



Minutes

14th September 2017, 1pm-3pm

HMR CCG, Nye Bevan House,
Rochdale

Present:

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

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

Danielle Timoney (DT) Lead Medicines Management Pharmacist, CMFT (representing Vanessa Reid)

Anna Swift (AS) Medicines Management Pharmacist, Wigan CCG

Claire Foster (CF) Senior Medicines Optimisation Pharmacist, Manchester Health and Care Commissioning (representing Faduma Abukar)

Kathryn Hoyle (KH) Medicines Optimisation Pharmacist, Manchester Health and Care Commissioning (representing Faduma Abukar)

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

Dr Richard Darling (RD) General Practitioner, Haywood, Middleton and Rochdale CCG

Gary Masterman (GMa) Deputy Chief Pharmacist, Wigan Wrightington and Leigh Foundation Trust

Support:

Sarah Jacobs (SJ) Strategic Medicines Optimisation Pharmacist, GM Shared Service (from Item 4.1)

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

Elaine Radcliffe (ER) Medicines Optimisation Pharmacist, GM Shared Service

In attendance:

Nil

1. General Business

1.1) Apologies received:

Adam Irvine, Petra Brown, Faduma Abukar, Robert Hirst, Vanessa Reid, Tom Leckie, Nigel Dunkerley

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 PaGDSG 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 – July 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 July 2017 meeting

As per the action log enclosed with the papers.

2. Strategic Direction and Governance

Nil.

3. Shared Care Guidelines

3.1) Azathioprine and 6-Mercaptopurine for the treatment of IBD SCP – due for review Oct 2017

The following minor changes are required:

- Updated a few sections to make the wording consistent with the draft azathioprine rheumatology SCP.
- Add in nasal influenza (Fluenz Tetra) which is a live attenuated vaccine as contraindication
- Suggest change from Anti-TNF to biologic agents as we also use Vedolizumab and Ustekinumab
- Suggest adding lymphocytes <0.5x10⁹/L to ADR section on WCC (N.B. not in rheumatology docs)
- Monitoring all updated to reflect latest BSR guidance
- Removed BP from baseline investigations as not routinely checked before starting azathioprine (was included to standardise baseline tests for all DMARDs as per BSR)
- Added in CRP should be checked in gastro patients (not a requirement of BSR)

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.

ACTION:

- **GM to send reviewed Azathioprine and 6-Mercaptopurine for the treatment of IBD SCP to October 2017 GMMMG meeting for ratification.**

3.2) Denosumab for the management of post-menopausal osteoporosis in women and osteoporosis in men – due for review June 2017

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

The changes required are as follows:

- Section 4 – Contraindications – expanded to include Osteonecrosis of the jaw, OSTEONECROSIS OF THE EXTERNAL AUDITORY CANAL, Atypical femoral fractures, latex allergy and skin infections.
- That secondary care will only give the first injection with GP expected to prescribed

administer 6 months after initiation (i.e. 2nd dose onwards)

- Duration of treatment – added “Ensure patient has not received > 5 years (maximum 10 years) treatment without specialist review (contact treating consultant if review due). Total course of 6 injections (3 years of treatment) and your specialist will review you at the end of your course with a repeat DEXA scan”
- Other important co morbidities – added when to check Corrected calcium levels PLUS removed bit about ONJ as now under contra-indications.
- Section 10 - Plasma-calcium concentration – updated when to check
- Section 10 – checking Vit D levels added in

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 Denosumab for the management of post-menopausal osteoporosis in women and osteoporosis in men SCP to October 2017 GMMMG meeting for ratification.**

3.3) Antipsychotics for Bipolar Disorder in children and adolescents SCP - due for review Oct 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:

- Addition of CYP3A4 and CYP2D6 inhibitor and inducers to drug interactions section
- Addition of link to risk minimization materials for aripiprazole

The group approved this 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 to send reviewed Antipsychotics for Bipolar Disorder in children and adolescents SCP to October 2017 GMMMG meeting for ratification.**

3.4) Antipsychotics for the treatment of OCD in children and adolescents SCP - due for review Oct 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:

- Addition of CYP3A4 and CYP2D6 inhibitor and inducers to drug interactions section
- Addition of link to risk minimization materials for aripiprazole

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 Antipsychotics for OCD in children and adolescents SCP to October 2017 GMMMG meeting for ratification.**

3.5) Antipsychotics for Psychosis and Schizophrenia in children and adolescents SCP - due for review Oct 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:

- Addition of CYP3A4 and CYP2D6 inhibitor and inducers to drug interactions section
- Addition of link to risk minimization materials for aripiprazole

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 Antipsychotics for Psychosis and Schizophrenia in children and adolescents SCP to October 2017 GMMMG meeting for ratification.**

3.6) SSRIs for the treatment of Anxiety Disorders in children and adolescents SCP - due for review Oct 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.

There are no changes are required other than to move fluoxetine to top of treatment list as only SSRI licensed in children for depression. A note should be specifically that paroxetine should not be used.

