PATHWAYS AND GUIDELINES DEVELOPMENT SUBGROUP

GMMMG NHS

Minutes

Wednesday 3rd July 2019, 1pm-3pm,

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

1. General Business

1.1) Apologies received:

Attendee	Representing	Mar	May	July	Sept	Nov
Susan Barnes (SB) Consultant Nurse Pain Management, SRFT	Secondary care	A	A	A		
Dr Richard Darling (RD) GP, HMR CCG	GM GPs Deputy Chair	A	✓	A		
Nigel Dunkerley (ND) Locality Medicines Optimisation Lead, Oldham CCG	GM CCGs	A	A	✓		
Dr Leanne Gray (LG) Senior Rheumatology Registrar, SRFT	Secondary Care	✓	A	A		
Robert Hallworth (RH) Specialist Cancer Pharmacist, North of England Area Team, NHS England	Chair	✓	✓	✓		
Robert Hirst (RHi) Senior Pharmacist, Tameside FT	GM Providers	✓	A	A		
Lizzie Lee Hoyle (LLH) Senior medicines Optimisation Pharmacist, Manchester CCG	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	A	A		
Gary Masterman (GM) Deputy Chief Pharmacist, WWL Trust	GM Providers	A	A	A		
Dr Marlon Morais (MMo) GP Prescribing Lead, MHCC	GM GPs	✓	A	✓		
Alan Physick (AP) Pharmacist, Bolton FT	GM Providers	✓	✓	A		
Barry Roberston (BR) Locality Lead Pharmacist, Five Boroughs Partnership NHS FT	GM Mental Health	A	A	A		
Zoe Trumper (ZT) Acting Assistant Director of Medicines management, Wigan CCG	GM CCGs		✓	✓		
Jane Wilson (JW) Director of Pharmacy, GM West Mental Health FT			A	A		
Kathryn Griffiths (KG) Strategic Medicines Optimisation Pharmacist, GM Shared Service	Commissioning Support (non-voting)	✓ +KO	✓ +KO	A KO		
Monica Mason (MM) Head of Prescribing Support, RDTC	Professional secretary (non-voting)	✓	A	A		

Attendee	Representing	Mar	May	July	Sept	Nov
Carol Dolderson (CD) Lead Pharmacist Medicines Management, RDTC	RDTC (non-voting)	✓	✓	✓		
Nancy Kane (NK) Senior Medicines Information Scientist, RDTC	RDTC (non-voting)			✓		

Apologies were noted by the group as above. It was noted that the group was not quorate due to lack of secondary care representation. All proposed actions would be circulated to the group for approval prior to proceeding.

1.2 Declarations of Interest Register

No declarations of interest in relation to the agenda were raised.

1.3. Minutes and actions of the previous meeting – May 2019

Minutes of the May 2019 meeting were accepted by the group as accurate.

The action log was reviewed and will be updated to close the Antimicrobial Stewardship Priority Work Stream action, for which a new subgroup had been formed.

The group heard that feedback via CCG leads indicated that there was appetite for an update of the Low Strength Antipsychotic Prescribing in Dementia resource pack, with a focus on preventing patients being initiated on these medications to begin with and advice on discontinuing therapy. It was noted that there were potential commissioning implications from this work particularly around non-pharmacological management options. Members were asked to share any existing documents in use locally, and ND agreed to raise this point at the next CCG leads meeting. It was agreed that this work should be scoped more fully, with the scope approved virtually by PaGDSG before submission to CSB.

The group noted the vitamin D guideline is still on hold, awaiting the publication of research on vitamin D supplementation in children and pregnant women within the Central Manchester population. It was felt that this research was highly relevant to the guideline, and should be incorporated if possible.

The diabetes pathways had been supported by CSB but not yet approved by DoCs. These documents are now awaiting input from a health economist to establish the long term impact of implementing the recommendations.

