PATHWAYS AND GUIDELINES DEVELOPMENT SUBGROUP

GMMMG NHS

Minutes

Wednesday 6th November 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	Secondary Care	✓	A	A		
Aleksandra Houghton (AH) Senior MO Adviser- Patient Safety and Governance, MHCC	GM CCGs					✓
Lizzie Lee Hoyle (LLH) Senior medicines Optimisation Pharmacist, Manchester CCG	GM CCGs	✓	✓	✓		
Philippa Jones (PJ) Chief Pharmacist, Pennine Acute Trust	GM Chief Pharmacists	✓	✓	A		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	✓		A
Alan Physick (AP) Clinical Services Lead Pharmacist, Bolton FT	Secondary Care	✓	✓	A		A
Barry Roberston (BR) Locality Lead Pharmacist, Five Boroughs Partnership NHS FT	GM Mental Health	A	A	A		

Attendee	Representing	Mar	May	July	Sept	Nov
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		A
Kathryn Griffiths (KG) Strategic Medicines Optimisation Pharmacist, GM Shared Service	Commissioning Support (non-voting)	✓ +KO	✓ +KO	A KO		✓ +KO
Carol Dolderson (CD) Lead Pharmacist Medicines Management, RDTC	RDTC (non-voting)	✓ +MM	✓	✓ +NK		✓

Apologies received in advance were noted by the group as above. The group was recognised not be quorate as secondary care was under-represented. It was agreed that minutes and actions would be circulated for virtual approval prior to being progressed.

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 – July 2019

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

Updates on the action log were noted, including the following:

- The group noted that a final version of the GM Palliative Care: Pain and Symptom Control Guidelines had been received. As the content had previously been pre-approved by PaGDSG, the final version was to go to CSB Chairs' Call in November to seek support to upload to the GM site. The formulary is being updated to reflect positioning of celecoxib, oxycodone concentrated oral solution, and midazolam injection. To be closed from PaGDSG action log.
- As CCG leads had not identified the development of a Tobacco Addiction Pathway to be a priority, a proposal to refer this work to FMESG was considered. PaGDSG agreed that as this work would fit better under FMESG to reflect recommendations on product choice rather than a 'treatment pathway'. To be discussed at November FMESG and closed from the PaGDSG action log thereafter.
- Similarly, scoping of the CCGs leads had now indicated that review of the guidance for prescribing PDE5 inhibitors in primary care was not needed, despite the relatively high number of website hits on the current guidance. PaGDSG considered information contained within the guidance was freely available and key pieces of information could be incorporated into the formulary along with links to CK and BSSM guidance. Once this had been done, the GM guidance could be retired. To be discussed at November FMESG and closed from the PaGDSG action log thereafter.
- Work on the GMMMG Vitamin D Guideline would resume as a priority. This had been put on hold awaiting publication of a detailed analysis of children admitted with rickets in Central Manchester between 2009-14 which includes a cost of disease analysis and health economy modelling to assess if supplementation of children below 5 years of age will be cost effective in preventing rickets. PaGDSG heard that peer review of the article by The Lancet was still ongoing, thus agreed that the previous 'working draft' be revisited and finalised by the working group for submission to CSB. Although the aim would be to have final version virtually approved ahead of December CSB, the group acknowledged that establishing the commissioning and service implications of the guidance may take some time and that February CSB may be a more likely objective.

- PaGDSG noted that scoping of the technical update of the Low Strength Antipsychotic Prescribing in Dementia- GP Resource Pack had received mixed responses from CCG leads in terms of priority to progress. This likely reflected the different commissioning and service arrangements across the GM footprint. The group expressed agreement that this work sat under the GM priority work-stream of polypharmacy and safety and agreed that it should remain on the work plan for now; to be revisited once higher priority work (CMPA, Vitamin D, and Polypharmacy Guidance) had been completed.
- The group agreed that the update of the Self-Monitoring of Blood Glucose guidance should remain on the workplan, although it had not been identified as a priority area for all GM CCGs. PaGDSG recognised that there would be a cost impact associated with not updating this guidance and there would be benefit from collating work done by different CCGs and standardising this for a GM-wide document. Additionally it was felt that the clinical guidance on which patients should monitor their BMs and how often to test etc. was helpful for prescribers and the update of this guidance should follow after higher priority work had been completed.
- PaGDSG requested an update on the progress of the GM Gluten Free Guidance be sought ahead of the next meeting.

