PATHWAYS AND GUIDELINES DEVELOPMENT SUBGROUP

GMMMG NHS

Minutes

8th November 2018, 2pm-4pm

Croft Shifa Health Centre, Rochdale, OL16 2UY,

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	✓	✓	✓	A	✓
Petra Brown (PB) GM MH Medicines Optimisation Strategic Lead	GM Mental Health	A	A	A	A	A
Salina Callighan (SC) Medicines Optimisation Pharmacist, Bury CCG	GM CCGs	A	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	✓	✓	✓	✓
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		✓	A
Adam Irvine (AI) CEO LPC	GM Community Pharmacists	A	✓	A	✓	A
Philippa Jones (PJ) Chief Pharmacist, Pennine Acute Trust	GM Chief Pharmacists		✓	✓	A	✓
Dr Tom Leckie (TL) Consultant in Emergency Medicine, Pennine Acute Trust	Secondary Care	A	✓			
Dr Audrey Low (AL) Consultant Rheumatologist, Salford Royal Hospital	Secondary Care	✓	✓	✓	A (LG)	✓
Gary Masterman (GM) Deputy Chief Pharmacist, WWL Trust	GM Providers	✓	✓	✓	✓	A
Ruth Murdoch (RM) Clinical Pharmacy Services Manager, UHSM	GM providers	A	A	A	A (LK)	A
Alan Physick (AP) Pharmacist, Bolton FT	GM Providers	A	✓	A	✓	A
Vanessa Reid (VR) Specialist Clinical Pharmacist - Specialist Medicine, MFT	Secondary Care	✓	✓	A	✓	A
Barry Roberston (BR) Locality Lead Pharmacist, Five Boroughs Partnership NHS FT	GM Mental Health	A	A		✓	A
Nigget Salem (NS) Clinical Lead for Medicines Optimisation, Bury CCG	GM CCGs	A	A		A	A
Lesley Smith (LS) Chief Pharmacist, Pennine Care FT	GM Mental Health	A	✓	A	✓	✓
Anna Swift (AS) Assistant Director of Medicines management, Wigan CCG	GM CCGs	A	✓	✓	✓	✓
Sarah Wills (SW) Rheumatology Pharmacist, SRFT	Secondary Care Specialist	A			A	A

Attendee	Representing	Mar	May	July	Sept	Nov
Kathryn Griffiths (KG) Strategic Medicines Optimisation Pharmacist, GM Shared Service	Commissioning Support (non-voting)	✓	A ER/ KO	✓	✓	✓ AM KO
Monica Mason (MM) Head of Prescribing Support, RDTC	Professional secretary (non-voting)	✓	✓	✓	✓	A
Carol Dolderson (CD) Lead Pharmacist Medicines Management, RDTC	RDTC (non-voting)				✓	✓

Apologies were noted by the group as above.

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 and actions of the previous meeting–September 2018

Minutes of the September meeting were accepted by the group as accurate.

The action log was reviewed and will be updated accordingly.

ACTION: RDTC to add minutes to the website.

2. Pathways and Clinical Guidelines

2.1 GMMMG Dermatology Pathways.

The three remaining Dermatology Pathways (Emollient ladder, Steroid ladder, Warts pathway) were returned to the group to be review following GM-wide consultation. The aim of the pathways is to reduce unnecessary referrals to secondary care by providing a clear resource for GPs to follow, whilst facilitating prioritisation of appropriate '2 Week Wait' referrals. The pathways will be supported by a dermatology portal with corresponding education programmes. The documents will also be relevant to primary care pharmacists in clarifying the positioning of self-care advice for dry skin, dermatitis, and for treatment of warts.

The group suggested some additional amendments to be made and requested that final versions be sent round members for approval, prior to submission to CSB.

Action: KG to enact changes and submit to December CSB along with commissioning implications. RDTC to liaise with FMESG re. update to skin chapter of formulary, to reflect the new pathways.

