



Minutes

8th March 2018, 1pm-3pm

HMR CCG, Nye Bevan House,
Rochdale

1. General Business

1.1) Apologies received:

As below

Attendee	Representing	Mar	May	July	Sept	Nov
Faduma Akbar (FA) Senior medicines Optimisation Pharmacist, Manchester CCG	GM CCGs	✓				
Petra Brown (PB) GM MH Medicines Optimisation Strategic Lead	GM Mental Health	A				
Salina Callighan (SC) Medicines Optimisation Pharmacist, Bury CCG	GM CCGs	A				
Dr Richard Darling (RD) GP, HMR CCG	GM GPs Deputy Chair	✓				
Nigel Dunkerley (ND) Locality Medicines Optimisation Lead, Oldham CCG	GM CCGs	A				
Robert Hallworth (RH) Specialist Cancer Pharmacist, North of England Area Team, NHS England	Chair	✓				
Robert Hirst (RH) Senior Pharmacist, Tameside FT	GM Providers	A				
Adam Irvine (AI) CEO LPC	GM Community Pharmacists	A				
Philippa Jones (PJ) Chief Pharmacist, Pennine Acute Trust	GM Chief Pharmacists					
Dr Tom Leckie (TL) Consultant in Emergency Medicine, Pennine Acute Trust	Secondary Care	A				
Dr Audrey Lowe (AL) Consultant Rheumatologist, Salford Royal Hospital	Secondary Care	✓				
Gary Masterman (GM) Deputy Chief Pharmacist, WWL Trust	GM Providers	✓				
Ruth Murdoch (RM) Clinical Pharmacy Services Manager, UHSM	GM providers	A				
Alan Physick (AP) Pharmacist, Bolton FT	GM Providers	A				
Vanessa Reid (VR) Specialist Clinical Pharmacist - Specialist Medicine, MFT	Secondary Care	✓				
Barry Roberston (BR) Locality Lead Pharmacist, Five Boroughs Partnership NHS FT	GM Mental Health	A				
Nigget Salem (NS) Clinical Lead for Medicines Optimisation, Bury CCG	GM CCGs	A				
Lesley Smith (LS) Chief Pharmacist, Pennine Care FT	GM Mental Health	A				
Anna Swift (AS) Assistant Director of Medicines management, Wigan CCG	GM CCGs	A				
Sarah Wills (SW) Rheumatology Pharmacist, SRFT	Secondary Care Specialist	A				

Attendee	Representing	Mar	May	July	Sept	Nov
Kathryn Griffiths (KG) Head of Medicines Optimisation, GM Shared Service	Commissioning Support (non-voting)	✓				
Monica Mason (MM) Head of Prescribing Support, RDTC	Professional secretary (non-voting)	✓				

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 PaGDSG are listed in the GMMMG's Register of Interests. The Register is available via the professional secretary.

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

Declarations of interest from this 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 – January 2018

Amendments were requested to section 1.3.2 (Interface prescribing guide) of the January minutes, to say that *"after further discussion the group agreed to use this national leaflet in addition to the GM Interface prescribing guide, as it covers the key issues."* Following which the minutes were accepted as a true and accurate record.

ACTION: RDTC to amend and publish as final.

2. Strategic Direction and Governance

2.1 Function of the GMMMG CSB and subgroups

MM explained that she was to take on the role as professional secretary to the PaGDSG and that KG will provide GMSS support. The group asked that their thanks be communicated to Gavin for his support. The group noted that work will be undertaken by working groups pulled from across the GM economy, with support from the RDTC and the GMSS.

MM presented the role and vision of the GMMMG Clinical Standards Board (CSB), and how the subgroup is asked to support this. There was concern raised as to the lack of delegated authority of the CSB, and that its outputs were recommendations rather than policy. The group noted that CSB continues to work towards delegated authority from the GM CCGs, and its revised membership which includes the Chair of the Directors of Commissioning, the Chair of AGG and the representation from the Chief Finance Officers should support this. Key to this in the coming year is that the outputs of the CSB demonstrate the value that CSB delivers to the GM health economy and its patients.

The group discussed their function and noted that their role was fundamentally to provide CSB with information regarding the financial and commissioning implications of a guideline, pathway or SCP and how its uptake/implementation and success will be monitored and reported to CSB. The group will work to the process of pathway development presented and should only need to consider the checklist at meetings, given that the SCP, or pathway/guidance will have been through a thorough process of development including clinical checks and GM wide consultation and will have been developed by a working group which will include specialists in the area of prescribing.

The group were reminded that only work approved on a GM footprint i.e. by five or more CCGs should be taken forward, and that scoping was essential to ensure the project is worthy of the resource involved and the outcomes expected.

The group were reminded that it is not their role to fall into discussions on the specifics of SCPs or guidelines presented, this will be covered in development of the product.

MM explained that GMMMG has recognised criticisms of its communication and the group discussed measures that could help to improve this, in particular including Trust lead pharmacists in communications. It was agreed that these details would be sent to the GMSS who would build a distribution list.

The group noted the ongoing production of the GMMMG work plan which includes a CSB directed project to PaGDSG to support the reduction in hospital admissions due to exacerbations of COPD and to reduce the use of high dose ICS across GM, building on the work undertaken by the respiratory working group.

