

Our ref: FOI ID 5011

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NHS South Sefton CCG

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Re: Freedom of Information Request

Request/[Response](#):

Please would you indicate if your CCG has a contract with a CSU or other provider organisation for medicines management and/or medicines optimisation services that support the appropriate use of medicines. YES/NO

[NHS South Sefton CCG currently has a Service Level Agreement for Medicines management with the North West Commissioning Support Unit](#)

Please would you indicate the total value of these contracts. £ / annum

[The annual value of the current Service Level Agreement between NHS South Sefton CCG and the North West Commissioning Support Unit is £83,548](#)

Please would you indicate the term of these contracts and the date on which they expire

[The current service level agreement between NHS South Sefton CCG and the North West Commissioning Support Unit is due to expire 31/5/2015.](#)

Please would you supply either the full contract or at least the service specification for these contracts

[Please see attached Service Specification.](#)

Please would you indicate the key performance indicators or the outcomes that are measured within the monitoring of these contracts

[The North West CSU provides a report against the KPIs attached that are included in the SLA report.](#)

Medicines Management Service Components

1. **Enabling Medicines Decision Making** - facilitating processes across the health economy that inform CCG strategic planning, support best use of resources and enable CCGs to meet statutory obligations for decision-making in line with NICE and the NHS Constitution. There are two component descriptions, reflecting the Pan Mersey and West Cheshire/Wirral Area Prescribing Committee footprints.
2. **Provider Contract Management** – providing advice on standard setting for the medicines aspects, and developing the contractual levers, monitoring arrangements and management strategies to support CCG contract management.

Individual Funding Requests – medicines management team expertise to respond to individual funding requests has been reallocated to the IFR component, under the Governance and Compliance Service

MMT001 – Enabling Medicines Decision Making

Description (Pan Mersey APC)

The processes that this service will deliver are as follows:

- Provide an annual evaluation by 31st January for the impact of new drugs and guidance based on individual CCG populations. This horizon scanning process will enable CCG Leads and Finance Managers to more effectively forecast budget risks and savings opportunities, whilst ensuring that new medicines are managed into the health economy appropriately and consistently across the footprint.
- The Pan-Mersey APC recommendations avoid CCGs making the resulting commissioning decisions in isolation and this simplifies the challenges of multiple providers for the CCG population. Patients should therefore receive consistent access to medicines regardless of which provider they choose.
- Manage the Pan-Mersey APC and five sub-groups, facilitating collaboration from Provider Trusts and other stakeholders, on behalf of Mersey, Warrington and West Lancashire CCGs. This role includes agenda, date and venue planning for the APC and subgroups; dissemination of agenda and papers; minute taking; APC Chair briefing prior to meetings and advice during meetings; Sub-group Chairing and advising any new members of the patient and public involvement sub-group. Ensure the planning cycle enables medicines to be considered by the APC within 2 months of NICE Technology Appraisals being published, enabling CCGs to meet statutory obligations regarding NICE approved medicines being available within 3 months.
- Produce health economy recommended medicines policy statements, a joint formulary updated bi-annually, clinical guidelines, shared care protocols, and safety statements that are based upon clinical evidence appraisal, best practice and financial modeling so that CCG statutory obligations are met. In order to limit the size of the required dedicated CSU team, the work to draft and peer review these documents is shared between the CSU, CCGs and Trusts. Records are maintained and shared to ensure the CSU has met obligations and stakeholder organisations each undertake an appropriate share.
- Facilitate consultation processes across the health economy and provide an audit trail for how this



feedback has influenced APC recommendations.

