

# Greater Manchester Medicines Management Group

Minutes of the meeting held on  
Thursday 13<sup>th</sup> May 2021  
1- 3 pm  
Virtual meeting

**Present:**

Name	Title	Organisation	Representing	Jun	Jul	Aug	Sept	Oct	Nov 20	May 21
Dr Helen Burgess (HB)	GP MO Prescribing lead	NHS Manchester CCGs	GPs	✓	✓	A	✓	✓	✓	✓
Dr Pete Budden (PB)	GP Prescribing lead	Salford CCG	MGSG			A	A			
Petra Brown (PeB) Or Jane Wilson (JW)	Chief Pharmacist  Associate Director of Pharmacy	Pennine care NHS FT  GM Mental Health NHS FT	GM Mental Health Organisations	✓ (JW)	✓ (JW)	✓ (JW)	✓ (JW)	✓	✓	✓ (PB)
Dr Richard Darling (RD)	GP Prescribing Lead	Heywood, Middleton and Rochdale CCG	PaGDSDG			A	A			✓
Kate Rigden (KR)	Deputy Chief Finance Officer	NHS Oldham CCG	CCG finance leads	✓	✓	A	✓	✓	✓	✓
Ruth Dales (RuD)	Lead Pharmacist	GM AHSN	Health Innovation Manchester (HIM)	✓ (RuD)	✓ (RuD)	✓ (RuD)	✓ (RuD)	✓	✓	A
Dr Ann Harrison (AH)	GP MO Prescribing lead	Trafford CCG	GPs	✓	A	✓	✓	✓	✓	✓
Robert Hallworth (RH)	Specialist Cancer Pharmacist	NHSE	NHSE Specialised Commissioning	✓	✓	A	A	✓	✓	✓
Peter Howarth (PH)	Head of Medicines Management	Tameside & Glossop CCG	CCG MO leads	✓	✓	✓	✓	✓	✓	✓

Dr Daljit Saroya	Consultant Anaesthetist and Chair of MO committee at Stockport FT	Stockport FT	GM Secondary Care Clinicians	A	✓	A	✓	✓		
Leigh Lord (LL)	Locality Lead Pharmacist	NHS Trafford CCG	CCG MO leads	✓	✓	✓ (KL)	✓	✓	✓	✓
Peter Marks (PM)	LPC Board Member	GM LPC	Community Pharmacy	✓	✓	✓	✓	✓	✓	A (LK as below)
Fiona Meadowcroft (FC)	Interim Deputy Director Strategy – Integrated Care	MHCC	CCG Commissioning lead			✓	✓	✓	✓	✓
Karen O’Brien (KO’B)	Regional Pharmacist	NHSEI	NHSEI	✓	✓	✓	✓	✓	✓	✓
Dr Jeff Schryer	JCB clinical lead for MO	The GM Joint Commissioning Board (MO)	JCB	✓	✓	A	A	A	A	A
Steve Simpson (SS) Or Paul Buckley (PaB)	Chief Pharmacist	Bolton FT Stockport FT	GM Chief pharmacists	✓	✓	A	✓ (PaB)	✓	✓	✓ (PaB)
Charlotte Skitterall (CS)	Chief Pharmacist	Manchester FT	Chair	✓	✓	✓	A	✓	✓	✓
Claire Vaughan (CV)	Head of MO	Salford CCG	Vice Chair	✓	✓	A	✓	✓	✓	✓
Dr Sanjay Wahie (SW)	Clinical Director	NHS Wigan CCG	GPs	✓	✓	A	✓	✓	A	✓
Dr Peter Elton	SCN representatives	Strategic Clinical Network	Strategic Clinical Network	✓	✓	✓	✓	✓	✓	✓
Vacant seat			Provider Board representative							
Vacant seat			Council representative for GM Social Services							
Vacant seat			GM Medical Directors							
Vacant seat			Lay representative							
Vacant seat			GM Public Health							
Sue Dickinson (SD)	Director of Pharmacy	RDTC	SPS	✓	✓	✓	✓	✓	✓	✓

Monica Mason (MM)	Head of Prescribing Support	RDTC	Professional secretary	✓	✓	✓	✓	✓	✓	✓
Andrew Martin (AM)	MO Pharmacist	GM Joint Commissioning team	GMMMGM support	✓	✓ AM	✓ AM	✓ AM	✓	✓	✓
Andrew White (AW)	Head of MO	GM Joint Commissioning team	GMMMGM support	✓	✓	✓	✓	✓	✓	✓
Dan Newsome (DN)	Principal pharmacist	RDTC	GMMMGM support	✓	A	✓	✓	✓	✓	A

