



Department
of Health

Commercial Medicines Unit

Confirmed minutes of the meeting of the National Homecare Medicine Committee held at 11.00am on Wednesday 11th September 2013 in Room 128A, Skipton House, London

Committee Members

Allan Karr (Chair) – UCLH
Carol Clark - CMU
Michael Butterfield – Leeds Teaching Hospitals
Carol McCall– NCHA Chair
Kevan Wind – Specialist Procurement Pharmacist London and East of England
Mark Jackson – QCNW, on behalf of National Pharmacy QA Committee
Karen Bell – CMU
Lindsay McClure – NHS NSS Scotland
Sarah Pacey – Nottingham University Hospitals
Cherryl Perry – ABBVIE (ABPI)
Graham Brack – Kernow CCG
David Cook – NHS North East
Laura Wason – CMU
Alastair Gibson – Blackpool Teaching Hospital NHS Foundation Trust
Nickie O' Neill - CMU
Heather Weaver – NHS England

In Attendance for Medco discussion

David Hamilton – Medco
Abid Karim – Medco

In Attendance for Clinical Trials in Homecare

Anthea Mould, Head of Clinical Support and Continuous Improvement Lead, National Institute for Health Research

1. Apologies

Richard Sturgess
Liz Payne
Steph Hibbs
Liz Sutton
Bernadette Porter

2. Welcome new members / declaration of interest

- 2.1 AK welcomed Lindsay McClure from Scotland and thanked her for agreeing to be the Scotland representative on the NHMC. Members then introduced themselves. Members were requested to sign the circulated declaration of interest form to confirm that their individual details were up to date and correct.

3. Minutes of last meeting

- 3.1 The unconfirmed minutes of the last meeting held on Wednesday 12th June 2013 were agreed as accurate and the confirmed minutes would be put on the DH CMU website
Action: CMU

4. Matters arising from previous minutes

4.1 Transfer of patient funding from PCT's post April 1st 2013

- 4.1.1 CM reported that everything was fine, and suggested that this is now removed as an Agenda item. HW agreed, and added that no patient had missed a delivery as a result of the changes. However she did comment that NHS England were still receiving invoices, when they had little or no information or involvement with the service. It was agreed that the administration of all home care services should return to the originator trust and that this approach may be taken by NHS England in the future.

CM highlighted a different matter which came from NCHA members. The home care service providers felt that invoices were being unnecessarily delayed by NHS SBS (shared business services) perhaps for cash flow reasons. This has been escalated to SBS and NHS England.

4.2 QA Product Stability for Anti-microbials

- 4.2.1 MJ reported on behalf of the Leeds / Yorkshire region that he had completed the assessing of suppliers capability / risk culture / quality culture and ensuing that approaches and standards were consistent. They had also been looking at stability data. MJ shared that Yorkshire had paid for this service but he would discuss general circulation with Phil Deady with NHMC. MJ agreed to report back at the next meeting in December 2013.
Action: MJ

4.3 Risk Assessment Tool for Patients Home Environment

- 4.3.1 AK shared that this document should be included in the Homecare Handbook. AK requested feedback from HPN and LSD stakeholders to see if there had been any risks, and what type of risks, potentially highlighted when utilising this form. CMU agreed to request this information from the respective stakeholder groups at their next scheduled review meetings and report back to NHMC members at our next meeting in December 2013 their findings.
Action: CMU

5. Medco Update

- 5.1 David Hamilton and Abid Karim from Medco were welcomed to the NHMC and thanked for attending the meeting to explain the concerns around the withdrawal of Medco from the UK market.

- 5.2 Discussions took place regarding the transfer of Medco's 14,000 patients to other homecare providers now that a commercial decision had been taken by Express Scripts to withdraw from the UK. They confirmed that Medco were not insolvent and had the backing of the parent company that had significant financial assets. The plan is that all patients should be transferred to other homecare providers in a timely and professional manner, so that patients would not be compromised in any way. Medco confirmed that their major concern was also to make sure that all transfers were done as seamlessly as possible, as the patients were the priority.
- 5.3 Within the last two weeks PMSG had taken a lead in terms of setting up a number of steering groups to address this issue. These groups would liaise by teleconferencing due to the time scales involved.