Finally MM explained that the input of members on this group is key to GMMMG success and CSB recognises and praises the efforts of its members. The group welcomes Philippa Jones (Chief Pharmacist at PAT) to the group, but has unfortunately lost Marlon who can no longer attend, the group expressed their thanks to Marlon for his contributions. Members are reminded that if they are unable to attend it would be much appreciated if a deputy could attend in their place, although accept that sometimes this is just not possible. If any member is no longer able to regularly attend the group they are asked to let MM know at the earliest opportunity so that a replacement can be found.

Action: KG to ask GMSS to include Trust lead pharmacists in the communication emails in addition to Trust Chief Pharmacists. MM to return the GMMMG work plan to the May meeting

2.2 Subgroup Processes

The group considered the following processes which are to be used across GMMMG:

- Project scoping template – used to identify the audience and the intended outcome of a proposed piece of work and to ensure the GM wide need for this work to be carried out. The template also encourages the identification of current work that is available for development into a GM wide document to prevent duplication of effort and to maximize the use of resources across GM.
- Proposed process for pathway/SCP/guideline development, this process is used by the GMMMG subgroup to ensure that all work developed by a working group is deemed relevant for GM development, undergoes an independent clinical check by the RDTC, and is opened for a GM wide open consultation. The role of the PaGDSG is to approve the final version using the accompanying completed checklist and to prepare a commissioning and financial impact statement for CSB.
- Clinical pathway/guideline approval checklist – this checklist will be provided to the PaGDSG to aid the approval of a piece of work by the group. It aims to confirm that a piece of work has undergone the necessary steps during its development, highlights any concerns raised within the consultation that require subgroup attention, summarises the implications for primary and secondary care and for the GM formulary and supports the group in its preparation of a commissioning and financial impact statement to CSB.
- Clinical Standards Board (CSB) summary – this summary template will be completed by the RDTC and GMSS post PaGDSG meeting to convey the recommendation proposed by the subgroup to CSB for approval.

Some minor amendments were suggested and it was agreed that any further comments be sent to MM in the two weeks following the meeting after which the revised versions of these documents would be trialed at the next meeting.

Action: All group members to send any comments regarding these process to MM within the two weeks following the meeting
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3. Shared Care Guidelines

3.1) SCP progress summary:

The group were presented with an update table highlighting the status of GMMMG SCPs. MM explained that there was considerable resource required to develop GM wide SCPs and that it was necessary to ensure that only those SCPs identified as being required for GMMMG approval were brought through GMMMG, local SCPs were sufficient for those conditions that affecting a small proportion of the GM population. The group were also reminded that it was not the role of this membership to work through the finer detail of SCPs presented for approval, all SCPs would follow the process for development as detailed above which would ensure that through the working group, the RDTC clinical check and GM wide consultation the content of the SCP would be appropriate, and it was the remit of this group to ensure that this process had been followed and to consider the commissioning implications associated with the SCP for approval by CSB.

The group asked that this update table come to each meeting as a standing item for information.

ACTION:

- MM to add SCP progress summary as a standing agenda item.

4. Pathways and Clinical Guidelines

4.1) Update on current work

KG updated the group on the progress of pathways and guidelines, and explained that the pain pathway would be scoped for GM wide application, as would the dermatology pathways which had been directed for production by the GM Directors of Commissioning and were seeking GMMMG approval.

5. Horizon scanning and Work plan

5.1) Horizon scanning/MHRA DSU Feb 2018

The Horizon scanning/MHRA DSU document for Feb 2018 was circulated to the group for information. The group noted a number of items which would be relevant to a diabetes pathway, MM explained that the SCN had undertaken the development of a GM wide diabetes strategy, although GMMMG had not be approached to participate in this work. Following publication of the draft GMMMG had submitted a number of comments regarding the lack of medicines within this strategy and were awaiting response. It was noted that FMESG were currently reviewing the diabetes section of chapter 6 of the formulary and would pick up the items highlighted, although a diabetes pathway if deemed necessary following the response from the diabetes strategy would fall to PaGDSDG. In the light of the new Hydroxychloroquine and Chloroquine Retinopathy: Recommendations on Screening from the Royal College of Ophthalmologists Guideline 2018 which had been issued just prior to the PaGDSDG meeting, the group very briefly discussed the need to update the current GMMMG Shared Care Protocols for Hydroxychloroquine in dermatology and rheumatology. It was agreed that the authors of these SCPs be contacted and that they be asked to submit a proposed action to PaGDSDG.

Action: AL agreed to update the PaGDSDG in due course following discussions within Trust rheumatology departments.

5.2) Draft Work plan

The group noted the work on the implementation of the GMMMG COPD guidance directed to the group by CSB. This work is currently being scoped by the GMSS/RDTC. The group agreed that development of a pathway for the management of high dose opioids be developed as a priority, a number of dermatology pathways commissioned by GM Directors of commissioning would be received in to the pathways group for GMMMG approval, revision to the headache pathway will likely be required in light of a number of high cost drugs on the horizon. PaGDSDG request CSB support for their work plan.

Action: MM to update the work plan as discussed

6. Updates from Other Groups

6.1) GMMMG subgroups

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

7. AOB

MM agreed to remind members that if they are unable to attend they try to send a deputy in their place so that the group can operate in line with the agreed terms of reference.

Date of Next Meeting

10th May 2018 2pm-4pm, Room G10, Number One Riverside, Smith Street, Rochdale,
OL16 1XU