PATHWAYS AND GUIDELINES DEVELOPMENT SUBGROUP

GMMMG NHS

Minutes

Wednesday 6th March 2019, 1pm-3pm,

Ancoats Primary Care Centre, Old Mill St, M4 6EE

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				
Petra Brown (PB) GM MH Medicines Optimisation Strategic Lead	GM Mental Health	A				
Dr Richard Darling (RD) GP, HMR CCG	GM GPs Deputy Chair	A				
Nigel Dunkerley (ND) Locality Medicines Optimisation Lead, Oldham CCG	GM CCGs	A				
Dr Leanne Gray (LG) Senior Rheumatology Registrar, SRFT	Secondary Care	✓				
Robert Hallworth (RH) Specialist Cancer Pharmacist, North of England Area Team, NHS England	Chair	✓				
Robert Hirst (RHi) Senior Pharmacist, Tameside FT	GM Providers	✓				
Lizzie Lee Hoyle (LLH) Senior medicines Optimisation Pharmacist, Manchester CCG	GM CCGs	✓				
Philippa Jones (PJ) Chief Pharmacist, Pennine Acute Trust	GM Chief Pharmacists	✓				
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	✓				
Alan Physick (AP) Pharmacist, Bolton FT	GM Providers	✓				
Barry Roberston (BR) Locality Lead Pharmacist, Five Boroughs Partnership NHS FT	GM Mental Health	A				
Anna Swift (AS) Assistant Director of Medicines management, Wigan CCG	GM CCGs	✓				
Kathryn Griffiths (KG) Strategic Medicines Optimisation Pharmacist, GM Shared Service	Commissioning Support (non-voting)	✓ +KO				
Monica Mason (MM) Head of Prescribing Support, RDTC	Professional secretary (non-voting)	✓				

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

Apologies were noted by the group as above.

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 - November 2018

Minutes of the November meeting were accepted by the group as accurate.

The action log was reviewed and will be updated accordingly.

ACTION: RDTC to add minutes to the website. Action log to be updated

2. Pathways and Clinical Guidelines

2.1 Gluten free guidance- scoping of update and first draft

A project scoping approval template for the review of the GM GF guidance was considered by the group, along with a draft update. The current GM version, approved in 2013, had been scheduled for review to align with NHSE *Prescribing Gluten-free Foods in Primary Care: Guidance for CCGs* that was issued in November 2018. It was noted that the legislation allows CCGs to restrict prescribing further to bread only, mixes only, or to end prescribing of all GF foods altogether.

The group welcomed progress to bring the GM guidance in line with national legislation, and that adoption of this would represent a cost saving to CCGs, which could easily be monitored as a reduction of overall spend on GF products.

The group supported progression of this work, however clarification was requested on why the suggested number of units per month had been reduced, despite the same reference being used for this as the previous version.

Action: RDTC to perform clinical check of the draft and open for GM wide consultation, if no significant amendments required. To come back to July PaGDSG with commissioning implications for August CSB.

2.2 Diabetes Pathways

PaGDSG was updated on the progress of the GM diabetes pathways, development of which had been supported by GMMMG at the September 2018 meeting of PaGDSG. Final drafts of two pathways- *Glucose Lowering Therapy in Adults with Type 2 Diabetes,* and *Insulin Titration Guidance in Adults with Type 2 Diabetes*- were considered for submission to CSB. Development of these pathways had been spurred by lower QOF target achievement, and higher hospital admission rates for cardiovascular outcomes across GM than the English average, despite a higher spend on drugs for diabetes.

The group noted that the *Glucose Lowering Therapy in Adults with Type 2 Diabetes* pathway sat outside NICE guidelines in terms of less restrictive positioning of GLP1s, and this may introduce a cost pressure. However it was acknowledged that new evidence for cardiovascular outcomes had been published for GLP1s and SGLT2s since the last NICE update, and that an aim of the pathway had been to provide guidance on the appropriate positioning of these agents. Additionally, the group heard that establishing the cost impact of this pathway was challenging, however the pathway authors were working closely with Health Innovation Manchester to develop implementation and monitoring strategies.

Development of an additional prescribing notes document to support the *Glucose Lowering Therapy* pathway was requested- this should feature guidance on de-escalation of therapy, and advice on choice of agent for particular co-morbidities. Final drafts of the *Insulin Initiation in Type 2 Diabetes* and *Timing of Insulin Administration Prescribing Aid* to come back to May's PaGDSG meeting.

PaGDSG supported submission of the two pathways to CSB, pending some minor amendments, and that they were sent round the group for virtual approval ahead of CSB. The group agreed that a six monthly assurance report should be delivered to CSB detailing GM spend on diabetes agents vs outcomes compared to the rest of the region, and highlighting any variation between GM CCGs.

