



## Minutes

11<sup>th</sup> May 2017, 1pm-3pm

HMR CCG, Nye Bevan House,  
Rochdale

### Present:

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

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

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

**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 Wroughtington and Leigh Foundation Trust

**Ruth Murdoch (RM)** Clinical Pharmacy Services Manager, UHSM

**Vanessa Reid (VR)** Specialist Clinical Pharmacist - Specialist Medicine, CMFT

**Anna Swift (AS)** Medicines Management Pharmacist, Wigan CCG

**Faduma Abukar (FA)** Senior Medicines Optimisation Pharmacist, Manchester Health and Care Commissioning

**Adam Irvine (AMi)** Chief Executive Officer, Greater Manchester LPC

### Support:

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

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

### In attendance:

Nil

## 1. General Business

### 1.1) Apologies received:

Audrey Lowe, Nigel Dunkerley, Robert Hallworth, Robert Hirst

### 1.2) Declarations of Interest

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 PaGDSDG 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](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 – March 2017**

The minutes were accepted as a true and accurate record with the following change:

- Item 4.2 Eye Pathway – add in that cover sheet to be updated to include financial implications prior to pathway going to GMMMG.

**ACTION: RDTG to publish as final.**

### **1.3.1) Matters arising and Action Log from March 2017 meeting**

As per the action log enclosed with the papers.

## **2. Strategic Direction and Governance**

Nil.

## **3. Shared Care Guidelines**

### **3.1) Degarelix for prostate cancer SCP**

The final draft of the degarelix for prostate cancer SCP was presented to and approved by the group subject to the following change:

- Section 5 – remove last paragraph
- Section 14 – change “ideally within 14 days” to within “14 days” for communications from secondary care to be received by GPs as now a contractual requirement.

**ACTION:**

- **GM to send Degarelix for prostate cancer SCP to June 2017 GMMMG meeting for ratification.**

### **3.2) Nebulised colistin for non-CF bronchiectasis SCP.**

The final draft of the Nebulised colistin for non-CF bronchiectasis SCP was presented to and approved by the group.

**ACTION:**

- **GM to send Nebulised colistin for non-CF bronchiectasis SCP to June 2017t GMMMG meeting for ratification.**

### **3.3) Cinacalcet for primary hyperparathyroidism SCP (due for review in May 2017)**

This SCP has been reviewed against the BNF, SPC and MHRA Drug Safety Updates. It was also sent to the original authors for review but no response was received. There have been no changes made to the content of the SCP.

The group approved this SCP for a further 2 years with the option for this to be extended for a further year by Chair's Action.

**ACTION:**

- **GM to send reviewed Cinacalcet for primary hyperparathyroidism SCP to June 2017 GMMMG meeting for ratification.**

### 3.4) Ibandronate in breast cancer SCP (due for review in May 2017)

This SCP has been reviewed against the BNF, SPC and MHRA Drug Safety Updates. It was also sent to the original authors for review but no response was received. There have been no changes made to the content of the SCP.

The group approved this SCP for a further 2 years with the option for this to be extended for a further year by Chair's Action.

#### **ACTION:**

- **GM to send reviewed Ibandronate in breast cancer SCP to June 2017 GMMMG meeting for ratification.**

### 3.5) Rheumatology DMARD SCPs – drafts in progress

Now that the final BSR guidance on the monitoring of DMARDs has now been published a draft GMMMG wide version of the SCPs for DMARDs in rheumatology has been produced and circulated to all Trusts for their initial comments. All Trusts have so far responded except Bolton FT who have asked for little more time to review. Once all comments are received a final version will be placed on GMMMG website for final comment and it is hoped that these can be approved at July 2017 PaGDSG meeting.

The group also discussed progress on the subcutaneous methotrexate SCP. This is taking a little more time to progress due to issues around waste management, and commissioning issues. Currently s/c methotrexate is provided by secondary care via homecare, the question is how to supply in primary care. Should it be via FP10 route or GP/CCG provided homecare route? Trusts have indicated that they wish to progress this SCP due current capacity issues within the service they currently provide (often via homecare), and this may have financial implications for CCGs.

#### **ACTION:**

- **GM to put final version out for comment on GMMMG website and then bring to July 2017 PaGDSG meeting for approval.**
- **GM to email CCG Medicines Management Leads for their views on best supply route in primary care for subcutaneous methotrexate.**

### 3.6) Azathioprine SCP for autoimmune renal conditions

The group reviewed the Azathioprine for autoimmune renal condition SCP that has been received from SRFT with a request that it is added to the GMMMG website. It was approved at the SRFT Medicines Management Group in February 2017.

The group agreed it could not approve this SCP for addition to the GMMMG website at this stage because the content does not exactly match that of the other existing SCPs for azathioprine, in particular the wording in the pregnancy section and the monitoring section. It was also suggested that could this indication not just be added to the draft azathioprine for rheumatology indications SCP that is BSR compliant instead of having a separate SCP.

#### **ACTION:**

- **GM to ask SRFT if this indication could not just be added to the draft azathioprine for rheumatology indications SCP that is BSR compliant instead of having a separate SCP.**
- **GM to ask SRFT to match content in existing SCPs for azathioprine if first action not possible.**

## 4. Pathways and Clinical Guidelines

### 4.1) Urticaria – GP supporting information

A final version of Urticaria guideline was presented to and approved by the group subject to the following change:

- Section 4 – drug dosing table – highlight in table why cetirizine not recommended in 6-11 year old age group.

