

POLICY ON PRIMARY CARE REBATE SCHEMES (PCRS)

June 2020

| DOCUMENT CONTROL PAGE | | | |
|--|---|--------------------|------------|
| Version 0.1 | | | |
| Title of document | POLICY ON PRIMARY CARE REBATE SCHEMES (PCRS) | | |
| Supersedes | Bolton Medicines Optimisation Prescribing Rebate Schemes Policy | | |
| Target audience | Governing body and its Committees and Sub- Committees, Pharmaceutical companies and CCG Staff | | |
| Reviewed by | Medicines Optimisation Team before submission to Medicines Group Jole Hannan – Interface Pharmacist, Bolton CCG Natalie Fleming - Project and Medicines Manager, Bolton CCG | | |
| Original author(s) | Jole Hannan – Interface Pharmacist, Bolton CCG | | |
| Groups Consulted | CCG Prescribing Leads, Medicines Group Members, Contracts Teams | | |
| Approved by | Medicines Group | 30/07/2020 | |
| Final date approved | 30/07/2020 | | |
| Review date | 30/07/2022 | Expiry date | 30/07/2023 |
| Supporting document(s) : | | | |
| Reference(s): | | | |
| <ul style="list-style-type: none"> • Principles and Legal Implications of Primary Care Rebate Schemes. London Procurement Programme, 2012. • GMMMG Rebate Schemes – Ethical Framework, 2019. • PrescQIPP Principles of Governance of Primary Care Rebates for Commissioners | | | |

| Change Control* | |
|---|------------|
| This section outlines minor changes from version X.X to version X.X of this document | |
| Summary and description of change | Date |
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| Minor changes approved by: Medicines Group | DD/MM/YYYY |
| <i>*Where the initial review outcome requires a <u>major</u> change, the changes will be noted in a separate revision history document, which can be found on the N drive</i> | |

Table of Contents

| | | |
|-------|--|----|
| 1. | Introduction..... | 3 |
| 2. | Policy Statement..... | 3 |
| 3. | IMPACT ANALYSES..... | 3 |
| 3.1 | Equality..... | 3 |
| 3.2 | Sustainability | 3 |
| 3.3 | Scope..... | 3 |
| 4. | POLICY PURPOSE / AIMS AND FAILURE TO COMPLY..... | 3 |
| 5. | PRINCIPLE LEGISLATION AND COMPLIANCE WITH STANDARDS | 4 |
| 5.1. | Legal Advice | 4 |
| 5.2. | Overarching Principles | 4 |
| 5.3. | Good Practice Principles for Primary Care Rebate Schemes..... | 4 |
| 5.4. | Interface with the Pharmaceutical Industry..... | 6 |
| 5.5. | Contracts..... | 6 |
| 5.6. | Accountability..... | 7 |
| 5.7. | Conflict of Interests..... | 7 |
| 5.8. | Information Governance | 7 |
| 5.9. | Sharing of Information with prescribers and other stakeholders | 7 |
| 5.10. | The Freedom of Information Act 2000 | 8 |
| 5.11. | Freedom of Information Requests | 8 |
| 5.12. | Use of Rebates..... | 8 |
| 6. | ROLES AND RESPONSIBILITIES | 8 |
| 6.1. | Medicines Optimisation Team..... | 8 |
| 6.2. | Chief Finance Officer..... | 8 |
| 6.3. | Communications Team | 8 |
| 7. | POLICY IMPLEMENTATION | 9 |
| 8. | TRAINING AND AWARENESS | 9 |
| 9. | MONITORING AND AUDIT..... | 9 |
| 10. | POLICY REVIEW | 9 |
| 11. | REFERENCES | 9 |
| 12. | ASSOCIATED POLICIES..... | 9 |
| 13. | APPENDIX 2 OPERATING PROCEDURES for considering and approving PCRS | 10 |
| 14. | APPENDIX 3 PRIMARY CARE REBATE SCHEME DECISION FORM | 11 |

1. Introduction

A number of manufacturers have established 'rebate schemes' for products used in primary care. Under the terms of such a scheme, the NHS is charged the Drug Tariff price for primary care prescriptions dispensed, the manufacturer then provides a rebate to the primary care organisation based on an agreed discount price and verified by ePACT2 data. Such schemes are being offered to Clinical Commissioning Groups by the pharmaceutical industry in relation to named products

2. Policy Statement

NHS Bolton Clinical Commissioning Group aspires to the highest standards of corporate behaviour and responsibility. It is the role of NHS Bolton Clinical Commissioning Group to manage the local medicines bill, to ensure the most clinically appropriate, cost effective and safe use of medicines across the locality.