2.0 Pathways and Clinical Guidelines

2.1 GMMMG Insulin Prescribing Aid for Adults with Type 2 Diabetes

Final draft guidance on prescribing insulin in type 2 diabetes was considered for approval to be submitted to December CSB. This was in the form of a collated 'suite' of three documents that had originally been developed as separate stand-alone guidance: *Insulin initiation guidance, Profiles of formulary insulins*, and *Insulin titration guidance.* Each section of the guidance was based upon an initial version submitted by the Diabetes SCN that had been brought in to GMMMG process.

The development of such GM guidance was first scoped and discussed at the September 2018 meeting of PaGDSG. This was driven by recognition that a higher than national average spend on drugs for diabetes across GM is associated with lower QOF target achievement than the English average, and higher hospital admission rates. Additionally there is an established variation in spend versus clinical outcomes across the GM footprint. The GM Diabetes Strategy had stated that '*The GMMMG will be responsible for developing local guidelines for the intensification of medication for the control of diabetes. They will also monitor and report against these guidelines with the aim of reducing unwarranted variation'*. This suite of resources was thus developed with these issues in mind.

The group approved submission of the Insulin Prescribing Aid to CSB, but requested than an understanding of the SCN's plan around launch and implementation be sought. Insulin prescribing had historically had been a challenging area to standardise across GM (hence the wide variations in CCG prescribing) a plan for implementation for this guidance was seen to be essential to ensuring its uptake.

Previously, it had been proposed that PaGDSG would submit a six monthly assurance report to CSB which would detail GM spend on insulins versus outcomes compared to the rest of the region, and highlight any variation between GM CCGs. However PaGDSG expressed that a 6 monthly report may be too short a time-frame to capture changes in practice. Further direction should be sought from CSB on the frequency of reporting to be undertaken.

ACTION: CD to contact the SCN to gain an understanding of the plans to implement the guidance/ liaise with JCT around the role of GMMMG in this. Insulin Prescribing Aid to be submitted to December CSB along with plan for GM implementation. Direction from CSB to be sought regarding the frequency of assurance reporting to be undertaken.

2.2 CMPA Allergy Guidance

A first draft of a technical update of the Prescribing Infant Formula for Cow's Milk Protein Allergy (CMPA) in Primary Care was considered. The group heard that update of this guidance had been highlighted as a priority piece of work by all 10 GM CCGs and that the current version was the most frequently downloaded guidance document on the GM site. A number of further driving forces behind this work included the ongoing aim to minimise inappropriate prescribing of infant formula, clearer guidance on referral to local paediatric allergy services, promotion of breast feeding in infants with CMPA, and addition of a leaflet for parents and carers.

A working group had been formed which includes representation from the North West Paediatric Allergy Network. It was noted that there may be potential for cost savings associated with the update as a result of stopping inappropriate prescribing of: formulas for children over one year old; partially hydrolysed formulas; and other mammalian milks. However, there may be some service implications associated with the clearer guidance on mechanisms of referral to allergy services for primary care prescribers.

ACTION: PaGDSG approve opening of first draft for consultation. Any comments from PaGDSG members to be fed in via the consultation.

2.3 Prescriber Support Tool: DOACs for Adults

The final draft of a technical update of the GMMMG Prescriber Support Tool: Direct Oral Anticoagulants (DOACs) for Adults was considered by the group, along with comments from the consultation period. It was noted that a high number of comments received related to further advice on the calculation of renal function (particularly at extremes of body weight). Links to the SPS document on DOAC dosing on renal impairment, the MHRA drug safety alert *prescribing in renal impairment: using the appropriate estimate of renal function* and to an online CrCl calculator that provides modified estimates based on BMI had been included. PaGDSG considered that this level of information was sufficient as comprehensive advice around the complexities of estimating renal function in different populations was felt to fall outside the scope of DOAC tool. Additionally, there is an absence of adequate consensus on this subject to warrant inclusion in the document at this time.

The group approved upload of the document to the GM site, pending clarification of dose reduction of rivaroxaban for extended prevention of recurrent DVT/PE, and addition of a link to advice on co-prescribing with antiplatelets from a BMJ article (following RDTC clinical check of this resource). There is no service or cost implication associated with this guidance.

ACTION: RDTC to enact the necessary changes to reflect the comments above, and then upload to the GM site.

2.4 Neuropathic pain guidance

The final draft of a technical update of the GMMMG Neuropathic Pain in Adults- Guideline for Primary Care was considered by the group, along with comments from the consultation period. The main aim of the update was to confirm the GMMMG prescribing hierarchy of NICE-approved treatments for neuropathic pain.