Action: The group support submission of the *Glucose Lowering Therapy in Adults with Type 2 Diabetes,* and *Insulin Titration Guidance in Adults with Type 2 Diabetes* drafts to April's CSB, following minor amendments. Final drafts of the guideline for insulin initiation in type 2 diabetes for primary care to come to May's meeting, along with the prescribing aid for timing of insulin administration.

2.3 Tobacco Addiction Pathway (draft out for consultation)

A draft tobacco addiction pathway and supportive prescribing notes was considered by the group, (this was out for consultation at the time of meeting). The pathway had been developed as an accessory document to the GM respiratory pathways, as part of the GM Improvement in Respiratory Outcomes work-stream. The group heard background on the development of the CODES document, which had been the basis for the draft GM document. It was acknowledged that the treatment pathway aimed to provide evidence-based recommendations to aid prescribers in areas where access to specialist NRT/smoking cessation services was limited. Although the guidance is expected to be cost saving in the long term, it was noted that there were cost implications associated with positioning of varenicline ahead of other options and which was not in full alignment with NICE.

There was desire for greater emphasis on non-pharmacological treatment options within the pathway, rather than focussing solely on drug options. However it was noted that there was variance in the availability of behavioural support across GM. Additionally, some clarity on the commissioning implications of this to GMMMG was requested.

PaGDSG discussed issues around implementing a single 'one size fits all' pathway across GM given the extent of variation in the commissioning of services and adoption of different self-care policies across the health economy. The group expressed a desire to wanted to fully understand networks, finance, PH, and CCGs views on this piece of work, in order to support progression of this work appropriately. It was recognised that this would take some time to establish, however requested that a re-draft of the pathway come back to May's meeting with some clarification on the above issues, providing the volume of consultation comments was not too large.

Action: AM to take feedback from PaGDSG back to the working group, along with consultation comments. Re-draft and clarification on issues raised to be returned to May's meeting, if the number of comments received was not too large or significant to prevent this.

2.4 OAB Pathway (draft out for consultation)

Following scoping, it was agreed at September 2018's PaGDSG that a working group would be set up for technical review of the OAB pathway. Intended outcomes of the update would be to improve management of OAB in both men and women, to reduce inappropriate prescribing of anticholinergics, and to encourage both primary and secondary care prescribers to follow GMMMG joint formulary recommendations.

At March's meeting, the group considered an updated draft of this pathway, which was out for consultation. Comments received so far via the consultation were noted, including a question regarding the absence of solifenacin from the pathway. The group heard that the pathway had been developed to align with the GMMMG formulary, which does not include solifenacin. Additionally, the patent expiry had been extended to June 2019 and in the absence of any evidence of an improvement in the cost-benefit ratio, the working group had felt solifenacin should not be included in the update.

PaGDSG were supportive of the progress of the pathway, development of which had followed the agreed GM processes. The group requested some work be done to establish commissioning implications, ahead of submission to CSB. Depending on the volume of comments received, and their significance the group supported the option of the final draft being approved for submission virtually prior to April CSB. Otherwise to come back to May's meeting.

Action: KO to review consultation comments and liaise with working group to produce a final draft along with commissioning implications. This to be approved by PaGDSG ahead of submission to CSB.

2.5 GM Palliative Care: Pain and Symptom Control Guidelines

The group heard that a project scoping request had been submitted to February's CSB with an aim to adapt the SCN *Palliative Care: Pain and Symptom Control Guidelines* for GM wide adoption. The SCN document contains guidance on palliative and end of life care, and provides prescribing guidance which promotes continuity of care across interfaces. Aims of GMMMG adoption would be to reduce admission as the end of life by promoting evidence-based care, reduce variation in end of life prescribing and associated interface/boundary issues, and promote a single approach to end of life care across the whole economy, in accordance with national guidance. CSB were in support of the progression of this work and assigned to PaGDSG's workplan.

At March's meeting the group considered a draft version of the guidance. This had been revised from the previous SCN version to be more accessible to non-specialist use and primary care as previous versions had been more specific to secondary care and hospice use. A clinical check of the draft was pending, however the group acknowledged that the task and finish group had already thoroughly reviewed the content before submitting the draft to GMMMG. PaGDSG were in support of a desire to progress the development of the guidance in a timely manner and recommended the draft be opened for GM-wide consultation, with RDTC to perform clinical check and feed comments in via the consultation. The group also requested that the next draft be re-formatted to improve the contents page/ navigation and usability of the guidance to those who were unfamiliar with its content.