3. IMPACT ANALYSES

3.1 Equality

As a result of performing the screening analysis, the policy does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage. The results of the screening are attached.

3.2 Sustainability

A Sustainability Impact Assessment has been undertaken. One positive impact was identified within the twelve sustainability themes. The results of the assessment are attached.

3.3 Scope

This policy applies to NHS Bolton Clinical Commissioning Group and all of its employees, members of the CCG, co-opted members, members of the Governing Body and its committees. All must comply with arrangements outlined in this policy.

The scope of this document is to establish a policy to define the criteria for acceptance or refusal of rebates.

4. POLICY PURPOSE / AIMS AND FAILURE TO COMPLY

General Rebate agreements usually take the form of legal agreements between the manufacturer and Clinical Commissioning Group. It is important that NHS Bolton Clinical Commissioning Group has a policy to support evaluation and sign off of rebate schemes to ensure that each scheme is only signed off if it provides good value for money to the public purse and its terms are in line with organisation vision, values, policies and procedures and to ensure that NHS Bolton Clinical Commissioning Group is transparent in its process for considering these schemes. This policy provides a framework for managing rebates in a legal and ethical way. The principles outlined in this policy document allow for the objective evaluation of schemes submitted to NHS Bolton Clinical Commissioning Group and a clear process for approving and scrutinising agreements.

| | | | | |
|--------|--|---------------|-----------|--------------|
| Title | POLICY ON PRIMARY CARE REBATE SCHEMES (PCRS) | Date approved | July 2020 | Page 3 of 11 |
| Author | Jole Hannan, Interface Pharmacist Bolton CCG | Review date | July 2022 | |

5. PRINCIPLE LEGISLATION AND COMPLIANCE WITH STANDARDS

5.1. Legal Advice

Legal advice sought by the London Procurement Partnership (LPP) concluded that primary care rebate schemes are not unlawful and are within the powers of Clinical Commissioning Groups to agree to, provided they meet certain requirements. The detailed legal advice obtained by the London Procurement Partnership has been shared within the NHS. The GM CCGs obtained more up-to-date advice in 2019 as part of the review of this policy, which reached broadly the same conclusion, but emphasised the importance of managing the legal issues arising.

5.2. Overarching Principles

It is preferable for pharmaceutical companies to supply products to the NHS using transparent pricing mechanisms, which do not create an additional administrative burden to the NHS. Any products should only be agreed for use within a rebate scheme if it is believed to be appropriate for a defined cohort of patients within a population. It is important that all patients continue to be treated as individuals, and acceptance of a scheme should not constrain existing local decision making processes or formulary development. This is in line with DH document (gateway reference 14802) on Strategies to Achieve Cost-Effective Prescribing (2010)². This states that the following principles should underpin local strategies:

- The decision to initiate treatment or change a patient's treatment regime should be based on up-to-date best clinical evidence or guidance, e.g. from the National Institute for Health and Clinical Excellence (NICE) or other authoritative sources;
- Health professionals should base their prescribing decisions on individual assessments of their patients' clinical circumstances, e.g. patients whose clinical history suggests they need a particular treatment should continue to receive it;
- The individual patient (and their guardian or carer where appropriate) should be informed about the action being taken and suitable arrangements should be made to involve the patient, ensuring they have an opportunity to discuss a proposed switch of prescribed [product], and to monitor the patient following any switch;
- Prescribers should be able to make their choice of [products] on the basis of clinical suitability, risk assessment and value for money;
- Schemes should be reviewed whenever relevant NICE or alternative guidance are updated.
- Scheme details ie: date of commencement, company and item involved should be published on the Clinical Commissioning Group's website.

5.3. Good Practice Principles for Primary Care Rebate Schemes

The detailed content of primary care rebate schemes offered to primary care organisations will differ between schemes. Any rebate scheme must be compatible with the effective, efficient and economic use of NHS resources. These Good Practice Principles can help the Clinical Commissioning Group in assessing these schemes, the Clinical Commissioning Group will need to be assured that the schemes offered do not breach any other UK legislation, in particular, reimbursement for pharmaceutical services according to the Drug Tariff, duty to comply with the DH's controls on pricing made under the 2006 Act, the Medicines Act, the Human Medicines Regulations 2012, the Bribery Act, EU law and the public law principles of reasonableness and fairness (see section 5.1 – Legal Advice - above).

