GREATER MANCHESTER MEDICINES MANAGEMENT GROUP
Minutes

Date: Thursday 19th October 2017
Time: 1pm – 3pm
Venue: Salford Suite St James House
Present: Dr Helen Burgess (Chair)

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
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<tr>
<td>CCG members</td>
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<tr>
<td>Dr Helen Burgess (HB)</td>
<td>GP Prescribing Lead and GMMMNG (Chair)</td>
<td>NHS Manchester CCGs</td>
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<tr>
<td>Kenny Li (KL)</td>
<td>Deputy Director and Head of Medicines Optimisation</td>
<td>NHS Manchester Health &amp; Care Commissioning</td>
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<tr>
<td>Leigh Lord (LL)</td>
<td>Locality Lead Pharmacist</td>
<td>NHS Trafford CCG</td>
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<td>Vicci Owen-Smith (VO)</td>
<td>Clinical Director Public Health</td>
<td>Stockport CCG</td>
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<td>Jackie Murray (JM)</td>
<td>Deputy Chief Finance Officer</td>
<td>NHS Bolton CCG</td>
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<td>Jeanette Tilstone (JT)</td>
<td>Head of Medicines Optimisation</td>
<td>NHS Bury CCG</td>
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<td>Keith Pearson</td>
<td>Head of Medicines Optimisation</td>
<td>NHS Heywood, Middleton &amp; Rochdale CCG</td>
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<td>Dr Sanjay Wahie (SW)</td>
<td>Clinical Director</td>
<td>NHS Wigan CCG</td>
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<tr>
<td>Ben Woodhouse (BW)</td>
<td>Head of Medicines Management</td>
<td>NHS Bolton CCG</td>
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<td>Regional and Secondary Care members</td>
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<tr>
<td>Charlotte Skitterall (CS)</td>
<td>Chief Pharmacist</td>
<td>Manchester Foundation Trust</td>
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<tr>
<td>Petra Brown (PB)</td>
<td>Strategic Lead Pharmacist</td>
<td>Greater Manchester Mental Health (GMMH)</td>
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<td>Additional</td>
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<td>Adam Irvine (AI)</td>
<td>CEO</td>
<td>GM LPC</td>
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<td>Support</td>
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<tr>
<td>Sue Dickinson (SD)</td>
<td>Director of Pharmacy</td>
<td>RDTC</td>
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<tr>
<td>Bhavana Reddy (BR)</td>
<td>Head of Prescribing Support</td>
<td>RDTC</td>
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<tr>
<td>Andrew White (AW)</td>
<td>Head of Medicines Optimisation</td>
<td>GM Shared Service</td>
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<td>Andrew Martin (AM)</td>
<td>Strategic Medicines Optimisation Pharmacist</td>
<td>GM Shared Service</td>
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Minutes by: Bhavana Reddy, RDTC
Chair: Dr Helen Burgess

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<th>Item</th>
<th>Topic</th>
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<tr>
<td>1</td>
<td>General Business</td>
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<td>1.1</td>
<td>Apologies for Absence</td>
<td>Peter Howarth, Claire Vaughan, Jane Brown, Rachel McDonald</td>
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<td>1.2</td>
<td>Conflicts of Interest Declarations</td>
<td>It was noted that there had been no conflicts of interest declared by members present.</td>
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Minutes of the Previous Meeting

These were approved and will be updated on the website.

Matters Arising from the last meeting

ACS Antiplatelet Protocol

BR reported on the response from the strategic clinical network. The network had been unable to agree a single approach to TA 420 and as a result each Trust is implementing different versions. BR has asked that one version be agreed. GMMMG will need to produce and approve interim guidance until network agreement is reached. Noted that Salford has an early version which could be utilised – LH had agreed to forward a draft to BR. Salford guidance to be circulated for approval as interim measure.

ACTION: BR to circulate draft guidance to FMESG once received.

Vitamin D deficiency

FMESG are now waiting for the statement from the specialist regarding deficiency patients. The latest draft guidance hasn’t been sent out for wider consultation until expert input has been obtained and incorporated. The main issue remains around those patients previously found to be deficient who may now require maintenance therapy. Noted that all parties need to be aware of likely numbers (% of maintenance prescribing linked to previous deficiency), costs and options for provision which should include self-care.

