NHS Vale of York Clinical Commissioning Group | NHS Scarborough and Ryedale Clinical Commissioning Group | York Teaching Hospital NHS Foundation Trust

Item 20.1

Minutes of Medicines Commissioning Committee Meeting, Wednesday 19 March 2014, 12:30 – 14:30 Giles Room, West Offices, York

1. Apologies / Attendance

		FEB	MAR	APR	MAY	JUN	JUL	AUG
Chair & GP Prescribing Lead - VoYCCG	Dr Shaun O'Connell (SO'C)	✓	✓					
Strategic Lead Pharmacist- CSU	Mrs R Ainger (RA)	✓	✓					
GP Prescribing Lead – S&RCCG	Dr G Black (GB)	✓	✓					
Principal Pharmacist - Medicines Information	Mrs J.E. Crewe (JEC)	✓	✓					
Senior Innovation & Improvement Manager	Mrs B Case (BC)	A	✓					
Consultant Anaesthetist	Dr P Hall (PH)	✓	✓					
Deputy Chair & Consultant Physician	Dr D Humphriss (DH)	A	A					
Chief Pharmacist	Mr D Pitkin (DP)	✓	A					
Senior Pharmacist - Clinical Effectiveness, CSU	Mrs D Tomlinson (DT)	✓	✓					
Consultant Physician	Dr PE Jennings (PJ)	✓	A					
Deputy Chief Pharmacist	Mr S Parkes							
Consultant Rheumatologist	Dr M Quinn (MAQ)	✓	A					
Management Assistant – VoYCCG	Helen Dalton (HD)	✓	✓					

Item		Action
1	**General Business** **Declarations of Conflicts of Interest** There were no declarations of interest in relation to the business of the meeting. **Terms of Reference** A new draft Terms of Reference has been circulated. GB requested some changes to several sections. Section 1 - a discussion took place around whether a Governing Body would decline any recommendations on the basis of finance. SOC thought that this would not normally be the case but that the CCGs had to consider the financial impact of new commissioning decisions in light of available resources and may decide not to adopt some recommendations from the committee. SP suggested that a flow to clarify the process may be useful – JC to take this to D&T next week. SOC stated that all recommendations from TAG or local requests will come to MCC and confirmed that all information must be filled in on the application form. Discussion took place around TAG – new product requests do not need to be completed for TAG recommendations though, there needs to be a clear understanding of what the place in therapy, a TAG recommended medicine would have, in relation to existing treatments. If a change to the TAG indications is proposed, then a new product application form would need to be completed to provide evidence for and justification for such new indications. There was discussion about how meetings fall and that synchronisation between TAG and MCC would be ideal – however frequency of MCC meetings i.e. monthly should ensure that unnecessary delays are avoided and good communication would be key. GB asked that Section 8 be amended: there was debate about cost vs clinical effectiveness. SOC said that applications would be viewed in the context of the benefits to improve treatment pathways and therefore the health status of individual patient. On occasions a trial may be appropriate. All applications would be looked at on their own merits and it was recognised that there is not always robust clinical	

	effectiveness data to support the case for using a drug and that there was a need to be pragmatic, whilst following due process. **GB suggested further consideration of commissioning criteria and policy was required. Agreed that draft commissioning policies to come to next meeting**. SP raised issues regarding the MCC being quorate. He confirmed that York Hospital will send two pharmacists to meetings but may not always be the same two. PJ and PH not always able to attend together. SP suggested looking at video conferencing to enable more participation. HD informed that Sue Rushbrooke (SR) is looking into video conferencing but at present they are unable to support this but that it is in development. HD will discuss with SR again in a month. HD confirmed telephone conferencing is available if required. GB suggested looking at relaxing the quoracy - JC suggested one pharmacist and one medic from each organisation so a minimum of five per meeting. SOC suggested having a "relevant" person in addition, for example noting that MCC should, if discussing mental health issues, have mental health representation. PH asked if meeting is not quorate would the meeting be cancelled. GB said that the meeting would not be cancelled as the Committee would still be able to discuss applications for TAG recommendations. PH also queried times of meetings. SOC confirmed that the current meeting was set some time ago however going forward the meetings would be changed 10am until 12noon so, at the request of hospital colleagues, the meeting disrupted one, not part of two sessions. April meeting to be cancelled due to apologies already received and Easter holiday. ***Action: RA to amend and circulate amended Terms of Reference*** ***SOC to bring CCG draft commissioning policies to next meeting*** ***RA to amend quorate details*** ***HD to send updated meeting invitations***	
2	**Minutes of Meeting** Minutes confirmed as agreed save for amendment from DP as shown below. "DP explained that the Trust have a set of Standards for Business Conduct which require the trust to maintain a register of potential conflicts of interests and for individuals to make appropriate declarations." Conflict of Interest - SOC has had a discussion with Lynette Smith, (LS), Vale of York CCG Head of Integrated Governance about this. LS will develop guidelines for this but said that conflicts are generally regarded to be personal rather than organisational. SP said there is a standard form for a committee that he attends which he will bring to the next meeting of the Committee to consider. Discussions took place around an action to work up mechanisms for urgent decisions to be made by the Chair both in the CCGs and also to review the providers' mechanisms for this. SOC said that if there was an impact, from a secondary care Chair's action, on CCGs then ultimately any decision would need to come to MCC. SOC however said that this must not risk timely patient care and existing mechanisms needed to be understood, and for primary care prescribing established. ***Action: RA – to draft mechanism for a 'Chair's action' for CCGs for primary care prescribing*** ***RA & SP to describe process of current 'Chair's action in secondary care' and implications for CCGs and suggestions for amendments to current process as necessary*** SP queried whether IFR processes within CCGs would continue? GB confirmed that although not ideal they will continue. SO informed the committee that within the Vale of	