- Facilitate agreed processes and manage website content to communicate recommendations, to CCGs for their resulting local commissioning decisions, and to Trusts for their adoption and dissemination. Where required attend agreed CCG meetings where the ratification of APC recommendations is discussed.
- Collate ongoing feedback from CCGs and Trusts following APC recommendations to provide assurance to both CCGs and Providers that recommendations have been ratified.
- Respond to queries from CCGs, Trusts or other stakeholders regarding APC processes and in addition any wider queries arising from the link on the public facing APC website.
- Represent CCGs and provide emailed feedback on providers' Drug & Therapeutic Committees (or equivalent) and Clinical Networks where required to ensure that CCG and health economy strategies, policies and guidance take account of network guidance and/or statements. Where clinical network outputs are not in alignment with health economy recommendations, our service will engage and influence networks to form joint working arrangements and if necessary, to review recommendations
- Provide advice relating to national safety alerts where additional information is needed. An example would be recommendations on alternative medicines and the implications of these, to support local CCG discussions. *(Moved from original Merseyside Line 15)*
- For interface concerns, manage data collection and identify trends reported on the Interface Form to the Safety Subgroup. Ensure that learning is shared across the health economy and solutions to repeated issues discussed *(Moved from original Merseyside Line 15)*
- We will co-ordinate the annual review of antibiotic guidance through a health economy Antimicrobial Expert Group to ensure that advice is in line with public health national guidance and local Consultant Microbiologist expert opinion.
- We will advise CCGs on strategies to improve the use of antibiotics. We will provide strategic pharmaceutical expertise to support Pan-Mersey workstreams to manage health acquired infections.
- We will provide strategic pharmaceutical expertise for Pan-Mersey pandemic flu planning to support effective planning of antivirals and mass vaccination programs. CCGs remain responsible for seasonal flu planning. *(Moved from original Merseyside Line 15)*
- Identification and facilitation of QIPP projects where health economy-wide changes to formulary medicines will deliver efficiency savings for CCGs
- Facilitate monthly meetings between CCG Medicines Management Leads and Trust Chief Pharmacists to debate issues arising from sub-groups or prioritization of work plans. This includes agenda planning, dissemination of papers and minute taking.

Dependencies

CCGs

- Where the Locality Medicines Management Service is provided in-house, CCG Medicines Management Leads' attendance at monthly APC meetings; at meetings with Chief Pharmacists to discuss matters arising; and to contribute on behalf of their CCG in providing feedback, or support for joint projects.
- CCG GP Prescribing Leads, for attendance at monthly APC to meet requirement for CCG representation and APC quoracy.
- CCGs need to provide working pharmaceutical representatives for APC subgroups meetings to support the CSU in delivering the drafting and peer review of documents e.g. policy statements, shared care protocols and formulary chapters. The CSU team is a fixed resource to support processes where the activity volume is dependent on national guidance, new medicines etc. and therefore CCGs need to support consensus decisions for the ongoing re-prioritisation of work plans to meet demand.
- CCGs are responsible for initiating processes for local consultation with GPs and the implementation of all APC recommendations, including commissioning of local services or enhanced service schemes. The CSU team will provide advice on shared care implementation where required and written considerations for implementation of APC recommendations.



- CCGs are responsible for purchasing sufficient CSU Business Intelligence support to analyse ePACT data for the quarterly APC report and provide searches that support subgroup and QIPP outputs.
- CCGs are responsible for the technical platform and IT support for the APC website.
- CCGs are responsible for the funding of venues for the APC, Sub-groups, Heads/Chiefs meetings, and other health economy wide meetings, where free of charge NHS venues cannot be found.
- CCGs are responsible for the funding of any printing costs e.g. antibiotic guideline booklets, leaflets and posters

Other Stakeholders

- Trust clinicians, for attendance at monthly APC to ensure Trust representation and APC quoracy.
- Chief Pharmacists for attendance at monthly APC to ensure Trust representation; at Heads/Chief Pharmacists meeting to discuss matters arising and interface issues; and to contribute on behalf of their organization in providing feedback or support joint projects,
- Trust Pharmacists, to attend and produce work for monthly APC Sub-Group meetings.
- Public Health, to attend APC where their expert opinion is required e.g. sexual health
- GPs, Local Medical Committees, and Local Pharmaceutical Committees for consultation purposes
- NHS England Area Team, to provide advice on Public Health England and specialised commissioning policies that impact on this service component. Vaccination and Immunisation program support, such as the development of PGDs is not included due to being NHS England Area Teams responsibility.

Internal CSU

- Ad hoc advice from CSU functions, such as Contracting, Quality and Performance, Finance, Procurement, Governance, Engagement and IT.

Outputs

- Clinical appraisal of clinical evidence for new medicines reviews (in the absence of NICE or other national guidance)
- Policy statement recommendations, including RAG status
- Joint Formulary between primary and secondary care
- Prescribing Guidelines
- Monthly reports of APC recommendations
- Monthly newsletter
- Provide content advice and clinical commentary for the quarterly APC Dashboard (ePACT prescribing data)
- Shared care protocols
- Medicines safety statements
- Interface reporting system
- Horizon scanning for new medicines or guidance
- Antibiotic guidelines and strategies to address appropriate use of antibiotics and health care acquired infections.

