



## Minutes

9<sup>th</sup> November 2017, 1pm-3pm

HMR CCG, Nye Bevan House,  
Rochdale

### Present:

**Robert Hallworth (RH)** Specialist Cancer Pharmacist, North of England Area Team, NHS England  
(Chair)

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

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

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

**Dr Audrey Low (AL)** Consultant Rheumatologist, Salford Royal Hospital

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

**Robert Elsey (RE)** Specialist Pharmacist, Pennine Acute Hospital Trust

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

**Lisa Kershaw (LK)** Pharmacist, MFT-South

### Support:

**Andrew White (AW)** Head of Medicines Optimisation, GM Shared Service

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

### In attendance:

Nil

## 1. General Business

### 1.1) Apologies received:

Adam Irvine, Petra Brown, Faduma Abukar, Nigel Dunkerley, Elaine Radcliffe, Gary Masterman

### 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 – September 2017

The minutes were accepted as a true and accurate record.

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

### 1.3.1) Matters arising and Action Log from September 2017 meeting

As per the action log enclosed with the papers.

## 2. Strategic Direction and Governance

A verbal update was given to the group on the review of GMMMG membership that is currently underway. A letter seeking nominations was out in October 2017 to all GMMMG members and stakeholders, with deadline for nominations of 17th Nov. As part of this looking to also fill some the gaps in subgroup membership - PaGDSG wise seeking a commissioner, CCG Head of Medicines Management, and an Acute Trust Chief Pharmacist to add to our existing membership. Nominations received will be reviewed at the December meeting of the GMMMG Sub-group Chairs. There are also two GMMMG Task & Finish Groups currently being set-up to look at data and the GMMMG website.

## 3. Shared Care Guidelines

### 3.1) Review of GMMMG SCP Template

At the Sept 2017 PaGDSG the group discussed comments relating the length of these SCPs and all SCPs in general. Some felt a shorter version would make the documents more user friendly with links to BNF, SPC and other references rather than including the content from these references.

The current SCP template was presented for review together with examples of SCPs from elsewhere in England.

The group noted that work currently being undertaken by the All-England Chief Pharmacists Group and NHS England to produce revised national guidance on 'Responsibilities for Prescribing between Primary and Secondary Care'. This is currently out for consultation with Chief Pharmacists and will include some recommendations on the content of SCPs.

It was agreed after discussion that the review of the GMMMG SCP template should be placed on hold until the outcome of the NHSE workstream is known. It was also agreed that any future updated SCP template would be introduced gradually across GMMMG as SCPs come up for review.

#### **ACTION:**

- **GM to keep the group informed on progress with the revised national guidance on 'Responsibilities for Prescribing between Primary and Secondary Care'.**

### 3.2) Ciclosporin for use in childhood nephrotic syndrome SCP - due for review Oct 2017

This SCP is now due for review and has been sent to the original authors at Royal Manchester Children's Hospital to review but as yet no updated version has been received. No significant changes are expected.

The group agreed that it is appropriate to continue to use the existing GMMMG shared care guideline until it is formally reviewed and an updated version is available. Wording will be added to the GMMMG website to this effect.

### 3.3) Riluzole SCP – due for review November 2017

This SCP is now due for review and has been sent to the original authors at SRFT to review but as yet no updated version has been received. No significant changes are expected.

The group agreed that it is appropriate to continue to use the existing GMMMG shared care guideline for Riluzole until it is formally reviewed and an updated version is available. Wording will be added to the GMMMG website to this effect.

### 3.4) Ethinylestradiol the induction of delayed puberty SCP – due for review Nov 2017

This SCP has been reviewed against the BNF, SPC and MHRA Drug Safety Updates. This SCP has also been reviewed via email with all original authors at RMCH.

The following minor changes are required:

- Section 5 - Cardiovascular disease, personal or family history of thromboembolism, liver impairment and acute porphyria - moved from cautions to contra-indications as per SPC.
- Section 7 - addition of reference to there is a guideline produced by the British Society for Paediatric Endocrinology and Diabetes, "Guidance Statement: Hormone Supplementation For Pubertal Induction In Girls" (last updated in 2016). The dosing in this SCP reflects the regimen recommended in the BSPED guidelines.
- Section 9 – addition of sodium valproate interaction

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 subject to the further suggested changes discussed at the meeting.

