



Minutes

13th July 2017, 1pm-3pm

HMR CCG, Nye Bevan House,
Rochdale

Present:

Robert Hallworth (RH) Specialist Cancer Pharmacist, North of England Area Team, NHS England
(*Chair*)

Dr Marlon Morais (MM) GP Prescribing Lead, North Manchester CCG

Dr Tom Leckie (TL) Consultant in Emergency Medicine, Pennine Acute Hospital Trust

Lesley Smith (LS) Chief Pharmacist (Mental Health), Pennine Care Foundation Trust

Ruth Murdoch (RM) Clinical Pharmacy Services Manager, UHSM

Vanessa Reid (VR) Specialist Clinical Pharmacist - Specialist Medicine, CMFT

Anna Swift (AS) Medicines Management Pharmacist, Wigan CCG

Faduma Abukar (FA) Senior Medicines Optimisation Pharmacist, Manchester Health and Care Commissioning

Dr Audrey Lowe (AL) Consultant Rheumatologist, Salford Royal Hospital

Nigel Dunkerley (ND) Locality Lead Pharmacist for Oldham CCG

Robert Hirst (RHi) Senior Pharmacist, Tameside Foundation Trust

Support:

Sarah Jacobs (SJ) Strategic Medicines Optimisation Pharmacist, GM Shared Service

Gavin Mankin (GM) Principal Pharmacist Medicines Management, RDTC (*Professional Secretary*)

Andrew Martin (AM) Strategic Medicines Optimisation Pharmacist, GM Shared Service

In attendance:

Nil

1. General Business

Robert Hallworth was introduced as new the chair of the group and Richard Darling will act as vice-chair.

1.1) Apologies received:

Adam Irvine, Richard Darling, Gary Masterman, Petra Brown

1.2) Declarations of Interest

The Chair reminded subgroup members of their obligation to declare any interest they may have on any issue arising at committee meetings which might conflict with the business of GMMMG.

Declarations declared by members of the PaGDSDG are listed in the GMMMG's Register of Interests. The Register is available either via the professional secretary or on the GMMMG website at http://gmmmg.nhs.uk/html/gmmmg_meetings.html

Members were reminded to submit completed annual Declaration of Interest Forms if not already done so as per GMMMG policy.

Declarations of interest from today's meeting:

The following update was received at the meeting:

- No declarations of interest in relation to the agenda were raised.

1.3.1) Minutes of the previous meeting – May 2017

The minutes were accepted as a true and accurate record.

ACTION: RDTG to publish as final.

1.3.1) Matters arising and Action Log from May 2017 meeting

As per the action log enclosed with the papers.

The group agreed that the EMIS template for the GP Shared Care Response Form should be added to the password protected section of the GMMMG website. It also agreed to try and develop the same template for SystemOne and Vision.

2. Strategic Direction and Governance

Nil.

3. Shared Care Guidelines

3.1) Rheumatology DMARD SCPs

A verbal update on progress with the Rheumatology DMARD SCPs was given to the group. A final draft is in preparation and will go out for final consultation on GMMMG website prior to the documents coming to September 2017 PaGDSG for approval.

ACTION:

- **GM to put final version out for comment on GMMMG website and then bring to Sept 2017 PaGDSG meeting for approval.**

3.2) Subcutaneous Methotrexate SCP

A verbal update on progress with the Subcutaneous Methotrexate SCP. Following discussions at the last PaGDSG meeting an email has been sent CCG Medicines Management Leads for their views on best supply route in primary care for subcutaneous methotrexate and the associated commissioning implications. Subsequently some CCG Medicines Management Leads have discussed with their commissioners and a response is awaited.

ACTION:

- **GM to follow up emails to CCG Medicines Management Leads for their views on best supply route in primary care for subcutaneous methotrexate and the associated commissioning implications.**

3.3) Methotrexate oral for sarcoid SCP – draft

The final draft of the Methotrexate oral for sarcoid SCP was presented to and approved by the group subject to the following change:

- To indication add in “and only in progressive disease where corticosteroids not controlling disease or side effects intolerable”.
- Section 8 it says please prescribe MTX 2.5mg 1-8 tabs weekly but in the next box it says max dose is 15-17.5mg weekly – ensure these match.