RDTC was awaiting final drafts of the penicillamine and mental health SCPs, which would then be opened for GM-wide consultation. Final drafts of the two SCPs on oral second generation antipsychotics and depot first generation antipsychotics were awaited- these would be circulated round the group members when available to seek support to open for GM-wide consultation. Additionally it was noted that the update of the paliperidone SCP had been opened for consultation, closing 24th July.

Other items on the action log were discussed as full agenda items.

ACTION:

- Minutes of July's meeting to be circulated virtually around the group for approval to be submitted to August CSB.
- Action log to be updated accordingly.
- RDTC to scope an update of the low dose antipsychotics in dementia resource pack, for submission to CSB to be considered for progression within the Safety Priority Workstream.

2. Pathways and Clinical Guidelines

2.1 Gluten free policy

The group heard that, following May's meeting, SW had approached CCG leads for input on the proposed reduction in prescribing of units of gluten free foods to be prescribed per patient.

Feedback had been received that CCGs would prefer to use the guidelines proposed by the Coeliac Society and had updated the draft guidance accordingly. Since this was the only outstanding issue, this policy would now be submitted to CSB for support in August.

ACTION: SW to submit the gluten free policy to the August CSB meeting for support.

2.2 OAB Pathway

The group reviewed the final draft of the OAB pathway, which had been updated following GM-wide consultation. It was agreed that solifenacin could be considered for future inclusion as a technical review once the patent expires and generics become available, if better cost efficacy was demonstrated. It was noted that queries had been raised regarding whether clinicians at MFT were given the opportunity to participate in development of the pathway, however review of the comments received during GM-wide consultation indicated that several HCPs from MFT had commented.

The group noted some minor typographical errors and requested some minor formatting changes to improve clarity but otherwise supported submission of this pathway to the August meeting of CSB. It was raised that, while non-pharmacological options (e.g. referral to continence services, bladder re-training) had always been included in GM OAB guidance, this may not always have been offered consistently. There may therefore be some commissioning implications if these options are offered more consistently due to this pathway update; this point would be highlighted at CSB.

ACTION: KO to amend the pathway in line with comments from the group and submit to the August meeting of CSB. RDTC to submit the draft pathway to FMESG to support update of the formulary. RH to raise the possible commissioning implications of use of non-pharmacological options at CSB.

2.3 Prescriber Support Tool: Direct Oral Anticoagulants

The group reviewed the re-drafted DOAC tool, which had been updated to address comments raised at the May PaGDSG meeting. It was noted that the advice on prescribing in renal impairment used creatinine clearance, in line with the prescribing information for these drugs. Most other clinical pathways in use in GM use eGFR, which is more readily obtainable in primary care. It was requested that a warning be added to the table to highlight this, to reduce the risk of error. It was suggested that a link be added to an appropriate calculator, to support clinicians in circumstances where CrCl is not available.

The group also requested addition of language to clarify that, where a treatment interruption is required, it is the responsibility of the treating clinician (e.g. surgeon, dentist) to make that decision and advise the patient appropriately.

The group supported opening this document for GM-wide consultation, once these changes have been made.

ACTION: RDTC to update the DOAC tool to address these comments, then open this document for GM-wide consultation.

2.4 Neuropathic pain guidance

The group reviewed a draft update of the Neuropathic Pain guidance which had undergone a technical review by RDTC. Scoping for this update had been submitted to CSB in April, at which time CSB supported retaining amitriptyline as the first-line pharmacological option. CSB directed that a technical review should be undertaken rather than a full review, with an aim to align with the 2018 update to the NICE guidance. The key differences following this update were removal of alternative tricyclic antidepressants if amitriptyline is not effective, and removal of the option for combination therapy if monotherapy is not effective. The group supported these changes, although it was noted that some patients may still receive combination therapy if they have co-morbidities for which a second agent is clinically appropriate.

The group also requested the addition of additional information for patients, particularly regarding managing expectations and risks of dependence with gabapentinoids, plus clearer information for prescribers on reducing regimes. It was agreed that these updates should be made prior to opening the updated guidance for GM-wide consultation.