It was also agreed to re-visit with RMCH why Ethinylestradiol tablets are the preferred treatment option locally in this group of patients over other treatment options which are less costly such as oestrogen patches. The use of oestrogen patches is supported in the latest British Society for Paediatric Endocrinology and Diabetes Guidelines for Hormone Supplementation for Pubertal Induction in Girls.

The British Society for Paediatric Endocrinology and Diabetes Guidelines for Hormone Supplementation for Pubertal Induction in Girls also make recommendations on the use of HRT and COCs after 30 months. This would be initiated by the specialist and continued with advice by the GP.

#### **ACTION:**

- **GM to send reviewed Ethinylestradiol the induction of delayed puberty SCP to December 2017 GMMMGM meeting for ratification.**
- **GM to re-visit with RMCH why Ethinylestradiol tablets are the preferred treatment option locally in this group of patients over other treatment options which are less costly such as oestrogen patches.**

### 3.5) Adult ADHD SCP – due for review Nov 2017

This SCP is now due for review and Greater Manchester Mental Health NHS Foundation Trust have agreed to lead on this.

The group noted that updated NICE guidance is due Feb 2018 which is expected to put lisdexamfetamine first line and has been suggested to put the review of this SCP on hold until this published.

The group to agree that it is appropriate to continue to use the existing GMMMGM shared care guideline for Adult ADHD until it is formally reviewed and updated NICE guidance is available in Feb 2018. Wording will be added to the GMMMGM website to this effect.

### 3.6) Lithium SCP - due for review Oct 2017

This SCP has been reviewed against the BNF, SPC and MHRA Drug Safety Updates. This SCP has also been reviewed via email with Greater Manchester Mental Health NHS Foundation Trust.

The following minor changes are required and were approved by the group:

- Removed from Section 5 - Stable patients may be stepped down to Primary Care in some CCGs where there is prior agreement to do so with the GP and local commissioning arrangements permit. This SCP does not apply to these patients
- Added to Section 5 - For people who have relapsed in the past or have subthreshold symptoms with functional impairment consider maintaining levels of 0.8-1.0mmol/l.
- Section 8 – updated format of preparations available to match Salford SCP plus added about lithium liquid equivalent doses.
- Section 8 added under Please Prescribe: Lithium is usually prescribed at bedtime usual starting dose is 400mg orally at night and for older adults 200mg at night. These doses may need reduced if patients are on interacting drugs or in patients with Chronic Kidney Disease

Stage G3-G5. Lithium has linear kinetics so an increase of dose of 25% should increase the plasma level by 25%. It is helpful to ask the patient what time they took their last dose as lithium serum level should be checked at least 12 hours after the last dose ,7 days after initiating treatment ,then weekly until dose is stable. All samples of lithium blood should be marked with the time the blood is taken and the current dose.

- Section 8 – added a stopping lithium section (info from Salford SCP)
- Section 9 – updated info about PRN NSAIDs and lithium

It was agreed that the following suggested additions were not required as the information is continued elsewhere in the SCP subject to confirmation that was acceptable from Salford and Trafford CCGs:

- Appendix – Lithium Levels – Management of Abnormal Results
- Appendix – Prescribing of Lithium in Hypothyroidism
- Table – Summary of Monitoring of Patients on lithium therapy

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:**

- **AS to confirm that additional appendices and summary table of monitoring are not required by Salford and Trafford CCGs.**
- **GM to send reviewed Lithium SCP to December 2017 GMMMG meeting for ratification.**

**3.7) Melatonin for sleep disturbance in adult patients with learning disability or are CAMHS graduates where continued treatment is desirable SCP – due for review Nov 2017**

This SCP is now due for review and was sent to the original authors at Greater Manchester Mental Health NHS Foundation Trust to review. They have fed back that there have been changes in the commissioning arrangements for Adult LD patients with adult services now being provided by MerseyCare with no facility for neither prescribing nor medicines management. This makes for a complicated prescribing picture which the commissioners are aware of and are currently reviewing.

After discussion the group agreed to archive this SCP for now because of the ongoing problem of how to practically share the care. It also felt that in the case of CAMHS graduates many GPs would be happy to continue treatment from childhood based on the paediatric SCP so a separate adult SCP was not required.

**3.8) Subcutaneous Methotrexate SCP**

A verbal update on progress with the Subcutaneous Methotrexate SCP was given to the group.