2.2 OAB Pathway

It was agreed at September's meeting that GMSS would set-up a working group for technical review of the current OAB pathway. Intended outcomes of the update would be to improve management of OAB in both men and women, to reduce inappropriate prescribing of anticholinergics, and to encourage both primary and secondary care prescribers to follow GMMMG joint formulary recommendations.

A pathway scoping document was returned to the group, along with a draft updated version of the pathway. The group acknowledged inclusion or recommendations related to management of symptoms in men, criteria for referral, recommendation for 'antimuscarinic drug break', and inclusion on of a patient information leaflet for trial of stopping OAB drug, and oestrogens for bladder symptoms as per NICE. The group requested some additional amendments around exploring non-drug interventions, adding criteria for referral for botulinum toxin A, and change of preparation of trospium. Clarification of dementia risks associated with anticholinergics within the PIL was also requested and removal of the cost comparison chart. RDTC clinical check of the draft

is pending. Additionally, it was noted that the working group had been asked by FMESG to help establish if there is a place in therapy for Noqdirna (desmopressin preparation licensed for nocturnal polyuria), following a formulary application for this. FMESG to update formulary to reflect pathway.

Action: RDTC to perform clinical check of draft. KO to enact changes and seek comment from Dr Davenport, consultant geriatrician. Revised draft to be emailed to PaGDSG members prior to GM-wide consultation. Aim for Feb CSB with commissioning implications.

2.3 Asthma Pathway

A final draft of the GMMMG asthma pathway was brought to the group for approval by PaGDSG to submit to CSB in December. It was acknowledged that a large number of comments received from industry had slowed the rate of progression of the pathway. No significant commissioning implications are expected in relation to the pathway, however it was highlighted that as whole, the NICE NG80 introduces a new diagnostic pathway for asthma which may have significant commissioning implications. Implementation of the pathway is expected to improve patient care without an increase in prescribing expenditure leading to reduced exacerbations and hospital admissions. The pathway will support the stepping down of treatment where appropriate to optimise patient therapy and in an attempt to improve patient adherence to treatment.

The group requested minor amendments to the pathway in relation to monitoring requirements, so that they reflect those of NICE and GINA, prior to submission to December CSB with commissioning implications. Following CSB approval the GMMMG formulary will be updated to reflect those agents listed within the formulary.

Action: AM to make minor amendments as requested, then submit to Dec CSB with commissioning implications paper.

2.4 Vitamin D Guideline: Progress Update

At September's PaGDSG meeting, the Manchester CCG vitamin D guideline was reviewed with a view to developing into a GM-wide guideline. A number of amendments to the document were requested, including removal of unlicensed preparations from the guideline, simplification of the loading regime and clarification on NSHE OTC guidance/ positioning of self-care. Whilst enacting these recommendations, RDTC undertook a clinical review of the original document and made some additional changes in order to improve agreement of the document with the reference sources provided. The updated version was opened for GM-wide consultation on 22nd October. Engagement with the consultation thus far has been very good with multiple comments received- from both a clinical and from a technical perspective.

PaGDSG reviewed some of the key comments received thus far from the consultation. The range of clinical experience of those commenting was noted, as was the specialist clinical nature of the comments. It was agreed that the most appropriate action to progress the guideline would be to condense the comments received and identify a virtual working group from contributors to the consultation to engage in the review of comments.

Action: RDTC to co-ordinate formation of virtual working group to review consultation comments and progress guideline to a final draft to bring back to Jan PaGDSG. Aim for submission to Feb CSB with commissioning implications.

2.5 Acamprosate- GP information sheet (update)

The group considered an update to the current GP information sheet for acamprosate which was due for review from December 2017. Minor amendments were noted; however no changes to current practice or commissioning implications were expected. The group approved the updated version; this revision will be communicated to CSB in December.

Action: RDTC to upload updated version to GMMMG website.

