



Minutes

12th January 2017, 1pm-3pm

HMR CCG, Nye Bevan House,
Rochdale

Present:

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

Dr Jane Bradford (JB) GP Prescribing lead, Bolton CCG

Dr Marlon Maris (MM) GP Prescribing Lead, North Manchester CCG

Dr Tom Leckie (TL) Consultant in Emergency Medicine, Pennine Acute Hospital Trust

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

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

Petra Brown (PB) Chief Pharmacist, Greater Manchester Mental Health NHS Foundation Trust

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

Firhat Quershi (FM) Clinical Services Lead Pharmacist, Bolton NHS Foundation Trust

Ruth Murdoch (RM) Clinical Pharmacy Services Manager, UHSM

Anna Swift (AS) Medicines Management Pharmacist, Wigan CCG

Salina Callaghan (SC) Medicines Management Pharmacist, Bury CCG

Faduma Abukar (FA) Senior Medicines Optimisation Pharmacist, North Manchester CCG

Support:

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

Monica Mason (MM) Principal Pharmacist Medicines Management, RDTCC

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

1. General Business

1.1) Apologies received:

Robert Hirst, Robert Hallworth, Vanessa Reid, Nigel Dunkerley, Adam Irvine

A round of introductions took place.

1.2) Declarations of Interest

No declarations of interest in relation to the agenda were raised.

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

As this was the first meeting of this new subgroup no previous minutes were available.

1.3.1) Matters arising

As this was the first meeting of this new subgroup there were no previous matters arising.

2. Strategic Direction and Governance

2.1) Overview of group responsibilities

There was a discussion around Terms of Reference, guidelines/pathways, shared care and the role of the group. The terms of reference which had been agreed by GMMMG were not changed. It was agreed:

- Certain Individuals / Trusts would need to lead on the production of Shared Care protocols [SCPs] and guidelines/pathways
- The remit of the group is to approve SCPs and pathways for GM-wide use rather than to author them.
- SCPs would be produced using a standard format or template.

The group noted that GMMMG would still need to ratify decisions of this subgroup, but that this subgroup should sort all the issues with an SCP/pathway before asking GMMMG to ratify their decision. A standard cover sheet will be used when asking GMMMG to ratify decisions to give GMMMG the assurance that due process has been followed, and to avoid GMMMG repeating discussions that have already taken place within the subgroup.

2.2) Pathway criteria and process

The group discussed and agreed to adopt the process developed previously by the GMMMG Formulary Subgroup for pathway development. This includes initial scoping process/template for GMMMG to decide if there is a need for a particular pathway before it is developed.

3. Shared Care Guidelines

3.1) Treatment of gender dysphoria – production of supporting information

The group discussed the ongoing need for some supporting information for GPs to aid them in the prescribing of treatments for gender dysphoria.

The group noted that there are 7 Gender Identity clinics in England (West London Mental Health Trust Clinic is in process of transferring to Tavistock and Portman NHS Foundation Trust). The clinics are:

- Exeter – Devon Partnership NHS Trust
- London - Tavistock and Portman NHS Foundation Trust – also has satellite clinics in Leeds – specialises in Children & Young People – also known as Gender Identity Service
- Newcastle – NTW
- Sheffield – Sheffield Health & Social Care NHS Foundation Trust
- Nottingham – Nottinghamshire Healthcare Trust
- Leeds – Leeds & York Partnerships NHS Foundation Trust

It appears that the following already have GP info leaflets or guidelines covering GP prescribing of hormonal treatments on their websites:

- Newcastle – NTW – on North of Tyne APC website
- Northampton – state they give clear advice to GPs in clinic letters and can be contacted by email/phone if any issues
- Sheffield – Sheffield Health & Social Care NHS Foundation Trust

It was agreed to contact the clinics in London and Leeds to see if they have any similar leaflets or information for GPs available that GMMMG can direct to on their website, or would they support production of GMMMG leaflet based on that available from North of Tyne.

ACTION:

- **GM to contact the clinics in London and Leeds to see if they have any similar leaflets or information for GPs on transgender prescribing available that GMMMG can direct to on their website, or would they support production of GMMMG leaflet based on that available from North of Tyne.**

3.2) Degarelix for prostate cancer SCP

Following the recent decision to classify degarelix as AMBER UHSM have been drafting a GMMMG SCP to support this. Once a final draft is available it will be sent out to all Trusts/CCGs for comment, hopefully by the end of January 2017.

ACTION:

- **GM finalise draft of degarelix SCP with UHSM and send out to all Trusts/CCGs for comment.**

3.3) Melatonin SCP (for review in Jan)

The group approved this SCP for a further 2 years with the inclusion of information on management of drowsiness that persists into the next morning and is debilitating (e.g. review timing of administration and consider crushing to prevent the MR characteristics).

