Co-chairs: Robert Hallworth & Dr Peter Budden
Enquiries: Daniel Newsome, Principal Pharmacist, RDTC
(tel : 0191 213 7859, email: rdtc.rxsupp@nuth.nhs.uk)

GMMMG Medicines and Guidelines Subgroup
September 28th 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	✓	A						
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)	✓ (+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	RDTC	✓	A						
Dan Newsome	Principal pharmacist	RDTC	✓	✓						

1. General Business	
1.1	Welcome and apologies (See register above). Dr Pete Budden chaired the meeting
1.2	**Declarations of interest** None declared
2. GMMMG work plan and Subgroup ToR	
2.1	**MGSG work plan 2020-21**. MGSG received a draft of the proposed work plan for the sub-group until April 2021. It was acknowledged that this is not final and may be subject to change due to the GMMMG work priorities having not yet received approval from GMMMG. However there are key priority pieces of work that the MGSG need to undertake which are unlikely to change. These are the RAG review and reducing variation in access to shared care. The item on monitoring regulation 28 reports was discussed including the reporting mechanism. The group heard that there are a number of processes in place within GM to monitor medication safety incidents in both primary and secondary care, but only at a local level. The members present were not aware of a cross-sector system currently in place to monitor incidents and share learning. The group agreed that developing and implementing such a system across GM would be outside the remit of MGSG and the resource does not currently exist to undertake this work. MGSG requested this is discussed further by GMMMG to clarify the scope of the work stream. **Action**: DN to feed back to GMMMG for further guidance
3.0 Review of GMMMG specialist initiation drugs	
3.1	**Review of AMBER and RED RAG status criteria from CRG** DN presented an update received from CD regarding progress to date on this work stream. The CRG have approved the updated AMBER and RED RAG criteria and will look to agree the updated GREEN criteria virtually by 9th October. The IG has discussed the updated SCP template and processes around accepting shared care. These discussions have taken into consideration the draft RMOC shared care guidance issued earlier this year plus established practices across GM.

	Following discussion, it was agreed that the above elements should be opened for a 6-week period of GM-wide consultation. There is recognition that the current documents and processes were approved a number of years ago, before the current system of GM-wide consultation was in place. By opening this as a single consultation RDTC are hoping to raise awareness of the updates and allow stakeholders to engage with and support these core GMMMG documents. Scoping of existing shared care arrangements is already underway from GM JCT and is getting a good level of engagement. The documents will be available for GM wide consultation by week commencing 12th October, therefore CCG MO leads and Trusts Chief pharmacists are asked to support the process by pro-actively seeking approval from stakeholders in their won organisations. MGSG members are encouraged to feed in comments to the consultation so that the final post-consultation version is ready for approval when it comes to MGSG.
4.0 Reduce variation in access to shared care across GM	
4.1	**Draft GM Shared Care Protocol template** Update provided as per item 3.1
5.0 FMESG / PaGDSG BAU	
5.1	**Horizon scanning document (September)** The MGSG received the September version of the RDTC's monthly horizon scanning document. It was noted that a new drug evaluation is underway by the RDTC for oral semaglutide which will be considered by CRG for a recommendation, and also that new versions of melatonin capsules are likely to receive MHRA licensing approval in the coming weeks, following which further discussions about the formulary status of the various melatonin products will be required.
5.2	**GM Wound care formulary** The impact of dressings and wound care products on general practice was highlighted, and found to vary across GM depending on the supply mechanisms used. Elaine Radcliffe from GM JCT was in attendance to present this agenda item and explained the process that the formulary has been through to date. The consultation comments were considered by the working group and the document amended to make it more user-friendly by utilising an excel format. The group were informed that the formulary will not dictate how patients receive their dressings, which will continue to be either on FP10 or using NHS supply chain, this is for local decision. Comments were received on the document content. Some products are restricted to ordering by TVN or associated wound care specialist staff, which was not clearly defined within the document, creating the potential for confusion. PB pointed out that some Aquacel Ag products have been designated as specialist use only but other silver-containing products are not, which may require review. It was also asked if there

	was a communications plan to ensure all the relevant GM staff are informed once the formulary is approved and launched. Optimise Rx and Scriptswitch could be utilised to support primary care with supplying only formulary products. Once Optimise had a profile created for the formulary this could easily be replicated across GM for other Optimise users It was noted there is unlikely to be any financial impact by implementing the formulary. The group approved the formulary for consideration by GMMMG with the suggested amendments.
5.3	**Lymphoedema formulary – project scoping document** A request has been received from HMR CCG in conjunction with the Greater Manchester Cancer Macmillan Lymphoedema programme to consider this project for the GMMMG workplan. MGSG stated that this work does not fit with the proposed GMMMG priorities for the year however there appears to be little for MGSG to do other than to ensure that before it is submitted to GMMMG for approval, the project team capture and communicate any financial and commissioning implications of the work. It was noted there these are possible given the vary supply routes of lymphoedema products in GM. The supplied declaration of interest document raises questions regarding the impartiality of some members of the group, and assurance on how these will be mitigated will be requested from the project group. MGSG noted the work and have requested that when it returns to MGSG there will need to be assurance provided regarding conflicts of interest and financial and commissioning implications.
5.4	**Sucralfate suspension – RAG Status revision** The proposal for this RAG status to be amended to Green Specialist Initiation was approved.
5.5	**NPSA Alert: Steroid Emergency Card to support early recognition and treatment of adrenal crisis in adults** This item relates to a NPSA alert issued 13th August 2020 with some actions for primary and secondary care providers, and involves a redesign of the steroid card. Members asked if there was any guidance on thresholds of dose above which, when using inhaled or topical corticosteroids, a steroid card should be issued. DN explained the RDTC believed SPS may be undertaking some national work on this topic but will check. The group felt that although this was an important issue the alert was not sent to CCGs and that implementation and monitoring should happen at a provider level. It was agreed MGSG's role was to note the alert and act as a forum for sharing best practice.
6.0	**AOB** None raised
Date of next meeting: 26th October 12:00-14:00 via Teams	