

Greater Manchester Medicines Management Group

Minutes of the meeting held on
Thursday 8th October 2020
1- 3 pm
Virtual meeting

Present:

Name	Title	Organisation	Representing	Dec	Feb	Apr	Jun	Jul	Aug	Sept	Oct
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	A	✓		✓ (JW)	✓ (JW)	✓ (JW)	✓ (JW)	✓
Dr Richard Darling (RD)	GP Prescribing Lead	Heywood, Middleton and Rochdale CCG	PaGDSG						A	A	A
Kate Rigden (KR)	Deputy Chief Finance Officer	NHS Oldham CCG	CCG finance leads	✓	A		✓	✓	A	✓	✓
Jay Hamilton (JH) Or Ruth Dales (RuD)	Program Development Lead 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 Hallwort	Specialist Cancer	NHSE	NHSE Specialised	✓	✓		✓	✓	A	A	✓

h (RH)	Pharmacist		Commissioning								
Peter Howarth (PH)	Head of Medicines Management	Tameside & Glossop CCG	CCG MO leads	A (KL)	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	A	✓ (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
Steve Simpson (SS) Or Paul Buckley (PaB)	Chief Pharmacist	Bolton FT Stockport FT	GM Chief pharmacists	A	✓		✓	✓	A	✓ (PaB)	✓
Charlotte Skitterall (CS)	Chief Pharmacist	Manchester FT	HCDSG				✓	✓	✓	A	✓
Claire Vaughan (CV)	Head of MO	Salford CCG	HCDSG	A	A		✓	✓	A	✓	✓
Dr Sanjay Wahie (SW)	Clinical Director	NHS Wigan CCG	GPs	✓	✓		✓	✓	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	✓	A (DN)		✓	✓	✓	✓	✓
Andrew Martin	MO Pharmacist	GM Joint Commissioning team	GMMMGS support	✓ KG/ AM	✓		✓	✓	✓	✓	✓
Andrew White (AW)	Head of MO	GM Joint Commissioning team	GMMMGS support				✓	✓	✓	✓	✓
Dan Newsome (DN)	Principal pharmacist	RDTC	GMMMGS 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 Oct meeting were agreed as accurate. Progress on outstanding actions were provided to the group.

3.0 GM Pilot: Greater Manchester Trans Health Service

Dr Wookey as GP Partner and Clinical director for Indigo Gender Service and Laurence Webb (associate director of inclusion LGBT foundation) attended GMMMGS to introduce the Indigo Gender Service, a newly commissioned primary care based pilot for adult trans healthcare across Greater Manchester, expected to commence early December.

As detailed within the scoping template GMMMGS was asked to support development and approval of a prescribing policy, and reclassification of the RAG rating of GnRH analogues for use in trans health or a SCP in line with current amber classification. This was being raised at scoping stage with GMMMGS as the subgroups require direction around accepting this piece in as an NHSE commissioned pilot rather than a CCG commissioned service.

Dr Wookey provided additional information to GMMMG around anticipated patient numbers (683 patients are currently eligible for this service, the remaining patients will remain on the Nottingham waiting list), and commissioning implications were raised by GMMMG in particular what would happen after the pilot, or where a transfer of prescribing request was not accepted. It was confirmed that whilst it was hoped primary care would accept prescribing, in circumstances where this did not happen the pilot would retain prescribing and would engage with the practice to understand the barriers to prescribing.

GMMMG accepted that the experiences of trans patients currently is not always positive and agreed that a better service was very much needed, it was recognised that that the NHSE pilots would be crucial in providing good models of care across the UK in the future, and would enable a holistic approach within a joined up service with trans people as experts within these services.

GMMMG were happy to support this work but stressed that the transfer of prescribing must be through a GMMMG approved shared care protocol (SCP) to ensure there was adequate information and an ongoing specialist contact provided to primary care prescribers and rejected the request for these agents to be reclassified as green drugs. Whilst the service specification hadn't been submitted to GMMMG, CCG MO leads had considered this and reiterated that in order for primary care prescribers to undertake prescribing and subsequent monitoring of these patients a SCP was necessary. It was recognised that stepping these patients down and exiting the service needed to be considered.

GMMMG expressed concern around the expectation that this service would commence in early December, and explained that it would be extremely challenging to gain GMMMG approval for the required SCPs within this time as the consultation process alone was 6 weeks. JW commented that Leeds have SCPs which they may be able to share which may help particularly with such a tight deadline.

Action: GMMMG rejected the request to reclassify GnRH analogues as green for use in trans health, but supported an amber status with accompanying GMMMG SCPs and granted approval to the subgroups to undertake the necessary work around SCP development.

4.0 GM Pilot: NHS Low-Calorie diet programme

Hannah Bishop (GM&EC SCN), Naomi Jones (ICS Health & Wellbeing), Anna Agar (ICS Health and Wellbeing) and Jenny Schofield (Diabetes My Way & NHS Low Calorie Diet Programme) presented GMMMG with an overview of the NHS Low Calorie Diet pilot programme, which is a national programme commissioned across ten sites, open to adults who fit the entry criteria. There are 500 places available on the GM pilot, and the referral pathway was explained.

GMMMG welcomed this information and requested that it be disseminated across GM as primary care teams had received a significant number of queries from patients following recent press reports. It was explained to GMMMG that there will be a roll out plan and training package and that information was available on the ICS health website, but that it was accepted that there had been a lack of information and that this was due to a delay in roll out because of COVID-19.

The pilot will only roll out with 3 CCGs (Stockport, Tameside and Glossop, and Bury) with other CCGs being considered in the New Year. GMMMG again requested that information be shared with all GM CCG MO leads as interest was high.

