PATHWAYS AND GUIDELINES DEVELOPMENT SUBGROUP

GMMMG NHS

Minutes

Wednesday 1st May 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			
Dr Richard Darling (RD) GP, HMR CCG	GM GPs Deputy Chair	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			
Robert Hallworth (RH) Specialist Cancer Pharmacist, North of England Area Team, NHS England	Chair	✓	✓			
Robert Hirst (RHi) Senior Pharmacist, Tameside FT	GM Providers	✓	A			
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	A			
Gary Masterman (GM) Deputy Chief Pharmacist, WWL Trust	GM Providers	A	A			
Dr Marlon Morais (MMo) GP Prescribing Lead, MHCC	GM GPs	✓	A			
Alan Physick (AP) Pharmacist, Bolton FT	GM Providers	✓	✓			
Barry Roberston (BR) Locality Lead Pharmacist, Five Boroughs Partnership NHS FT	GM Mental Health	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			
Kathryn Griffiths (KG) Strategic Medicines Optimisation Pharmacist, GM Shared Service	Commissioning Support (non-voting)	✓ +KO	✓ +KO			
Monica Mason (MM) Head of Prescribing Support, RDTC	Professional secretary (non-voting)	✓	A			

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 – March 2019

Minutes of the March 2019 meeting were accepted by the group as accurate, following a minor amendment to item 2.4 OAB Pathway.

The action log was reviewed and will be updated to reflect updates from CSB on the Antimicrobial Stewardship Priority Workstream, and progression of the review of the GP resource pack for antipsychotic prescribing in dementia.

The group noted a very high level of engagement with the Palliative Care document during its consultation period. Although an aim of this guideline was to support prescribing in primary care, it was highlighted that there had limited engagement from primary care stakeholders. The group felt it would be helpful to approach CCG End of Life Leads for some general feed-back on the usability of this document/ if there were any key elements to be reviewed.

ACTION:

- Minutes of March's meeting to go to June CSB for support to upload.

- Action log to be updated accordingly.

- CD to approach CCG leads re. antipsychotics in dementia review and request an outline of the key aspects they would like to be addressed by this guidance. These responses to be passed to CSB to be considered for progression within the Safety Priority Workstream.

- Also to ask CCG leads to liaise with their End of Life leads for comments on the palliative care guidance.

2. Pathways and Clinical Guidelines

2.1 Gluten free guidance- scoping of update and first draft

At March's meeting, a scoping approval template for the review of the GM GF guidance was considered by the group along with a draft update. The aim of this update was to bring GM guidance in line with updated NHSE legislation: *Prescribing Gluten-free Foods in Primary Care: Guidance for CCGs*. The group supported progression of this work, however further clarification was requested on the recommended number of units per month, as this did not match the reference quoted. At May's meeting the group considered a new draft that had been updated to align the age ranges with recommendations from the Coeliac Society.

The group heard that the number of units recommended by the GM guidance was not intended to fulfil the total requirement proposed by the Coeliac Society, and had been reduced by 25% to allow patients to allocate a portion of their own food budget towards bread/flour mixes of their choice. Additionally, the GM guidance would promote sourcing of carbohydrate requirements from healthy food choices, as GF breads are recognised to have high fat and salt contents.

PaGDSG questioned whether CCGs had been consulted about the 25% reduction. As the NHSE legislation states that CCGs may choose to cease prescribing of these products altogether, the group felt it was necessary to ensure that the GM update reflected the wishes of the CCGs. Additionally, the group wished to understand why a higher level of reduction had been applied to breastfeeding, and whether this recommendation was evidence based. It was also suggested that a brief FAQ document could be developed to support this guidance, particularly as patients were likely to ask for an explanation of why their prescription had been reduced.

ACTION: SW to approach CCGs to ascertain support for the 25% reduction. Further clarity required on the higher level of reduction for the breastfeeding population/ references for this. Final version to be circulated to the group for virtual approval with a view to submit to June's CSB. Additionally to develop a short supporting 'FAQ' document.

2.2 Diabetes Pathways

PaGDSG was updated on the progress of the GM diabetes pathways. It was noted that April's CSB had supported submission of the first two documents to May DoCs.

A final draft of the pathway *GMMMG Prescribing Aid: Timing of Insulin Administration in Adults with Type 2 Diabetes* was considered for PaGDSG approval to submit to June's CSB. Consultation on a previous draft of this document had closed in December 2018 and the diabetes working group had re-drafted in response to the comments received which largely requested better alignment with the GM formulary. The group agreed that the document should be renamed *'GMMMG Prescribing Aid: Profiles of Formulary Choice Insulins in Adults with Type 2 Diabetes'.* Additionally, inclusion of a link to signposting to GM formulary and individual SPCs was requested. The group supported submission of this pathway to June CSB, once these amendments had been actioned.