The group approved this 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 to update with suggested changes post Sept PaGDSG and send reviewed SSRIs for the treatment of Anxiety Disorders in children and adolescents SCP to October 2017 GMMMG meeting for ratification.**

3.7) SSRIs for the treatment of Depression in children and adolescents SCP - due for review Oct 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.

There are no changes are required other than to add a note specifically that paroxetine should not be used.

The group approved this 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 to update with suggested changes post Sept PaGDSG and send reviewed SSRIs for the treatment of Depression in children and adolescents SCP to October 2017 GMMMG meeting for ratification.**

3.8) SSRIs for the treatment of OCD and Body Dysmorphic Disorder (BDD) in children and adolescents SCP - due for review Oct 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.

There are no changes are required other than to add a note specifically that paroxetine should not be used.

The group approved this 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 to update with suggested changes post Sept PaGDSG and send reviewed SSRIs for the treatment of OCD and Body Dysmorphic Disorder (BDD) in children and adolescents SCP to October 2017 GMMMG meeting for ratification.**

3.9) Rheumatology DMARD SCPs

The final drafts of the Rheumatology DMARD SCPs were presented to the group. All the comments received during the consultation in August 2017 on the GMMMG website were reviewed by the group together with the proposed subsequent changes to be made to the final draft.

The group reviewed and approved the proposed changes/actions as a result of the comments received during the final consultation on the GMMMG website.

The noted the significant change to the eye monitoring recommendations as per the BSR 2017 guidelines and that it may have commissioning implications as to referrals to ophthalmologists. Rheumatologists across Greater Manchester have indicated they wish to adopt these new BSR recommendations which are supported by the Royal College of Ophthalmologists. These commissioning implications will be highlighted to GMMMG when the SCP goes for approval. It was noted that some Trusts in Greater Manchester have already adopted the new eye monitoring recommendations for hydroxychloroquine.

The group also discussed comments relating the length of these SCPs and all SCPs in general. Some felt a shorter version would make the documents more user friendly with links to BNF, SPC and other references rather than including the content from these references. Others felt it was more useful to GPs to have all the information included in one document. It was also highlighted that all the GMMMG SCPs currently follow the same template and as such clinicians are now familiar with where to look within the SCP for particular information. It was agreed after discussion that the GMMMG SCP template requires some review to make it more user friendly and this would be added to the agenda for the next PaGDGS meeting. Any updated template would then be used for SCPs coming up for review from 2018.

ACTION:

- **GM to send spreadsheet of proposed changes to final drafts of Rheumatology DMARD SCPs as discussed at meeting to PaGDGS.**
- **GM to update Rheumatology DMARD SCPs with suggested changes post Sept PaGDGS and send Rheumatology DMARD SCPs to October 2017 GMMMG meeting for ratification.**

3.10) Subcutaneous Methotrexate SCP

A verbal update on progress with the Subcutaneous Methotrexate SCP was given to the group. Following discussions at the last PaGDGS 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.**

3.11) Dermatology DMARD SCPs – updated to match new BSR monitoring guidelines

A verbal update on progress updating the existing GMMMG dermatology DMARD SCPs to match the new BSR monitoring guidelines was given to the group. The required changes are currently with the dermatologists at SRFT for review.

3.12) Azathioprine for neurological conditions

SRFT have submitted a request to the FMESG for the RAG status for azathioprine for neurological conditions as it currently is not listed for this indication. If made AMBER then SRFT will produce an GMMMG SCP.

3.13) Azathioprine for autoimmune renal indications SCP

A verbal update on progress with the Azathioprine for autoimmune renal indications was given to the group. SRFT are currently putting their existing local SCP into the GMMMG format and updating the monitoring to match the new BSR guidelines where possible. Content will also all match other GMMMG SCPs for azathioprine where possible OR to simplify things this indication will be added

as indication to the new azathioprine rheumatology SCP with the aim of creating one single azathioprine for all indications eventually.

3.14) Methotrexate and Sulfasalazine SCPs for IBD

A verbal update on progress with the development of two new SCPs for methotrexate and sulfasalazine in the management of IBD was given to the group. UHSM and CMFT are currently reviewing a draft. Monitoring will match the new BSR guidelines and content will also match all other GMMMG SCPs for methotrexate and sulfasalazine where possible.

3.15) Cinacalcet for Primary Hyperparathyroidism SCP – comments from Prof Selby CMFT

Correspondence has been received from Prof Selby at CMFT with regard to the existing SCP which was only reviewed in May 2017 and subsequently requires further review.

It was highlighted to the group that an NHSE CRG clinical commissioning decision from 2016 for this drug and indication means that the RAG status of cinacalcet for primary hyperparathyroidism needs to be reconsidered. This because it is now NHSE commissioned for this indication and therefore should normally be only supplied via hospital which has been approved by NHSE as specialist centre for this indication. Therefore it may be that is SCP is no longer required.