## 1. General Business

### 1.1 Apologies

Apologies had been received in advance as noted above. Luvjit Kandula, GM LPC attended in place of Peter Marks

### 1.2 Declarations of Interest

None declared, annual DOI requests are being received and the register will be published in due course

## 2.0 Minutes and actions from the last meeting

The November 2020 minutes had been approved by email and published. The group considered the action log and noted that the COPD pathway was expected to return to GMMMGM in July, the tobacco addiction guidance is awaiting approval from LA commissioners (date TBC), the Cumberledge report has been taken through the medicines safety agenda through CRG/MGSG. The group discussed the issues raised across GM around the Greater Manchester Trans Health Service. The group were reminded that at the October and November GMMMGM meetings it had been agreed that GMMMGM support the development of SCPs for these agents. There had been lengthy discussion at these meetings about the lack of commissioned prescribing service within this NHSE pilot, but GMMMGM had agreed that in order to support these patients to access safe care the SCPs would have to reflect this position and accept that initiation of prescription may have to be supported by primary care. GMMMGM approved these SCPs for publication in March through Chairs action (as the full GMMMGM group were not meeting due to vaccination/COVID pressures), following a 6 week GM wide consultation.

RH offered to express to NHSE the difficulties this arrangement had caused and the position it placed GMMMGM in who had to accept a prescribing arrangement which was not reflective of shared care but had acted in the best interests of the patients, and to aid prescribers in safe prescribing for the duration of this pilot. FM explained that a task and finish group had been set up and she would provide details to GMMMGM so that representation could be provided.

**Action:** No further action from GMMMGM at this stage, FM to provide details of the working group to GMMMGM for future discussions.

### 3.0 Integrating Pharmacy and Medicines Optimisation – update

An update on future medicines optimisation structures was given, including the work being undertaken through the “Enhancing our approach to medicines optimisation and pharmacy” programme being led by NHSE. It was noted that following recent conversations with the GMMMGM IPMO steering group the Clinical Leaderships paper drafted by the HSCP now included “clinical and care leadership professionals”.

The group discussed the IPMO plans being drafted for GM, which plans to utilise a dispersed leadership model in place of a single INC Chief Pharmacist. The CCG MO leads had been identified to support the four IPMO themes and Chief pharmacist members were being identified. The need for these working groups to be fully representative of all GM pharmacy sectors was re-emphasised and community pharmacy representation was requested.

The GMMMGM membership discussed in more detail the four IPMO themes, what these should aim to look at and how achievable and effective targets should be set with outcomes measured and reported up to the HSCP.

The IPMO plans will be circulated to the wider GM IPMO group once drafted, for full consideration and to ensure that all relevant parties are involved.

**Action:** IPMO steering group to progress the draft plans for sharing with the GM wide IPMO group in the coming weeks

#### **4.0 GM medicines financial planning for 21-22**

The RDTC Annual Horizon Scanning document and a GM Medicines financial planning paper were shared with GMMMGM. This information had been produced for consideration by GM CFOs who were asked to note the potential impact of COVID-19 recovery activity and the restart of mainstream care on prescribing budgets and pathways, to consider prescribing as an investment in prevention of complications and use in conservative management of conditions, particularly where surgical interventions and other pathways have been substantially delayed by COVID-19, and to consider investment in Pharmacy and Medicines Optimisation Leadership to drive the best outcomes and safe care from the almost £1Billion spent on medicines.

KR explained to GMMMGM that due to the huge volatility in prescribing costs in the last year forecasting was particularly difficult and this was recognised across GM finance teams. It agreed that whilst the potential impacts contained within these reports were useful, they were unlikely to be realised within the system currently due to ongoing demands of the pandemic. It was agreed that further information would be provided as more accurate costs could be predicted, to shape planning for 22-23, but that these reports would not be submitted to CFOs at this stage.

The group emphasised the pressure on GM MO teams due to resource being reallocated to COVID vaccination efforts. In addition the resource which was being utilised to develop IPMO plans. CCG MO leads asked the impact reports be shared with their teams, in order that they could strengthen the position within these papers given their current pressures and feed this back to JCT, this would include the challenges associated with requests for savings from within prescribing budgets, recognising that a medicines value work stream was being drafted within the IPMO plans.

**Action:** JCT to share reports and gather feedback from CCG MO leads. JCT to provide GM finance teams with further impact reports in the autumn via GMMMGM.

[PaB left the meeting]

#### **5.0 GMMMGM work plan performance monitor**

JCT proposed to GMMMGM that a monitoring and assurance dashboard be prepared in Tableau, to replace the previous Excel dashboard which was time consuming to maintain. The dashboard would be used initially to performance monitor financial performance, antimicrobial stewardship and “greener” inhaler usage.