	York a review of IFR processes was being undertaken and the need for an IFR process that included prescribing of medicines as opposed to treatments was being considered. ***Action: SOC to discuss with CCG colleagues who are undertaking review of IFR processes about to commence and to consider role of IFR in Medicines Commissioning and others***	
3	**Matters arising** There were no matters arising	
4	**North Yorkshire and Humber Treatment Advisory Group recommendations - update on CCG agreed / outstanding decisions:** **See attached list**	
5	**NICE Technology Appraisals** The group had discussions around NICE guidance for ocriplasmin. SOC confirmed the Vale of York CCG has informed YHFT that ocriplasmin would be commissioned and that the contractual details of this was being considered by contracting and finance colleagues. SOC confirmed that within Vale of York CCG it had been agreed all NICE TAs should come to MCC for formal acknowledgement, then they would be handed over to contracting after reporting to Senior Management Team (SMT). This would be the week following the MCC meeting. Finance and contracting colleagues should then discuss further at Contract Management Board (CMB). GB queried whether the group will have to say whether we will commission and will support any recommendations? SOC confirmed that MCC would need to inform higher committees so that they will take any appropriate action. RA suggested that as soon as any recommendation is received from NICE that this is minuted and that the recommendations are adopted by the Vale of York CCG at next available SMT meeting. GB will review the process for Scarborough CCG. SOC asked whether the CCGs reported compliance with NICE TAs on their respective website. RA confirmed that she had sent round a list before Christmas 2013 with this information on and that this should already be on CCG websites. RA asked from FOI point of view it would be helpful to know the precise date that a NICE TAG is formally approved (within the 3 month timeframe) and that this be listed on the CCG website. SO suggested this date should be the date of the respective CCG committees that accept MCC decisions. SOC suggested that there should be a summary sheet of what needs to be considered for each NICE TA and then this be shared at the MCC. GB queried the prostate cancer drug degaralix – NICE TA – planned for May 2014 – this needs to be on the May agenda of MCC. ***Action: RA to liaise with Alice Ridley around CCG website*** ***Degaralix to go on May MCC agenda***	
6	**New submissions (including new therapies and changes to existing policy positions)** a) Flutter device (outstanding for York CCG)	

	SOC queried whether this device should be initiated only by specialists – it was noted that this would be the case but that GPs would be asked to prescribe where patients required a new device because the old one was either worn out or lost. Costings information was required to be able to make a decision to take to SMT. ***Action: SOC requires costings for next meeting*** b) New product request form SOC confirmed that MCC would welcome new applications as of April 2014. JC confirmed for clinicians to complete the application form and then forward to HD who will then forward to DT and RA. c) Appeals process RA confirmed that she is still drafting the Appeals Process and will bring to next meeting.	
7	**Local pathways or guidelines (new or revised)** a) COPD Pathway Discussion as to progress on the guidelines, noting that a key member of staff was currently off work. It was noted that there was further advice from NICE recently regarding pneumonia risk with inhaled corticosteroids. b) Overactive bladder pathway Various comments have been made on the proposed pathway by acute trust clinicians these have been shared with SOC and the CSU pharmacists. SOC and DT will discuss on 25th March and bring back to next meeting.	
8	**Shared care guidelines** a) Antimicrobials for cystic fibrosis – Update JC asked if timescales were known for repatriation. In the meantime it was agreed that the Leeds shared care guidelines can be used in York and Scarborough, if Leeds are happy to agree to this. b) Outstanding shared care guidelines SOC asked which other SCG were outstanding and there was agreement that these would be finalised by the end of June. ***Action - JC and DT to discuss and to bring to next meeting*** ***End of June - all SCG to be completed*** Meeting ended	
18	**Date of next meeting:** Wednesday 21 May, 10am – 12noon, Severus Room (F032), West Offices, York	