PATHWAYS AND GUIDELINES DEVELOPMENT SUBGROUP

GMMMG NHS

Minutes

12th July 2018, 1pm-3pm

Croft Shifa Health Centre, Rochdale, OL16 2UY,

1. General Business

1.1) Apologies received:
As below

Attendee	Representing	Mar	May	July	Sept	Nov
Faduma Akbar (FA) Senior medicines Optimisation Pharmacist, Manchester CCG	GM CCGs	✓	✓	✓		
Petra Brown (PB) GM MH Medicines Optimisation Strategic Lead	GM Mental Health	A	A	A		
Salina Callighan (SC) Medicines Optimisation Pharmacist, Bury CCG	GM CCGs	A	A	A		
Dr Richard Darling (RD) GP, HMR CCG	GM GPs Deputy Chair	✓	✓			
Nigel Dunkerley (ND) Locality Medicines Optimisation Lead, Oldham CCG	GM CCGs	A	✓	✓		
Robert Hallworth (RH) Specialist Cancer Pharmacist, North of England Area Team, NHS England	Chair	✓	✓	✓		
Robert Hirst (RHi) Senior Pharmacist, Tameside FT	GM Providers	A	A			
Adam Irvine (AI) CEO LPC	GM Community Pharmacists	A	✓	A		
Philippa Jones (PJ) Chief Pharmacist, Pennine Acute Trust	GM Chief Pharmacists		✓	✓		
Dr Tom Leckie (TL) Consultant in Emergency Medicine, Pennine Acute Trust	Secondary Care	A	✓			
Dr Audrey Low (AL) Consultant Rheumatologist, Salford Royal Hospital	Secondary Care	✓	✓	✓		
Gary Masterman (GM) Deputy Chief Pharmacist, WWL Trust	GM Providers	✓	✓	✓		
Ruth Murdoch (RM) Clinical Pharmacy Services Manager, UHSM	GM providers	A	A	A		
Alan Physick (AP) Pharmacist, Bolton FT	GM Providers	A	✓	A		
Vanessa Reid (VR) Specialist Clinical Pharmacist - Specialist Medicine, MFT	Secondary Care	✓	✓	A		
Barry Roberston (BR) Locality Lead Pharmacist, Five Boroughs Partnership NHS FT	GM Mental Health	A	A			
Nigget Salem (NS) Clinical Lead for Medicines Optimisation, Bury CCG	GM CCGs	A	A			
Lesley Smith (LS) Chief Pharmacist, Pennine Care FT	GM Mental Health	A	✓	A		
Anna Swift (AS) Assistant Director of Medicines management, Wigan CCG	GM CCGs	A	✓	✓		
Sarah Wills (SW) Rheumatology Pharmacist, SRFT	Secondary Care Specialist	A				

Attendee	Representing	Mar	May	July	Sept	Nov
Kathryn Griffiths (KG) Strategic Medicines Optimisation Pharmacist, GM Shared Service	Commissioning Support (non-voting)	✓	A ER/KO	✓		
Monica Mason (MM) Head of Prescribing Support, RDTC	Professional secretary (non-voting)	✓	✓	✓		

1.2) Declarations of Interest

Declarations of interest from this meeting:

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

1.3.1) Minutes of the previous meeting – May 2018

The group queried whether the minutes accurately captured the discussion around the Third Party Repeat Item Request Guidance, and whether this paper had been submitted to CSB as policy or guidance. MM explained that she felt the minutes were reflective of the discussion undertaken, but would check the notes taken to confirm and relay any necessary changes to the group. MM explained that whilst the PaGDSG had approved this work as "guidance", it had been submitted to CSB with the ask that it was taken forward as policy via AGG. However at the CSB meeting there had been some discussion about this ask and CSB reporting structures in general, which are currently under review following changes to AGG. The guidance was approved for addition to the GMMMG website, a subsequent paper was submitted to Directors of Commissioning asking that these standards are requested from all GM CCGs.

At this point the group also noted that following CSB SW was asked to review the GF guidance based on the Bury guidance as suggested by MO'D and return to PaGDSG.

Following some additional minor amendments the minutes were accepted as accurate.

ACTION: MM to action as above and add to the website**.** KG to communicate GF request from CSB to SW.

2. Pathways and Clinical Guidelines

2.1 GMMMG Opioid Prescribing for Chronic Pain: Resource Pack

The group considered the "Opioid Prescribing for Chronic Pain: Resource Pack" recently produced by Wigan CCG and the supporting paper, which explained that the purpose of this work is to establish in part a GM wide strategy to tackle the inappropriate prescribing of opioids across the whole of GM. The group was asked to discuss any aspects of this paper that might require additional resource to implement, or pose a commissioning implication, as these points would be communicated to CSB as a resource request. The paper also asked the group to discuss and propose measures by which the implementation of this guidance will be measured e.g. a reduction in opioid prescribing in all GM CCGs by X amount by DATE, this will then be communicated to CSB and add to the PaGDSG monitoring agenda.