National/Local Standards

- NHS Constitution regarding patients' rights on access to treatments and transparent decision-making processes
- NICE Technology Appraisals and Clinical Guidelines
- NICE good practice guidance
- Medicines and Prescribing Centre good practice guidance
- NHS Outcomes Framework
- Public Health England and Specialist Commissioning policies and statements
- The Green Book: Immunisation against Infectious Diseases
- Medicines Healthcare Regulatory Authority



- Medicines Act, Misuse of Drugs Act and other medicines legislation
- General Pharmaceutical Council Code of Ethics for Pharmacists
- Association of British Pharmaceutical Industry (ABPI) code of conduct and standards for engagement with the pharmaceutical industry
- National QIPP indicators

KPIs

- Local decision-making processes for medicines consider all NICE TA drugs within 8 weeks of publication
- Provide the agreed summary of APC recommendations within 7 working days of APC date
- APC decisions available via website within 2 weeks of approval, unless achievement is outside CSU control
- Minimum of 12 subgroup generated outputs will be submitted to APC per quarter
- Annual horizon scanning report provided to CCGs by 31st January that identifies prescribing pressures for the following year and is tailored to the CCG population
- Annual horizon scanning report provided to CCGs by 31st January that identifies prescribing pressures for the following year and is tailored to the CCG population
- Antibiotic guidance is locally reviewed in line with Public Health England guidance.
- The content and continued need for existing shared care agreements are reviewed in line with expiry dates.

MMT002 – Provider Contract Management

Description

- Supporting coordinated development of the medicines elements of provider contracts, e.g. annual review of commissioning arrangements schedule for specified high cost drugs, quality schedules and CQUIN options, as required. This will facilitate consistency in agreements across the health economy and sign up from Trust Chief Pharmacists. Ideas are developed at scale and fed into local health economy discussions. The team will review providers' monitoring reports and raise concerns for discussion.
- Development of contract levers that require high cost drugs data is made available to the agreed standard for CSU monitoring on behalf of CCGs. This is necessary to provide assurances to CCGs that they are not being charged inappropriately for NHS England indications; to identify QIPP opportunities and to ensure CCGs are realizing savings from patient access schemes. This is a high growth area of prescribing and presents significant financial risk with historically minimal mechanisms to validate expenditure or enable clinical interpretation. In 2014-15 a development plan will be agreed with CCGs, including an assessment of baseline historical arrangements between CCGs and Trusts, standard setting and the development where required of phased implementation plans with monitoring against interim milestones. Depending on the scale of these plans additional resources may need to be discussed.
- Provide high level advice on high cost drugs data regarding expenditure monitoring and the identification of solutions, including homecare medicines supply. The extent to which this support can be provided is limited by the availability and granularity of data. Where data is limited, the service will focus on the development plan in 2014-15 and then re-evaluate CCG requirements and the associated resource implications for improved ongoing management of high cost drugs.
- We will identify joint QIPP opportunities across primary/secondary/tertiary care, facilitation of implementation plans through agreed formularies or transfer to homecare.
- Provide a pharmaceutical link between the CCGs and specialised commissioning, ensuring CCGs are kept up to date with NHSE policy changes affecting CCGs and facilitating responses to queries.
- Supporting CCGs with medicines related advice on independent providers' contract performance.

Dependencies

CCGs

- CCGs are responsible for ensuring effective contractual levers are implemented to drive sufficient data provision for monitoring and interpretation purposes.
- CCGs to consider how proposed medicines management CQUIN topics, KPIs, quality or audit proposals will be prioritised within contract negotiations.
- CCG Contracting Team for inclusion and monitoring of MM elements of quality contract and CQUIN
- CCG Medicines Management (where relevant) and Prescribing Lead GPs to agree QIPP projects and deliver primary care elements of projects

Other Stakeholders

- Hospital Chief Pharmacists – monitoring of healthcare provider contracts, support to implement QIPP projects and improve data provision.
- Finance Departments – monitoring and reporting on homecare and high cost drug budgets
- NHSE England Area Teams – to provide clarity on CCG and NHSE funded high cost drugs

Internal

- CSU Contracting Team – inclusion of medicines management elements into the quality contract and CQUIN
- CSU Business Intelligence
- Ad hoc advice from other CSU functions, such as Contracting, Quality and Performance, Finance, Procurement, Governance, Engagement and IT.

Outputs

- Annually reviewed commissioning arrangements schedule for high cost drugs
- Annually reviewed quality contract schedule for medicines
- CQUIN schedule for medicines
- Advice on standards for high cost drugs data provision
- QIPP project development

National/Local Standards

- NHS Constitution regarding patients' rights on access to treatments and transparent decision-making processes
- NICE Technology Appraisals and Clinical Guidelines
- NICE good practice guidance
- Medicines and Prescribing Centre good practice guidance
- NHS Outcomes Framework
- National guidance on specified high cost drugs, Public Health England and Specialised Commissioning policies and statements
- Medicines Act, Misuse of Drugs Act and other medicines legislation
- Association of British Pharmaceutical Industry (ABPI) code of conduct and standards for engagement with the pharmaceutical industry
- General Pharmaceutical Council Code of Ethics for Pharmacists

KPIs

- Develop annual agreement of a minimum of 5 medicines management quality schedule targets between Trust Chief Pharmacists and CCG MM Teams by 30th September.
- Develop annual agreement of proposed medicines management CQUINs between Trust Chief Pharmacists and CCG MM Teams by 30th September.
- Develop and facilitate the implementation of one QIPP project per year subject to stakeholder agreement and support.
- Development plan on track towards improved minimum data set for specified high cost drugs.