Action: This item was presented for information and a Q&A opportunity. No further action required apart from the onward sharing to GMMMG of supportive information.

5.0 Virtual clinics Medicines Supply briefing paper

AW delivered an update on this NW work stream, there was query as to what the ask of GMMMG was at this stage, as GMMMG wasn't in a position to approve the recommendations as requested. AW clarified that he was asking GMMMG to be aware of this work stream and that a NW wide consultation was currently open and members were asked to encourage their representative organisations to feed in this.

Action: GMMMG members to encourage their representative organisation to input into the NW consultation.

6.0 GMMMG Work Plan

AW presented a final draft work plan to GMMMG for approval. Over the last few months the GMMMG work-plan has been designed so that outputs focus on reducing inequalities across GM. Full equality impact assessments will be undertaken to reduce any adverse impact and improve outcomes on health inequalities, with a particular focus on populations and conditions affected by COVID-19.

The work plan also reflects GMMMGs ambition to work more closely with the rest of the system e.g. Health Innovation Manchester, the Strategic Clinical Network, the GM Health and Social Care Partnership. GMMMG recognised that NHSEI publication of guidance for ICSs and STPs 'Leading integrated pharmacy and medicine optimisation (IPMO)', just prior to this meeting would impact the GMMMG work plan. This guidance encourages a production of system wide transformation plan, which has the key themes of System leadership for Pharmacy, priorities for workforce, medicines value and safety. It was agreed therefore that the GMMMG work-plan plan can only proceed as an interim plan until a full GM IPMO plan is scoped and agreed.

It was agreed that the work plan should be approved as a working document which will undergo regular update to enable it to flex to the challenges facing the system throughout the next 12-18 months, in line with the resource available to deliver these priorities.

It was recognised that some metrics are not yet defined or agreed, and will be updated in due course. It was also acknowledged that finance and commissioning impacts had not been presented with the work-plan but would come to GMMMG at the start of each project, with significant impacts being reported up to DFCOs and DoCs.

Action: GMMMG accepted this as a working document acknowledging the impact the IPMO transformation plan will have. MM will submit to DoCs (via CFOs) November 10th meeting.

7.0 Discontinuation of Priadel tablets: Update from GM

GMMMG were updated on the recent CMA investigation announcement, and that a revised SDA was expected imminently. GMMMG agreed this work should be placed on hold; the decision to issue further communications to the GM system would follow publication of the revised SDA and be led by those on the working group (AW as GM rep).

There was discussion in the group around the risk of "monopoly drugs" and whether there was anything that GMMMG or the wider system should be considering, and if there was a need for a "lessons learned" exercise, but it was agreed that the updated SDA should be awaited before progressing further.

Chair thanked GMMMG members for working together and with the wider system to address this issue, and reminded the group that whilst this issue was currently on hold it hadn't been resolved.

Action: Item to remain on work plan but on hold pending further information through revised SDA, AW to return item to GMMMG when appropriate.

8.0 GM Wound care formulary

ER presented the GM woundcare formulary which had been developed in conjunction with the NHS GM Procurement Programme Board to give a trust/ primary care harmonised formulary as far as was possible. Dressings were prioritised in order of evidence > clinical outcomes > cost where more than one product was available. The cost impact across GM was assessed and determined to be cost neutral for primary care. This is the revised version of the final draft following consultation comments from July 2020.

Comments received during the consultation have all been considered and the action taken described, this version had been agreed by MGSG, and now GMMMGM approval was sought.

CV asked whether there were plans to monitor and evaluate the impact of this formulary, ER explained that CP is holding quarterly meetings to enable update of the formulary, but she was unsure if monitoring and assurance was being undertaken.

Action: ER to send final version to RDTC for website upload.

9.0 GMMMGM Subgroup decisions for ratification

Subgroup decisions were approved. From the September meeting the subgroups had agreed to review all “green – in conjunction with specialist service” agents and align them with accepted green criteria as part of the RAG review which is ongoing.

10.0 Communication from Subgroups and Associated Committees

GMMMGM subgroup – current work streams are progressing well.

GM CCG lead pharmacists – The recent meeting looked at Priadel issues, IPMO implications and improving links to networks e.g. community pharmacy, PCNs.

GM Chief Pharmacists – CS and SS had departed as meeting was running over time

GM Mental Health Trusts – STOMP and STAMP reports were noted by GMMMGM. Whilst this was no longer a GM work stream this was recognised as a good piece of work and CV asked that it be shared more widely with CCGs who may be keen to scale this work up.

Action: PB to share with CV

Health Innovation Manchester – RD updated GMMMGM on HIM work streams i.e. medicines safety improvement programme which includes a piece on opioid prescribing. RD will bring these projects back when there is a reasonable ask of GMMMGM.

GM Pharmaceutical Industry Partnership Group Meeting – RH updated GMMMGM on the Spirit trial, which is now progressing. This is a real world study, and there are queries as to how it will work in a primary care setting. Salford and Manchester are trial centres, and explained that the timeframe isn’t ideal, and that this has been fed back to HIM.

RMOC – North RMOC met the previous week where it was agreed for the next 12 months it would continue to operate as one North RMOC. A membership review was underway to strength links with APCs and ensures representation from across the whole Northern region. PM iterated the points he made at RMOC around the need to focus on medicines waste, and greener NHS priorities, also the request for PCN community pharmacy membership.

NHSE – KO’B briefed GMMMGM on recent IPMO conversations and recent communication around Flu vaccination supplies, and remdesivir stock.

7. AOB

KO’B sought a progress update on the GM Covert Medicines in Care Homes guidance, MM agreed to check when it would be ready for publication.

Date of next virtual meeting: Thursday 12th November 2020, 1 – 3pm