- Other important co-morbidities – this duplicates info already in the protocol so not sure if this is really needed – if removed it would need to be added to the advice to patients to avoid contact with patients with chicken pox to section 14 or 15.
- Section 11 - add examination of lymph nodes as per SPC
- Section 12 on-going monitoring – suggest remove the monitoring for first 6 weeks as GP would not do this and make clear specialist does this.
- Section 12 - all the info on the blood monitoring and what to do is usually in this section but in this SCP it has been moved to the ADR section suggest move the monitoring information here in keeping with the standard format.
- Section 14 to the white bulleted list of what patients should be advised add in cough dyspnoea, lymph nodes and if come into contact with chicken pox – also add to bulleted list in GP section about seeking urgent advice.
- Remove “where appropriate” from second to last bullet point in section 14.

This has been out for consultation on the GMMMGM website during June 2017 but no comments were received.

The group noted this was unlicensed indication supported by recognised bodies and the monitoring matches other indications for methotrexate but the dose differs.

ACTION:

- **GM to update with suggested changes post July PaGDSG and send Methotrexate (oral) for sarcoid SCP to August 2017 GMMMGM meeting for ratification.**

3.4) Denosumab for Osteoporosis SCP (due for review in July 2017)

This SCP is current under review by the original authors at UHSM and an updated version will be ready for approval at the next PaGDSG meeting.

Updates will include the inclusion of the Feb 2016 and June 2017 MHRA Drug Safety Updates relating to denosumab, a change to the requirement for the first two doses to be given by secondary care, and consideration to dental examination as part of baseline investigations.

ACTION:

- **To be updated by UHSM and brought to September 2017 PaGDSG meeting for approval.**

3.5) Adult Growth Hormone SCP (due for review in July 2017)

This SCP has been reviewed against the BNF, SPC and MHRA Drug Safety Updates. It was also sent to the original authors for review but no response was received. There have been no changes made to the content of the SCP.

The group approved this SCP for a further 2 years with the option for this to be extended for a further year by Chair’s Action subject to the following:

- Section 14 – add in share results with GP, and stabilise patients for first 9 months
- Section 15 – GP to seek advice from specialist if severe headache associated with nausea & vomiting occurs.

ACTION:

- **GM to update with suggested changes post July PaGDSG and send reviewed Adult Growth Hormone SCP to August 2017 GMMMGM meeting for ratification.**

3.6) Paediatric Methylphenidate, Atomoxetine, Dexamfetamine and Lisdexamfetamine SCPs (due for review in July 2017)

This SCP has been reviewed against the BNF, SPC and MHRA Drug Safety Updates. This SCP has also been reviewed via email with all original authors at Pennine Care NHS Foundation Trust.

The following minor changes are required:

- Atomoxetine – removal of brand names, addition of oral liquid preparation and update contra-indications to reflect this and Section 11. Also need to define ASD as autistic spectrum disorder.
- Dexamfetamine – removal of brand names, addition of 10mg and 20mg tablets plus oral liquid
- Lisdexamfetamine –removal of brand names, addition for risk of serotonin syndrome with SSRI/SRNI in section 7.
- Methylphenidate - addition of Tranquilyn 5mg, 10mg, 20mg and Delmosart XL 18mg, 27mg, 36mg, 54mg. Also clarify that use is in 4-6 year olds is specialist only; that needs to be prescribed by brand to avoid confusion and the brand prescribed needs to be communicated to the GP; and that the protocol can be used for any other brands that come to market during the time the protocol is approved.
- To all suggest addition of information about treatment breaks and reviewing patients during school holidays.

The group approved these SCPs for a further 2 years with the option for this to be extended for a further year by Chair's Action subject to the further suggested changes discussed at the meeting.

ACTION:

- **GM update with suggested changes post July PaGDSG and send reviewed Paediatric Methylphenidate, Atomoxetine, Dexamfetamine and Lisdexamfetamine SCPs to August 2017 GMMMGM meeting for ratification.**

3.7) Risperidone, Aripiprazole and Paliperidone LAI SCPs (due for review in July 2017)

These SCPs have been reviewed via email with all original authors at Pennine Care NHS Foundation Trust, Greater Manchester Mental Health NHS Foundation Trust, and North West Boroughs Healthcare NHS Foundation Trust.

It is suggested that Section 10 – Monitoring be changed to match the monitoring as per the oral atypical antipsychotics SCP.

The group approved these SCPs for a further 2 years with the option for this to be extended for a further year by Chair's Action subject to the following additional changes:

- Addition of aripiprazole 300mg injection in addition to 400mg strength.
- Addition of link to new risk minimisation materials for patients/prescribers for aripiprazole.
- Ensure titles of organisations in author section are current and correct.

The suggested addition of the 3-monthly preparation of paliperidone injection was discussed but not approved at this stage because it is not on the GMMMGM formulary and indications are that its use would be limited to a very small number of patients. The view was also expressed that three months may be too long between administrations and reviews of these patients as opposed to a health professional seeing the patient every 3 months.

