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GMMM Medicines and Guidelines Subgroup April 26th 2021, 12:00-14:00 via Teams

Minutes

Present:

Name	Title	Organisation	Aug	Sep	Oct	Nov-Mar	Apr
Robert Hallworth	Specialist Cancer Pharmacist	NHSE	✓	A	✓		A
Dr Pete Budden	GP Prescribing lead	Salford CCG	✓	✓	✓		✓
Petra Brown	Chief Pharmacist	Pennine care NHS FT	A	✓	A (JW)		✓
Dr Richard Darling	GP Prescribing Lead	Heywood, Middleton and Rochdale CCG					
Nigel Dunkerley	Locality Medicines Optimisation Lead	Oldham CCG	✓ (+FT)	✓ (+FT)	A (FT)		A (FT)
Claire Foster	Senior Medicines Optimisation Advisor	MHCC	A (AH)	✓	✓		✓
Lindsay Harper	Chief Pharmacist	Salford Royal NHS FT					
Jonathan Peacock	Chief Pharmacist	Tameside & Glossop NHS FT	✓	✓	A		✓
Gavin Ronaldson	Pharmacy Lead for Medicine	Manchester FT					
Prof. Peter Selby	Consultant Physician	Manchester FT	✓	✓	A		
Anna Swift	Associate Director Medicines Management	Wigan Borough CCG	✓	✓	A		
Amanda Fox	Assistant Chief Finance Officer	Oldham CCG		A	✓		A
Rebecca Demaine	Associate Director Commissioning	Trafford CCG					✓
Andrew Martin	Strategic MO Pharmacist	GM Joint Commissioning team	✓	✓	✓		✓
Monica Mason	Head of Prescribing Support	RDTG					✓
Dan Newsome	Principal pharmacist	RDTG	✓	✓	✓		✓

1. General Business	
	Welcome and apologies (See register above). Dr Pete Budden chaired the meeting
1.1	Declarations of interest None declared at this stage (prior to discussion of item 3.2 MM declared that the RDTC also support RMOC)
1.2	Minutes of the MGSG October meeting The minutes were approved pending the amendment of some grammatical inconsistencies.
1.3	Action log review Action 102001; item closed following the publication of NICE FAD and imminent TA Action 092001; Discussed under agenda item 3.3
2.0 Reduce variation in access to shared care across GM	
2.1	GMMMG Guidance on Transfer of Prescribing Responsibilities This item was approved for publication following a thorough consultation and review process led by CRG. The requirements of specialist services to retain responsibility for patients' care is likely to impact most on mental health services and confirmation was requested that these comments were considered during the consultation process. RDTC to provide feedback. Action: RDTC to publish as working document on GMMMG website
2.2	GMMMG SCP template The publication of a unified shared care protocol (SCP) template document covering all directorates and services was welcomed. A query was raised regarding the comments which appear on the document designed to aid in its completion. The query sought to ensure these are not lost but suggested they be incorporated into a standalone advice sheet. The document's comments are intended only for use by the GM support services to support the writing of SCPs and will not appear on the published documents for use by clinicians. Therefore it is not necessary to transfer to a separate document. MGSG were happy to approve the template for use across the Greater Manchester area. Action: RDTC to publish document on GMMMG website
2.3	GMMMG SCP – Azathioprine all indications MGSG agreed to approve the clinical content of this new SCP. However the group recognised that the current commissioning landscape is uncertain because it is not clear which CCGs commission shared care for each drug and indication. There is also the future commissioning context to consider; currently the document refers to the ten GM CCGs, which will ultimately become "localities" as the area moves to a single GM commissioning organisation. Therefore,