It was proposed in the scoping template to CSB that PaGDSG would provide six monthly assurance reports to CSN on the numbers of admissions to secondary care for end of life care, in order that CSB can investigate any ongoing variations in admission rates across GM. The group were in agreement with this plan.

Action: Draft to be opened for GM-wide consultation. RDTC to clinically check and add comments via consultation. Aim to be re-drafted and submitted to May's PaGDSG.

3.0 Shared Care Protocols (SCPs)

The group considered two SCPs against completed checklists, both SCPs were out for consultation at the time of meeting.

3.1 Azathioprine for autoimmune hepatitis (new)

The group considered a new SCP for azathioprine for autoimmune hepatitis. This had been developed to support existing prescribing of azathioprine for this condition, with monitoring requirements the same as for use in rheumatological conditions. It was noted that no commissioning implications were expected as a result of the development of this SCP. The group acknowledged that patient numbers were expected to be small across GM, but were supportive of the development of the SCP. The group agreed that this should continue to progress in line with GM process, unless any significant comments were received via consultation, in which case they should come to May's meeting.

Action: RDTC to liaise with author following completion of the consultation, and support any amendments required. Aim to bring final draft to May's meeting.

3.2 Adult ADHD medications (update)

The group considered an updated version of the SCP for ADHD medications in adults. Changes in the update included removal of the recommendation that patients taking drugs for ADHD for extended periods should have their treatment reviewed at least once a year by a specialist.

The group noted that the change in monitoring recommendations were not in line with NICE NG87 which stipulates that a healthcare professional with *training and expertise in managing ADHD* should review ADHD medication at least annually and discuss with the patient, as part of a comprehensive assessment. Additional information had been supplied by the author explained that this change had a arisen in the update because the current level of CCG funding across all CCGs is insufficient to support automatic annual review by specialist services. Instead ADHD services would like to offer a review in situations where the GP feels that it would be helpful.

Additionally, guanfacine had been included in the update- this is currently non-formulary and does not have a GM RAG status.

PaGDSG considered these changes, and the consultation comments to-date. Concern was expressed that the removal of the annual review represented a safety concern and that there were commissioning implications associated with ADHD services that were outside the scope of the SCP. It was felt that development of the SCP should not progress in its current format until these issues had been addressed and that this was reflected by the consultation comments received so far.

Action: RDTC to feedback consultation comments to the author and highlight discussion points from PaGDSG. SCP not to progress with current content until issues around commissioning have been resolved.

4.0 Monitoring and Assurance

4.1 Monitoring schedule

The group noted the new PaGDSG monitoring schedule for 2019, which highlights outcome targets for assurance reports to CSB and the timelines for these.

4.2 Antimicrobial assurance report

The group were provided with a copy of the "Antimicrobial Stewardship- Priority Work Stream: Update to GMHSCP" that had been submitted to February's CSB, and were updated on the recent meeting to discuss GM antimicrobial stewardship, hosted by the HSCP. Whilst the group understood that CSB had requested that a biannual assurance report be provided bi-annually to CSB by PaGDSG, the group called for clarity on the specifications of this report. It was recognised that there are so many groups working on different antimicrobial projects across GM, and that ownership and accountability for this work by a single group would support this work more efficiently, to minimise duplication of effort and ensure a consistent approach. The group agreed that there should be a focus on production of public information to drive a reduction in antimicrobial use, and this would require support from public health, in addition GP awareness of the BRIT project, and action to tackle OOH prescribing should be supported.

Action: PaGDSG understood that the GMMMG work plan (in development) would include an AMR work stream, but that it was likely that this work would be led and supported by the HSCP who would report directly into GMMMG. Therefore PaGDSG would await further direction from GMMMG as to any actions to be undertaken.

5.0 Updates from National Guidance

5.1 GMMMG Formulary and guidance updates November 2018 and January 2019

These were provided for information. PaGDSG requested that the COPD pathway be reviewed in light of the new NICE COPD guidance (NG115), along with commissioning implications.

Action: AM to scope update of COPD pathway and return this to PaGDSG along with commissioning implications to progress pathway update.

6.0 Work planning

6.1 GMMMG Guidance Development Log for information

The group noted the progress of existing guidance and guidance in development, in line with the GMMMG process.

Action: RDTC to update log after meeting to reflect actions of March meeting.

7.0 AOB

The group hear that scoping for an update of the headache pathway had been supported at CSB. As this was to include MABs, this would now sit under the HCDSG workstream, however updates on its development would also be brought to PaGDSG going forward.

Date of next meeting:

1st May, 1pm-3pm, Higher Openshaw Primary Care Centre, Ashton Rd, M11 1JG.