (PH)	Head of Medicines Management	Tameside & Glossop CCG	CCG MO leads	A (LB)	✓	✓	✓	✓	A (LB)
Vacant seat			Secondary Care Clinicians						
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	A
Charlotte Skitterall (CS)	Chief Pharmacist	Manchester FT	HCDSG	A	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/ AM/ KG	✓ KG/ AM	✓ AM	✓ KG	✓ AM	✓ 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 that any decisions made should be circulated for approval by email post meeting. Celia Poole (Project lead for the GM NHS Procurement Board Wound Care Procurement Project) attended for item 6 and Kenny Li (Deputy Director and Head of Medicines Optimisation MHCC) for item 2.

1.2 Declarations of Interest

No declarations of interest made by members present. It was noted that the author of the paper under item 2 of this agenda had declared a potential interest as noted below.

1.3 Minutes and actions from the August meeting

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

- CSB work plan – it was noted that as this has been approved and is now a live document it can be removed from the action log.
- Drugs for wAMD – this item will be submitted to CSB following HCDStG approval
- Palliative care guidance and neuropathic pain guidance = It was noted that there is no significant commissioning or financial impact associated with these pieces of work will be approved by PaGDSG when complete, and ratified by CSB subsequently.
- Diabetes pathway - It was noted that discussions are ongoing to arrange for economic modelling of this pathway, after which GMMMGS CSB will be able to submit it to DoCs for approval once supported by DFCOs.
- ADHD SCP – it was understood that discussions around monitoring were ongoing but that this should not hold up the publication of the revised shared care protocol. CSB agreed that PaGDSG approve the SCP supporting the current NICE recommendation, but add a note that if this level of monitoring is not currently commissioned within an organisation that the Head of Medicines Management for that organisation be contacted for advice. The next highlight report to DoCs should capture these points to ensure that this issue reaches conclusion.
- GM Gluten free policy – this will be submitted to the December CSB meeting; all GM CCGs have now responded to the request for information from the JCT.

1.4 Proposed venue change from April 2020 and meeting dates

It was noted and accepted that CSB meetings will move to the Mayo Building at SRFT from April 2020, and that there is adequate parking available.

Action: MM to publish dates

Items received for GMMMGS ratification

2. GM rebate scheme policy

KL attended the meeting to present an updated paper as requested by CSB on the primary care rebate scheme (PCRS) following receipt of legal advice and the revision to the GMMMGS ethical framework.

The group noted that in addition to being employed by MHCC, KL is also a director of a consultancy providing medicines management project support and interim support to organisations outside of GM. On questioning, he stated that he did not work with the pharmaceutical industry and therefore the group did not find any reason to deem this a conflicting interest in relation to this work, but as per usual protocol as KL is not a GMMMGS member he would present the paper,

answer questions from the group and then leave the room whilst the group considered the information and reached their decision.

CSB discussed the contents of this paper, noting that they had not been supplied with the actual legal advice obtained but rather a summation of this advice. The group were asked to agree if GMMMG is to continue assessing and approving the use of primary care rebate schemes, and if so to consider the 26 outstanding PCRS available through PrescQIPP. It was noted from this paper that PCRS are legal if appropriate governance is in place from assessment to implementation of the schemes, including the appropriate management of interests. Existing rebates have been assessed against the framework, and the GM Joint Commissioning Team (JCT) can manage the PCRS process. There was query as to the role of GMMMG within this process, and it was explained that it is recommended that the assurance that each rebate scheme meets the framework is provided at APC level, which for GM was deemed to be GMMMG. However individual CCGs are responsible for managing conflicts of interest and for the implementation of any schemes within their organisation. GMMMG does not approve PCRS for the GM CCGs but only provides an assessment of the scheme against the approved framework.

It was agreed that further amendment should be made to the GMMMG PCRS ethical framework to emphasise that PCRS can only be accepted and not solicited, that the remaining savings to the GM system from existing schemes be quantified and shared with CCG MO leads and that the details of these schemes should be published to the GMMMG website for transparency.

Action: GM JCT to liaise with KL to amend the GMMMG PCRS ethical framework as discussed and return for approval at the December CSB meeting. The remaining savings to the GM system from existing schemes should be quantified by the JCT and this information shared directly GM CCG MO leads. Following approval of the framework in December, details of those existing schemes which comply with the framework should be published to the GMMMG website for transparency.

