



**Minutes**  
**11<sup>th</sup> January 2018, 2pm-4pm**  
**HMR CCG, Number One Riverside,**  
**Rochdale**

**Present:**

**Robert Hallworth (RH)** Specialist Cancer Pharmacist, North of England Area Team, NHS England  
(*Chair*)

**Lesley Smith (LS)** Chief Pharmacist (Mental Health), Pennine Care Foundation Trust

**Vanessa Reid (VR)** Specialist Clinical Pharmacist - Specialist Medicine, MFT

**Anna Swift (AS)** Medicines Management Pharmacist, Wigan CCG

**Dr Richard Darling (RD)** General Practitioner, Haywood, Middleton and Rochdale CCG

**Dr Tom Leckie (TL)** Consultant, Pennine Acute Hospital Trust

**Robert Hirst (RHi)** Senior Pharmacist, Tameside Foundation Trust

**Faduma Abukar (FA)** Senior Medicines Optimisation Pharmacist, Manchester Health and Care Commissioning

**Barry Robertson (BR)** Lead Pharmacist, North West Boroughs Healthcare Foundation Trust

**Alan Physick (AP)** Lead Pharmacist, Bolton Foundation Trust

**Support:**

**Elaine Radcliffe (ER)** Medicines Optimisation Pharmacist, GM Shared Service

**Gavin Mankin (GM)** Principal Pharmacist Medicines Management, RDTC (*Professional Secretary*)

**In attendance:**

**Wai Ling Chau (WC)** Pharmacist, MFT

The group noted that Marlon Morais had resigned from the group due to the change in meeting time.

**1. General Business**

**1.1) Apologies received:**

Adam Irvine, Audrey Low, Kathryn Griffiths, Nigel Dunkerley

**1.2) Declarations of Interest**

The Chair reminded subgroup members of their obligation to declare any interest they may have on any issue arising at committee meetings which might conflict with the business of GMMMG.

Declarations declared by members of the PaGDSDG are listed in the GMMMG's Register of Interests. The Register is available either via the professional secretary or on the GMMMG website at [http://gmmmg.nhs.uk/html/gmmmg\\_meetings.html](http://gmmmg.nhs.uk/html/gmmmg_meetings.html)

Members were reminded to submit completed annual Declaration of Interest Forms if not already done so as per GMMMG policy.

### **Declarations of interest from today's meeting:**

The following update was received at the meeting:

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

### **1.3.1) Minutes of the previous meeting – November 2017**

The minutes were accepted as a true and accurate record.

**ACTION: RDTG to publish as final.**

### **1.3.2) Matters arising and Action Log from November 2017 meeting**

As per the action log enclosed with the papers.

The group noted that Salford and Trafford CCGs were happy with the changes suggested by the PaGDSG to the final draft of the reviewed GMMMG Lithium SCP. It was also agreed that subcutaneous methotrexate should be listed as RED on the RAG list as not SCP is currently available.

### **1.3.2a) Choice of Oestrogen Product in GMMMG Ethinylestradiol for the Induction of Delayed Puberty SCP**

The group reviewed the comments received from the RMCH on the choice of oestrogen product for the induction of delayed puberty.

In light of these comments and those received from the Manchester CCGs the group agreed that an additional SCP to support the use of oestrogen patches for this indication was required. The use of oestrogen patches is supported in the latest British Society for Paediatric Endocrinology and Diabetes Guidelines for Hormone Supplementation for Pubertal Induction in Girls.

#### **ACTION:**

- **GM to ask RMCH to develop an SCP for the use of oestrogen patches for the induction of delayed puberty.**

### **1.3.2b) Interface Prescribing Guide**

At the last meeting the PaGDSG discussed developing a GM Interface Prescribing Guide based on the existing Tameside Interface Prescribing Guide.

The Tameside Interface Prescribing Guide was circulated to PaGDSG members for comments/suggested changes but to date only Manchester APC and Manchester LPC have responded.