ACTION:

- **GM to update with suggested changes post July PaGDSG and send reviewed Risperidone, Aripiprazole and Paliperidone LAI SCPs to August 2017 GMMMGM meeting for ratification.**
- **GM to contact North West Boroughs Healthcare NHS Foundation Trust re Paliperidone 3 monthly injection and consideration for inclusion in GMMMGM formulary/SCP.**

3.8) Hydroxycarbamide in Sickle Cell SCP (due for review in July 2017)

This SCP has been reviewed against the BNF, SPC and MHRA Drug Safety Updates. This SCP has also been reviewed via email with all original authors at CMFT. There have been no changes made to the content of the SCP.

The group approved this SCP for a further 2 years with the option for this to be extended for a further year by Chair's Action.

ACTION:

- **GM to send reviewed Hydroxycarbamide in Sickle Cell SCP to August 2017 GMMMG meeting for ratification.**

3.9) Hydroxycarbamide in MPD SCP (due for review in July 2017)

This SCP has been reviewed against the BNF, SPC and MHRA Drug Safety Updates. This SCP has also been reviewed via email with all original authors at CMFT.

The following minor changes are required:

- Updating the info in section 8 about live vaccines to mirror the SPC: "Concomitant use of Hydroxycarbamide with a live virus vaccine may potentiate the replication of the vaccine virus and/or may increase some of the adverse reactions of the vaccine virus because normal defence mechanisms may be suppressed by hydroxycarbamide. Vaccination with a live vaccine in a patient taking Hydroxycarbamide medac may result in severe infection. The patient's antibody response to vaccines may be decreased. The use of live vaccines should be avoided during treatment and for at least six months after treatment has finished and individual specialist advice has been sought".

This needs to be included into the myeloproliferative SCP but NOT into the sickle cell SCP. This has been confirmed by CMFT virologist.

ACTION:

- **GM to send reviewed Hydroxycarbamide in MPD SCP to August 2017 GMMMG meeting for ratification.**

3.10) Oral Atypical Antipsychotics SCP – minor update suggested by Greater Manchester Mental Health NHS FT

Greater Manchester Mental Health NHS FT have requested that the following minor amendments be made to the GMMMG Oral Atypical Antipsychotics SCP:

1. Consultant/Specialist responsibilities -- a)to ask for test results if not copied to secondary care and b)to follow up any abnormal results with the patient/GP to make sure they are acted upon in a timely manner - **suggest add to section 14**
2. Include reference to side effect monitoring tool GASS
www.reach4resource.co.uk/sites/default/files/Scale.pdf and scoring guide also on this website – **suggest add to ADR section**
3. Add references to the document NICE Guidance for Schizophrenia ,Bipolar Antenatal and postnatal mental health and Lester intervention framework for people experiencing psychosis and schizophrenia – **suggest add to Section 5 Therapeutic Use & Background**

The group approved these minor amendments to the SCP and the additional suggestion addition of a link to new risk minimisation materials for patients/prescribers for aripiprazole.

These changes will also be included in the atypical LAI SCPs.

ACTION:

- **GM to make minor amendment to SCP as approved and update GMMMG website.**

4. Pathways and Clinical Guidelines

4.1) Transanal Irrigation Pathway

A verbal update on progress with the Transanal Irrigation Pathway was presented to the group. The working group is still awaiting some supporting information to go with the pathway e.g. letter templates requesting GP to prescribe.

ACTION:

- **SJ to bring final version of Transanal Irrigation Pathway and associated documents to Sept 2017 PaGDSG for approval.**

4.2) Pain Guidance

A verbal update on progress with the GMMMG Opioid Guideline was presented to the group.

ACTION:

- **SJ to bring final version of Opioid guidance to Sept 2017 PaGDSG for approval.**

4.3) GM Antimicrobial Guidelines – for sign off

The Greater Manchester Antimicrobial Guidelines June 2017 were presented to the group and they will now go out for a final consultation for 2 weeks with PaGDSG members before being approved by CCGs and/or September 2017 PaGDSG.

ACTION:

- **SJ to send GM Antimicrobial Guidelines out for final consultation and then bring to Sept 2017 PaGDSG for approval.**

4.4) Outpatient and home parenteral antimicrobial therapy (OPAT) – for discussion.

The group discussed the paper prepared by SRFT on some of the current commissioning and governance issues around OPAT services across Greater Manchester.

It was noted that much of the variation in OPAT services across Greater Manchester exists because different localities have commissioned a service to meet their local needs and what works for them/their providers, rather than a standardised service across Greater Manchester. Some OPAT services will only administer drugs once a day rather than multiple times a day which may result in potentially inappropriate choices of drugs being used to meet the requirements of the service rather than the patient's clinical condition.