ACTION: RDTC to update the guidance to include additional information for patients and information on reducing regimes. Updated guidance to be circulated to the group for approval prior to opening for GM-wide approval.

2.5 Summary of consultation comments

The following consultations had been open at May's meeting, comments from which were presented to the group:

2.5 (a) Insulin initiation in Type 2 diabetes

The group heard that the consultation comments had been clinically checked and would be forwarded to the diabetes working group together with any comments from PaGDSG members. It was highlighted that group members were aware of cases of potentially inappropriate insulin selection, particularly with regards to high strength insulin glargine. It was therefore suggested that the pathway should be updated with a link to FMESG advice on high strength insulin.

It was queried whether the various documents on insulin prescribing which have been produced as part of the diabetes work stream could be combined into one longer document, to help ensure that all information was available in one place. It was explained that the documents had been produced individually to facilitate consultation and approval, but that the pathways could be combined into a single document prior to publication.

Action: RDTC to forward comments from GM-wide consultation and PaGDSG members to the diabetes working group. Final draft to be circulated for virtual approval, with an aim to submit to August CSB.

2.5 (b) Pain and symptom control in palliative care comments

Comments on this document had now been collated and clinically checked by the RDTC, and submitted to the working group. It was noted that a very large volume of comments had been received, and that these had been very useful. PaGDSG agreed that the final draft could be progressed straight to CSB, unless there were any variances from licensing/ national clinical guidance; in which case the draft should be come back to the PaGDSG for further discussion/ approval. It was noted that the working group had initially aimed to have a final draft ready in time for submission to August CSB, however the volume of comments and need for an additional check on the final draft meant that October CSB was a more realistic target.

Action: Working group to review and action comments from consultation and clinical check. Final draft to be re-checked by RDTC to ensure all comments accounted for. PaGDSG approve submission of final draft to CSB (aim for October) unless there are any variances with from licensing/ national clinical guidance.

3.0 Work planning

3.1 GMMMG Guidance Development Log

The Guidance Development Log was reviewed. It was noted that scoping was awaited to determine if an update of the GM COPD guidance was required as the GM pathway is now out of step with NICE, following publication of NG115 in December.

Action: AM to prepare scoping of the position of triple combination inhalers in GM and return to the September meeting.

3.2 Project scoping – Self-monitoring of blood glucose (SMBG) guidance review

The group reviewed a scoping template for update of this guidance, and heard that CCG leads had been approached and were supportive of an update being performed. Two CCGs reported that they used local policies; PaGDSG felt these should be considered as part of the review of the GM document to understand why the GM version wasn't being used and to ensure any gaps in the GM document are addressed. It was also noted that diabetes management is a priority workstream for GMMMG at present, hence the review of this guidance would be opportune. It was highlighted that there are potentially significant cost savings to be made by providing clearer guidance on eligibility

for BGTs and this should be a key aim of the update. Additional aspects to address would be clearer guidance on prescribing for pregnant women, and addition of information on flash monitors/ FreeStyle Libre.

Action: MO Hub to form and liaise with a working group to progress update of this guidance. DoIs for the working group to come to September's meeting, along with an update of progress/ first draft (if possible).

3.3 Project scoping – cow's milk protein allergy (CMPA) guidance review

The group reviewed a scoping template and heard that there was an appetite for an update of this guidance among CCG leads, several of whom have CMPA on their local work plans. The group felt that the guidance was useful to support GPs in prescribing of these products, and felt that an update would be appropriate to address issues such as duration of prescribing, information on Halal products and update of the product and price list. The group supported update of this guidance.

Action: MO Hub to form and liaise with a working group in order to progress update of this guidance. DoIs for the working group to come to September's meeting, along an update of progress/ first draft (if possible).

3.4 Project scoping – Guidance for prescribing PDE5 inhibitors for ED in primary care

The group noted that this guidance is frequently accessed on the GMMMG website, however it had been published in 2015 and not updated in the interim. The current guidance does not address the availability of OTC sildenafil or generic tadalafil, and does not align with current formulary options for management of ED.

