

Hafsa Sattar	HCD Pharmacist PANHT								✓
Andrew Martin	Strategic MO Pharmacist	GM Joint Commissioning team	✓	✓		✓	✓	✓	A
Andrew White	Head of Medicines Optimisation	GM Joint Commissioning team					✓	✓	✓
Sarah Jacobs	Strategic MO Pharmacist	GM Joint Commissioning team							✓
Monica Mason	Head of Prescribing Support	RDTC				✓	✓	✓	✓
Dan Newsome	Principal pharmacist	RDTC	✓	✓		✓	✓	✓	✓

1. General Business	
	<p>Welcome and apologies (See register above). Robert Hallworth chaired the meeting Vanessa Reid and Louise Brown of MFT were in attendance</p>
1.1	<p>Declarations of interest None declared</p>
1.2	<p>Minutes of the MGSG June meeting The minutes were approved an accurate record of the meeting held on 28th June 2021</p>
1.3	<p>Action log review DN gave an update on action 042103 and 052103. AW provided feedback on items 042101 and 042102</p>
1.4	<p>Update from June GMMM and CRG MM provided a verbal update from July GMMM to state that the focus at the meeting was on the IPMO groups which are being established as GMMM sub-groups and new terms of reference (ToR) are being developed to support this. Once these ToR have been reviewed by GMMM membership they will be circulated to the subgroups for comment. MGSG or the equivalent group under a new name is likely to get delegated decision-making authority, the financial thresholds of which are still under discussion, but an increase to those currently in place is being sought. Action: none required</p>
2.0 Reduce variation in access to shared care across GM	

<p>2.1</p>	<p>Hydroxychloroquine shared care protocol</p> <p>DN explained that certain GM shared care protocols (SCPs) are being progressed in advance of the Regional Medicines Optimisation Committee (RMOC), and hydroxychloroquine is one of these.</p> <p>MGSG approved the SCP from a clinical perspective but were unclear on the capacity of GM ophthalmology services to manage the expected increase in work load associated with the new (December 2020) retinopathy screening requirements issued by the Royal College of Ophthalmology. Representatives from MFT were able to state a pathway was in place but that the capacity of the service was under considerable strain. The other secondary care members have taken an action to review their own services' capacity and feedback to AW.</p> <p>It was suggested that community optometrists who possess the necessary equipment could undertake some of this screening but it was not clear if there this was within their contract and if a referral route existed.</p> <p>The numbers of affected patients would be helpful in identifying the gaps in capacity, it is understood this work has been done by MFT rheumatology and could be shared with MGSG.</p> <p>Action: Further information is required on patient numbers and the capacity state of those services into which patients will be referred for monitoring. AW to obtain this information and either progress through DoCs or return to MGSG for further discussion if required.</p>
<p>2.2</p>	<p>Update from GM Directors of Commissioning regarding SCP commissioning</p> <p>At the DoCs meeting earlier this month there was a clear appetite to move towards a single commissioned shared care service but more information was required to enable to next steps to be taken.</p> <p>AW presented a paper scheduled to be discussed by GM DoCs in August, designed to highlight the issues with the current shared care process and provide a series of actions to align the process and funding across GM. He asked for feedback from MGSG on the content and for examples of where the current system is failing patients and services. An example was provided whereby a GM provider was informed of an informal decision taken by a Primary Care Network (PCN) to stop providing "model B" shared care service and move with immediate effect to GM's preferred "model A". This has huge implications for the provider who is not set up to manage the change.</p> <p>MGSG heard that as the GM ICS is forming it provides an ideal opportunity to align the shared care commissioning but that there are significant financial implications that need to be clearly articulated to the ICS finance directors.</p> <p>It was also raised that a robust communication and engagement plan is required to ensure that as the work progresses relevant stakeholders are kept informed and invited to contribute as appropriate.</p> <p>Action: Comments on the content of the proposed paper and examples to highlight the issues with shared care should be shared with AW.</p> <p>RH updated MGSG on the progress of two previous agenda items which were considered by this group as well as GMMM before being escalated to DoCs. The implications of a positive NICE TA for aducanumab have been acknowledged by DoCs who have asked for GMMM to maintain a watching brief. Following discussion of the NICE NG196 guidance publication,</p>

