

Greater Manchester Medicines Management Group

Minutes of the meeting held on
Thursday 13th February 2020
1- 3.30 pm
St James House, Pendleton Way, Salford

Present:

Name	Title	Organisation	Representing	Feb	Apr	Jun	Aug	Oct	Dec	Feb
Dr Helen Burgess (HB)	GP MO Prescribing lead	NHS Manchester CCGs	Chair/GPs	✓	✓	✓	✓	✓	✓	✓
Dr Pete Budden (PB)	GP Prescribing lead	Salford CCG	FMESG							
Jane Brown (JB)	Chair of the GM Pharmacy LPN	GM Pharmacy LPN	NHSE Local Professional Network							
Petra Brown (PeB)	Chief Pharmacist	Pennine care NHS FT	GM Mental Health Organisations	✓	✓	✓	A (JW)	✓	A	✓
Dr Richard Darling (RD)	GP Prescribing Lead	Heywood, Middleton and Rochdale CCG	PaGDSG							
Siobhan Farmer (SF)	Public Health Consultant & Screening and Immunisation Lead	Greater Manchester Health & Social Care Partnership	GM Public Health	✓	✓	A	A	A		
Kate Rigden (KR)	Deputy Chief Finance Officer	NHS Oldham CCG	CCG finance leads	A	✓	✓	✓	✓	✓	A
Jay Hamilton (JH)	Program Development Lead	GM AHSN	Health Innovation Manchester (HIM)	A	✓	A (Dep)	✓	A	✓	
Lindsay Harper (LH)	Director of Pharmacy	Salford Royal FT	FMESG							
Dr Ann Harrison (AH)	GP MO Prescribing lead	Trafford CCG	GPs	✓	✓	✓	✓	A	✓	A
Robert Hallworth	Specialist Cancer	NHSE	PaGDSG	✓	✓	✓	✓	✓	✓	✓

(RH)	Pharmacist										
Peter Howarth (PH)	Head of Medicines Management	Tameside & Glossop CCG	CCG MO leads	✓	✓	✓	✓	A (LB)	A (KL)	A (LB)	
Vacant seat			Secondary Care Clinicians								
Leigh Lord (LL)	Locality Lead Pharmacist	NHS Trafford CCG	CCG MO leads	✓	✓	A	✓	✓	A	A (KL)	
Peter Marks (PM)	LPC Board Member	GM LPC	Community Pharmacy	✓	✓	✓	✓	✓	✓	✓	
Karen O'Brien (KO'B)	Controlled Drugs Accountable Officer	Greater Manchester Health & Social Care Partnership	GM HSCP	✓	✓	✓	✓	✓	✓	✓	
Margaret O'Dwyer (MO'D)	Director of Commissioning and Business Delivery / Deputy Chief Officer	Bury CCG	CCG Commissioning leads	✓	✓	✓	✓	✓	✓	✓	
Steve Simpson (SS)	Chief Pharmacist	Bolton FT	Chief pharmacists	✓	✓	✓	A	A	A	✓	
Charlotte Skitterall (CS)	Chief Pharmacist	Manchester FT	HCDSG								
Claire Vaughan (CV)	Head of MO	Salford CCG	HCDSG	A	✓	✓	A	✓	A	A	
Dr Sanjay Wahie (SW)	Clinical Director	NHS Wigan CCG	GPs	✓	✓	✓	✓	✓	✓	✓	
Sue Dickinson (SD)	Director of Pharmacy	RDTC		✓	✓	✓	✓	✓	✓	✓	
Monica Mason (MM)	Head of Prescribing Support	RDTC		✓	✓	✓	✓	✓	✓	A (DN)	
Andrew Martin/ Sarah Jacobs/ Kathryn Griffiths/	MO Pharmacist	GM Joint Commissioning team		✓ KG/ AM	✓ AM	✓ KG	✓ AM	✓ AM	✓ KG/ AM	✓ AM	

1. General Business

1.1 Apologies

Apologies had been received in advance as noted above. Paul Buckley (Stockport FT) attended to represent HCDStG, Kenny Li (MHCC) and Liz Bailey (Stockport CCG) to represent CCG MO leads. In attendance was Steven Woods (JCT). Daniel Newsome (RDTC) attended in place of Monica Mason and took the minutes.

1.2 Declarations of Interest

None declared

2.0 Minutes and actions from the December meeting

The minutes from the December meeting were agreed as accurate and approved for website publication pending the amendment of a number of typographical errors.

