

Greater Manchester Medicines Management Group

Minutes of the meeting held on
Thursday 12th November 2020
1- 3 pm
Virtual meeting

Present:

Name	Title	Organisation	Representing	Feb	Jun	Jul	Aug	Sept	Oct	Nov
Dr Helen Burgess (HB)	GP MO Prescribing lead	NHS Manchester CCGs	Chair/GPs	✓	✓	✓	A	✓	✓	✓
Dr Pete Budden (PB)	GP Prescribing lead	Salford CCG	FMESG				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)	✓	✓
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	✓	✓	A	✓	✓	✓
Ruth Dales (RuD)	Lead Pharmacist	GM AHSN	Health Innovation Manchester (HIM)		(RuD)	(RuD)	(RuD)	(RuD)	✓	✓
Dr Ann Harrison (AH)	GP MO Prescribing lead	Trafford CCG	GPs	A	✓	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	A (LB)	✓	✓	✓	✓	✓	✓

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)	✓	✓	✓ (KL)	✓	✓	✓
Peter Marks (PM)	LPC Board Member	GM LPC	Community Pharmacy	✓	✓	✓	✓	✓	✓	✓
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
Steve Simpson (SS) Or Paul Buckley (PaB)	Chief Pharmacist	Bolton FT Stockport FT	GM Chief pharmacists	✓	✓	✓	A	✓ (PaB)	✓	✓
Charlotte Skitterall (CS)	Chief Pharmacist	Manchester FT	HCDSG		✓	✓	✓	A	✓	✓
Claire Vaughan (CV)	Head of MO	Salford CCG	HCDSG	A	✓	✓	A	✓	✓	✓
Dr Sanjay Wahie (SW)	Clinical Director	NHS Wigan CCG	GPs	✓	✓	✓	A	✓	✓	A
Dr Peter Elton	SCN representatives	Strategic Clinical Network	Strateic 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	RDTC	Professional secretary	A (DN)	✓	✓	✓	✓	✓	✓

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

1. General Business

1.1 Apologies

Apologies had been received in advance as noted above.

1.2 Declarations of Interest

None declared

2.0 Minutes and actions from the last meeting

The minutes from the November meeting were agreed as accurate, members were reminded to check that their attendance had been recorded correctly. Progress on outstanding actions was provided to the group and is noted in the action log.

It was noted that the GMMMGM work plan had been accepted by DoCs and was being considered by CFOs on Nov 18th. It was also noted that a dispersed leadership model was preferred for IPMO.

AM gave a detailed account of the discussions that had occurred post October GMMMGM regarding the development of SCPs for the trans health pilot commissioned by NHSE. Although GMMMGM had been clear in their decision that these agents should remain amber and be provided under shared care, it had since become apparent that there was a limited prescribing element in the service specification for the pilot and therefore Indigo Health were now requesting that these agents be prescribed and supplied through primary care.

GMMMGM discussed the implications of this request at length and agreed that these agents must remain with an amber classification and be supplied under the terms of a GMMMGM approved shared care protocol. However, it was recognised that Manchester working in conjunction with specialised commissioning had agreed this service specification and that GMMMGM now had to find a pragmatic way forward to support both patients and prescribers. Therefore it was agreed that MGSG would continue to support the development of GMMMGM SCPs for these agents but that initiation of prescription would be via primary care. This was allowed under the GMMMGM definitions for an amber treatment. GMMMGM agreed that going forward agreed service specifications should be reviewed by GMMMGM when making the necessary decisions.

It was recognised that the SCPs would not be ready for the expected service launch date, and this should be communicated to the service provider.

Action: DN to update the subgroup and service provider regarding GMMMGM's decision and to move forward as agreed.

3.0 GMMMGM Chair and Vice Chair handover

Dr Helen Burgess thanked the members for their support over her five years as Chair, and congratulated Charlotte Skitterall and Claire Vaughan as she welcomed them into the seats of GMMMGM Chair and Vice Chair respectively. Charlotte thanked Helen on behalf of GMMMGM for her commitment and leadership as Chair which had enabled GMMMGM to successfully develop over the past five years.