NHS Bolton Clinical Commissioning Group will adopt the following principles when deciding whether to participate in a PCRS or not:

| | | | | |
|--------|--|---------------|-----------|--------------|
| Title | POLICY ON PRIMARY CARE REBATE SCHEMES (PCRS) | Date approved | July 2020 | Page 4 of 11 |
| Author | Jole Hannan, Interface Pharmacist Bolton CCG | Review date | July 2022 | |

Product Related

- The Clinical Commissioning Group will promote products as part of a PCRS.
- Health professionals should always base their prescribing decisions primarily on assessments of the individual patient's clinical circumstances.
- The price of the product will be considered but this consideration will be secondary to the clinical need for the medicine and its place in established pathways.
- The Clinical Commissioning Group will not consider unlicensed or 'off-label' uses of products as part of a PCRS. Furthermore, a PCRS for a drug or product must be linked to total use of that product and not limited to particular indications for which that drug can be used, and in line its license.
- All recommendations for use of a product within a PCRS must be consistent with the UK Marketing Authorisation of the product in question, i.e. the PCRS should only advocate the use of a drug in line with the data sheet / license / Specific Product Characteristics (SPC) for the product in question.
- Consideration should be given as to whether an increase in the use of the product would be likely if a PCRS was agreed and would this be in line with the NHS Bolton Clinical Commissioning Group's clinical direction for that product.
- When NICE actively does not recommend a product that product will not be considered under a PCRS.
- Any product rejected by the NHS Bolton Clinical Commissioning Group Medicines Group will not be considered under a PCRS.

Rebate Scheme Related

- Any and all decision making processes will be clinically-led and involve all appropriate stakeholders.
- PCRS should not be linked directly to requirements to increase market share or volume of prescribing
- Rebate schemes should be approved through robust local governance processes that include review of appropriateness by a senior member of the Medicines Optimisation Team, including Prescqipp and GMMM evaluation if available
- The cost of the administration of the scheme will be considered against the saving per annum as a part of determining whether the rebate is appropriate to take to a committee.
- There is a clear requirement for suppliers to promote products in an ethical manner to prescribing practitioners within the Clinical Commissioning Group. In order to ensure prescribing practitioners are not influenced by PCRS agreements they should not be discussed, referred to or promoted in any way by suppliers.
- There will be no requirement to collect or submit to the manufacturer any data other than volume of use as derived from ePACT2 data.
- All negotiations around a scheme should be expressed as being "subject to contract" i.e., not binding until the formal contract has been signed by both parties.
- PCRS agreements should include a right to terminate on notice (i.e., without having to have any reason for doing so) with a sensible notice period e.g., three or six months. The need for exit criteria and an exit strategy should be considered before a scheme is agreed. It is essential to allow flexibility to respond to emergence of significant new clinical evidence, or significant changes in market conditions.

| | | | | |
|--------|--|---------------|-----------|--------------|
| Title | POLICY ON PRIMARY CARE REBATE SCHEMES (PCRS) | Date approved | July 2020 | Page 5 of 11 |
| Author | Jole Hannan, Interface Pharmacist Bolton CCG | Review date | July 2022 | |

5.4. Interface with the Pharmaceutical Industry

The Clinical Commissioning Group must be able to demonstrate that all suppliers wishing to offer rebates are provided with equal access. When appointments to discuss a rebate offer are requested, the supplier should be provided with a copy of this policy. Meetings to discuss rebates should be attended by a senior member of the Medicines Optimisation Team.

Suppliers should not make guideline or formulary positioning conditional to any rebate offer. Equally, the Clinical Commissioning Group must not offer or expect any favourable positioning of a product with respect to the local formulary in return for a rebate offer. To avoid misunderstandings, meetings pertaining to rebates must not consider formulary or guidelines status, positioning relative to competitor products or any other actions resulting from the rebate offer. This includes the execution of any medicines change programs by the Clinical Commissioning Group. Suppliers must not discuss any potential joint working arrangements, medical education goods and services, sponsorship offers or patient support programs. Exceptions are where these elements are explicitly part of the commercial offer and are included in a legal contract.