PaGDSG heard that the formulary will be updated to align with the guidance. The group approved upload of the document to the site, pending further clarification that the titrations contained are provided as suggestions to improves tolerability and ensures patients gain an adequate trial of therapy.

There is no commissioning or service implication expected as a result of the update. However there may be modest cost-savings associated with improved compliance with formulary choice agents and adherence to NICE recommendations around less suitable therapies (e.g. lidocaine patches).

ACTION: RDTC to enact the necessary changes to reflect the comments above, and then upload to the GM site.

3.0 Work Planning

3.1 GMMMG Work Plan 2019/20 and CCG leads' prioritisation comments

The GMMMG work plan for 2019-20 was agreed in July and was considered. It was noted that PaGDSG had been assigned work streams related to diabetes and safety (particularly around polypharmacy and safer management of controlled drugs). CCG leads had also recently provided some comments on existing items on the PaGDSG work plan to help aid prioritisation which wetre considered along with website access data for existing guidelines. The PaGDSG work plan was updated accordingly (as per 1.3).

The group noted that SCPs were highlighted as a priority by CCGs. Although the majority of SCPs that are due for review are actively in the process of being updated, it was recognised that there was an ongoing lack of engagement from specialist services to progress some SCPs. It was agreed that a plan should be made for any 'longstanding-lapsed' protocols going forward.

It was acknowledged that a project on shared care was being undertaken by RMOC North that will include recommendations on policy, a standardised template and a list of agents suitable for shared care going forward.

ACTION: RDTC to scope issues around the 'longstanding-lapsed' SCPs and bring a plan to January's meeting for consideration of how best to bring these into process.

3.2 Project Scoping- Hypnotic Resource Pack

The group considered scoping of a benzodiazepine and z-drug resource pack that had been developed by Wigan CCG and supported by all other CCGs for GM-wide adoption. This had been allocated as a moderate priority and would sit under the polypharmacy and safer management of controlled drugs GM work streams. Key points from the clinical check of the first draft were discussed, including a need for some emphasis on the scale of the problem within GM, addition of further safety information and some re-formatting to improve navigation / flow. Once these comments had been addressed, PaGDSG supported opening of the draft for GM wide consultation.

ACTION: to be added to the PaGDSG work plan. RDTC to liaise with author around comments on the clinical check. To be opened for consultation once amended draft received.

3.3 Project scoping- trans-anal irrigation (TAI) pathway

The group considered scoping of an update of the TAI pathway as this is scheduled for review in December 2019. Review of this work was not considered a priority by GM CCGs. It was noted that prescribing data shows a high level of variance in product choice across different CCG and that the least cost-effective products account for the bulk of prescribing in all CCGs. Thus a future technical update of the guidance could include tables containing basic product information and some guidance on which products are the most cost-effective in their class. Further scoping of potential cost saving should be considered ahead of the next review of this pathway.

ACTION: Revision date of the current guidance to be extended to 2020. Add review to the work plan as a lesser priority with additional scoping to be undertaken re. potential cost savings.

3.4 Project scoping- Headache Pathway

Scoping was also considered for update of the North West Headache Management Guideline for Adults, a review of which has been pending since November 2018. This was put on hold awaiting the NICE TA for erenumab for migraine prevention. An interim update had been published by PaGDSG in May 2019, including a link to NG150 and removal of reference to gabapentin for migraine prophylaxis. Publication of the final TA for erenumab as noted to be still pending as an appeal had been launched against the FAD. Two further TAs for migraine MABs are expected in the next 6 months.

PaGDSG queried if there was a need to include the high-cost drug options in the pathway and whether it would be more practical to have separate guidance for management in primary care with clearer guidance on when to refer to specialist services. This could then be progressed ahead of

publication of the TAs which could be picked up as part of a secondary care/ tertiary care pathway. If there was agreement from CSB to split the pathway in this way, PaGDSG agreed that flunarazine should not be included for primary care (being an unlicensed product as either an import or a 'special)'. Additionally, the inclusion of non-NICE agents (e.g. candesartan and valproate) was felt not to be appropriate for primary care management. Advice on agents recommended by NICE but not in the current pathway should however be included to clarify their place in therapy and appropriateness to prescribe (e.g. topirimate, riboflavin).

Action: PaGDSG propose that review of the guidance should proceed as a technical update for management of headache in primary care and to align with NICE-approved agents only. RDTC to update scoping tool accordingly and share with CCGs to seek input on prioritisation

4.0 Monitoring and Assurance

4.1 Monitoring schedule

The monitoring schedule was noted for information. There was recognition that this should be updated to reflect the target/ measures of the GMMMG 2019-20 work plan.