The group also considered a revised draft of the *'GMMMG Insulin Initiation Guidance in Adults with Type 2 Diabetes'.* This had undergone re-drafting to simplify the flow of steps and bring formatting in line with other documents in the suite. The group supported opening for GM wide consultation with a view to bring a final draft to July's meeting.

ACTION: The group supported submission of the *GMMMG Prescribing Aid: Timing of Insulin Administration in Adults with Type 2 Diabetes* document to June CSB, following completion of the requested amendments. The group supported opening of the *GMMMG Insulin Initiation Guidance in Adults with Type 2 Diabetes'* for GM wide consultation with
a view to bring a final draft to July's meeting

2.3 Prescriber Support Tool: Direct Oral Anticoagulants

PaGDSG first considered a technical review of the current 'NOAC Prescriber Decision Support' in November 2018. At that time, the group expressed that the size of the document it difficult to access specific information easily and suggested a number of amendments that would improve usability. It was agreed that RDTC would re-draft and return an updated version to the group once the GM positioning for rivaroxaban in CAD/PAD was agreed. As work is still ongoing by FMESG to refine this positioning, an updated draft was considered with a view that his could be amended to include the CAD/PAD information at a later date.

Some useful suggestions for improvements on the re-draft had been submitted ahead the meeting, which included further simplification of dosage information and a request to include 'loading doses' for the different agents, remarks on formatting and information on missed doses, amongst others. The group highlighted that the usability of the revised document was much better, and requested some further additions and amendments to improve this further.

ACTION: RDTC to re-draft in response to PaGDSG's comments and circulate round the group for virtual approval to open for GM wide consultation.

2.4 Summary of consultation comments

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

2.4 (a) OAB Pathway

A large number of comments had been received questioning 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. This was in keeping with NICE which recommends use of the most cost effective agent.

The group heard that the consultation comments had been clinically checked and the pathway re-drafted in response. Very recently issued guidance (NG 123) had also been accounted for in this redraft. The re-draft would be submitted to the working group for their sign off, with the final draft to come to July's PaGDSG with commissioning implications.

Action: KO to bring final draft to July PaGDSG with commissioning implications, with a view to submit to August CSB.

2.4 (b) Tobacco Addiction Pathway

The issues raised at March's PaGDSG had been fed-back to the author, along with the comments from consultation. It was acknowledged that it might take some time to work through the issues raised in light of the complex variations in commissioning of services across GM.

Action: AM to bring back clarification of issues raised in relation to the views of networks, finance, PH and CCGs on this work, in order that PaGDSGS can support progression of this work appropriately. To aim for summary to come to July's meeting, with re-draft if these issues have been addressed.

2.4 (c) SCP- Azathioprine for autoimmune hepatitis (new)

A number of useful comments had been received for this new SCP via the consultation, which had been clinically checked and fed-back to the author for consideration. PaGDSG supported the final draft being submitted to July's meeting, following the redraft.

Action: RDTC to co-ordinate redraft and bring this to July's meeting, along with any anticipated commissioning impact.

2.4 (c) SCP- ADHD medications in adults (verbal summary)

The group heard that the concerns raised at the previous meeting regarding uncertainty of commissioning arrangements and safety concerns related to the lack of annual review by specialist had been fed back to the author and MH services, along with the consultation comments. PaGDSG to await further action from MH regarding the progression of this item.

3.0 Work planning

3.1 GMMMG Guidance Development Log

The Guidance Development Log was noted. It was highlighted that the COPD pathway should be moved to the 'review' section in light of the update NICE guidance issued last year.

3.2 Pathways and Guidelines due for review

The group considered the following pathways and guidelines that are due review:

1. CMPA Allergy

It was noted that this was one of the most frequently accessed documents on the GM website, so should be considered with relative priority for review. It was felt that the current version was fit for purpose and a helpful point of reference for enquiries from GPs, who used on a regular basis.

Action: MO HUB to complete scoping for a technical update of this document and bring to July's meeting, where the group will decide if this should be added to the PaGDSG workplan.

2. Erectile Dysfunction- Guidance for Prescribing PDE5s in Primary Care

Similarly to above, the group noted that this was a frequently accessed document on the site, but questioned its current relevance and accuracy in relation to the GM formulary. It was felt that a review may be helpful, however this should be a technical review rather than a full review.