The group agreed that this portion of the guidance should be updated, but highlighted that primary care frequently receives queries relating to other treatments for ED (e.g. injections, pump devices) as guidance on whether these products should be prescribed is not readily available to primary care. It was agreed that the scoping for this piece of work should be expanded, with a view to determining if there is an appetite for a guideline covering management of ED more generally.

Action: RDTC to expand the scoping for this document and bring to September's meeting, where the group will decide whether development of a full ED pathway should be added to the PaGDSG workplan.

4.0 Monitoring and Assurance

4.1 Monitoring schedule

The group considered the PaGDSG monitoring schedule for 2019 and heard that the MO hub was preparing assurance reports for the respiratory pathways and the opioid pathway, with the aim of submitting these to CSB in August. It was agreed that antimicrobials should be removed from the PaGDSG log, following the formation of the new antimicrobial subgroup. KO circulated a draft assurance report, for info.

The group acknowledged that monitoring outcomes of the Repeat Item Request Policy would be challenging- item growth across GM was a 'surrogate measure' and as such might not correlate well with the actual impact of this policy. The group reviewed a short report showing the number of items prescribed per APU in each CCG which demonstrated some variation between CCGs. It was acknowledged that this is a simplistic measure with several confounders, e.g. variation in minor ailment schemes and length of repeat prescriptions. ND offered to raise this at the next CCG leads meeting, and ask about the length of repeats in each area. It was noted that data on the weight of returned medication is available from NHS England, and should be included in the report to CSB.

Action: AM to submit repeat item request policy and opioid assurance reports to August CSB. RDTC to remove antimicrobials from the monitoring schedule. ND to approach CCG leads for information on the usual length of repeat prescriptions in each GM CCG.

5.0 Shared Care Protocols (SCPs)

5.1 Melatonin in children and adolescents

The group heard that a clinical check of this SCP was underway at the RDTC. A query had been raised around whether the scope of the document should be widened to include adults; particularly graduates from CAMHS services for whom an SCP existed in the past. The group agreed that it is not possible to 'share care' for a patient once they have been discharged from specialist services, thus it was agreed that the scope current SCP should remain unchanged.

It was also highlighted that two new melatonin products have been licensed: 3 mg tablets and 1mg/ml oral liquid. Both are licensed only for the treatment of jet-lag in adults, but due to MHRA guidance on prescribing hierarchy these products may replace the use of unlicensed specials in populations where a specifically licensed product is not available. The group heard that these products will be considered at the next meeting of FMESG, and agreed that the SCP should be paused until the formulary position of these products is available, then amended as appropriate.

Action: RDTC to liaise with SCP author and return an updated draft to a future meeting once the formulary position of the newly licensed melatonin products is available.

5.2 Interstitial lung disease – hydroxychloroquine, methotrexate and mycophenolate (SCPs x3)

Three SCPs for management of interstitial lung disease are currently undergoing clinical checks at the RDTC. It was noted that these documents had some inconsistencies, both internally and compared to other SCPs, and the group agreed that the aim should be to harmonise these documents with each other, and with SCPs already in use for these drugs in other indications. The group noted that there may be some commissioning implications for the hydroxychloroquine SCP, since the update recommended that the necessary eye tests should be performed to an ophthalmologist rather than an optometrist, and some work should be taken to establish this.

PaGDSG agreed that the documents should be clinically checked and then opened for GM-wide consultation, unless any issues requiring group discussion were identified during checking and re-drafting that warranted their return to a future meeting.

Action: RDTC to clinically check these SCPs and liaise with authors to update and harmonise the documents. All three to be opened for GM-wide consultation, unless issues requiring discussion by PaGDSG are identified during the checking process.

6.0 Updates from National Guidance

6.1 GMMMG Formulary and guidance updates May and June 2019

These were provided for information; no actions were highlighted.

7.0 AOB

No other business was raised; the meeting concluded.

Date of next meeting:

4th September, 1pm-3pm, Ancoats Primary Care Centre, Old Mill Street, Manchester M4 6EE.