In the event of the above not being adhered to in a meeting, the meeting must be terminated immediately and the incident reported to the Board Secretary to ascertain appropriate action.

5.5. Contracts

NHS Clinical Commissioning Group Chief Finance Officer and the contracting team must ensure that a formal written contract is in place, signed by both parties to ensure:

- The terms of the scheme are clear
- Legal protection is maximised.

All negotiations around a scheme should be expressed as being "subject to contract" i.e. not binding until the formal contract has been signed by both parties.

PCRS agreements should include a right to terminate on notice (i.e., without having to have any reason for doing so) with a sensible notice period e.g., three or six months.

The need for exit criteria and an exit strategy should be considered before a scheme is agreed. It is essential to allow flexibility to respond to emergence of significant new clinical evidence, or significant changes in market conditions. A shorter notice period should be agreed in these circumstances.

PCRS agreements should include a clause stating the time frame from the date the scheme contract is signed by the Bolton Clinical Commissioning Group eg: the start of the next calendar month.

Freedom of Information requirements (see section 5.14 - Information Governance) should be discussed with the manufacturer before a commissioner enters into any agreement with them and should be contained in the contract.

| | | | | |
|--------|--|---------------|-----------|--------------|
| Title | POLICY ON PRIMARY CARE REBATE SCHEMES (PCRS) | Date approved | July 2020 | Page 6 of 11 |
| Author | Jole Hannan, Interface Pharmacist Bolton CCG | Review date | July 2022 | |

5.6. Accountability

The Medicines Optimisation Team will be responsible for assessing schemes against the principles outlined in section 5 above. The 'Rebate Scheme Decision Form' (APPENDIX 2) will be used to record assessment against the principles and provide a recommendation to the Chief Finance Officer, who is responsible for final approval of rebate agreements on behalf of NHS Bolton Clinical Commissioning Group.

5.7. Conflict of Interests

NHS Bolton Clinical Commissioning Group acknowledges that there is a potential conflict of interest with signing up to rebates in primary care with the GPs being both the prescribers and the commissioners and that PCRS could be seen to undermine national pricing agreements between the Department of Health and industry. However, measures have been taken to ensure that NHS Bolton Clinical Commissioning Group enters into rebate schemes that have been independently assessed as being appropriate, so that the NHS can benefit from the cost-efficiencies that the schemes offer. This policy should be read in conjunction with NHS Bolton Clinical Commissioning Group's Conflicts of Interest Policy.

5.8. Information Governance

NHS Bolton Clinical Commissioning Group supports the principles of transparency enshrined in the Freedom of Information Act. PCRS often contain confidentiality clauses which may restrict what information may be disclosed under Freedom of Information. NHS Bolton Clinical Commissioning Group will publish its policy for accepting rebate agreements under policies along with the list of products for which rebate agreements exist on its publically available website.

Whilst manufacturers often attempt to impose requirements for confidentiality that would restrict NHS Bolton Clinical Commissioning Group from disclosing the existence and level of any discount to any third party, NHS Bolton Clinical Commissioning Group recognise that such agreements are likely not to be in the interests of the NHS. This is on the basis both that it will compromise the ability of NHS Bolton Clinical Commissioning Group to evaluate whether it is obtaining the best possible terms and that in the medium to longer term it is likely to lead to price inflation.

NHS Bolton Clinical Commissioning Group will ensure that all PCRS agreements meet the requirements of the Data Protection Act, and patient confidentiality must never be compromised.

5.9. Sharing of Information with prescribers and other stakeholders

Individual contracts will contain details of any confidentiality agreements but such agreements must not preclude the sharing of information, including discounts and scheme details, within the wider NHS.

| | | | | |
|--------|--|---------------|-----------|--------------|
| Title | POLICY ON PRIMARY CARE REBATE SCHEMES (PCRS) | Date approved | July 2020 | Page 7 of 11 |
| Author | Jole Hannan, Interface Pharmacist Bolton CCG | Review date | July 2022 | |

5.10. The Freedom of Information Act 2000

The Freedom of Information Act 2000 provides the right of public access to information held by public authorities. The main principle behind freedom of information legislation is that people have a right to know about the activities of public authorities, unless there is a good reason for them not to. This may be described as a presumption or assumption in favour of disclosure. The NHS Bolton Clinical Commissioning Group fully supports the principle of openness and accountability.