The group agreed to ask the FMESG to review the RAG status of Cinacalcet for Primary Hyperparathyroidism with a view to making it RED for new patients in light of the NHSE commissioning policy.

ACTION:

- **GM to ask FMESG to review the RAG status of Cinacalcet for Primary Hyperparathyroidism with a view to making it RED for new patients in light of the NHSE commissioning policy.**

4. Pathways and Clinical Guidelines

4.1) GMMMG Antimicrobial Guidelines

The final Greater Manchester Antimicrobial were presented to and approved by the group. These have been out for a final consultation for 2 weeks on the GMMMG website and with PaGDSG members.

ACTION:

- **SJ to send out GMMMG Antimicrobial Guidelines to GMMMG for ratification via email prior to Oct 2017 GMMMG meeting.**

5. Updates from National Guidance and Workplan

5.1) Horizon scanning/MHRA DSU September 2017

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

5.2) Workplan September 2017

The current workplan of the group was circulated for information.

It was noted that the Opioid Guidance had been identified as a priority by a number of CCGs and that Wigan CCG plus HMR CCG offered assistance to the GM Shared Service in developing this.

6. Updates from Other Groups

6.1) GMMMG

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

GMMMGM process for Consultants requesting and GPs accepting Individual Patients for Shared Care

Following on from the NHS England communication regarding the changes to the standard NHS contract from April 2017 around transfer of shared care, the GMMMGM Pathways and Guidelines Development Subgroup has developed a process to facilitate implementation of this. GMMMGM approved at its August 2017 meeting an approved a standard form of words to be used by Trusts when requesting shared care with a GP and a form that can be used by GP's to reply. The documents are now linked into the introductory section of the GMMMGM shared care page at: http://gmmgm.nhs.uk/html/gmmgm_app_scqs.php

GMMMGM has asked that the process and wording go to the CCG medicines optimisation leads meeting, Chief Pharmacists meeting, Greater Manchester CCG Association Governing Group (AGG) and Greater Manchester Medicines Strategy Board for providers/commissioners to work together to implement.

GMMMGM agreed that it would be useful if a further line requesting that Trusts follow the GMMMGM process around transfer of shared care be included within contracts and asks that AGG and the Medicines Strategy Board take this forward with providers.

Discussion took place with regard to a couple of issues raised by CMFT with regard to this process:

- Reports some GPs already refusing to take on shared care as process not been followed
- Difficulties secondary care may have managing responses from GPs (e.g. GP response form) within their current patient records management process/system.

It was explained that GMMMGM appreciated that this would raise some implementation issues which may take time for CCGs and Trusts to work together to implement within their localities. It was not the expectation that it would be implemented overnight but would be done by Trusts/CCGs working together.

Some Trusts already have processes/suitable wording to request shared care in place. A Standard Form of Words for Requesting Shared Care Across Greater Manchester to be inserted in standard clinic/discharge letter from consultant to GP following outpatient or inpatient consultation can be now be found on GMMMGM website or a form is available as an editable word document to facilitate this. GPs should reply to request for shared care to either accept or decline within 14 days. A form is available as an editable word document to facilitate this, if they wish to use or they could respond via email.

The box on "Consultant to file copy of all correspondence in patient's medical notes as record of shared care or otherwise with GP" was included in the process diagram because it was thought the Trusts and Consultants would need some record of GP accepting the patient under shared care as part of governance processes so that Trusts have the assurance that the GP has accepted the patient under a shared care arrangement.

If any issues arise local Trusts and CCGs should work together to resolve these at a local level, and then highlight these back to GMMMGM/PaGDSG if necessary. The key thing is the requirement under the updated standard NHS Contract from April 2017 that the Consultant confirms with GP that GP is willing to accept Shared Care. The GMMMGM wording and process has been developed to support this but it may require some tweaking based on feedback from Trusts/CCGs as it is implemented.

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) PaGDSG Meeting Dates, Times and Venues for 2018

The group reviewed its current meeting day, venue and time of meeting as it is now time to arrange the meetings for 2018. The PaGDSG agreed to stick with Rochdale as venue, the current second Thursday of alternate months but change is meeting time from 2-4pm from January 2018.

ACTION:

- **GM to booking meeting rooms for 2018 PaGDSG meetings at HMR CCG.**

7.2) GMMMG Shared Care Guidelines as of 1.9.2017 (incl those in development)

Spreadsheet on development status of GMMMG SCPs for all AMBER drugs circulated for information.

7.3) AOBUrticaria Pathway

A minor amendment to the recently approved GMMMG Urticaria Pathway was presented to and approved by the group. This was to add Rupatadine as 4th line antihistamine only to be initiated on the advice of secondary care. This request has come from SRFT and has been out for comment to all the CCG Medicines Management Leads.

ACTION:

- **SJ to send amended GMMMG Urticaria Pathway to Oct 2017 GMMMG for information.**

Date of Next Meeting

9th November 2017, 1pm-3pm, Nye Bevan House, Maclure Road, Rochdale, OL11 1DN