Action: DN to amend typos in Dec minutes

- Reducing the environmental of inhalers through collaborative action – KO'B provided updates on this item, to state the steering groups are now in place. The group responsible for implementation is yet to meet, however once they do the financial impact assessment for GM will be completed and the item returned to GMMMG.
- GMMMG work plan performance monitor – The work plan for 2020-21 is being assembled by CCG MO leads via the CCG leads meeting and will be submitted for consideration at the April meeting of GMMMG. Some changes may be required to the workplan performance monitor in terms of the format and presentation to ensure that performance vs the work plan is monitored. Any ideas for future additions to the plan should be submitted to JCT, who are co-ordinating the development of the work plan, ensuring that capacity to undertake new work is carefully considered.
- MO Summit – A new date of 18th March 2020 has been arranged and communicated to GM MO teams for this event.
- Preventative meds in pregnancy – It was confirmed that the development of these PGDs is not on the SPS work plan at present, however a request to consider the broader issue has been submitted to RMOC. The scoping template has not yet been returned to GMMMG. The group agreed that GMMMG are not set up to manage requests of this nature.
- PB enquired as to the progress around the commissioning discussion of the adult ADHD SCP, it was understood that this had been escalated to DoCs and had now been passed to the GM ADHD group. It has been removed from the GMMMG work plan as it is now being taken forward as a commissioning discussion.

Due to members having to leave the meeting early, the agenda was amended and items for GMMMG decision were brought forward:

5.0 GMMMG subgroup decisions for ratification

GMMMG were presented with a summary of the decisions and recommendations made by the subgroups during the period October 19 – January 20. There was considerable discussion regarding NICE TA607; rivaroxaban for preventing atherothrombotic events in people with coronary or peripheral artery disease. GMMMG noted there is a significant financial risk which is associated

with the potentially large cohort of patients who could be eligible for this treatment, for which no NICE-approved validated assessment tool is available to guide uptake. This risks a fragmented application across GM. The cardiovascular SCN have been contacted by FMESG for their recommendations on which group(s) of patients should receive the treatment; however the group agreed this is required urgently and that GMMMG should write to the chair of the SCN to request support with implementing the NICE guidance in GM.

Action: KO'B to provide name of SCN chair and HB to write on behalf of GMMMG asking for their input to implementation of TA607.

The other items highlighted as having a high financial or commissioning impact were approved by GMMMG.

GMMMG also ratified those recommendations made by its subgroups which are below the threshold for full deliberation. These will be published within the GMMMG formulary and associated GMMMG website pages, and a summary made available to CCGs to support update on their prescribing systems.

Action: GMMMG formulary and website to be updated to reflect decisions made.

It was noted that overall GM prescribing rates of lidocaine plasters was high; this had been communicated to KO'B by the Rightcare team. This is an issue that CCGs are aware of and are addressing at a local level.

6.0 Prescribing forecast: Key considerations for commissioners

GMMMG considered this paper which summarised the new medicines and NICE appraisals scheduled to impact in the 2020-21 financial year and beyond. It recommends a CCG budgetary uplift for both primary care medicines and tariff-excluded drugs based on this horizon scanning forecast.

The document was received by GMMMG who voiced appreciation of the layout and the recommendations it contained. They noted the risks associated with new drugs in ophthalmology related to the release of brolocizumab for wAMD and discussed the work planned to review GM elective care in this therapeutic area which is being overseen by the GM Elective Reform Programme Board. GMMMG are exploring the potential to support this work and are in the process of identifying resource via the HCD strategic subgroup.

KR has acknowledged the document in advance of the meeting and in light of this GMMMG agreed to communicate the contents of the document to the CCG finance and commissioning teams and include in the GMMMG highlight report without any amendments to content.

Action: DN to include key messages document in GMMMG highlight report.

8.0 GMMMG Work Plan performance monitor

GMMMG discussed the presented progress and performance of the GMMMG priority work streams (antimicrobial stewardship, best value biologics, Low priority and over the counter prescribing initiatives, diabetes and medicines safety).

Congratulations were offered by GMMMG to Tameside & Glossop CCG which has reached the national target set for prescribing of antibiotic items of less than 0.965 items per weighted population. Heywood, Middleton and Rochdale CCG was commended for improving performance from one of the highest prescribers of antibiotics in GM three years ago to now being second

lowest. T&G CCG's work is being written up as evidence of good practice which GMMMGM wishes to see when complete. It was noted that the current report does not show trajectory without which Oldham appears as a high prescribing outlier, the group were assured that the CCG's antimicrobial stewardship plan has been submitted to the AMS board and is being implemented but change on this scale takes time and effort.