There may be occasions where specific information requested is considered to be exempt under Section 43 'Commercial Interests' of the Freedom of Information Act. Some information appertaining to rebate agreements may meet the criteria advised by the Information Commissioner's Office as being 'Commercial in Confidence.' This exemption would only be applied where the information requested would be considered to prejudice the commercial interests of the company to which it relates. This would be decided on a case by case basis.

5.11. Freedom of Information Requests

NHS Bolton Clinical Commissioning Group supports the principle that openness should be the norm in public life. Any decision from the Information Commissioners Office to disclose information must be adhered to.

5.12. Use of Rebates

It is vital that any funds received by NHS Bolton Clinical Commissioning Group as part of a rebate are managed in a transparent, legal and ethical way. As a rebate, the funds will initially and primarily be returned to the CCG prescribing budget as a credit to expenditure. The finance team will report on any spending plans, redistribution of funds and control of destination budgets.

No one individual should be in a position to benefit personally from the level of rebate received by NHS Bolton Clinical Commissioning Group.

PCRS should not be linked to any current or future prescribing incentive schemes, indicative prescribing budget arrangements or prescribing gain share agreements.

6. ROLES AND RESPONSIBILITIES

6.1. Medicines Optimisation Team

The Medicines Optimisation Team ensures that this policy is adhered to in all decisions relating to acceptance or refusal of rebates.

6.2. Chief Finance Officer

The Chief Finance Officer provides oversight of all aspects of this policy to ensure organisational compliance as well as:

- Is authorised to sign the rebate decision tool and rebate agreements of behalf of the CCG
- Ensures rebates are claimed in a timely fashion.

6.3. Communications Team

The communications team is responsible for publishing adopted rebate scheme to the Bolton CCG website.

| | | | | |
|--------|--|---------------|-----------|--------------|
| Title | POLICY ON PRIMARY CARE REBATE SCHEMES (PCRS) | Date approved | July 2020 | Page 8 of 11 |
| Author | Jole Hannan, Interface Pharmacist Bolton CCG | Review date | July 2022 | |

6.4 Clinical Standards Operational Group (CSOG) and Clinical Standards Board (CSB)

The Medicines Groups reports into CSOG and CSB and any new, changed or cancelled rebate scheme will be reported to these committees.

7. POLICY IMPLEMENTATION

Following approval by the Governing Body, the policy will be published on NHS Bolton Clinical Commissioning Group's website.

The policy will be brought to attention of NHS Bolton Clinical Commissioning Group employees, Governing Body and its Committees and Sub-Committees.

8. TRAINING AND AWARENESS

This policy will be published on the NHS Bolton Clinical Commissioning Group's website and will be available to staff on the organisation's intranet.

Any queries relating to the policy should be directed to the Lead Pharmacist, NHS Bolton Clinical Commissioning Group

9. MONITORING AND AUDIT

9.1. Monitoring and Accountability

The Head of Medicines Optimisation and Prescribing and Chief Finance Officer will review the impact of the policy on an annual basis.

9.2. End of agreement review

The Project and Medicines Manager will review all PCRS during the last two quarter of the agreement to identify if it will end or if an extension is available. The process for extensions will be the same as new PCRS offers.

10. POLICY REVIEW

This policy will be reviewed within a period of no longer than three years as stated or in response to any relevant changes in local and / or national policies and guidance, whichever is sooner.

11. REFERENCES

- [Principles and Legal Implications of Primary Care Rebate Schemes. London Procurement Programme, 2012.](#)
- Ethical Framework for Considering Rebate Agreements from Pharmaceutical, Nutrition and Device Companies. Greater Manchester Commissioning Support Unit, 2013.
- PrescQIPP Pharmaceutical Industry Scheme Governance Review Board, 2014

12. ASSOCIATED POLICIES

- **Conflicts of Interest Policy**
- **Gifts, Hospitality and Commercial Sponsors**
- **Local Anti-Fraud Bribery and Corruption Policy**

All published at www.Boltonccg.nhs.uk

| | | | | |
|--------|--|---------------|-----------|--------------|
| Title | POLICY ON PRIMARY CARE REBATE SCHEMES (PCRS) | Date approved | July 2020 | Page 9 of 11 |
| Author | Jole Hannan, Interface Pharmacist Bolton CCG | Review date | July 2022 | |