KO'B reminded the group that Model Health and Model Hospital dashboards provide a repository of national data which can be used. CV commented that there is already an MO Tableau dashboard developed by the HSCP. There was discussion around the need for the whole system to be able to access the Tableau dashboards and the possible data sets which could be included.

**Action:** JCT to identify key performance indicators, and return the dashboard to GMMMGM for demonstration

[HB joined the meeting]

#### **6.0 Commissioning of shared care across GM – progress report**

[JW joined the meeting]

AW updated the group on the progress of the work which is being led by MGSG. The considerable variation in commissioning arrangements across GM was discussed, with a paper being prepared for DoCs asking that commissioning of shared care is aligned across GM by April 2022. It was agreed that the commissioning structures must be fit for the changing landscape and not simply a fix on an outdated structure. PB agreed to speak to SB, and explained that a physical health and mental health group had now been established within the Trust. The group discussed the difficulties posed to prescribers where it was felt there were inappropriate requests for shared care and how this could be attributed to the disparity in commissioning arrangements.

The group noted that the scheduled updates to the GMMMGS SCPs will now reflect that of the RMOC, however those SCPs that have already been produced locally (azathioprine and lithium) should proceed. They both reflect the RMOC templates and have undergone a full GM wide consultation. It was agreed that the addition of information at the top of each SCP which confirms which GM organisations are commissioning against this SCP will aid prescribers, improve patient safety, and strengthen commissioner discussions and that submission to DoCs should proceed. The decision from DoCs must be fed back to GMMMGS and then in turn MGSG and CRG to ensure that appropriate communication could be issued across the system.

AW explained to the group that a programme of review of those GMMMGS SCPs not included within the RMOC list was being undertaken, but would need to be led by the authors of the SCPs with support from GMMMGS as resource enabled. This process would commence following approval of the GMMMGS SCP which is based on the RMOC template at this meeting. A message would be added to the website to detail the review process/schedule.

**Action:** AW to update GMMMGS at the next meeting around discussions with DoCs regarding alignment of the SC commissioning review. AW to submit the Azathioprine SCP to DoCs and seek confirmation from the 10 GM CCGs as to their commissioning position. RDTG to add a message to the website inviting SCP authors into the review process.

## **7.0 GMMMGS Subgroup decisions for ratification**

The group ratified all decisions made by the CRG and MGSG subgroups and considered in more detail the following:

NICE TA631 – Fremanezumab for preventing migraine - GMMMGS were made aware of the issue around TA631 and the lack of capacity currently within the homecare system, which may affect the ability to enable patient access to all treatment options currently available. Whilst JCT scope the headache pathway for development as a priority, discussions should begin within MGSG around how this pathway will be delivered.

**Action:** JCT to bring return the headache scoping paper to CRG and MGSG to initiate discussions as soon as possible.

GMMMGS Transfer of prescribing responsibilities guidance – GMMMGS supported the publication of this piece as a “living document” in order that it can be revised as the infrastructure changes.

**Action:** RDTG publish to website as a living document

GMMMGS azathioprine SCP - is the first in the new template (which reflects the RMOC template) and encompasses azathioprine and all its indications. As above GMMMGS supported submission for this SCP to DoCs for commissioning, with the published version to reflect those CCGs who were and weren't currently commissioning against it.

**Action:** AW to submit to DoCs and relay the decision back to RDTC who can liaise with the relevant groups and ensure the necessary communications upon publication.

#### **8.0 Rebate schemes: Espranor and Dalonev**

GMMMG accepted the recommendations proposed by JCT, but asked that conversations were had through LK around an acceptable start date for community pharmacy.

There was also an ask that the rebate framework be reconsidered as to its applicability within the ICS system.

**Action:** JCT to action as above

#### **9.0 Communication from Subgroups and Associated Committees**

Due to lack of time these updates were brief but the main topics are listed:

NHSE - Inclusive Pharmacy Practice Advisory Board (EOI) – call for nominations

RMOC - The group were reminded that there are consultations running regarding the revised RMOC terms of reference and the first set of draft RMOC national shared care protocols.

GM CCG MO leads – the group discussed IPMO and ICS structure discussions

GM Chief Pharmacists – PB explained that there is now a GM physical health group which links into the mental health teams

Health Innovation Manchester (AHSN) – no update

IPMC – no update

#### **10. AOB**

APPG survey – AW is coordinating a GM response which will be submitted through the CCG MO leads

MM to share the information from “A Social Glue” session

**Date of next virtual meeting: Thursday 10th June 2021, 1 – 3pm**