	<p>there is a clear need to maintain a log of which areas have agreed to commission each drug and indication. This will require robust communication mechanisms between MGSG and GM Directors of Commissioning (DoCs). JCT and the MGSG commissioning representative (RD) have been tasked to ensure that this is carried out.</p> <p>The publication of this document is dependent on the feedback from each commissioner.</p> <p>Action: AW & RD to communicate with DoCs and ensure MGSG receive feedback</p>
2.4	<p>Alignment of GM SCP Commissioning Arrangements – Update</p> <p>AW provided an update of the work done to date on scoping the current commissioning arrangements for SCPs in GM, this was summarised by a paragraph in the paper's cover sheet: <i>The responses gained from the scoping exercise shed very little light on the current arrangements other than to demonstrate that there is considerable variation within GM, within single CCGs and provider services (e.g. Mental Health services), and that very few people can actually state what the current arrangements are.</i></p> <p>It is also recognised that there are variations in the primary care quality contracts across GM which is ultimately preventing detailed recommendations from being made. The document presented makes general recommendations which MGSG accepted are required but agreed that these should be more explicit when presented to GM DoCs.</p> <p>MGSG heard that there is a lot of work required to align the current quality contracts to form a single GM-wide commissioned service and that it would be reasonable to aim to implement this from April 2022. In order to enable this to happen and allow time for the vital engagement with all relevant stakeholders, it was suggested that the proposals should aim to gain DoCs approval by the end of July 2021. The governance routes were discussed and MGSG were informed of the developing area-specific system boards which will need to approve the plans before the arrangements can be commissioned.</p> <p>Action: AW, PB and RB to finalise this proposal and submit to DoCs by July 2021</p>
<p>3.0 Medicines and Guidance</p>	
3.1	<p>Horizon scanning document (March & April 2021)</p> <p>The following drugs were discussed by MGSG which agreed that each area should be considered by the CRG for a formulary or guideline recommendation back to MGSG:</p> <ul style="list-style-type: none"> • Baricitinib (TA681) for atopic dermatitis is likely to compete with existing treatments, however it was suggested that the only centre in GM which offers the treatment may already be at capacity • Deoxycholic acid for the treatment of convexity or fullness associated with submental fat (fat deposits under the chin and front of neck) • Peanut protein for allergy desensitisation (TA expected Jan 22) • Dapagliflozin (and other drugs in class) for heart failure (TA679) <p>Action: The above discussions to be communicated to CRG for consideration</p>
3.2	<p>National and regional updates RMOC Shared Care work schedule</p> <p>The regional medicines optimisation committees (RMOC) have now published a schedule of work for the shared care work stream which can be found here. The first documents are; lithium, amiodarone, dronedarone and valproate medicines in women of child-bearing</p>

	<p>potential, and are due open for consultation in May 2021. The published timetable depends heavily on the responses from the consultation process and may be subject to change.</p> <p>MGSG agreed that GM should be supporting the implementation of the RMOC recommendations and should not be duplicating work by developing their own SCPs alongside RMOC. Therefore a decision was taken to pause work on any GM SCPs that RMOC have on their current list of documents in development. This should enable the focus to be on the commissioning of a standardised set of SCPs across GM.</p> <p>MGSG also recognised that there may be indications or drugs that GMMM have assigned a shared care RAG status which are not subject to a RMOC SCP, for which work on GM protocols will need to continue. These should be identifiable from the RMOC programme of work and draft documents when available.</p> <p>MGSG agreed that any out of date SCPs on the GMMM website will remain current and have the expiry dates amended to reflect the anticipated date of publication of the new documents.</p> <p>Action: RDTC to pause work on SCPs being developed by RMOC</p>
<p>3.3</p>	<p>MGSG work plan 2020-21</p> <p>MM provided an update of the planned changes to GMMM governance and structure which will be discussed by GMMM in May 2021. To date CRG and IG have been merged into one group to consolidate the membership, and for which a chair is sought. MGSG are likely to be taking on a delegated financial and commissioning approval role from GMMM to enable GMMM to move to an Integrated Pharmacy and Medicines Optimisation (IPMO) role. The HCDSG is not yet scheduled to restart because the resource that is required to run this work stream has to date been tasked with supporting the vaccination work. There are other considerations for this group including the change in funding mechanisms for HCDs and the transition to ICS financial arrangements.</p> <p>MGSG then considered the current work plan and which areas are likely to be a priority. Asthma and COPD guidelines are in progress and, given the current focus on sustainability, the carbon footprint aspect to this work certain to be very important.</p> <p>Antimicrobial work streams should continue</p> <p>MGSG felt that the vitamin D guideline is close to completion and should be published as soon as is practical following linking in with maternity services in Manchester so that the guideline can reflect the mechanism of peri-natal vitamin D supply currently in operation. FT offered to liaise with the CCG MO leads to facilitate the resolution of some issues that have prevented the publication of this document. RDTC to share latest draft.</p> <p>MGSG agreed that the gabapentinoids resource pack is likely to be a useful document and should be published within the next 3 months to support the implementation of NICE NG193 chronic pain management which recommends against the use of these agents for this condition.</p> <p>The work on managing errors related to shared care in line with the coroner's regulation 28 report depends on the reporting arrangements within the new ICS structure.</p> <p>Action: RDTC to take forward Vitamin D guidance</p>
<p>3.4</p>	<p>Benzodiazepines and Z drugs Resource Pack</p> <p>The group agreed this was a comprehensive resource and was subsequently approved for publication. It has no significant commissioning or financial impact.</p>

	Action: RDTC to publish final document on GMMM website
3.5	<p>Subgroup decisions for MGSG approval</p> <p>TA631, fremanezumab requires a headache pathway to be developed but the resource is not yet available to do this, however there are a number of other HCD pathways required including moderate rheumatoid arthritis. MGSG agreed these areas should be scoped by JCT, using the GMMM template and have priorities assigned.</p> <p>Action: JCT to scope headache and moderate RA pathway</p>
4.0 AOB	None raised
Date of next meeting: 24th May 2021 12:00-14:00 via Teams	