ACTION:

- **GM to send reviewed and updated melatonin SCP to Feb 2017 GMMMG meeting for ratification.**

3.4) LHRH analogues SCP (for review in Jan)

The group noted that the current GMMMG SCP for LHRH analogues in prostate cancer was now due for review. The SCP has been sent to the original authors for review and the only possible change may be the inclusion of a new brand of leuprorelin. The current version remains valid until a new version with an updated review date is available.

ACTION:

- **GM to review current SCP with Pennine Acute, and then send out to all Trusts/CCGs for comment.**

3.5) Oral second generation (atypical) antipsychotics for adults SCP – minor amendment

The group approved a minor amendment to this SCP to include the Treatment of depression – adjunctive treatment as indication in section 3 – criteria for shared care, as it listed as indication in section 2 & 8 of the same SCP and is a licensed indication for Quetiapine MR.

ACTION:

- **GM to make minor amendment to SCP as approved and update GMMMG website.**

3.6) Update regarding minor amendments to SCPs reflecting hyperprolactinaemia wording in 1st generation antipsychotic depots SCP

The group approved a minor amendment to the following SCPs to amend the wording in Adverse drug reactions for Hyperprolactinaemia to mirror that in the SCP for First generation (Typical) antipsychotic depots in adults:

- The Prescribing and Monitoring of Oral Second Generation (Atypical) Antipsychotics for Adults.
- Risperidone Long-acting antipsychotic injection
- Aripiprazole Long-acting antipsychotic injection
- Paliperidone Long-acting antipsychotic injection

ACTION:

- **GM to make minor amendment to SCPs as approved and update GMMMG website.**

4. Pathways**4.1) NW Allergic rhinitis pathway**

The NW Allergic rhinitis pathway prepared by the NW Allergy Network was presented and discussed by the group. This was passed over to the group by the previous New Therapies Subgroup. GMMMG has been asked to adopt this pathway and host it on the website. During discussion the group noted that the GMMMG pathway scoping tool has not been completed for this pathway and some questioned the need for this pathway for primary care.

After discussion the group agreed that the authors need to complete the GMMMG pathway scoping tool so it can be decided if there is a need for this pathway within GMMMG.

ACTION:

- **GM/MM to ask authors to scope pathway using GMMMG template to see if pathway actually required in GMMMG area and to ascertain the reasons behind the development of this pathway.**

4.2) Anal irrigation pathway

A draft local anal irrigation pathway was presented to and discussed by the group. All felt this would be a useful pathway to have and it should cover the following:

- Who is responsible for initiating prescribing – GP or specialist?
- Guidance needed for GPs on frequency of anal irrigation and what to do with the prescribing of concurrent laxatives. What is the evidence base for the regimens of anal irrigation that are used?
- Pre-referral checklist to decide who is eligible and what treatments the patient should have tried prior to being considered for anal irrigation.

ACTION:

- **SJ to send out draft of anal irrigation pathway for comment.**
- **Formulary and Managed Entry Subgroup (FMESG) to consider adding electronic anal irrigation device to Do Not Prescribe List.**

4.3) Ophthalmology pathway

A verbal update on the ophthalmology pathway for secondary care high cost drugs was presented to the group. A draft pathway has been prepared but no offers of clinical engagement were received from specialists or CCGs to act as 2nd checker and to assist in updating the draft pathway. The group suggested that the final draft should be sent out to all Trusts with ophthalmologists for comment, and Trusts to be asked to respond even if they have no comments to make. Members of those Trusts who sit on the PaGDSG would be happy to facilitate this if required.

ACTION:

- **SJ to send out final draft of ophthalmology pathway to all Trusts with ophthalmologists for comment.**

5. Clinical Guidelines

5.1) GM antibiotic guideline – update

The group noted a draft GMMMG primary care antibiotic guideline is currently in development but is awaiting final Public Health England guidelines being published before it comes to this subgroup for approval.

6. Updates from National Guidance and Workplan

6.1) Horizon scanning/MHRA DSU Dec 2016

One of the objectives of this subgroup is to consider national guidance and identify and recommend changes to existing pathways and guidelines to improve safety, quality, clinical and cost-effectiveness across the primary-secondary care interface. This includes, where appropriate, the development of new pathways and shared care guidelines AND also to horizon scan and considers local clinical priorities for pathway and guideline development.

A suggested format for a horizon scanning template document to be presented at each subgroup meeting was presented to and approved by the group. It was agreed that this should also include draft NICE guidelines currently out for consultation, MHRA alerts, GMMMG guidance/decisions, and national patient safety alerts.

6.2) Workplan Jan 2017

The current workplan of the group was circulated for information.

7. Additional Items

Nil

8. Date of Next Meeting

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