ACTION: Consultant statement to be shared with GMMMG once received.

Action Log

201016 A01 and A02 GMMMG Pharmaceutical Industry policy and Appeals policy.
Neither policy has come to GMMMG due to full agendas. To be circulated via email for comment
ACTION: BR to circulate and request comments

2017 A01 outcome based rebate scheme
Work continues to develop this. A project manager has been employed jointly by Health Innovation Manchester and Mental Health Trusts in respect of the paliperidone scheme. Currently testing IG processes. Health and Well Being Boards were suggested as having a role to play but as not decision making bodies they were not considered likely to be helpful in taking forward. A question was raised as to the best route for other
projects to be introduced into GMMMG and this is to be raised with the Strategy Board. Health Innovation Manchester are looking to GMMMG for support. To remain on action log

<table>
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<td>Ongoing issue in knowing where to send guidance for approval. This may be AGG, CCG Clinical Cabinets, DoC/DoF or Planned Care Group. To be effective GMMMG need to be confident about correct route. VO and HB will attend the Provider Board in future to raise this as an issue and also flag with AGG. A question was raised about how changes after April 2018 (e.g. with pooled budgets) will affect this work. Noted that the new GMMMG Board will be in place and invitations have already been sent out. Implementation remains a key issue and will require engagement with different groups.</td>
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| ACTION: HB & VO to raise at Provider Board and AGG |

### 2. Strategic Direction

#### 2.1 GM Medicines Strategy – final draft

AW reported that the final draft has now been endorsed by the Provider Board. However at the CFO meeting queries were raised over cost (but not content) and therefore did not sign off the paper. Strategy will now go to SPB later than planned due to CFO queries. An implementation plan needs to be devised with DoC assistance. Important for GMMMG to be seen to influence and take control of medicines strategy. DoCs have asked for the Self-Care Policy to have increased robustness and for consultation to take place across GM. The Provider Board have asked if savings of 5% can be delivered as part of implementation. However quality is an explicit principle as opposed to cost saving. Clear that £1BN attached to prescribing across GM and remains a key focus.

The committee discussed questions arising from document. There is a clear expectation of a robust financial implication assessment before CFOs will approve. This should include information as to the financial resource needed to implement and an understanding of the ongoing investment and associated pay back (ie cost neutral or savings associated). Decreasing prescribing costs goes against the principle that investing in prescribing will save money elsewhere. However there are opportunities e.g. with biosimilar adalimumab to deliver savings. A value based assessment as against a cost based assessment is needed.

Also noted that investment in digital capability and workforce will be needed to deliver change. Concerns were also expressed around formulary compliance expectations. The formulary is only designed to meet the needs of 80% of the population therefore expectations of 80% compliance for the population implies 100% of ‘target’ population should be compliant which is unlikely.

The committee agreed that the implementation challenge should not be underestimated. The meeting also noted that in order to monitor implementation a standard method of data capture in relation to medicines use is needed. Noted that the strategy is about principles and ambition. Input so far was welcomed and further comments should be provided in the next week. Suggested to focus on how implementation of the strategy can be measured.

| ACTION : Final comments to AW within 7 days |

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2.2 **GM Chair’s meeting feedback**
HB provided feedback from the September meeting. The deadline for nominations to the Medicines Strategy Board is 10th November though this may slip as AGG meets on the 14th November. Chair’s meetings will continue in order to manage change with an away day planned to include subgroups. There are logistical difficulties but it is felt important to keep lines of communication open. Noted that some posts will remain unchanged e.g. Philip Burns as AGG and Jackie Murray as CFO representatives respectively. Richard Preece has been invited to attend the next GMMMG meeting.

**ACTION:** HB to send invite to RP to attend Dec GMMMG.

2.3 **GMMMG Work plan**
BR introduced this item – a draft work plan was shared however further input into the plan was required by CCGs and Trusts so that the work plan of the group aligns with their priorities. This had been discussed at the Chairs meeting. GMMMG needed to oversee and provide more leadership into the subgroups. It was noted that subgroup agendas are often full however it was also noted that items were progressing and the groups were getting through the agendas. A discussion took place around what data sets GMMMG needs to see to highlight variation. There was also some discussion around HCDSG not being able to see the datasets that they need to see. It was suggested a task and finish group to be set up to look at available datasets across GM and what can be pulled into inform GMMMG.