2.6 NOAC- Prescriber Decision Support Tool (update)

An update of the NOAC Prescriber Decision Support Tool was considered by the group; the current version was due for review November 2018. A check against the current SPCs, BNF and original references prompted the addition of some new information in relation to the license extension for rivaroxaban (for CAD/PAD), and marketing of a licensed reversal agent for dabigatran. Additionally, the reference list for the document was updated. The group were asked to pre-approve the document with a view to open for GM-wide consultation once GM positioning for the license extension for rivaroxaban in PAD/CAD is confirmed.

The group expressed that the size of the document made it difficult to access specific information and suggested a number of amendments which would improve usability. The addition of a section on monitoring requirements for NOACs, advice strengthening the need for timely compliance, and information around risks of use with DAPT was requested. Inclusion of information on withholding treatment prior to surgery, dental procedures and minor procedures such as joint injections was also suggested as being useful to GPs. A link to the NICE approved decision support tool for anticoagulation therapy in AF was also requested.

Action: RDTC to re-draft and return to group once GM positioning of rivaroxaban for CAD/PAD agreed.

2.7 Low Strength Antipsychotic Prescribing in Dementia- GP Resource Pack (update)

An update of the resource pack was considered by the group; the current version was due for review November 2018. . A check against the current SPCs, BNF and original references prompted the addition of some new information in response to the updated NICE NG97, and to include haloperidol as a licensed option for aggression and psychotic symptoms. The group was asked to pre-approve the document with a view to open for GM-wide consultation.

The group felt that some additional work could be done to improve the relevance of the document to primary care, particularly by including information leaflets/ a ‘down-titration tool’ that would be accessible to care staff in residential homes, and could be included within patient care-plans. It was suggested that a greater focus be made on reviewing and stopping these agents, with clearer recommendations on review periods e.g. 6 weekly. Additionally, it was proposed that the document should be more comprehensive in addressing challenging behaviours as a whole, including practical non-drug options. The Alzheimer’s Society website was noted to be a helpful resource from which advice on non-drug options in challenging behavior could be drawn from.

Action: RDTC to re-draft and bring back to group with focus more as a pathway for challenging behaviours, greater inclusion of non-drug options, and clearer recommendations on review/ de-prescribing of antipsychotics.

3.0 Shared Care Protocols (SCPs)

The group considered the following SCP alongside a completed checklist:

3.1 Apomorphine in PD (update)

This was a review and update of an existing SCP, no changes to the monitoring requirements were identified, and hence no commissioning impact was expected. The group requested clarification regarding the expectation for co-prescription of domperidone outside of product license and whether this responsibility falls to primary care. It was requested that the shared care protocol be expanded to be ‘Apomorphine and domperidone’ if that were the case.

Action: RDTC to contact author to clarify arrangements for domperidone co-prescription.

3.4 GMMMG Guidance Log for information

The group noted the progress of existing guidance and guidance in development, in line with the GMMMG process.

Action: RDTC to update log after meeting to reflect decisions made.

4.0 Monitoring

The group discussed the need to undertake monitoring in response to the recently approved opioid resource pack and that baseline monitoring should be undertaken. It was suggested that Karen O'Brien may be able to provide some baseline data initially. It was recommended that the item be added to a future agenda for CSB to ascertain what the expectation for monitoring is.

5.0 Updates from National Guidance

5.1 GMMMG Formulary and guidance updates September and October 2018

For information. No action requested by group in response to these documents.

6.0 Updates from Other Groups

6.1 GMMMG subgroups

For information. No action requested by group in response to the workplans presented.

7.0 AOB

Dates for 2019 meetings were discussed with bi-monthly meetings on the first Wednesday of the month proposed, starting on the 2nd of January. A virtual meeting/ tele-con was suggested for this date to maximise attendance, however the group raised concerns that there may be insufficient time over the festive period to become familiar with agenda items/papers.

Action: RDTC to pursue possibility of booking venue for first meeting for 9th January.

Date of next meeting:

TBC