GM adalimumab biosimilar uptake did not reach the national target of 80% by November 2019, and was recorded as 75.3% in December. The group observed significant performance differences between trusts and requested that this performance monitor was shared with finance and Directors of Commissioning. GMMMGM identified Bolton FT as a slow adopter of biosimilar adalimumab, SS acknowledged this and assured GMMMGM that a switch process had now started which will be delivering results from February due to now having staff in post to support. PB highlighted a number of recent treatment failures with biosimilar adalimumab and etanercept causing a reduction in the figures for Stockport FT, particularly in gastroenterology which are being investigated to identify any learning which can be shared.

AM stated that progress is being made by all CCGs with the work on the OTC and limited clinical value items. GMMMGM picked out Oldham CCG as slower to reduce prescribing rates than its neighbours, where only a 0.4% reduction in drugs of limited clinical value has been achieved by Nov 19. GMMMGM acknowledged that this report can be a powerful tool for driving standards across the GM CCGs and should be shared widely, however it was also noted that there is no weighting for patient demographics and some of the figures can be misleading if not understood in the context of each CCG's population.

Action: No further action

3.0 Primary care rebate schemes

Stephen Woods presented this agenda item which includes recommendations to GMMMGM regarding three recently appraised primary care rebate schemes. These are the first considered under the new framework approved by GMMMGM at its December 2019 meeting. GMMMGM accepted that it is not possible to publish savings at a CCG level due to the commercially sensitive nature of the agreements.

Following comment from provider trust representatives, front sheets for rebate schemes should state that secondary care organisations agree to the principles of the framework and care should be taken not to imply agreement with individual schemes.

Should CCGs wish to sign up to these rebate schemes they must do so at a local level considering the savings available and the administration costs associated with each scheme.

3.1 Sirdupla (Mylan) – Fluticasone and salmeterol pMDI inhaler. This rebate meets the financial and ethical standards in the framework. The merits of promoting pMDI use were discussed in view of the pending work to reduce the carbon impact of inhalers across GM. It was agreed that an approval of a rebate scheme does not infer an endorsement of a particular product but that it provides a lower-cost option for patients where a pMDI is a suitable product. **GMMMGM approves this scheme for GM use.**

3.2 Trulicity (Eli Lilly) – Dulaglutide injection. The scheme does not meet the standards in the GM framework due to the scheme paying out for prescribing which exceeds an established three month baseline period. **GMMMGM does not approve for GM use**

3.3 Aymes powdered shakes nutritional supplement. This meets the framework's criteria and provides small savings for some CCGs. **GMMMGM approves this scheme for GM use**

GMMMGM thanked SW for his work developing the rebate framework.

Action: The decisions above will be communicated to CCGs

4.0 GMMMGM membership update.

SD presented a summary of the group's future membership structure which GMMMGM expects to be in place from the April 2020 meeting

At this point MO'D left the meeting

GMMMGM noted the progress made to date; if members are able to help with the confirmation of new members please get in touch with MM. Deputies should be nominated by each member at the start of the year and communicated to MM.

GMMMGM used this opportunity to discuss the meeting venue; those present agreed that the planned move from April 2020 to SRFT was not convenient due to parking restrictions. Other options were offered including continuing at St James' House until the CCG no longer occupied the building and GMMMGM agreed that rotation of venues did not encourage continuity of attendance from all members.

Action: MM to review future meeting locations.

6.0 GM wound care formulary: Update on progress

SW presented an update on the work being done to procure wound care products and review the formulary. NHS Supply Chain have been chosen to supply products which will limit the range available to select for formulary inclusion. The working group do not anticipate a cost pressure on CCGs and estimate savings of roughly £500k, but at worst will be cost-neutral to primary care.

The revised formulary will be submitted to FMESG for their next meeting.

GMMMGM noted the work done to date and expect to see a revised formulary for approval in the near future.

At this point KL left the meeting

Action: No further action

Communication from Subgroups and Associated Committees

GMMMGM subgroup minutes were accepted by GMMMGM and an update on the work being done by PaGDSG was provided by RH.

GM CCG lead pharmacists – minutes distributed

GM Chief Pharmacists – SS provided update

GM Mental Health Trusts – update provided by PeB

NHSE Local Professional Network – no representative present

Health Innovation Manchester – No representative present but briefing included with meeting papers

GM Pharmaceutical Industry Partnership Group Meeting – no update

RMOC –.SD provided this update

NHSE/DHSC:- No update

AOB

The next meeting is scheduled for the week prior to Easter weekend, which may prevent some members from attending due to operational requirements within their organisations.

Action: MM to seek confirmation of planned attendance by email and reschedule if required.

Date of next meeting: Thursday 9th April 2020, 1 – 3pm

Meeting room 9, Mayo Building, SRFT, Salford, M6 8HD