**ACTION:** Chairs meeting to further develop work plan.

BR to send email asking for volunteers for data task and finish group.

2.4 **GMMMG Website**
HB introduced this item by describing the need to use the website better for example around consultations. It was noted that there needed to be some work around what functions the website needs to fulfill rather than how it looks or what new technology can be utilised. The group agreed a task and finish group to be set up to decide what exactly is needed with regards the website functions. BR to arrange.

**ACTION:** BR to ask for volunteers for task and finish group

2.5 **Influenza Clinical Guideline**
The template clinical guidance for GPs was introduced by KL which is now approved for use. It was noted that there has already been an out of season flu outbreak in S Manchester. FP10 forms can be used as ‘convenient stationery’ not for reimbursement purposes at the BSA but for local use and this information has been added to the guidance. CCGs are advised they need to adopt this guidance and add local detail as required. The NHSE document issued following care home outbreaks raised some issues such as proactive consent and with regards to renal function. This guidance is based on that document but has been made clearer. The issue of consent is still being addressed and wording may change.

**ACTION:** note requirement for local adoption / adaptation

3. **Medicines Optimisation**

3.1 **Rebate schemes for ratification and local decision.**
1. Edoxaban rebate scheme refresh
2. Sevodyne (buprenorphine) 7-day transdermal patch
3. Reletrans (buprenorphine) 7-day transdermal patch
4. Abtard (oxycodonehydrochloride) tablets

**ACTION:** note changes and assessments
5. **Xaggitin XL (methylphenidate)**
6. **Axalid (pregabalin) capsule**

Items 1-4 provided information on price changes for schemes previously approved. Item 5 meets GM criteria and requires local adoption before use. Item 6 does not meet GM criteria and is not recommended for adoption.

### 3.2 Low Value Prescription items high level report (for information)

BR introduced the report and requested feedback from CCGs.

Discussion took place around co-proxamol data which may be due to changes in cost rather than prescribing volumes. The report information requires action through the Clinical Standards Board e.g. by asking for assurance around action CCGs are taking. It was agreed that immediate release fentanyl prescribing would be prioritised as an initial piece of work with a report coming back to a future meeting. This information should also be used to reinforce the good work that is being undertaken as well as to ask questions where there appear to be issues. The breadth of the Low Value Prescription items report will be retained for the next 6 months. BR was thanked for the report which was well received by the group.

Noted that GMMMG agenda could usefully have an additional heading of ‘Sharing Best Practice’ to cover this and other related work.

**ACTION:** BR to request feedback from CCGs on work underway to address immediate release fentanyl prescribing. Summary to come to December GMMMG.

**ACTION:** Agenda to be updated with new subheading

### 4 Subgroup Reports

#### 4.1 Formulary and Managed Entry Subgroup (FMESG)

BR and AM gave the group an overview of the September meeting. Items for ratification:

- **Fiasp** – this was not approved for routine use Type 2 diabetes mellitus but approved with restricted use in Type 1 diabetes mellitus
- **Sodium Oxybate** approved for use only as continuing treatment for those who have previously received treatment commissioned by NHS England.
- **Freestyle Libre** – noted that this device is to be discussed at the north RMOC meeting on 26th October with guidance issued on 1st November. FMESG discussion and recommendation made before RMOCs agreed to add to agenda. Patients who have previously purchased should not automatically be prescribed sensors when they become available on FP10. FMESG recommendation is for prescribing, when it takes place, to stay in secondary care. More information is needed on numbers of hypoglycaemic episodes and emergency admissions in order to assess impact. To await RMOC guidance before a final decision made for GM but to publish the interim statement advising that a recommendation is being developed and no prescribing until then.
- **RAG list consultation recommendations ratified:** safinamide, opicapone, metabolic disorders statement

**ACTION:** RDTC to add relevant items to Grey list, RAG list and Formulary as outlined.

**ACTION:** BR to take Freestyle Libre agenda item back to FMESG for further discussion once RMOC guidance issued.
- RAG and DNP list consultation recommendations ratified: **RAG:** Stiripentol for epilepsy, modafanil, pasireotide for Cushing’s disease; **Grey** – prazosin for PTSD; **DNP**- cough medicines, atorvastatin 30 and 60mg strengths.