Three groups have been established covering the Medco patients contracts (a) CMU national frameworks (b) Pharma derived schemes and (c) NHS Trust Local/Regional Agreements. A fourth time-limited task group would work with the homecare industry to gain an understanding of how each homecare provider will manage capacity demands from the rapid growth of patient numbers.

The steering group at present consists of PMSG, CMU and Commissioning and would focus on working to co-ordinate as quickly as possible the transition of patients to new providers.

- 5.4 Medco had produced a contractual framework to work with the other homecare suppliers in order to eliminate the need for patients to re-register thus avoiding further patient inconvenience.

Action: CMU to confirm legal status ASAP

Medco were also putting in other arrangements such as drafting a letter to all patients to explain the situation. Medco agreed to share the draft letter with NHMC before distribution. The letter would explain to patients that they would be able to opt of the transfer arrangement if they had any concerns. They also explained the importance of co-ordinating the transfer of patients that involved nursing services. By doing this it might be possible to TUPE nurses over to the new provider thus maintaining consistent patient care. This situation is particularly important for the enzyme replacement therapy medicines service. Most of the pharma companies that had developed schemes had either found suitable homecare provider alternatives or were in the process of doing so. Details of replacement pharma derived homecare scheme providers will be circulated when in the public domain.

Action: Medco/All

- 5.5 AK thanked Medco for their honest and frank discussion and the professional manner with which they were handling this difficult situation.

Action: ALL / CMU to facilitate

6 ABPI Update – Cheryl Perry

- 6.1 CP gave an update in respect of the draft of the ABPI Best Practice Guide for Industry, sharing that the guide was split into various section headings including –
- Patients
 - Contracting and Supply Chain
 - Governance
 - Service Delivery

AK requested that the draft document be shared with NHMC and NCHA members prior to our next meeting in December 2013 for them to feedback any comments. CP advised that she would ask Sam Ogden from ABPI to circulate the draft document to all interested parties and for them to feedback direct to her. CP would then provide an update at our next NHMC meeting in December 2013.

Action: CP

- 6.2 CP shared that a national conference had been proposed for January 2014 with DH, ABPI and NCHA to discuss the Hackett report and Handbook.

7. National Clinical Homecare Association update – Carol McCall

- 7.1 CM confirmed that a joint conference had been scheduled for January 2014 to discuss the outputs and give an overview from the documents that had been produced by the Hackett work streams.
- 7.2 CM also shared that she is working with the NCHA in respect of standards and the toolkit.
- 7.3 CM advised that she was assisting the NCHA members with the Medco issues in her capacity as an independent party.
- 7.4 CM confirmed that she would represent the NCHA at the NHMC meetings for the foreseeable future.

8. Regional Homecare up-date – activity and issues from around the region

- 8.1 KW shared that E of E have issued a tender for a dispense and deliver contract and also a homecare tender for IV and Sub-cut IVIG.
- 8.2 SP shared that East Midlands are developing a regional specification for a parenteral Chemotherapy and biologists tender. SP also reported that the region is developing a collaborative approach to incident monitoring.
- 8.3 MB shared that Leeds are working on tenders for Immunoglobulin Homecare, Out Patient medicines, EPO Renal and they are looking at piloting a homecare tender for Natalizumab.
- 8.4 AG shared that phase 1 of the Northern CMU funded QIPP Procurement project had been completed under a collaborative procurement approach with all the Northern regions involved. AG agreed to feedback to members on phase 2 which would include Inflixamab and Herceptin.
- 8.5 DC shared that that they were currently adjudicating their Oral Chemotherapy tender
- 8.6 LM shared that in mid-August, the Scottish Government published an independent review that they had commissioned on the NHS Pharmaceutical Care of Patients in the Community in Scotland. In response to the review, the Scottish Government are expected to shortly publish an action plan for pharmaceutical care in Scotland. The full review can be found online at:

<http://www.scotland.gov.uk/Resource/0043/00430209.pdf>

LM also shared that she would send to CMU under separate cover for sharing with NMHC members the specific sections in respect of Homecare, and requested CMU forward this information to NHMC members on her behalf. CMU agreed to this request.