**NHS KPIs Used for Medicines Management Service Level Agreement between North West CSU and NHS South Sefton
CCG / NHS Southport and Formby CCG**

Local decision-making processes for medicines consider all NICE TA drugs within 8 weeks of publication.

Evidence: A spreadsheet maintained of NICE publication date and APC (or equivalent) decision date.

RAG rating: 100 % =Green; 90% = Amber; 80%= Red

Provide the agreed summary of APC recommendations within 7 working days of APC date.

Evidence: A spreadsheet maintained of dates for publication of summary and APC date.

RAG rating: Within 7 working days =Green; Between 7 and 10 working days = Amber; Over 10 working days= Red

APC decisions available via website within 2 weeks of approval, unless achievement is outside CSU control.

Evidence: Documents loaded to APC website, subject to co-operation from authors.

RAG rating: within 2 weeks = Green, over 2 weeks = Red

Minimum of 12 subgroup generated outputs will be submitted to APC per quarter.

Evidence: A spreadsheet maintained of sub-group outputs

RAG rating: 12 outputs per quarter = Green, 10 outputs per quarter = Amber, 8 or less = Red

Annual horizon scanning report provided to CCGs by 31st January that identifies prescribing pressures for the following year and is tailored to the CCG population.

Evidence: Date of email circulating final report

RAG rating: By 31st January =Green; By 14th February = Amber; By end February= Red

Antibiotic guidance is locally reviewed in line with Public Health England guidance.

Evidence: A work plan maintained showing progress and completion dates.

RAG rating: 100% complete within 3 months of guidance publication = Green, 90% complete=Amber, 80% complete= Red

The content and continued need for existing shared care agreements are reviewed in line with expiry dates.

Evidence: spreadsheet of documents, expiry and planned review dates

RAG Rating: >90%= Green; 50-89%= Amber; Below 50%=Red

Note: The shared care process is currently under review and historic concerns regarding the process have impacted on the maintenance of an approved set of up to date shared care agreements. Once the development project is complete RAG limits will be set at more challenging levels from October 2014.

Develop annual agreement of a minimum of 5 medicines management quality schedule targets between Trust Chief Pharmacists and CCG MM Teams by 30th September.

Evidence: A record maintained of target topics proposed, agreed and met.

RAG rating: 5 agreed = Green, 3 -4 agreed=Amber, <3 agreed=Red.

Develop annual agreement of proposed medicines management CQUINs between Trust Chief Pharmacists and CCG MM Teams by 30th September.

Evidence: A record maintained of proposed topics, those agreed with CCG MM Teams and agreed with Trusts.

RAG rating: 1 agreed with Trusts = Green. 1 agreed with CCG MM Teams only, Trust discussions ongoing = Amber. Topics proposed but none agreed with CCG MM Teams or Trusts= Red

Develop and facilitate the implementation of one QIPP project per year subject to stakeholder agreement and support.

Evidence: A record maintained of topics proposed, CCG/Trust comments and timeline.

RAG rating: 1 agreed with Trusts, planned and supporting documentation supplied = Green. 1 agreed with CCG MM Teams only, Trust discussions ongoing = Amber. Topics proposed but none agreed with CCG MM Teams or Trusts= Red

Development plan on track towards improved minimum data set for specified high cost drugs.

Evidence: Development plan milestone progress recorded and reported at appropriate meeting(s).

RAG rating: 100% CSU milestones for current month on track= Green, 80% = Amber, <80% = Red

Assess requests for assurance that CCG commissioned services comply with medicines legislation and respond within 2 weeks to agreed timescale for required work (subject to provider co-operation).

Evidence: Record maintained of dates of requests and schedules for agreed work.

RAG Rating: 100% = Green, < 100% and > 80% = Amber, < 80% Red

Agreed range of medicines policy and audit templates for GP practices will be updated bi-annually.

Evidence: Record maintain of existing documents/review dates and proposed new outputs.

RAG Rating: Medicines policy/audit templates developed or reviewed within agreed timescales. 100% = Green, < 100% and > 80% = Amber, < 80% Red.