13. APPENDIX 2 OPERATING PROCEDURES for considering and approving PCRS

PRIMARY CARE REBATE SCHEME APPROVAL PROCESS
PRIMARY CARE REBATE SCHEME DECISION FORM

1. Rebates Identified as available to NHS Bolton CCG

- Common sources of rebate information are GMMMG, Presquipp, other CCGs and Pharmaceutical companies

2. Rebate Offer – Reviewed by MOT

- It is essential that any product is appropriate to be prescribed in Bolton Primary Care Settings and is appropriate to have a rebate in place.
- The clinical and legal checks will be carried out by the Medicines Optimisation Team that has no conflict of interest. Any member with a conflict of interest will not be involved in the review.
- See Appendix 2 - PRIMARY CARE REBATE SCHEME DECISION FORM identifies the key information

3. Medicines Group decision

- The PRIMARY CARE REBATE SCHEME DECISION FORM along with the rebate on offer will be considered by the Medicines Group and either rejected if it does not meet the criteria in this policy or approved
- Once approved, the decision will be sent to the CFO

4. Chief Finance Officer

- Responsible for final approval of rebate agreements on behalf of NHS Bolton CCG. Once approved, the decision will be published on the CCG website by the Communications team

5. Clinical Standards Operational Group (CSOG) noting

- Minutes of the Medicines group are presented at Clinical Standard Operational Group for noting

6. Clinical Standards Board

- CSOG Chairs Report lists all new rebates approved for use within Bolton Primary Care by Medicines Group.

7. Delivery overseen by Medicines Optimisation Project and Medicines Manager coordinating:

- Business Intelligence (BI) data support. Responsible for collecting and presenting the EPACT2 data required as part of the rebate scheme in line with the requirement of the scheme
- Project and Medicines Manager – confirms data, liaise with company to confirm values and invoices for the rebate.
- CCG Finance. Responsible for invoice support and confirmation of rebate value received.
- Any concerns around rebates or notification of changes to be raised with Head of Medicines Optimisation and Prescribing and noted with Medicines Group if significant.

14. APPENDIX 3 PRIMARY CARE REBATE SCHEME DECISION FORM

| | |
|---------------------------------------|--|
| Information to be provided by company | |
| Product (s) | |
| BNF codes of products | |
| Manufacturer | |
| Contact details for PCRS | |
| Length of agreement | |
| Break clause information | |
| What data is needed for claims | |
| How often will claims be made | |
| Product is licenced in UK for: | |
| Products Drug Tariff Category | |
| Brief details of rebate scheme | |
| | |

| Key assessment criteria for product and/or scheme | YES / NO |
|--|----------|
| Does the product or generic have a negative decision from NICE? | |
| Does the product or generic have a negative decision from GMMMG? | |
| Is the product or generic listed in the GMMMG formulary? | |
| <input type="checkbox"/> Do Not Prescribe <input type="checkbox"/> Grey list <input type="checkbox"/> Green, Amber <input type="checkbox"/> Red status | |
| Encourages off-label or use outside of licensed indications? | |
| The product is clinically recommended for use in NHS Bolton CCG? | |
| The rebate scheme does not require exclusive use of a specific brand? | |
| The rebate scheme does not require increase in prescribing? | |
| The rebate scheme does not prevent consideration of other schemes? | |
| The only data requirement is volume of prescribing of the product from EPACT2? | |
| There is no requirement to collect patient specific data? | |

Supporting information considerations:

| | |
|---|--------------------|
| PrescQIPP assessment if available | |
| GMMMG assessment if available | |
| Estimated potential savings per patient in a year (estimate calculated as savings from standard dose for 1 year) | £ |
| Estimated potential savings for Bolton CCG per year (estimate based on OpenPrescribing Data for BNF codes covered) | £ |
| Have any other contractual / legal issues been identified? | |
| Administrative burden | |
| Evaluation carried out by | Reviewed by |
| Recommendation | |
| Rationale | |

| | |
|--------------------------------------|---------------|
| Committee | Date Approved |
| CCG Medicines Group | |
| Clinical Standards Operational Group | |
| Clinical Standards Board | |

NHS Bolton CCG **does / does not** support the decision to agree to this primary care rebate scheme

| Title | Name | Signature | Date |
|---------------------------|------|-----------|------|
| CCG Chief Finance Officer | | | |