### 3.2 The Pathways and Guidelines Development Group (PaGDSG)

AM fed back on the work of the pathways group. The following items were ratified:

- SSRIs for the treatment of anxiety disorders in children and adolescents
- SSRIs for the treatment of depression in children and adolescents
- SSRIs for the treatment of OCD and Body Dysmorphic Disorder (BDD) in children and adolescents
- Azathioprine and 6-mercaptopurine for the treatment of IBD SCP
- Denosumab for the management of post-menopausal osteoporosis in women and osteoporosis in men
- Antipsychotics for bipolar disorder in children and adolescents
- Antipsychotics for the treatment of OCD in children and adolescents
- Antipsychotics for psychosis and schizophrenia in children and adolescents
- New: Rheumatology DMARDS

Pathways: Chronic Urticaria pathway update – inclusion of ruptadine noted

The above items would be added to the GMMMG website.

### 3.3 High Cost Drugs Subgroup

CS fed back to the group on the work of the High Cost Drugs Subgroup. The last meeting had been particularly busy with five consultants in attendance. Dose tapering of biologics had been a key focus with a positive gain share agreed across GM. MM was thanks for her support. Glen Harley (SPS Procurement) had also contributed lots of time to GM through his support to the NW

I. **High cost drugs pathway for psoriasis**
   This was approved for addition to the website.

### 4 Reports from Associated Committees

#### 4.1 GM CCG Lead pharmacists

EPACT2 implications noted – concerns re phasing out of EPACT at end of March 2018 – new release is complicated and not user friendly. Status quo re methotrexate injection use in primary care also reported.

KP reported that CRP testing is being used in a number of practices with a reported >50% reduction in antibiotic prescribing. HMR now in phase 3 of pilot. Agreed to present findings at next meeting

**ACTION:** RDTC to add to items GMMMG website as outlined.

**ACTION:** RDTC to add to items GMMMG website as outlined.
**GM Chief Pharmacists**
CS fed back on a better uptake in a recent PoDs campaign. 74% of patients in South Manchester bringing in own medicines. GM average is usually 50%. Large savings could be made alongside improvements in patient safety where patients own drugs are used in this way.

**Mental Health**
PB reported that Carter 2 will impact in 2018. Now examining shared care models but already seeing a willingness to change practice to address issues.

**Local Professional Network.**
A written report was provided by JB from which the following were noted:
- Bid submitted for an e-referral system between pharmacy teams across GM
- Network established between GP practice pharmacists – share experiences and reduce duplication. Includes north NHS England pilot and non-pilot pharmacists
- Piloting better use of MUR / NMS in Stockport through raising awareness and engaging practices
- Dementia friendly pharmacies being rolled out across GM
- Relaunched inhaler project seems to be working well - a much improved model.

### 6 AOB

AM raised an issue around AMR guidance. PHE guidance has changed and will be revised quarterly and local guidance will need to reflect any changes. Need to advise that guidance shouldn’t be printed off and only electronic versions should be used. Suggestion of a watermark with statement not to be used 3 months after date of publication might prevent out of date versions being used.

AM then identified the use of virtual COPD clinics which are being trialed. The Clinical Standards Board will ask organisations what plans are in place to disseminate this knowledge and implement locally.

KP raised the work that they had undertaken in HMR around reducing antibiotic use and point-of-care CRP testing in lower respiratory tract infection. Good outcomes had been seen and HB invited KP to do a presentation on this at the next meeting.

HB thanked BR for her support for GMMMG and wished her well in her secondment to NHS England. MM will take over as professional secretary to GMMMG from December

### 7 Items for Information

#### 7.1 Date, time and venue of next meeting
Meetings are bi-monthly and next meeting is:
**14th December 2017 1-3pm. Salford Suite, St James House, Salford.**