An existing national NHS patient information leaflet entitled "What Happens When You are Referred by your GP to see a Specialist" was presented to the group. It is freely available to download and print at <https://www.nhs.uk/NHSEngland/AboutNHSservices/doctors/Documents/What-happens-when-you-are-referred.pdf>.

After further discussion that GM would share this national leaflet with group members to consider if it could be used instead of producing a GM Interface Prescribing Guide as it covers the key issues, or whether a separate GM piece of work was needed.

#### **ACTION:**

- **GM to send link to "What Happens When You are Referred by your GP to see a Specialist" leaflet to PaGDSG members.**

## **2. Strategic Direction and Governance**

### **2.1) Review of GMMMG Membership**

A verbal update was given to the group on the review of GMMMG membership that has taken place currently underway. The new membership has been agreed from the nominations received and will meet for the first time in February 2018.

## **2.2) Future Strategic Direction of GMMMG and Workplan for its Subgroups**

A verbal update was given to the group on the future strategic direction of GMMMG and the development of an overarching GMMMG workplan covering the GMMMG Priority Areas.

It was explained to the group that the purpose of the PaGDSG was to approve SCPs/pathways/guidelines and then monitor their implementation reporting back to GMMMG where there is any variation.

The update generated much discussion amongst the group and following key points were raised:

- GMMMG needs to have delegated decision making powers across Greater Manchester for it to be effective in tackling variation and enforcing stakeholders to follow its guidance/recommendations.
- What is the role/function of the GM Shared Service in developing guidelines/pathways?
- Concerns were expressed about the role and function of the PaGDSG as it has no stick or carrot to tackle poor practice or authority to commission the final decision.
- Questions were asked about how the GMMMG Priority Areas had been identified and agreed.
- CCGs all have their individual own QIPP plans and priority areas, and have these been considered when developing GMMMG workplan.
- Some questioned if there was still a need for the PaGDSG.

It was agreed that these concerns/comments would be fed up to GMMMG. Some of these concerns may be addressed when the GMMMG workplan is agreed in February 2018 and GMMMG is then able to give some direction to its subgroups.

### **ACTION:**

- **GM/RH to feedback comments/concerns of PaGDSG members on GMMMG workplan and role/function of PaGDSG to GMMMG and GMMMG Subgroup Chairs.**

## **2.3) Gaps in Subgroup Membership**

The group discussed its current membership and potential gaps/skills it felt it was missing in its membership.

All members of the subgroups were reminded of their responsibility associated with subgroup membership and need to be committed to the agenda plus participate in the work done by the group. All members should contribute to meetings and organisations have asked for feedback if their members are not actively contributing to discussions at meetings.

The group agreed it needed a representative from commissioning, more GP membership, and another deputy chief pharmacist.

The group agreed to review its membership once clarification on the workplan and its roles/responsibilities was received from GMMMG.

## **3. Shared Care Guidelines**

### **3.1) Ciclosporin for use in childhood nephrotic syndrome SCP - due for review Oct 2017**

This SCP is now due for review and has been sent to the original authors at Royal Manchester Children's Hospital to review but as yet no updated version has been received. No significant changes are expected.

### **3.2) Riluzole SCP – due for review November 2017**

This SCP is now due for review and has been sent to the original authors at SRFT to review but as yet no updated version has been received. No significant changes are expected.

### **3.3) Adult ADHD SCP – due for review Nov 2017**

The review of this SCP has been placed on hold until updated NICE guidance is available expected in March 2018.

### **3.4) Azathioprine for neurological conditions**

SRFT have submitted a request to the FMESG for the RAG status for azathioprine for neurological conditions as it currently is not listed for this indication. If made AMBER then to simplify things this indication will be added as indication to the new azathioprine rheumatology SCP with the aim of creating one single azathioprine for all indications eventually.

