



Minutes

10th May 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	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 (RHi) Senior Pharmacist, Tameside FT	GM Providers	A	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	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	A			
Nigget Salem (NS) Clinical Lead for Medicines Optimisation, Bury CCG	GM CCGs	A	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)	✓	A ER/K O			
Monica Mason (MM) Head of Prescribing Support, RDTC	Professional secretary (non-voting)	✓	✓			

1.2) Declarations of Interest

Declarations of interest from this meeting:

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

1.3.1) Minutes of the previous meeting – March 2018

The minutes were agreed as accurate.

ACTION: MM to add to website

2. Strategic Direction and Governance

2.1 Meeting frequency

The group considered the request from CCG leads to move to monthly meetings, but due to membership capacity and the queried need for bimonthly meetings the group agreed instead to move items along virtually, but would re-consider the need to meet monthly if they felt it necessary in future.

Action: RH/MM to communicate to CSB

2.2 GMMMG work plan

The group discussed the GMMMG work plan; there was some disappointment around the items which had been delegated to PaGDSG. MM explained that whilst the priority areas had been identified, the final work plan was still being agreed and that PaGDSG could expect further items in due course.

Action: MM to continue to update and share the GMMMG work plan as it develops

2.3 GMMMG website: members only section

The group was informed that following the redesign of the GMMMG website they would be asked to register with the members only area, this would house the papers for all GMMMG groups to improve sharing of information between the GMMMG membership.

Action: MM to contact group members when the member's only area was ready

3. Shared Care Protocols (SCPs)

3.1 Oral MTX for dermatology (post consultation)

3.2 Azathioprine for neurology (post consultation)

The group was presented with the SCP checklists for the oral MTX for dermatology SCP and the azathioprine for neurology SCP, following the GM wide consultation of these SCPs and amendment. Unfortunately the group was unable to approve the SCPs during the meeting as additional information was required, and the group requested that some changes be made to the checklist. It was agreed that these SCPs would be circulated with the amended checklist following the meeting and would be approved by email. There was no commissioning impact expected from these SCPs.

3.3 SCP progress summary (log)

The group considered the SCP progress log, which detailed the stage of development of various SCPs, and their review dates. To progress the development of other SCPs the group agreed that they would approve by email in between meetings. The group asked that the log come to the meeting as a standing agenda item for information.

The group commented on their achievements to date with regards the production of numerous GM SCPs. However there was some concern that not all of these SCPs were being accepted across the whole GM economy, and that in some instances practices were refusing to take on shared care without good reason. It was agreed that the issue of shared care compliance across GM be added to the work plan for discussion and action at a future meeting. The discussion would centre on inclusion of shared care adoption within primary care contracts, improvements to communication across the interface, and the role of the provider board in supporting this work.

ACTION: MM to add log to agenda as standing item and to add shared care compliance to the work plan for discussion at a future meeting

4. Pathways and Clinical Guidelines

4.1) GM Third party repeat item request guidance

The group considered the proposed guidance on third party repeat item requests, this guidance had been written by GMSS, with support from Stockport CCG. It has undergone a GM wide consultation and has been shaped following comments from the GM Heads of Medicines Management, the GM consultation and NHSE. It had been submitted to PaGDSG for recommendation to CSB for approval.

The group discussed the primary aim of this guidance which was to reduce medicines waste and ensure that patients are receiving only the medicines they actually need. It is recognized that for some patient groups provision of a managed repeat re-ordering service (MRRS) may be of benefit, but that it should be reserved for those patients identified through this policy. The preferred option for patients receiving repeat FP10 prescriptions is the use of electronic repeat dispensing (eRD), where this is possible. This guidance should provide GM standards for managing repeat prescription or signed order requests for all items (medicines, appliances, nutritional and food supplements etc.) and is to be applied by all GM prescribers including clinical commissioning groups (CCGs), general practitioner (GPs), practices, NHS trusts and other dispensers / suppliers (e.g. nutritional supplement suppliers) on the issue of managing repeat prescription requests. It was recognized that the management of patient's repeat requests is not a commissioned service from dispensing appliance contractors (DACs) and community pharmacy contractors but they would be requested to adhere to this guidance.

PaGDSG agreed to recommend this guidance to CSB for approval; they asked that following approval, this guidance be communicated effectively across all GM organisations including community pharmacy via the LPC and LPN. It was proposed by PaGDSG that this guidance should transpire into a reduction in item growth across GM, and reductions in returns of unused medicines to pharmacies. GMSS have been asked to capture these measures and return a report to PaGDSG in a year.

ACTION: MM to submit to the June CSB meeting as requested. GMSS to communicate to LPC and LPN post approval and capture outcome measures as above

4.2) Gluten free guidance

The group considered the proposed gluten free policy which is to act as a local interim policy based on DHSC final guidance until national policy in place (awaiting legislation). The group were concerned that the risk of implementing this policy ahead of the National position had not be considered and recommended that GM await the National position.

ACTION: MM to communicate the recommendation from PaGSG to CSB

5. Antimicrobial work planning

5.1) Summary of scoping undertaken

ER presented in KG's absence and explained that the CCG leads had been contacted regarding implementation tools with an aim that the best tools would be collated for sharing across all GM CCGs. A response had been requested by the 24th May 2018. It was recognized that all CCGs had been working on reducing antibacterial prescribing for a number of years, and quality premiums supported this work, similarly Trusts working towards CQUINs, although it was commented that mental health trusts don't have a CQUIN.

Members of the group queried the need for this work, stating that a GM campaign directed at patients may be of more benefit, and that there were so many different arms working on antibacterial prescribing across GM and nationally that the need for GMMMG to also contribute may be unnecessary. AS communicated the work that had been undertaken in Wigan Borough and it was agreed that there was a need for KG to link in with this work and other GM work streams, and that Karen O'Brien may be able to offer these links.

It was also agreed that access to the BI tool be requested for all PaGDSG members from GMSS, so that the prescribing dashboards could be viewed.

ACTION: ER to communicate discussion back to KG who is leading on this work.

6. Monitoring

6.1) Respiratory (asthma and COPD pathways data summary

Due to a lack of time the group briefly noted the respiratory data summary presented. RH and AM will meet with Health Innovation Manchester to discuss how the COPD pathway will be implemented to optimize its outcomes across GM, and will report back to PaGDSG and CSB.

7. Updates from National Guidance and Work Plan

7.1) Horizon scanning

7.2) Work plan

7.3) Responsibility for prescribing between primary and secondary care

8. Updates from other groups

Items 7 to 8 were deferred due to a lack of time.

9. AOB

The group was updated on the opioid reduction pathway which was currently out for consultation, and noted that it was the group's remit to identify outcome targets for proposal to CSB.

ACTION: MM to support AS with this work, with an aim to return it to the July PaGDSG meeting.
--

Date of Next Meeting

12th July 2018 2pm-4pm, Meeting Room 2, Croft Shifa Health Centre, belfield Road, Rochdale, OL16 2UY