**ACTION:**

- **SJ to update and send Utricaria Guideline to June 2017 GMMMG meeting for ratification.**

**4.2) Transanal Irrigation Pathway**

A verbal update on progress with the Transanal Irrigation Pathway was presented to the group. It has now been out for consultation on the GMMMG website and a meeting has been arranged June 2017 of the working group to review the comments received. The working group will also produce some supporting information to go with the pathway e.g. letter templates requesting GP to prescribe.

**4.3) Opioid guidance**

A verbal update on progress with the GMMMG Opioid Guideline was presented to the group. A Task & Finish group is being formed to progress this work. It is hoped that a draft will come to the July 2017 PaGDSDG for comment. It was noted that this guidance will not cover palliative care use of these drugs.

**5. Updates from National Guidance and Workplan****5.1) Horizon scanning/MHRA DSU May 2017**

The Horizon scanning/MHRA DSU document for May 2017 was circulated to the group for information.

**5.2) Workplan May 2017**

The current workplan of the group was circulated for information. It was agreed to update this post-meeting with all the pathways/guidelines that are in development by the GM Shared Service as agreed with the CCG Heads of Medicines Management.

**ACTION:**

- **SJ to forward to GM all the pathways/guidelines that are in development by the GM Shared Service to go on the PaGDSDG workplan.**

**6. Updates from Other Groups****6.1) GMMMG**

A verbal update on the last meeting of this group was given.

**6.2) Formulary and Managed Entry Subgroup**

A verbal update on the last meeting of this group was given.

The group discussed the request for an SCP for naltrexone in opioid dependence and felt it was not possible to develop one. This is because local commissioning arrangements vary across GMMMG and in some CCGs GPs are not asked to prescribe by the service provider. Also the majority of the providers are non-NHS organisations and getting them to use the SCP may be problematic.

The group discussed the request for an SCP for SSRIs when used for children with eating disorders. It was felt that a separate SCP was not required as the SSRI is used to treat depression/anxiety associated with the eating disorder, not the eating disorder itself, and this use should be covered by the existing SCP for SSRIs in anxiety in children.

**6.3) High Cost Drugs Subgroup**

A verbal update on the last meeting of this group was given.

## **7. Additional Items**

### **7.1) Ante-natal Preventative Medication**

The group discussed the issue around who should prescribe/supply ante-natal preventative medication that had been raised. Should it be secondary care or primary care or bought over the counter? The group noted that Andrew White had been asked to take this work forward by the CCG Heads of Medicines Management meeting. In general discussion it was felt this needed some national resolution and that midwives best place to provide/or advise patient to buy over the counter, as they have most contact with the patient rather than GP or secondary care consultant.

### **7.2) Contractual Changes Regarding Shared Care From 1.4.2017**

The changes to the NHS Standard Contract as of 1.4 2017 regarding shared care were brought to the attention of the group. Under the change hospitals must only initiate shared care arrangements where the patient's GP is content to accept the transfer of responsibility i.e. the 'opt-in' option in last year's consultation.

The existing GMMMG shared care protocol template already includes forms/wording to facilitate this.

The group discussed and agreed to make available on the GMMMG website a standard form of words to be used by Trusts when requesting shared care with GP, and a form that could be used by GPs to reply. Where possible communications around shared care should be done electronically. It was noted that it was possible to build the GP response form into GP systems so that it could be pre-populated, and GP then just needs to sign and return.

#### **ACTION:**

- **GM to send RD a word version of GP Shared Care Response Form to produce an EMIS template for GP systems.**
- **GM to contact Andrew Martin to progress use of standard form of forms in Trust letters requesting shared care across Greater Manchester.**

### **7.3) GMMMG Shared Care Guidelines as 1.4.2017 (incl those in development)**

A spreadsheet on development status of GMMMG SCPs for all AMBER drugs was circulated to the group for information.

### **7.4) Handheld Monitoring Booklet for DMARDs**

The group discussed whether the DMARD SCPs should still make reference to the patient being given a Handheld Monitoring Booklet for DMARDs. This is because now that IT systems are more integrated blood results are generally accessed electronically, and as such the Handheld Monitoring Booklets are largely not completed with blood results each time. It was agreed that no change be made to the SCPs at this stage because giving the patient a Handheld Monitoring Booklet for DMARDs is still at requirement of the NPSA Alert around Methotrexate.

### **7.5) AOB**

#### **Patient Alert Card for Immunosuppressants**

The group noted that Wigan Wrightington and Leigh Foundation Trust are developing a Patient Alert Card for Immunosuppressants, and the group agreed that this should be consider for adoption across GMMMG.

#### **ACTION:**

- **GMA/GM to circulate draft Patient Alert Card for Immunosuppressants to PaGDSG members comment.**

### Apremilast

CMFT asked if the group would consider an SCP for apremilast. The group felt that apremilast was not suitable for shared care because it is CCG funded drug exclusion involving a PAS scheme which would not be accessible in primary care via community pharmacies.

### Date of Next Meeting

13<sup>th</sup> July 2017, 1pm-3pm, Nye Bevan House, Maclure Road, Rochdale, OL11 1DN