4.0 Primary Care Rebate Application Recommendation – Bayer Xarelto (rivaroxaban)

Representatives from the GM JCT Strategic Medicines Optimisation explained that an application by Bayer Pharmaceutical for a revised rivaroxaban primary care rebate scheme has been considered against the ethical framework, and was recommended for rejection by GMMMG. GMMMG supported this recommendation.

Action: ER to communicate back to the applicant that this application had been unsuccessful

A wider discussion was held around the recent direct approach made from a branded generics company to GM directors of finance, the route taken had bypassed medicines optimisation teams and appeared to be aimed at encouraging a direct financial savings, without consideration of the wider clinical picture. In addition the products being promoted also contravened the significant work stream to reduce the carbon footprint attributed to medicines across GM. Fortunately finance teams had alerted medicines optimisation leads to this application and it had been referred through the appropriate channels. GMMMG accepted that significant savings plans were expected to be included within the GMMMG work plan, and acknowledged that further consideration must be given to a strategic approach to medicines value.

A brief discussion around the Greener NHS agenda followed, and there was again a brief update on the GMMMG COPD pathway and its update to reflect those inhalers which would provide a reduced carbon footprint. It was noted that the RDTC is producing a tool to enable MO teams to consider the carbon footprint and financial impact of inhaler choice.

A separate request that the GMMMG Free of Charge scheme be reviewed to include “minimal charge schemes” was raised. It was noted that the GM document which is the RMOC document does refer to “minimal charge schemes”. SD agreed to refer the RMOC guidance back to RMOC for consideration if necessary if still considered necessary.

Action: SD to refer RMOC FOC document back to RMOC if deemed necessary, SS to raise outstanding issues with SD.

5.0 GMMMG Subgroup decisions for ratification

GMMMG considered the recent decision of its subgroups (those which do not present a significant commissioning or financial impact), which included “Guidance for the Covert Administration of Medicines in Care Home Settings”. All decisions were ratified by GMMMG for publication.

Action: DN to communicate back to the subgroups and authors and publish the decisions through their usual outputs.

6.0 Communication from Subgroups and Associated Committees

GMMMG subgroup – Minutes were noted

GM CCG lead pharmacists – PH updated the group on recent CCG MO lead activity which included discussion around IPMO, SMRs and DES relating to PCNs and proxy ordering. PH to share action log with MM

GM Chief Pharmacists – SS updated the group on recent CP discussions which included IPMO considerations and how the aseptic review could be included.

GM Mental Health Trusts – PB explained that similar to IPMO community mental health services were undergoing a review. It was agreed that it would be useful for Sandy Bering to attend a future GMMMG meeting to discuss, and that it was useful for GMMMG to have early engagement with agreed projects.

Health Innovation Manchester – RD explained that in response to COVID HIM had paused some of its work streams, but updated the group on the progress made with the digital care homes project, and other digital enablers to monitoring in the home environment.

Innovation and Prioritisation Monitoring Committee (of HInM) – RH explained that IPMC had been suspended but was due to meet again on the 3rd December, after which RH would forward an update to MM to share with the group.

RMOC – SD reiterated the decision for RMOC North to continue as one North RMOC for the time being and that the group were currently seeking projects to support across the North. CS confirmed that herself and CV as Chair and Vice Chair would be sharing the seat at RMOC to represent GMMMG.

NHSE – KO'B updated the group on the aseptic review and the Covid-19 vaccination programme and thanked the Chiefs for their support with national work streams. There was an update on remdesivir stock levels, and the appropriate use of it and dexamethasone. The role of GMMMG within the IPMO plans was briefly discussed and it was agreed that the December GMMMG meeting would run as an IPMO workshop to consolidate plans, following the system wide meeting on the 1st December.

7. AOB

Date of next virtual meeting: Thursday 10th December 2020, 1 – 3pm