The group heard that a new BI tool report had been developed for high dose opioids to allow prescribing trends to be monitored more easily going forward.

Action: RDTC to liaise with JCT around the update of the monitoring schedule for 2020.

5.0 Shared Care Protocols (SCPs)

5.1 Melatonin in children and adolescents

A draft of an update to the current SCP for melatonin in children and adolescents was considered by the group. Key changes included inclusion of the newly licensed product Slenyto® which offers the first licensed melatonin preparation for children with autism spectrum disorders and/or Smith-Magenis syndrome. There are cost implications associated with inclusion of this product as it is significantly more expensive than unlicensed preparations. Initial scoping of GM MH services had indicated that there may be around 100 new initiations on Slenyto per annum. RDTC was undertaking additional scoping to firm up these estimates which would be added to the consultation summary for this document.

Action: PaGDSG support opening of the draft for consultation, along with estimated cost impact.

5.2 Riluzole for ALS

A final post-consultation draft of the riluzole for ALS SCP was considered by the group. This had been updated to include the oral suspension, with minor amendments to improve alignment with product information/ consistency of appearance and content with other GM SCPs. There were no comments received during consultation.

PaGDSG noted that there are no commissioning implications associated with this update. Although the liquid preparation is more costly than the tablets, the number of patients receiving the liquid is expected to be low (less than 10 patients across GM). The liquid preparation is reserved for patients who can no longer swallow the tablet preparation and its inclusion in the update will support existing prescribing in primary care.

Action: PaGDSG approve upload of the updated SCP to the GM site.

5.3 Azathioprine for autoimmune hepatitis

A final post-consultation draft of the azathioprine for autoimmune hepatitis was considered by the group, and consultation comments were noted. This is a new SCP to support existing prescribing of oral azathioprine without an SCP being in place. Consultation comments around withholding azathioprine if the patient is prescribed antibiotics, and the need for FBC to inform if therapy can continue were considered. It was agreed that simple instruction should be retained to withhold azathioprine while taking antibiotics- this is in line with other SCPs for azathioprine.

Action: PaGDSG approve upload of the updated SCP to the GM site.

5.4 Paliperidone LAI in Adults

A final post-consultation draft of the azathioprine for autoimmune hepatitis was considered by the group and the consultation comments were noted. The group requested that the recommendation around it being a GP responsibility to send copies of results to care co-ordinator and psychiatrist be annotated to state 'local commissioning arrangements may vary'.

There are no commissioning implications associated with this update. Monitoring requirements have however been simplified slightly for GPs.

Action: PaGDSG approve upload of the updated SCP to the GM site.

5.5 Growth Hormone in Paediatrics

The group noted a draft update of the SCP for Growth Hormone in Paediatrics. The current version has been due for review since July 2018. Completion of the clinical check of this draft by RDTC is pending. It was noted that update of this guidance may have implications for the adult SCP which may need to be aligned with product choice etc. It was suggested that RDTC double check with the regional pharmacy procurement team as to which preparations are on regional contract to ensure that this was reflected in the SCP.

Action: PaGDSG approve 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.

5.6 Methotrexate EMA recommendations

The group noted recommendations on the prescribing of oral methotrexate and discussed potential implications for the shared care of this drug if the MHRA were to publish recommendations based on this. No action required on this at present but any updates to be brought to the attention of the group.

6.0 Updates from National Guidance

6.1 GMMMG Formulary and guidance updates July, August, September, and October 2019

These were provided for information. It was noted that scoping of the technical update of the GMMMG COPD guidance to reflect updated NICE recommendations for triple therapy was awaited; RDTC to chase this. The group heard that a project was underway to consider the carbon footprint of inhalers in GM which may impact the review of both the COPD and Asthma pathways in due course.

Additionally new recommendations in an update to NG87 (Attention deficit hyperactivity disorder: diagnosis and management) that a baseline ECG is no longer required for those patients starting atomoxetine or guanfacine who are at low risk of cardiovascular disease should be reflected in the update to the adult ADHD SCP.

7.0 AOB

Meetings and room bookings for 2020 were discussed with an aim to continue with the current bi-monthly pattern for the first Wednesday of alternate months, at the same time of 1pm to 3pm. (With the exception of January's meeting which would be planned for Wednesday 8th). The group members expressed a preference for the venue to be Higher Openshaw Primary Care Centre. RDTC to pursue bookings for next year and update members once confirmed.

Date of next meeting:

TBC