

Co-chairs: Robert Hallworth & Dr Peter Budden
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GMMMGM Medicines and Guidelines Subgroup August 24th 2020, 12:00-14:00 via Teams

Minutes

Present:

Name	Title	Organisation	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Robert Hallworth	Specialist Cancer Pharmacist	NHSE	✓							
Dr Pete Budden	GP Prescribing lead	Salford CCG	✓							
Petra Brown	Chief Pharmacist	Pennine care NHS FT	A							
Dr Richard Darling	GP Prescribing Lead	Heywood, Middleton and Rochdale CCG								
Nigel Dunkerley	Locality Medicines Optimisation Lead,	Oldham CCG	✓ (+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	✓							
Gavin Ronaldson	Pharmacy Lead for Medicine	Manchester FT								
Prof. Peter Selby	Consultant Physician	Manchester FT	✓							
Anna Swift	Associate Director Medicines Management	Wigan Borough CCG	✓							
Vacant seat	Finance representative									
Vacant seat	Commissioning representative									
Andrew Martin	Strategic MO Pharmacist	GM Joint Commissioning team	✓							

Carol Dolderson	Lead Pharmacist – Medicines Management	RDTG	✓							
Dan Newsome	Principal pharmacist	RDTG	✓							

1. General Business	
1.1	<p>Welcome and apologies (See register in appendix 1).</p> <p>Robert Hallworth had agreed to chair the first meeting of MGSG and will rotate the chair role with Dr Pete Budden</p>
1.2	<p>Declarations of interest</p> <p>None declared</p>
2. GMMMG work plan and Subgroup ToR	
2.1	<p>GMMMG work plan 2020-21- draft for ratification August GMMMG</p> <p>The workplan as discussed at GMMMG on 14th August 2020 was presented to MGSG. It was highlighted that this is a work in progress and further feedback is requested to be directed to Andrew White of GM JCT.</p> <p>An explanation of the roles of MGSG and the implementation group (IG) and clinical reference group (CRG) was provided following concerns from members that MGSG would be responsible for a great deal of work and that the group was adding an unnecessary governance step and could slow the progression of work. It was explained that MGSG is to act as oversight to the IG and CRG and to ensure that commissioning and finance implications have been established and highlighted to GMMMG. These seats on the group have yet to be filled and the RDTG are working with GMMMG to ensure this happens as soon as possible. A concern was raised that IG and CRG do not have sufficient primary care representation to be balanced and that having the LMC involved would be very helpful. The need to shore up GP representation had been raised at August CCG MO leads meeting. Additional GP views were being sought ahead of meetings for those unable to attend virtually.</p> <p>Action: All members to feedback comments on the GMMMG workplan to andrew.white6@nhs.net by 2nd September.</p>
2.2	<p>GMMMG Subgroup ToR- draft for consideration</p> <p>The group discussed the draft terms of reference for the GMMMG subgroups which covers MGSG and its groups as well as HCDSG. This prompted further discussion on the roles and responsibility of each group which the ToR do not clearly define. Further clarity on the flow of work, communication and the new governance structure was requested to be added to the document.</p> <p>Some members expressed concern that MGSG was being asked to continue with the</p>

