PATHWAYS AND GUIDELINES DEVELOPMENT SUBGROUP

GMMMG NHS

Minutes

Wednesday 8th January 2020, 1pm-3pm,

Higher Openshaw Primary Care Centre,
Ashton Rd, M11 1JG.

1. General Business

1.1) Apologies received:

Attendee	Representing	Jan	Mar	May	Jul	Sep	Nov
Dr Richard Darling (RD) GP, HMR CCG	GM GPs Deputy Chair	A					
Nigel Dunkerley (ND) Locality Medicines Optimisation Lead, Oldham CCG	GM CCGs	✓					
Robert Hallworth (RH) Specialist Cancer Pharmacist, North of England Area Team, NHS England	Chair	✓					
Aleksandra Houghton (AH) Senior MO Adviser- Patient Safety and Governance, MHCC	GM CCGs	✓					
Philippa Jones (PJ) Chief Pharmacist, Pennine Acute Trust	GM Chief Pharmacists	✓	A				
Lisa Kershaw (LK) Medicine Guideline and Formulary Pharmacist, MFT-WH	Secondary Care	✓					
Peter Marks (PM) CEO LPC	GM Community Pharmacists	A					
Gary Masterman (GM) Deputy Chief Pharmacist, WWL Trust	GM Providers	A					
Dr Marlon Morais (MMo) GP Prescribing Lead, MHCC	GM GPs	A					
Alan Physick (AP) Clinical Services Lead Pharmacist, Bolton FT	Secondary Care	A					
Lucy Tetler (LT) Medicines Optimisation Pharmacist, Bury CCG	GM CCGs						
Zoe Trumper (ZT) Acting Assistant Director of Medicines management, Wigan CCG	GM CCGs	✓					
Jane Wilson (JW) Director of Pharmacy, GM West Mental Health FT	GM Mental Health	A					
Kathryn Griffiths (KG) Strategic Medicines Optimisation Pharmacist, GM Joint Commissioning Team	Commissioning Support (non-voting)	✓ +KO +APr +AM					

Attendee	Representing	Jan	Mar	May	Jul	Sep	Nov
Carol Dolderson (CD) Lead Pharmacist Medicines Management, RDTC	RDTC (non-voting)	✓					

Apologies received in advance were noted by the group as above. The group was recognised not tobe quorate as there were no clinicians present. It was agreed that minutes and actions would be circulated for virtual approval prior to being progressed.

Prof David Singh (DS) was in attendance for item 2.1 to provide background and support discussion,

Andrew Martin (AM) and Anna Pracz (APr) attended on behalf of JCT until items 2.2 and 3.1 respectively.

1.2 Declarations of Interest Register

No declarations of interest in relation to the agenda were raised. Members were requested to send updated DoIs to CD if there were any changes to their log entry.

1.3. Minutes of the previous meeting – November 2019

Minutes of the November meeting were provided for information only; these had been pre-approved virtually by the group.

1.4 Action Log

Updates on the action log were noted.

It was agreed that the current format for the action log could be retired and be replaced by the spreadsheet development logs instead, with some minor amendments by RDTC (items 2.2 and 4.6).

2.0 Pathways and Clinical Guidelines

2.1 GMMMG COPD Management Plan Guidance- November 2019 update

A draft update of the GMMMG COPD Management Plan was considered by PaGDSG for approval to open for consultation. The update had been drafted by a multidisciplinary working group representative of services from across GM. David Singh, Professor of Respiratory Medicine and Clinical Pharmacology attended to provide some background into the update, along with Andrew Martin from JCT.

PaGDSG heard that review of the guideline had been triggered in part by the update of NICE COPD guidance (NG115) and also by increased awareness of the carbon footprint of metered-dose inhalers. The update aims to place emphasis on quick escalation of therapy in symptomatic patients, to reduce wasteful prescribing (overtreatment of stable patients) and reduce greenhouse gas emissions via offering carbon-footprint informed inhaler choice.

Although NG115 had been acknowledged by the working group, there was recognition that there had been a large volume of new data published on COPD that had been more comprehensively evaluated by GOLD. Thus the update was more aligned with GOLD recommendations rather than NICE guidance; particularly regarding the placement of dual LABA/LAMA within the pathway. While NICE recommends moving straight to dual bronchodilator where short-acting bronchodilator alone is not sufficient, the GM draft guidance advocates reserving dual LABA/LAMA for those who are symptomatic or have a history of exacerbations as there is less evidence to support dual bronchodilators in less symptomatic treatment. Additionally GOLD's evidence based recommendations around using blood eosinophil counts to guide ICS treatment had been adopted,

in preference to NICE's recommendations around 'asthma features'. It was noted that NICE's recommendations on ICS were off-license for patients without a history of exacerbations.

The group were supportive of the update of this guideline and recognised that the GOLD COPD Strategy represented recommendations based on greater scientific evidence versus NICE. However it was noted that GOLD would not have accounted for calculations around cost-effectiveness of their recommendations which had the potential for push-back from commissioners.

It was agreed that these aspects should be flagged within the consultation on the document.

