PATHWAYS AND GUIDELINES DEVELOPMENT SUBGROUP

GMMMG NHS

Minutes

Wednesday 4th March 2020, 1pm-3pm, virtual meeting via Starleaf

1. General Business

1.1) Apologies received:

Attendee	Representing	Jan	Mar	Jul	Sep	Nov
Dr Richard Darling (RD) GP, HMR CCG	GM GPs Deputy Chair	A	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	✓	A			
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			
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	A			
Lucy Tetler (LT) Medicines Optimisation Pharmacist, Bury CCG	GM CCGs		✓			
Zoe Trumper (ZT) Acting Assistant Director of Medicines management, Wigan CCG	GM CCGs	✓	A			
Jane Wilson (JW) Director of Pharmacy, GM West Mental Health FT	GM Mental Health	A	A			

Attendee	Representing	Jan	Mar	Jul	Sep	Nov
Kathryn Griffiths (KG) Strategic Medicines Optimisation Pharmacist, GM Joint Commissioning Team	Commissioning Support (non-voting)	✓ +KO +APr +AM	✓ +KO +APr			
Carol Dolderson (CD) Lead Pharmacist Medicines Management, RDTC	RDTC (non-voting)	✓	✓ +EO			

Apologies received in advance were noted by the group as above.

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- January 2020

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

2.0 Pathways and Clinical Guidelines

2.1 Pathway and Guidelines Development Log

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

It was agreed that final drafts of the CMPA Guideline and Hypnotics Resource Pack could go for virtual PaGDSG approval prior to upload to the GM website when ready. (No commissioning or service impact expected).

The group heard that CCG leads had assigned the COPD update a relative priority based on the potential impact on carbon footprint associated with the update.

Further responses were awaited from CCG leads in relation to support of recommendations around vitamin D testing within the draft vitamin D guidance. This would allow for cost impact/ service impact to be established ahead of being submitted for GMMMG approval.

2.2 Medicines Safety Workstream update: gabapentinoids resource pack and polypharmacy resource pack

PaGDSG heard that there had been discussions by the working groups around indicators that would underpin this work and these had now been agreed in principle. The indicators would tie in to the GP contract and any parameters where GM CCG performance is below the national average.

CCG leads had confirmed the resource packs were not a big priority at GM level, but there was appetite to identify and improve any outliers across the footprint.

ACTION: First drafts of the resource packs to be submitted in due course.

3.0 Work Planning

3.1 Monitoring and assurance

At January's meeting, it was agreed that JCT would submit baseline monitoring against GMMMG 2019/20 priorities to March's meeting. The group heard that further discussions had taken place by the GMMMG medicines safety steering group and a decision made to drop the previously agreed parameter of 'Achieve national average or below for number of unique patients prescribed both a benzodiazepine and an opioid concurrently in the same month' from ongoing assurance. This was in light of significant progress having been made across the GM footprint to bring the performance of CCGs in line with, or better than, the national average.

Monitoring of the remaining parameters would be undertaken by the medicines safety group and reported to GMMMG via PaGDSG with some additional refinement to improve monitoring of

indicators for medicines associated with a dependence potential. It was proposed that medicines safety targets be extended to 2023/24 in keeping with the current GP contract, with 6 monthly monitoring intervals comparing with baseline data/ trend against the corresponding quarter of the previous year. These proposals would be presented alongside available prescribing data at March CCG MO leads meeting.

ACTION: Update to come to May's PaGDSG following discussions with CCG MO leads. This would provide clearer direction to PaGDSG as to the role in providing assurance going forward.

4.0 Shared Care Protocols

4.1 First Generation (Typical) Depot Injections

PaGDSG considered a post-consultation draft of the shared care protocol, along with the corresponding consultation comments. Ease of access to specialist input/ availability to answer queries in a timely manner was highlighted a potential barrier to implementation and that this sometimes resulted in delays to administration of depots. It was queried whether rapid access routes were equivalent across GM or if variances in service providers/ commissioned pathways meant that this was not the case.

PaGDSG requested further clarification be made within the SCP around the definition of 'stable' in relation to dose adjustments. This would provide an explanation around which reasons for dose adjustments were acceptable under shared care within primary care (e.g. dose reduction due to a change in renal function or unacceptable side-effects at the existing dose). This should additionally clarify when patients were no longer considered 'stable' (e.g. dose escalation for sub-therapeutic effect) as it would fall outside the competence of GPs to monitor therapeutic response to dose titration.

ACTION: PaGDSG approve clinical content of SCP pending clarification around the definition of stable. KG to check with MH services re. 'rapid access routes' back into specialist advice to establish if there is an equivalent level of service provision across the footprint. Further scoping and discussion between MH services and commissioners may be required before submission of the final version to GMMMG for support.

4.2 Growth Hormone in Paediatrics

PaGDSG considered a post-consultation draft of the shared care protocol; no consultation comments had been received. This was a technical update of an existing SCP - no changes are anticipated to existing commissioning arrangements. Product choices included in the SCP reflect those on regional procurement contract.

ACTION: PaGDSG approve upload of the SCP to GMMMG site pending minor clarification that the paediatric diabetes team would be responsible for adjustment of glycaemic control in children with diabetes and not the GP.

4.3 Azathioprine for IBD in Paediatrics

A draft technical update of the current SCP was considered- this had undergone formatting improvements and content had been aligned with the adult SCP for consistency. It was recognised that patient numbers were small. No cost or service implications associated with the update.

ACTION: PaGDSG approve opening of the SCP for GM-wide consultation.

4.4 Ethinylestradiol and estradiol for pubertal induction

A draft updated SCP was considered for approval to open for consultation. The SCP had been updated to include estradiol patches (off-label), as requested by FMESG (following a period of GM-wide consultation). Estradiol patches are now included in clinical guidance from BPSED for this indication and are more cost effective than ethinylestradiol, with the same monitoring requirements. Additional safety precautions had also been added re. splitting/ manipulating ethinylestradiol

tablets. Patient numbers were noted to be small (estimated 20 patients receive treatment per annum across GM) with no anticipated service or commissioning implications.

ACTION: PaGDSG approve opening of the SCP for GM-wide consultation.

4.5 Cinacalcet for Primary Hyperparathyroidism

A technical update the SCP was considered by the group. This had undergone a technical update to align more closely with NICE guidelines around serum calcium and symptom threshold for initiation, along with other minor amendments. It was noted that there is a NHSE commissioning policy for primary hyperthyroidism- however no route of repatriation for existing patients had existed. Scoping of clinical services revealed uncertainty over whether local commissioning arrangements were in place. The annual GM primary care spend is in the region of £400k.

ACTION: PaGDSG pre-support opening of the shared care protocol once the clinical check is complete and the commissioning route and any relevant issues clarified

4.6 Shared Care Protocol Development Logs

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

PaGDSG heard that consultation comments on the SCP for oral atypical antipsychotics had been reviewed by the clinical team who had agreed on final amendments. Further details were awaited on patient numbers/ potential cost impact related to the inclusion of lurasidone and paliperidone to determine if additional commissioning support required to facilitate implementation. PaGDSG agreed the final version could be approved virtually when this was ready (providing no significant cost impact).

5.0 Updates from National guidance

5.1 GMMMG Formulary and guidance updates- January and February 2020

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

7.0 AOB

Nil of note.

Date of next meeting:
Wednesday 6th May 1pm-3pm,
Ground Floor Group Room,
Higher Openshaw Primary Care Centre,
Ashton Old Rd
M11 1JG