	<p>usual business of PaGDSG and FMESG as well as the new executive function which may prove to be overwhelming. To support this, based on the strengths of the particular group memberships, the IG and CRG may be asked by MGSG if a piece of work fits within GMMMGM workplan priorities to review formulary requests / evaluations and guidelines and provide clinical as well as operational recommendations back to MGSG for ratification. It was recommended that the ToR is amended to reflect this function.</p> <p>Action: RDTC to amend ToR as above</p>
<p>3.0 Review of GMMMGM specialist initiation drugs</p>	
<p>3.1</p>	<p>Project plan- review of specialist initiation drugs</p> <p>This item opened with the chair asking for a list of the green specialist initiation drugs to be shared with MGSG members.</p> <p>CD explained the process that the CRG took to review this list and that they have produced a shortlist of around 15 drugs which may be suitable for a change in RAG status and will shortly be put out for GM-wide consultation. This list would be brought to MGSG for ratification following consideration of consultation comments by CRG. This list is only for the treatment of adults, paediatric considerations will be done at a later date. The next steps for the group is to review amber drugs followed by red in conjunction with HCDSG.</p> <p>Following this there was a discussion about shared care and the communication between specialist and GP around this being critical, as well as a need to look at the criteria for giving drugs a red classification which should be on the grounds of safety. A brief discussion was had on the shared care protocols which are comprehensive and could be better utilised. JP then pointed to the work done by RMOC to ask if there was a risk GM were not in line with national direction on SCPs. It was believed this work may be published in September but RDTC felt that GM must begin this work without delay and are aware of the content of the documents. The IG will use a version of the RMOC SCP template with some local adaptations.</p> <p>The group agreed that the focus of RAG classification should be on patient safety and the most appropriate route to obtain their medicines, financial considerations should be secondary.</p>
<p>4.0 Reduce variation in access to shared care across GM</p>	
<p>4.1</p>	<p>GMMMGM Regulation 28 response</p> <p>RH presented the Coroner's report to GMMMGM following an inquest into the suicide of a male patient in GM where there was a failure of to follow shared care processes surrounding lithium initiation. As a result GMMMGM have been asked to review all SCPs and address the variations in commissioning across the localities and work towards 'GOLD standard' shared care protocols which would be universally commissioned across GM. A scoping tool to establish baseline commissioning practice against all adult SCPs would be distributed to GM providers and CCG MO teams later in the week, following the first meeting of the IG group,</p>

4.2	<p>Project plan - shared care work</p> <p>The MGSG had sight of the project plan for this piece of work and were provided the opportunity to ask questions. The first meeting of the implementation group (IG) is scheduled for 27th August.</p>
<p>5.0 FMESG / PaGDSG BAU</p>	
5.1	<p>FMESG consultation feedback June 2020 actions</p> <p>All items were approved with the exception of sucralfate, for which a recommendation of red status had been assigned on the basis of there being no licensed preparation available. The group agreed that this did not align with the principles that were discussed earlier in the meeting regarding prioritising patient safety and obtaining their medicines from the most appropriate place. Therefore a recommendation was made to the CRG to consider the criteria for red RAG status and prioritise safety rather than cost and availability. A recommendation should be made by CRG which will be brought back to MGSG for approval.</p> <p>Action: CRG to review Red RAG criteria and make recommendation to MGSG.</p>
5.2	<p>Horizon scanning documents (June, July, August)</p> <p>Insulin lispro (Lyumjev[®]▼) is a new product with claims from the manufacturer regarding increased local vascular permeability and local vasodilation to achieve accelerated absorption due to citrate content. The RDTC are conducting a new drug evaluation on this product which will be ready for October's meeting of CRG.</p> <p>Action: RDTC to amend formulary to accommodate new hydrocortisone soluble tablets</p>
<p>6.0 AOB</p> <ol style="list-style-type: none"> 1. NICE have published a draft version of their chronic pain guidance which is open for consultation. All CCGs are encouraged to submit a response as well as a planned GMMM response which MGSG will submit. Action: All members are asked to read the guidance and send comments to oldccg.medsman@nhs.net. The consultation closes 14th September. 2. AM raised that JCT have a gabapentinoids resource pack ready for approval, it was agreed that this will be considered by CRG but that oversight will remain with MGSG 3. Oral semaglutide has now been made available for use in the UK and the pharmaceutical reps have been very active to promote its use. RDTC are preparing a NDE on this topic for consideration at September's CRG, but until a decision has been made, an item had been added to the newsfeed and Tweeted highlighting that it is not approved for GM use. 	
<p>Date of next meeting: 28th September 12:00-14:00 via MS Teams</p>	