Action: CMU

Post meeting note this has been actioned by CMU and the information has been circulated under separate cover to all NMHC members.

NHMC members then discussed the issue of how patient information is shared amongst all their potential prescribers or issuers of medication which could include – GP's, Trust Clinicians and Community Pharmacists.

9. Patient identifiers in respect of Supplier invoices – Allan Karr

- 9.1 AK requested that this item be deferred to our next meeting to be held in December 2013

10. Training on preventing Needle Stick Injuries

- 10.1 Members discussed the European Directive document that had been circulated in respect of Nurse training and Health and Safety and it was agreed that compliance particularly with respect to training patients on needle disposal, was extremely important.
- 10.2 AK requested CM to raise awareness of this directive with her NCHA members and CM agreed to this request.

Action: CM

11. Homecare being used for Clinical Trials – Sarah Pacey / Anthea Mould

- 11.1 AK thanked Anthea Mould for agreeing to attend the NHMC meeting and gave her a brief overview of the homecare market.
- 11.2 SP shared that there were clinical trials being undertaken in the homecare setting and that this issue had not been addressed in the Hackett Review. It was noted that clinical trials should be raised within the homecare documentation.
- 11.3 SP also shared that the latest Good Clinical Practice Guide does include specific guidance relating to administration of Investigational Medicinal Products at home, including use of homecare organisations and that this will signpost any subsequent guidance produced by this committee. Any outputs will need to be developed in liaison with the National Pharmacy Clinical Trials Advisory Group via AM and SP.
- 11.4 AK shared that everyone needed to have a clearer understanding of where and what homecare therapies were being clinically trialled and the governance surrounding such trials. SP agreed to draft a paper to share with members at our next meeting in December 2013 detailing this information.

Action: SP

- 11.5 AM agreed to draft a survey and send to AK for him then to share with PMSG members for them to circulate and populate what trials are currently being undertaken within homecare to gain a better understanding of what the current situation is and the potential value of the trials taking place. An update could then be shared at our next meeting in December 2013.

Action: AM / AK

12. Homecare Specification document Review

Sub- Group Members; Allan Karr, Kevan Wind, Heather Weaver, Jane Kelly, Mark Jackson, Carol McCall, Cheryl Perry and CMU.

- 12.1 KB/LW shared that the specification sub-group had met in mid August 2013 for the initial meeting and that a second meeting date had been set for Thursday 10th October 2013, to be held in London, for the members to agree the comments and amendments that had already been actioned by CMU.
- 12.2 Discussions took place and it was agreed that the specification needed to be written to achieve the outcomes of what the NHS requires.
- 12.3 AK shared that he would welcome the ABPI members embracing the reviewed document when it is finalised when they are undertaking their own tendering exercises in respect of Pharma derived homecare services with the homecare providers.
Action: CMU / Sub Group Members

13. NHS England updates / developments – Heather Weaver

- 13.1 HW – advised that there used to be 59 CRGs and now there were 72. One of these CRG's is the Medicine Optimisation, which will be chaired by Clare Howard and supported by Malcolm Quaille. More details could be found by looking on the NHS England's website Resources section, Specialised Commissioning. HW also informed members that there had been 10 lead Specialised Commissioning Pharmacists. See attached link below

<http://www.england.nhs.uk/resources/spec-comm-resources/>

14. KPI's – CMU update

- 14.1 AK requested that the agreed KPI template be put on the DH CMU website. CMU agreed to this request.
Action: CMU
- 14.2 AK also requested CMU to give a demonstration at our next meeting in December 2013 of the KPI working document and CMU agreed to this request.
Action: CMU

15. Trust homecare Governance meetings, terms of reference – Jane Kelly / Liz Sutton

- 15.1 AK requested that this item be deferred to our next meeting to be held in December 2013.