ACTION: PaGDSG supported opening of the draft for consultation following the following amendments and RDTC clinical check:

- Addition of version control/ standard coversheet
- Addition of references- particularly for those elements of the guidance not derived from NICE
- Information on the carbon footprint of different inhalers present in the coversheet to be included the guidance itself to help guide decisions on low carbon footprint options along with some further explanation on when and for whom this should be considered (recognising that DPI would not be suitable for all COPD patients)

A copy of the draft to be shared with CCG leads ahead of their January meeting to help inform the priority of this work.

2.2 GMMMG Pathways and Guidelines Log

Updates on the progress of pathways and guidelines in development were noted.

Work on the vitamin D guidance had resumed as a priority however there were outstanding questions which would require agreement on from commissioners before a final draft could be reached. JCT and RDTC to determine cost impact of final draft. Aim for virtual approval of final draft by PaGDSG ahead of February GMMMG meeting, pending consensus from CCG leads.

A copy of the development log to be shared with CCG leads ahead of their January meeting.

3.0 Work Planning

3.1 Medicines Safety Workstream progress update b) polypharmacy resource pack

PaGDSG heard that the first meeting of the GMMMG Medicines Safety Steering Group had taken place in November with an aim to identify existing work streams (both locally and nationally) and set measures for monitoring and reporting. Further scoping was being undertaken by JCT to identify national and regional policies/ strategies of relevance to this work. Prescribing data was also being gathered to provide baseline measures for CCGs performance against GMMMG medicines safety targets and NHSE's Key Lines of Enquiry (KLOE).

The next meeting was planned for mid-January. In the meantime the steering group had prioritised development of two resource packs, scoping for which was presented for consideration by the group.

a) Project scoping: gabapentinoids resource pack

One of the GMMMG workplan outcome targets is to achieve national average, or below, for number of patients prescribed both pregabalin and a scheduled 3 controlled drug concurrently in the same month. Development of a resource pack for gabapentanoids was proposed by the Medicines Safety Steering Group; this would follow similar format and content as the GMMMG opioid resource pack, and hypnotic resource pack (currently out for consultation).

ACTION: PaGDSG supported addition of the resource pack to the work plan- this was recognised to be a relative priority in line with current GMMMG outcome targets. APr to bring an update on progress to March's meeting along with baseline monitoring data for gabapentinoid outcomes.

b) Project scoping: polypharmacy resource pack

A further GMMMG workplan outcome target is to achieve national average, or below, for CCG value for percentage of patients aged 65 or over who are prescribed 10 or more unique medicines. Scoping of CCG leads had previously expressed a desire for a 'sign-posting' document to help collate existing useful resources on polypharmacy. The proposed resource pack intends to support practice pharmacists and GPs as well as providing patient information. It was noted that the current GMMMG polypharmacy de-prescribing toolkit has been due for review since 2017 and queried whether the new resource pack would replace this.

ACTION: PaGDSG supported addition of the resource pack to the work plan- this was recognised to be a relative priority in line with current GMMMG outcome targets. APr to bring an update on progress to March's meeting along with baseline monitoring data for polypharmacy outcomes. Steering group to consider incorporating relevant parts of the current GM guidance into the resource pack; current guidance to be retired thereafter.

3.2 PaGDSG Monitoring and Assurance Schedule

The group noted the monitoring and assurance schedule which had been updated to reflect the GMMMG workplan 2020. It was agreed that a clearer plan would be made on this item going forward and that assurance reports should be submitted regularly to PaGDSG in line with the GMMMG workplan. This would allow the group to comment on the data before submission to GMMMG , and help inform the PaGDSG workplan/ priorities.

ACTION: JCT to submit baseline monitoring data to March's PaGDSG for items on the monitoring log, ahead of their submission to March in the Safety Workstream (as detailed above). This to be used to highlight any significant variance in CCGs/ help inform the development of the medicines safety resource packs.

4.0 Shared Care Protocols

4.1 Penicillamine for Rheumatoid Arthritis and Wilson's Disease in Adults

The group considered a final draft of the new shared care protocol for penicillamine in RA and WD in adults. Consultation comments were also provided for information. Development of this SCP had been requested by FMESG in line with GMMMG process to support existing prescribing of penicillamine. It was noted that penicillamine is NHSE commissioned for adults with Wilson's Disease within the service specification for *Metabolic Disorders in Adults*; however there is currently no route to repatriate existing patients back to specialist services. Availability of the new SCP would help support existing prescribing for WD, new initiations would remain as RED to reflect the commissioning route. Across GM, the number of patients receiving penicillamine for either RA or WD is small (around 350 items per annum totalling £45,000 spend).

Comments received via consultation were helpful but minor, the draft had been updated accordingly. Some additional amendments had been made by RDTC in relation to post-exposure prophylaxis for patients exposed to varicella zoster and sought permission to update other relevant DMARD/ immunosuppressant SPCs accordingly. The group agreed that these changes could be made to the other relevant SPCs without the need to bring drafts to the group for approval.