AS was thanked for her work by the group and the resource pack was deemed to be very useful. It was acknowledged that whilst the pack contained a lot of information, users could select those parts most relevant to the needs of their population. It was accepted that a pain diary would be added into the pack in time and that it was hoped READ codes could be added too, where available. AS explained that following GM wide consultation the comments received had been considered, and that the forward had been updated to reflect "end of life" prescribing. There had been some comment that the attempt to reduce opioid prescribing may result in an increase in referrals to specialist pain clinics, which may put an additional pressure on these services. The group agreed that CSB be asked to consider the impact referrals to specialist pain clinics may experience as patients seek alternative treatment to opioids. It is recognized that in order for this project to be successful an integrated approach across the primary secondary care interface will be required, and CSB should be asked to discuss how this will be effectively communicated.

PaGSDG considered how a possible target for reduction, it was recognized that GM CCGs would have different priorities, but suggested to CSB that this target is that "any GM CCG with an opioid prescribing frequency above that of the England average aims to reduce below the England average in the next twelve months", however asked that MM contact Karen O'Brien (Accountable CD officer) to discuss this pre-CSB submission.

The group agreed that CSB be asked to approve this resource pack for publication to the GMMMG website to support the drive to reduce opioid prescribing. PaGDSG would like it to be made clear that CCGs can direct their practices to the most appropriate aspects of the pack for their organization, but not all elements will be required by all organizations. CSB should be asked to consider what is commissioned by local authorities in respect of support for addiction to prescription drugs, and whether further information is required from the LA to take this work forward or not.

Action: AS with the support of MM and KG to submit this pack to CSB for approval at the August meeting

2.2 Neuropathic pain guideline - scoping for review

The group heard that the GMMMG neuropathic pain guidance had been called in to question as it is not in line with NICE guidance and recommends an unlicensed treatment i.e. amitriptyline over licensed options as the first line option. The group considered a scoping template and guideline checklist, which highlighted difference between the GM and NICE guidance, it was recognized that NICE had updated their guidance in April 2018 and that the GM guidance should also be updated. The group agreed that all pathways/guidelines/SCPs should have a 3 year review date as standard, but that in addition monthly horizon scanning should pick up all potential changes to current documents.

Action: MM to action as above and schedule guidelines for review by PaGDSG

2.3 Sacubitril/valsartan info sheet review

This information sheet was approved for use by the Interface Prescribing Group in June 2016, and had been due for review on the 16th June 2018. A check against the current SPC has not prompted any change in this information sheet, and there had been no change to NICE TA 338 since its publication in April 2016, or any alerts issued by the MHRA. The group approved this information sheet for a further three years, its update would be communicated to CSB and it would be added to the GMMMG website and communication sent to the heart failure nurses who had contacted PaGDSG and to stakeholders.

Action: MM to action as above

2.4 Draft pathway for extended dual antiplatelet therapy following myocardial infarction – scoping

The group considered a draft "pathway" produced by Dr Puri (TGH) for prescribing DAPT with Ticagrelor based on the East Cheshire pathway but also incorporating the guidance on GMMMG. It was noted that GMMMG Formulary and Managed Entry Subgroup issued a very similar information leaflet in April 2017, and that it appeared that the East Cheshire document may have been taken from the GM document, although this was not confirmed. The author of the GMMMG document had been contacted and had considered Dr Puri's "pathway" and responded that it is in line with the GMMMG info sheet. Comment had also been made that as long as the communication from the Consultant makes it clear to the GP that the risk / benefit analysis has been made – and is detailed in some way within that communication when extended therapy is requested – this should be sufficient, but it should be known that a recommendation from a Consultant shouldn't completely absolves the GP from thinking about the risk / benefit too, i.e. prior to setting ticagrelor 60 up on the patient's repeat prescribing list.

It was agreed that Dr Puri be contacted to check his awareness of the current GMMMG statement, but that in addition the two documents be merged and sent on to Dr Puri for approval. Assuming no changes other than formatting, this document could be approved via CSB update and added to the website.

Action: MM to action as above

2.5 STOMP project scoping

The group considered a brief summary of the STOMP project that asked for PaGDSG to propose a timeline and objectives. It was noted that stopping over medication of people with a learning disability (LD), autism or both with psychotropic medicines (STOMP) is a national project to help improve the quality of life for people with LD or autism and their carers, but that whilst it is on the GMMMG work plan is not one of the four priority areas. The prioritization of this work was queried, it was agreed that the scoping template would be completed and returned prior to being raised at CSB for approval to take forward.