### **3.5) Azathioprine for autoimmune renal indications SCP**

A verbal update on progress with the Azathioprine for autoimmune renal indications SCP was given to the group. To simplify things this indication will be added as indication to the new azathioprine rheumatology SCP with the aim of creating one single azathioprine for all indications eventually.

### **3.6) Methotrexate and Sulfasalazine SCPs for IBD**

A verbal update on progress with the development of two new SCPs for methotrexate and sulfasalazine in the management of IBD was given to the group. UHSM and CMFT are currently reviewing a draft. Monitoring will match the new BSR guidelines and content will also match all other GMMMG SCPs for methotrexate and sulfasalazine where possible.

### **3.7) Modafinil SCP – Parkinson’s disease**

This SCP is currently still with SRFT for updating and review.

### **3.8) Dermatology DMARD SCPs – updated to match BSR Monitoring**

The Dermatology DMARD SCPs for azathioprine, ciclosporin, mycophenolate mofetil and hydroxychloroquine have been updated to match the new BSR DMARD monitoring guidelines in consultation with dermatology at SRFT. Content also mirrors the rheumatology DMARD SCPs where possible. The updated dermatology DMARD SCPs were approved by the PaGDSG.

A new SCP for oral methotrexate in dermatology was also presented for approval. This mirrors the rheumatology SCP where possible. It has been produced in consultation with SRFT. The new oral methotrexate in dermatology SCP was approved by the PaGDSG.

#### **ACTION:**

- **GM to send updated Dermatology DMARD SCPs and new oral methotrexate in dermatology SCP to Feb 2018 GMMMG meeting for ratification and then add to GMMMG website.**

### **3.9) LHRH Urology SCP – request for minor amendment**

The group discussed a request from the Urologists at MFT-South via their pharmacist Cole McKee to make some minor amendments to the Urology LHRH Shared Care Protocol.

The changes requested and the actions agreed by the group were as follows:

1. Page 12 of the protocol is the request form the specialist makes to the GP. At the bottom of this page, it asks the GP to reply with "the attached form". There is no attached form. However there is a GENERIC form on the GMMMG website (see attached). Can we please get this form added into the protocol after page 12? – It was agreed to change wording to signpost to form on GMMMG website which is now the normal practice rather than including forms in the SCPs themselves. Suggest text = “GPs should reply to request for shared care to either accept or decline within 14 days. A form is available on the GMMMG website to facilitate this, if you so wish.”
2. The urologists state one of their biggest problems is that GPs constantly ring up asking for a dose. Hence can the doses (already mentioned in the protocol be included in the LHRH table on page 12 - the urologists can then circle the one they want). – It was agreed to

remove Specialist Request Form (Page 12) from SCP as not all Trusts use this form and Trusts could use their own local version of this form if they so wish.

3. Typographical error - "Date Approved by Commissioners" on page 1 has not been filled in so can this be amended or deleted if it hasn't been done. – It was agreed no action required as this box is standard in the current GMMMGS SCP template. Agree to consider removal as part of future review of GMMMGS SCP template.
4. Requested a sentence be added to the request form the specialist sends to the GP stating "If we do not receive a reply within 7 days of our request, we will assume you have responsibility to take over the supply and administration of the LHRH analogue highlighted above." It has been communicated to them that normally we give a 14 day window for GPs to reply however the consultants feel that, if a request was rejected, there may not be sufficient time to organise an appointment for the patient to receive a further dose on day 28 of treatment. – It was agreed no action required as NHS Secondary Care Contract from April 2017 states that GPs must respond either way to accept or decline each individual patient under shared care and this cannot be assumed. It also states that Secondary Care must give sufficient medication until GP agrees and is able to share prescribing. GPs feel that a reply within 7 days of request is not possible currently as there is often a delay in them receiving requests from specialists.