16. Audits of homecare suppliers and aseptic services capacity management

- 16.1 Members discussed at length the issues surrounding aseptic services capacity, not only for homecare therapies but for the whole of the NHS. Concerns were raised that this was a critical issue for the NHS and also out sourced services.
CM shared that her NCHA members would welcome some NHS specialist support and the formation of a working group to share all the issues and concerns in respect of aseptic services nationally.

16.2 MJ agreed to liaise with CM to try and scope some dialogue to gain a greater understanding of what the issues are and how these may be addressed by both the NHS and NCHA providers and report back at our next meeting in December 2013 with their findings.

Action: MJ / CM

17. Risk Management of the storage of medicines in a homecare setting - Mark Jackson

17.1 AK requested that this item be deferred to our next meeting to be held in December 2013.

18. Mark Hackett National Work stream feedback

18.1 AK commended MJ, SHD and CM for their excellent work so far on the Handbook. This will be published with everything that has been completed to date. AK shared that it would then be the work of this committee to take the handbook forward, to keep it up to date and complete anything that was missing.

19. National Framework Agreement for Homecare HPN – Carol Clark

19.1 CC shared with members that a supplier / stakeholder meeting had taken place in mid June to address some of the issues/ concerns raised from the implementation of the National HPN framework.

Invoicing from Bupa was causing some concerns and some Trusts were unable to process their invoices for payment due to the complexity of the invoices received. CC agreed to liaise with Bupa again to see how this issue could be addressed.

Action: CC

Post meeting note – CC has been in discussions with Bupa and they have agreed to issue revised invoice templates for consideration by HPN stakeholders for their approval to make their invoicing simpler and hopefully acceptable to all Trusts.

19.2 CC also shared that one of the HPN suppliers had been experiencing major compounding problems and this had lead to patients not receiving their HPN products in a timely manner and in some instances not at all. CMU were in regular dialogue with the supplier but this had also highlighted the issue that the NHS and out sourced services of Aseptic services are all having issues with capacity of this service and it was proving challenging at present to meet the demand of HPN compounding.

AK requested that CMU share regular updates from the affected supplier with PMSG so that any help or assistance could be offered in respect of this very difficult situation.

CMU agreed to this request.

Please also refer to item 16 above, in these minutes, details of which are also relevant to this issue.

19.3 CC informed that it had been extremely challenging to ascertain who would be taking the lead role for HPN from a commissioning perspective since Andrew Bibby had moved on in January 2013. HW agreed to assist CMU to find out who the correct contact would be going forward from commissioning.

Action: HW / CC

19.4 CC also shared that a meeting had been scheduled for Wednesday 25th September 2013, to be held in London, at which all the original HPN stakeholders had been invited to attend along with two PMSG representatives and HW agree to attend on behalf of Commissioning, so that she could feedback to the CRG's and brief them with an update.

20. AOB

- 20.1 AK reported that GB had submitted for consideration Kernow CCG's Draft Terms of Reference for Homecare and High Cost Drugs. GB shared that they've taken the view that commissioners must receive reports on the way that homecare is progressing, and the way they've achieved this is to make the homecare committee a subcommittee of the Area Prescribing Committee. GB's concern with some approaches elsewhere is that commissioners have limited input and there is a risk that the result is two validation processes, one run by the Trust and one by the commissioners. GB agreed that this draft Terms of Reference could be shared with NHMC members.

Action: CMU

Post meeting note – Please see attached embedded document below.



Terms of Reference -
Homecare and High C

21. Dates of future meetings in 2013:

- 21.1 The Chairman has approved future meeting dates for 2013. Please can members put these dates in their diaries.

Wednesday 11th December 2013

22. Dates of future meetings in 2014:

- 22.1 The Chairman has approved future meeting dates for 2014. Please can members put these dates in their diaries.

Tuesday 11th March 2014

Wednesday 11th June 2014

Wednesday 10th September 2014

Wednesday 10th December 2014

C Clark - September 2013