ACTION: PaGDSG supported upload of the new SCP to the GM site (pending virtual approval of minutes and actions). RDTC to add penicillamine to the RAG list as RED for new initiations/ AMBER for existing patients and flag adjunctive pyridoxine for RAG assessment to FMESG. RDTC to update post-exposure prophylaxis information relating VZ exposure in other relevant SPCs accordingly.

4.2 Amiodarone for Severe Rhythm Disorders in Adults

PaGDSG noted the first draft of a new GM SCP for amiodarone for severe rhythm disorders in adults. Development of the SCP had been initiated by the cardiothoracics specialist pharmacists at MFT in July in response to the NHSE guidance on medicines no to be routinely prescribed in primary care. FMESG had updated the RAG to AMBER accordingly (previously GREEN specialist initiation). The group noted that the draft provided was currently undergoing RDTC clinical check but had been identified as a relative priority to progress by GMMMG as a result of the recent drug

safety alert regarding the risks of pulmonary fibrosis associated with amiodarone. A SCP for dronaderone was also noted to be in development.

ACTION: PaGDSG pre-support opening of the shared care protocol for consultation once the clinical check is complete and any issues resolved. PaGDSG members to submit comments via consultation where necessary.

4.3 Modafinil for Excessive Sleepiness Associated with Narcolepsy in Adults

PaGDSG noted the first draft of a new GM SCP for modafinil in narcolepsy. Development of a SCP has been pending since 2015 when a first draft was sent to SRFT for comment- despite ongoing requests for review and comment PaGDSG had received no feedback on the draft supplied. In the meantime the RAG has been RED pending development of the SCP. PaGDSG heard that FMESG had been asked to reconsider the RAG status in July 2019 and agreed that there were sufficient monitoring requirements/ narcolepsy was considered a specialist condition to uphold the current GM position. A potential author had now been identified at SRFT to help support the development of the SCP- a clinical check of the revised draft was now underway. Commissioning implications of the SCP were being established with SRFT and would be flagged when opened for consultation, however it was noted that patient numbers were expected to be small due to the low incidence of narcolepsy within the population.

ACTION: PaGDSG pre-support opening of the shared care protocol for consultation once the clinical check is complete and any issues resolved. PaGDSG members to submit comments via consultation where necessary.

4.4 Mycophenolate Mofetil for Neurological Conditions in Adults

PaGDSG were requested to consider supporting the development of a new GM SCP for mycophenolate mofetil in neurological conditions. At present there is no RAG for this indication however mycophenolate does have an AMBER RAG for other unlicensed indications (including dermatology, RA, and ILD) as well as for licensed indications.

A draft SCP had been developed by SRFT and had been aligned with the GMMMG dermatology SCP as much as possible, with identical monitoring requirements. It was noted that there are currently 130 patients receiving mycophenolate for neurological indications at SRFT. The average annual cost of treatment per patient is £300- this would equate to a cost impact of ~£40k per annum if existing prescribing was transferred to primary care.

PaGDSG considered the draft SCP for acceptance onto the workplan for development of a GM-wide SCP. The group agreed that there was a need for further clarification from the authors around the indications to be covered by the SPC. The list of indications included in the current version was not considered to be explicit enough 'although the list is not exhaustive it [MMF] could be used to treat conditions such as SLE, Sjogren's disease etc.' Additionally, PaGDSG requested that those indications that fell under specialised commissioning be removed as these would not be considered appropriate for shared care; proposed patient numbers should be adjusted to reflect the removal of these patient groups. The group would also like to seek an understanding of the priority of this work/ what had triggered the request for the development of the SCP. This would allow PaGDSG to respond more effectively to this request and allocate resource accordingly.

ACTION: RDTC to feedback comments to author and await response.

4.5 RMOC Shared Care Guidance

The group heard that the consultation period on the draft RMOC Shared Care Guidance had been extended. PaGDSG members were encouraged to submit any comments to RMOC on behalf of their organisations either directly or via Andrew Martin at JCT who had collated a GMMMG response before the consultation date had been extended.

4.6 Shared Care Protocol Development Log

Updates on the progress of shared care protocols in development were noted.

It was agreed that a number of lines could be retired from the log as there was no need for PaGDSG to pursue the development of SCPs for these e.g:

- Immunosuppressants for post-transplant use (NHSE commissioned, repatriation in progress)
- Dornase alfa for cystic fibrosis (prescribing for adult patients has been repatriated, repatriation is in process for paeds)
- Paliperidone (oral) for licensed indications and unlicensed indications in Adults (recommended by NICE) – this had been included in the updated draft of the oral atypical SCP that is currently out for GM-wide consultation

ACTION: RDTC to update the log accordingly. To flag lithium for prophylaxis of cluster headache to be considered for inclusion in the current lithium SCP for psychiatric indications when reviewed later this year; has been AMBER on RAG list since 2016 without SCP being developed.

5.0 Updates from National guidance

5.1 GMMMG Formulary and guidance updates- November and December 2019

These were provided for information. No actions were identified following their consideration.

7.0 AOB

Nil of note.

Date of next meeting:
Wednesday 11th March 1pm-3pm,
Ground Floor Group Room,
Higher Openshaw Primary Care Centre,
Ashton Old Rd
M11 1JG