	DoCs have requested that a review of GM anticoagulation services takes place. It is currently not clear what GMMM's remit will be as part of this project.
3.0 Medicines and Guidance	
3.1	<p>GMMM High Cost drugs pathways scoping</p> <p>MGSG received the scoping templates for the HCDs pathways for the treatment of migraine and moderate rheumatoid arthritis. AW confirmed that JCT will progress both pathways without the need to prioritise either. As there is clinical input from each of the working groups MGSG was satisfied that this will be sufficient and the draft pathways can come to MGSG before opening for GM-wide consultation. This will enable any commissioning and finance impact to be collected and included in the consultation documents.</p> <p>The group then discussed the HCD pathways (psoriatic arthritis & ankylosing spondylitis, rheumatoid arthritis and inflammatory bowel disease) that were developed during 2019-20 and have yet to be published due to delays in commissioners agreeing the monitoring of their implementation. However the commissioning landscape has changed significantly in the period since drafting, but there remain an urgent need to have these approved to provide timely access to treatments for GM (and surrounding area) patients. It was agreed that discussions on the monitoring and outcomes framework should come to MGSG in August to resolve. If possible this should include representatives from the provider finance and commissioning teams.</p> <p>Action: JCT to produce a paper on the outcomes and monitoring frameworks for discussion at August MGSG</p>
4.0 GMMM Governance and BAU	
4.1	<p>CRG decisions for MGSG consideration and approval</p> <p>All CRG recommendations were approved. It was noted that NG193 has commissioning issues that have not been considered by CRG. There is a lack of commissioned non-pharmacological treatments for chronic pain and to meet the recommendations in the NICE guidance GM will have to provide wider access to pain clinics, exercise programmes and psychological intervention services. This will be flagged to GMMM for awareness.</p> <p>Action: GMMM to receive decisions with significant commissioning and finance implications</p>
4.2	<p>Review of GMMM scoping template</p> <p>Template approved for GM use with the addition of sections on estimated timescales, prioritisation, clinical safety implications and service capacity as appropriate.</p> <p>Action: DN to finalise template and upload to GMMM website</p>
4.3	<p>RDTC Monthly Horizon scanning: July</p> <p>Of interest to MGSG were the biosimilars soon to be available for bevacizumab and ranibizumab (2021-22 UK launch) which initiated a discussion on the GM wet age-related macular degeneration pathway (wAMD). This remains on the GMMM workplan but is being led by the elective care reform group and Kenny Li of MHCC. Volunteers from GMMM were requested to support the work but it remains unclear how this will link back into GMMM processes.</p>

	<p>MGSG thought it necessary to receive a scoping template from the project lead and ensure GMMMG processes are adhered to as appropriate. Further discussions should involve provider finance and commissioning teams</p> <p>Action: Scoping template for wAMD pathway to be requested and return to August MGSG</p>
4.4	<p>MGSG work plan 2020-21</p> <p>Received for information. Some examples of work that GMMMG is being asked to take in and consider were discussed. For these pieces of work to receive GMMMG approval they should undergo the recognised process which ensures GMMMG publishes evidence-based guidance with awareness of what finance and commissioning implications can be expected.</p> <p>It was agreed that all requests to consider work for the GMMMG and its sub-groups workplans should include a scoping template at which point a discussion will take place on prioritisation amongst the existing work.</p> <p>Action: None required</p>
4.5	<p>National and regional updates</p> <p>None received</p> <p>Action: None required</p>
<p>5.0 AOB</p> <p>None raised</p>	
<p>Date of next meeting: 23rd August 2021 12:00-14:00 via Teams</p>	