Action: KG to return completed scoping tool to PaGDSG

2.6 Antimicrobial work stream

An update was provided on the antimicrobial work stream, three items were provided:

- Updated GM primary care antimicrobial guidelines following review by GM working group on 19th June 2018 – request that group accept the revised guidelines for GM use.
- Proposal of the work to be completed for the workstream and detail of the QP targets – request that group agree the targets and agree the proposed work projects.
- Update on baseline GM prescribing position (Dec 17) and work undertaken so far – for information

It was acknowledged that all CCGs have individual work plans to address antimicrobial prescribing and are working towards CQUIN/QP targets. There was comment that usefulness of this work stream be queried, CCGs already receive significant amounts of data from various national and local dashboards, and use this information to support their prescribers in the reduction of inappropriate antibacterial prescribing. There was comment that this resource may be better spent on further patient awareness campaigns and engagement with councils and community teams, particularly in relation to care homes. It was recognized that further GMMMG focus on antimicrobial prescribing in secondary care and mental health may be warranted, and GMSS agreed to follow up the NHSE antimicrobial questionnaire. The group discussed various aspects of this work, asking whether there was any evidence to support the GM wide roll out of CRP testing, from the pilots undertaken. It was agreed that group members would submit any further comments to KG, who will update the plan accordingly and return the toolkit to PaGDSG as it develops, along with the MO dashboard, so that the group could monitor GM Abx trends at regular intervals. It was agreed that the RDTC would look to issue its Antimicrobial report as a priority, and that antimicrobial prescribing rates vs admissions for sepsis (from Brit data) would be brought back to PaGDSG.

Action: Members to submit any further comments to KG. KG to action and return plan as it updates as above. MM to ask RDTC to issue AB report as a priority.

2.7 Guidelines requiring review

The group considered a list of all GMMMG guidance currently held on the GMMMG website and a proposed review schedule. Any further comments from the group were to be submitted to MM within the next week in order that a schedule of review be developed and the website be updated accordingly.

Action: Members to submit any further comments to MM within a week, MM to update review schedule and issue a document control policy

3. <u>Shared Care Protocols (SCPs)</u>

The group considered the following SCPs alongside a completed checklist:

3.1 Sulfasalazine for IBD (New)

This SCP has been developed to support existing prescribing of sulfasalazine for IBD without an SCP being in place. Monitoring requirements are no different to other SCP for this drug when used for rheumatological indications. This was recommended for approval to CSB.

3.2 Domperidone for Paediatric GORD (Update)

This was a review and update of an existing SCP, no changes to the monitoring requirements were identified, and hence no commissioning impact was expected. The members asked that pregnancy statement as per section 7 be added to the exclusion section, after which the SCP be recommended to CSB for approval.

3.3 Disulfiram in the treatment of alcohol dependence (Update)

This was a review and update of an existing SCP, no changes to the monitoring requirements were identified, and hence no commissioning impact was expected. It was noted that the disulfiram entry in the formulary states 'patient must be stabilised prior to transfer of prescribing. (> 3 months)' however minimum treatment duration is not specified by the SCP, and that the formulary be reviewed. The members asked that pregnancy statement as per section 7 be added to the exclusion section, after which the SCP be recommended to CSB for approval.

3.4 Hydroxychloroqine for dermatology and rheumatology (Update)

The group considered the attached RDTC document on *the Hydroxychloroquine and Chloroquine Retinopathy: New Recommendations on Screening.* It was noted that the changes to current versions are the new maximum dose and link to new monitoring guidelines. The requirement for an annual check after 5 years treatment, and that the simple eye chart was not to be used anymore had already been included. The members asked that pregnancy statement as per section 7 be added to the exclusion section, after which the SCP along with the commissioning impact can be opened for GM wide consultation

3.5 SCP log for information

It was noted that the SC methotrexate SCP is awaiting the outcome of Homecare discussions with CCGs.

Action: MM to action as above and update SCP log accordingly.

4. Monitoring

4.1 Respiratory monitoring schedule

Due to restricted time, RH briefly updated the group on the extension of the asthma pathway consultation, and explained that this pathway will come into PaGDSG once the consultation closes.GM

5. Updates from National Guidance

5.1 Horizon scanning/MHRA DSU May and June 2018

For information

5.2 Responsibility for prescribing between Primary and Secondary Care (NHSE guidance)

Deferred to a future meeting

6. Updates from other groups

Deferred although GM workplan provided for information

7. AOB

Manchester APC commented that GPs are unhappy with the transanal irrigation pathway, MM asked that this first be taken to CCG leads meeting and if 5 or more CCGs were in support of this pathway being reviewed then it could come back into the group.

Date of next meeting:

Thursday 13th Sept 2018 2pm-4pm, Meeting Room 2, Croft Shifa Health Centre, Belfield Road, Rochdale, OL16 2UY