Action: RDTC to complete scoping for a technical update of this document and bring to July's meeting, where the group will decide if this should be added to the PaGDSG workplan.

3. Self-monitoring of blood glucose

The group noted that this was a less frequently accessed document, but that its review/ relevance may be timely to fit with the development of the new GMMMG diabetes pathways.

Action: MO Hub to complete scoping for a technical update of this document and bring to July's meeting, where the group will decide if this should be added to the PaGDSG workplan.

4. Polypharmacy

The group questioned where this document would sit in terms of the CSB medicines safety, and the RMOC's workstreams. Additionally, the group heard that GM HSCP was actively undertaking some polypharmacy work. It was agreed that no action was required on this at present, and PaGDSG should await direction from CSB upon finalisation of the GM workplan.

5. CKD-BMD

PaGDSG noted that this was not a GMMMG 'badged' document but rather SRFT guidance that was hosted on the site. In light of the comparatively low level of 'hits', the fact that there was no review date on the document, and acknowledging that classifications of CKD had since been updated, the group agreed that the current version should be taken down from the site. However, it was also felt that there would be an appetite to host an updated version as this was a helpful guidance document for GPs.

Action: RDTC to contact authors at SRFT and check if there is an updated guideline available. To carry out scoping of other GM sites who provide renal services and ascertain if there is appetite to develop a GM wide version.

4.0 Monitoring and Assurance

4.1 Monitoring schedule

The group considered the PaGDSG monitoring schedule for 2019 and proposed deadlines for PaGDSG agendas.

Although the antimicrobial assurance reporting had previously been assigned to PaGDSG, the group heard that a new subgroup of CSB were likely to address this. To remain on the assurance log until the TOR and workplan of this subgroup was confirmed at June's CSB.

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.

5.0 Updates from National Guidance

5.1 GMMMG Formulary and guidance updates March and April 2019

These were provided for information; no actions were highlighted from these.

6.0 Shared Care Protocols (SCPs)

The group considered a new SCP for penicillamine in Wilson's Disease and Rheumatoid Arthritis which had been requested or development by FMESG, in line with GMMMG process. Also considered was an updated SCP for paliperidone which had been revised to include simplified monitoring requirements. The group supported progression of these items, pending clinical check and some minor amendments.

Action: RDTC to progress clinical check and enact minor amendments. Both SCPs to be opened for GM wide consultation once amendments have been enacted.

PaGDSG also considered scoping for a new SCP for hydroxychloroquine for interstitial lung disease and also an update to the current SCP for mycophenolate in interstitial lung disease. PaGDSG agreed that these SCPs should be brought into GM process, with a view to come back to future meetings as they progress.

The group additionally considered a request from an MO pharmacist in Salford regarding whether there was any plan to harmonise the monitoring requirements for DMARDs across the SCPs with different indications. The group acknowledged that these may differ, however the clinical need for monitoring may change depending on the indication (i.e. use for autoimmune hepatitis may be associated with greater emphasis on LFT monitoring etc.) Additionally it was noted that a similar proposal had been rejected by the group in the past, on the same grounds of a requirement for individuality. It was noted that Wigan has produced a summary aid for GPs on the monitoring the most frequently used GM SCPs and this might be considered for GM-wide adoption, however this

may divert prescribers from referring to the whole SCP resulting in important information (e.g. interactions) being overlooked.

7.0 AOB

PaGDSG noted that a newly-launched melatonin preparation had been considered at April's FMESG, which presented a licensed option for children and adolescents in ASF and SMS. FMESG proposed that the current shared protocol for this population should be updated to include Slenyto, and that this topic should also be referred to the Pathways and Guidelines Development Subgroup for consideration since the group were aware there may be a relevant piece of work.

A request had been received to make minor amendments to the current version of the GM headache pathway. It was noted that a full review of the pathway is scheduled, sitting under both PaGDSG and HCDSG work streams. PaGDSG agreed to the addition of a link to the relevant NICE guidance (NG150), removal of reference to gabapentin for migraine prophylaxis (as per NICE) and removal of a faulty hyperlink.

The group also heard that a revised urticaria guideline was in development. It was agreed that this should be scoped and come to a future meeting to be assessed for inclusion on the PaGDSG workplan.

Date of next meeting:

3rd July, 1pm-3pm, Higher Openshaw Primary Care Centre, Ashton Rd, M11 1JG.