The group felt many of the issues and suggested recommendations for improvement made by SRFT are commissioning/CCG contract related so outside remit of PaGDSG to resolve.

With regard to supply of drugs on discharge the group felt that Trusts should give a minimum of 7 days supply on discharge from hospital of any drug that is part of an OPAT, as do they with any other drug a patient requires on discharge.

The PaGDSG did feel that it (together with GMMMG) could support the development of an OPAT formulary and promote harmonisation of pathways, forms and protocols across Greater Manchester. It was felt that this would be best achieved by supporting the development of a good practice guide for the commissioning/operation of OPAT services across Greater Manchester to be used by contracting/commissioners teams when commissioning a service and monitoring its performance against an agreed Greater Manchester standard.

ACTION:

- **To check scope of OPAT services in Bolton and Stockport i.e. once daily or multiple daily doses.**
- **To speak to Bhavana Reddy that PaGDSG feel majority of issues raised by SRFT are commissioning/CCG contract related so outside remit of PaGDSG to resolve, and how this can be feed back to SRFT.**
- **To ask SRFT/Greater Manchester Antimicrobial Pharmacist Group to produce a good practice guide for the commissioning/operation of OPAT services across Greater Manchester.**

4.5) COPD Pathway

In October 2015, the former Formulary Subgroup requested that guidance be produced on inhaler choices in COPD and a Management Plan was produced in early 2016. This has now been reviewed and updated and the updated version was presented to and approved by the group.

The group noted that the supporting documents (e.g. inhaler guide, references, implementation aids) will also be updated to reflect the revised guideline.

ACTION:

- **AM to send out for final consultation and then take to Oct 2017 GMMMG meeting for ratification.**

5. Updates from National Guidance and Workplan

5.1) Horizon scanning/MHRA DSU July 2017

The Horizon scanning/MHRA DSU document for July 2017 was circulated to the group for information.

5.2) Workplan July 2017

The current workplan of the group was circulated for information.

6. Updates from Other Groups

6.1) GMMMG

A verbal update on the last meeting of this group was given.

6.2) Formulary and Managed Entry Subgroup

A verbal update on the last meeting and next agenda of this group was given.

6.3) High Cost Drugs Subgroup

A verbal update on the last meeting of this group was given.

7. Additional Items

7.1) Patient Alert Card for Immunosuppressants

At the last meeting the group noted that Wigan Wrightington and Leigh Foundation Trust are developing a Patient Alert Card for Immunosuppressants, and the group agreed that this should be considered for adoption across GMMMG.

After further discussion it was agreed not progress a GMMMG version of this alert card at this stage as each Trust appears already to have their own, and even within each Trust different specialties give out their own information of this type. Discussion also took place on which drugs would be classed as immunosuppressant, and again this varies from Trust to Trust as well as within specialties. It would also be difficult to ensure contact details were correct as again each speciality/ Trust has different helplines available to patients.

7.2) Green+ Drug Information Leaflets – Donepezil, Galantamine, Rivastigmine and Memantine – due for review

These Green+ Drug Information Leaflets have been reviewed via email with Pennine Care NHS Foundation Trust, Greater Manchester Mental Health NHS Foundation Trust, and North West Boroughs Healthcare NHS Foundation Trust.

The only change has been the addition of prescribing information taken from the SPC regarding the use of rivastigmine 13.3mg patches and serious adverse skin reactions associated with galantamine.

The group discussed the new for additional information for GPs about reviewing/stopping treatment of these antedementia drugs with patients/carers when patient no longer benefiting from treatment, and agreed this would be best included in an additional separate leaflet.

ACTION:

- **GM to send reviewed Green+ Drug Information Leaflets – Donepezil, Galantamine,**

Rivastigmine and Memantine to August 2017 GMMMG meeting for ratification.

- **GM to seek author for an additional leaflet about reviewing/stopping treatment of these antedementia drugs with patients/carers when patient no longer benefiting from treatment.**

7.3) AOB

GMMMG Generic Prescribing Guidance

The group noted that this document is to be updated by the GM Shared Service to include biosimilar insulins.

GMMMG 3rd Party Prescription Requests for Continence and Stoma Products

The group noted that this document produce by the GM Shared Service does not currently have a review date. The GM Shared Service were asked to review and update as necessary particularly with items that should not be prescribed e.g. deodorants.

Date of Next Meeting

14th September 2017, 1pm-3pm, Nye Bevan House, Maclure Road, Rochdale, OL11 1DN