3. Reducing the Environmental Impact of Inhalers through Collaborative Action

KO'B briefed CSB on the outlined proposal for reducing the environmental impact of inhalers across GM and explained that the GM Health and Social Care Partnership is committed to this agenda, with an ambition for carbon neutrality by 2038. CSB recognised the ambitions within the paper but stressed the need for a financial impact of this proposal at the earliest opportunity. The group noted that CCG MO leads had made similar comment at their recent meeting.

GMMMG highlighted the impact that this proposal could have on the GMMMG respiratory pathways and formulary, and the importance of clinical involvement in this work. It was agreed that this item would be tabled at the next GMMMG respiratory working group meeting for discussion.

Action: GMMMG FMESG and PaGDSG representatives on the respiratory working groups (ND and AS) to communicate regularly with GMMMG as to the progress of this work. KR to make DFCOs aware that this project is likely to pose a cost impact, but this wasn't available for consideration by CSB in October.

Governance

4. GMMMG CSB revised terms of reference

Revisions to the terms of reference for CSB were considered by the group. It was noted that few comments had been received from GMMMG members, but some changes had been made to reflect outcomes from the GM MO summit and changes in the GMMMG governance structure. It was recognised that there is an opportunity for GMMMG to expand and enhance its role within

GM, but that the terms of reference must reflect this, a task and finish group meeting will be scheduled in the next couple of weeks to prepare a final version.

Action: All GMMMG members to submit comments to MM as soon as possible to be considered at the T&F group meeting on the 24th October.

5. Antimicrobial steering group terms of reference

The group considered the draft terms of reference for this proposed GMMMG subgroup, although they had been circulated for comments CSB asked for further amendments namely around the governance of this group, and some of its function.

Action: All CSB members to submit any further comments to KO'B, final draft to return to the November Chairs meeting for approval

Outputs from the GMMMG subgroups and work streams

6. Update on Wound Care Formulary Project

CP presented an update on the progress of this project, and there was discussion around the intention of some CCGs to trial the transfer of wound care from FP10. The group discussed the potential financial impact of this approach and raised a number of queries with CP. It was emphasised that if this project is to gain GMMMG approval it will need to undergo due process and governance.

Action: SW to ensure that this project is fed into FMESG at the earliest opportunity

7. GMMMG Subgroup decisions for ratification

A summary of recent GMMMG subgroup decisions were presented to CSB for ratification. Due to the lack of secondary care representation on the group it was agreed that these decisions would be circulated by email for ratification.

Action: MM to circulate decisions to members for ratification by email.

8. GM OTC project: update

LB provided CSB with a verbal update on this project, explaining that three CCGs had not yet confirmed support to the published GM position. There was query around this situation given that support had been obtained by all ten CCGs through DoCs, and it was agreed that further clarification be sought through direct conversation with those CCGs concerned.

Action: MO'D and LB to liaise with the relevant CCGs to confirm their commissioning position.

Monitoring and Assurance

9. GMMMG Work plan performance monitor

This was noted as being available by the group and will be a standing item on CSB agenda.

10. Greater Manchester Antimicrobial Stewardship update

A paper was presented showing the progress made by CCGs in relation to the two AMS indicators. It was agreed that this monitoring would be included in the performance monitor going forward.

Communication from Subgroups and Associated Committees

GMMMG subgroup minutes (HCDStG – July, HCDOG – July – August, FMESG – August) were accepted by CSB.

GM CCG lead pharmacists - at the last CCG MO leads meeting there had been a request for a meeting to discuss the MO support provided by both the JCT and RDTC. An invitation will be sent out.

GM Chief Pharmacists - no update due to lack of time

GM Mental Health Trusts - no update due to lack of time

NHSE Local Professional Network – no representative present

Health Innovation Manchester – no representative present

GM Pharmaceutical Industry Partnership Group Meeting - no update due to lack of time

RMOC – update as per most recent newsletter, CSB made aware that a new draft operating model has been posted to the NHSE website.

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

AOB

There was a request that QIPP proposals for next year are shared through MO leads

Date of next meeting: Thursday 12th December 2019, 1 - 3.30pm

DRAFT