**ACTION:**

- **GM to feed back to Cole McKee on outcome of request for minor amendments to Urology LHRH Shared Care Protocol**

### **3.10) Quick Reference Guide to DMARD Monitoring**

A draft of a "Quick Reference Guide to DMARD Monitoring" was presented to the group for approval. This has been developed with local rheumatology teams to support the new updated DMARD SCPs.

The group approved the document subject to the following changes:

- Produce an additional simple version for GPs just listing ongoing monitoring.
- Add column for fasting lipids under ongoing monitoring.
- Add column for ophthalmic monitoring under ongoing monitoring.

**ACTION:**

- **GM to make suggested changes and add final versions to GMMMGS website.**

### **3.11) Guide to What has Changed with DMARD Monitoring**

A draft of a "Guide to What has Changed with DMARD Monitoring" was presented to the group for approval. This has been developed to support the new updated DMARD SCPs at the request of Stockport FT.

After discussion the group agreed this document was not needed as the Quick Reference Guide was sufficient.

## **4. Pathways and Clinical Guidelines**

### **4.1) GMMMGS Anal Irrigation Pathway**

The group approved the final version of the GMMMGS Anal Irrigation Pathway.

The guidance was approved previously but then the group requested a standard letter format to go to GPs This won't be possible as each trust has their own version of a letter and it has not been possible to standardise this.

**ACTION:**

- **GM to send to Feb 2018 GMMMG meeting for ratification and then add to GMMMG website.**

## **5. Updates from National Guidance and Workplan**

### **5.1) Horizon scanning/MHRA DSU January 2018**

The Horizon scanning/MHRA DSU document for January 2018 was circulated to the group for information.

### **5.2) Workplan**

The current workplan of the group was circulated for information.

It was agreed to remove Transanal Irrigation from the workplan and add review of GMMMG asthma guidelines in light of new Asthma guidance from NICE published in Nov 2017.

## **6. Updates from Other Groups**

### **6.1) GMMMG**

A verbal update on the last meeting of this group was given.

### **6.2) Formulary and Managed Entry Subgroup**

A verbal update on the last meeting and next agenda of this group was given.

### **6.3) High Cost Drugs Subgroup**

A verbal update on the last meeting of this group was given.

## **7. Additional Items**

### **7.1) Shared Care Guidelines or Shared Care Protocols?**

The group discussed what standard terminology should be used when referring to shared care. Is it shared care agreements, shared care guidelines or shared care protocols?

The group agreed to refer to standardise to using "Shared Care Protocols" as the approved terminology for consistency going forward. This is because using "Guidance" may mean the information is open to interpretation and allows some flexibility.

### **7.2) AOB**

#### **Website Hits**

The group requested that data be brought to the next meeting on the number of downloads of the asthma and COPD pathways from the GMMMG website.

Data was also requested on the number of downloads of each GMMMG SCP from the GMMMG website.

#### **ACTION:**

- **GM to bring requested data on GMMMG website downloads for SCPs and pathways to March 2018 PaGDSG meeting.**

#### **Requests to GMMHT for Retrospective SCPs**

It was brought to the attention of the group that some GP practices are requesting the competition of retrospective SCP forms for individual patients already considered to be under shared care by GMMHT. The group agreed the new SCPs and process applied to new patients and agreement forms should not be requested retrospectively.

#### **ACTION:**

- **FA to link with Petra Brown outside of meeting to resolve this issue that has arisen in**

**Manchester CCGs.**

- **AS to share with PaGDSG an FAQ document she has developed for GPs on SCPs.**

**Metformin for use in Diabetes Associated with Antipsychotics**

The group discussed this issue that had been raised by GMMHT and agreed that no GMMMG guidance was required as such use of metformin is unlicensed, most GPs would bounce requests to prescribe back to specialists, and use is it recommended by GM Mental Health Trusts.

**Date of Next Meeting**

8<sup>th</sup> March 2018 2pm-4pm, Meeting Room 2, Croft Shifa Health Centre, Belfield Road, Rochdale, OL16 2UY