The CCG Medicines Management Leads wish to put development of a Subcutaneous Methotrexate SCP on hold until all Trusts within Greater Manchester who supply subcutaneous methotrexate via homecare are Hackett compliant, which is expected to occur by April 2018. Therefore subcutaneous Methotrexate should be treated as RED drug for now.

It was also agreed to continue to explore the waste management issue with community pharmacy.

**ACTION:**

- **GM to add Subcutaneous Methotrexate SCP to PaGSDG agenda again from March 2018.**
- **GM to continue to the collection of cytotoxic sharps waste bins by community pharmacies across Greater Manchester with the LPC.**

**3.9) Azathioprine for neurological conditions**

SRFT have submitted a request to the FMESG for the RAG status for azathioprine for neurological conditions as it currently is not listed for this indication. If made AMBER then SRFT will produce a GMMMG SCP OR to simplify things this indication will be added as indication to the new azathioprine rheumatology SCP with the aim of creating one single azathioprine for all indications eventually.

### 3.10) Azathioprine for autoimmune renal indications SCP

A verbal update on progress with the Azathioprine for autoimmune renal indications was given to the group. SRFT are currently putting their existing local SCP into the GMMMG format and updating the monitoring to match the new BSR guidelines where possible. Content will also all match other GMMMG SCPs for azathioprine where possible OR to simplify things this indication will be added as indication to the new azathioprine rheumatology SCP with the aim of creating one single azathioprine for all indications eventually.

### 3.11) Methotrexate and Sulfasalazine SCPs for IBD

A verbal update on progress with the development of two new SCPs for methotrexate and sulfasalazine in the management of IBD was given to the group. UHSM and CMFT are currently reviewing a draft. Monitoring will match the new BSR guidelines and content will also match all other GMMMG SCPs for methotrexate and sulfasalazine where possible. If possible the indications for Methotrexate and Sulfasalazine in IBD will be added to the appropriate Rheumatology DMARD SCP to create one SCP for each DMARD covering all indications.

### 3.12) Modafinil SCP – Parkinson's disease

Following the new NICE guidance on the management of PD the FMESG have classified the use of modafinil in the management of PD as AMBER – this will require an amendment to the existing SCP for the use of modafinil in the management of narcolepsy which is currently in draft form with SRFT. The group agreed to approach SRFT to draft an SCP to come to a future PaGDSG meeting for approval.

#### **ACTION:**

- **GM to approach SRFT to draft an SCP for Modafinil to come to a future PaGDSG meeting for approval**

### 3.13) Stiripentol for Epilepsy in Adults SCP

The PaGDSG may be asked by the FMESG to develop new SCP for continuation of stiripentol into adulthood for epilepsy depending on the outcome of the current consultation on the FMESG recommended change of RAG status from RED to AMBER for adults when therapy continued from childhood. The request to change the review RAG status came from Dr Paul Cooper at SRFT. The group agreed to approach SRFT to draft an SCP to come to a future PaGDSG meeting for approval should the change in RAG status be approved by GMMMG.

#### **ACTION:**

- **GM to approach SRFT to draft an SCP for Stiripentol for Epilepsy in Adults to come to a future PaGDSG meeting for approval should the change in RAG status be approved by GMMMG.**

## **4. Pathways and Clinical Guidelines**

### **4.1) OPAT Pathway**

The summary of all the responses received from GM Trusts regarding the provision of OPAT services across Greater Manchester was reviewed by the group.

The group also agreed that the BSAC/BIA Good practice recommendations for outpatient parenteral antimicrobial therapy (OPAT) in adults in the UK: a consensus statement from 2012 should be used by Trusts/CCGs as an agreed set of good practice recommendations/standards when developing OPAT services in their locality rather than developing separate GMMMG list of standards for OPAT services.

### **4.2) OAB Pathway**

The GMMMG Treatment of Overactive Bladder in Women pathway was due for review in June 2017. The group agreed to this to its workplan for review and the GM Shared Service will identify someone to be the lead on this. Irsa Zubair, Medicines Optimisation Pharmacist, Manchester Health and Care Commissioning has also agreed to support this review.

**ACTION:**

- **AW to identify lead from GM Shared Service Medicines Optimisation Team to lead on review of GMMMG Treatment of Overactive Bladder in Women pathway.**

## **5. Updates from National Guidance and Workplan**

### **5.1) Horizon scanning/MHRA DSU November 2017**

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

### **5.2) Workplan November 2017**

The current workplan of the group was circulated for information.

## **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 and next agenda of this group was given.

### **6.3) High Cost Drugs Subgroup**

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

## **7. Additional Items**

### **7.1) Interface Prescribing Guide**

Communication of prescribing recommendations across care organisations is a complex area which raises frequent queries around the patient/prescribing pathway and management of prescribing requests or treatment recommendations.

The NHS standard contract provides some clarification around responsibilities and the updated 2017-19 contract includes additional advice around shared care, prescribing after out-patients attendance and follow up of test results. In addition GMMMG shared care protocols and the RAG lists provide further clarification relevant to specific medicines.

Where the contract recommendations and GMMMG guidance are not known or have not been followed it can lead to delays in treatment, there is potential to compromise patient care and it can result in additional work load for all organisations.

The health care landscape in Manchester is changing rapidly and there are numerous partner organisations for commissioners and providers to liaise with and a wide range of health care professionals who may make prescribing recommendations. Within this context it is not clear how accessible or well understood information around the standard contract and interface prescribing is to health care professionals on the ground.

In order to address this it is proposed that a GM interface prescribing guidance document is developed as a reference source to be shared across organisations and to highlight key responsibilities in relation to prescribing recommendations and follow up of test results.

Tameside NHS Foundation Trust and Tameside & Glossop CCG have an existing interface prescribing guide document. It is proposed that this be adapted to be used across GMMMG and to incorporate reference to the DNP list.

The PaGDSG also discussed the responsibilities of primary and secondary care in relation to the follow up of test results. The group noted the LMC/BMA has been vocal on this issue recently, and felt it should be treated as separate issue to the Interface Prescribing Guide. The PaGDSG agreed with the principle that the “the clinician who orders the test is responsible for reviewing, acting and communicating the result and actions taken to the General Practitioner and patient even if the patient has been discharged”.

**ACTION:**

- **GM to send Tameside Interface Prescribing Guide to PaGDSG members for suggested changes with a view to producing a GMMMGM version.**

**7.2) Nalmefene for Reduction of Alcohol Consumption in Adults – Information for Primary Care leaflet – due for review**

This Green+ Drug Information Leaflet has been reviewed against the SPC and BNF. The only suggested changes are the addition of prescribing information taken from the SPC that nalmefene may have minor to moderate influence on the ability to drive and use machines and patients should exercise caution particular when starting treatment, and indicate that Nalmefene is a black triangle drug.

**ACTION:**

- **GM to send reviewed Green+ Drug Information Leaflets – Nalmefene for Reduction of Alcohol Consumption in Adults to December 2017 GMMMGM meeting for ratification.**

**7.3) PaGDSG Meeting Dates, Times and Venues for 2018**

The PaGDSG meeting dates, times and venues for 2018 were circulated to the group for information.

**ACTION:**

- **GM to add PaGDSG Meeting Dates, Times and Venues for 2018 to GMMMGM website.**

**7.4) AOB**

GMMMGM Opioid Prescribing Guidelines

It was agreed to form a Task and Finish Group with the support of the GM Shared Service to move the development of the GMMMGM Opioid Prescribing Guidelines. Anna Swift, Richard Darling and Vanessa Reid volunteered to take part.

**ACTION:**

- **AW to identify lead from GM Shared Service Medicines Optimisation Team for development of GMMMGM Opioid Prescribing Guidelines and to arrange a meeting of a Task & Finish group as soon as possible.**

Minor Amendment to Rheumatology DMARD SCPs – Non-medical prescribers

Following a request from Pennine Acute it was agreed to change “consultant” in the Rheumatology DMARD SCPs to read “Specialist Prescriber” to accommodate the initiation of DMARDs in rheumatology by qualified and registered non-medical prescribers (e.g. nurses, pharmacists), as well as doctors. This reflects what already happens in practice in many areas.

**ACTION:**

- **GM to update Rheumatology DMARD SCPs to reflect initiation by non-medical prescribers as well as consultants.**

**Date of Next Meeting**

11th January 2018 2pm-4pm, Room G10, Number One Riverside, Smith Street, Rochdale, OL16 1XU