PATHWAYS AND GUIDELINES DEVELOPMENT SUBGROUP

GMMMG NHS

Minutes

13th September 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	
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		✓	
Adam Irvine (AI) CEO LPC	GM Community Pharmacists	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	✓	✓	✓	✓	
Ruth Murdoch (RM) Clinical Pharmacy Services Manager, UHSM	GM providers	A	A	A	A (LK)	
Alan Physick (AP) Pharmacist, Bolton FT	GM Providers	A	✓	A	✓	
Vanessa Reid (VR) Specialist Clinical Pharmacist - Specialist Medicine, MFT	Secondary Care	✓	✓	A	✓	
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		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	

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

Also in attendance was Dr Hussain Contractor, Consultant Interventional Cardiologist MUFT, who was present for agenda item 2.2.

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 –July 2018

Following some minor amendments, the minutes of the July meeting were accepted by the group as accurate.

ACTION: MM to add minutes to the website.

2. Pathways and Clinical Guidelines

2.1 GMMMG Dermatology Pathways.

Five of the eight new Dermatology Pathways (*2WW Referral Form, Actinic Keratosis, Eczema, Acne, and Psoriasis*) returned to the group to be reviewed following GM-wide consultation. Three pathways remain outstanding and will return to the group at the next meeting: (*Warts, Emollient Ladder, Topical Steroid Ladder*). 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 acne and eczema, and for appropriate management of minor ailments.

The group suggested some additional minor amendments which KG agreed to take back to the author(s). It was noted that formulary changes would be required to align with the pathways- these would be submitted to FMESG following completion of the three outstanding pathways. Additionally, a statement will need to be prepared regarding the commissioning impact, and submitted to CSB.

Action: KG to liaise with author(s) re. amendments and bring remaining pathways to the November meeting and prepare commissioning statement ahead of submission to CSB.

2.2 Diabetes Pathway Scoping

The development of a 'suite of resources' to support prescribing in diabetes across GM was discussed. This scoping was driven by recognition that a higher spend on drugs for diabetes in GM is associated with lower QOF target achievement than the England average, and higher hospital admission rates; with variation in spend vs. clinical outcomes across GM CCGs. At July's meeting, FMESG focussed on the diabetes chapter of the formulary. Following discussion with diabetologists present at the meeting, FMESG agreed that there would be appetite for development of GM diabetes pathways to tackle the variation in prescribing practices between primary and secondary care across GM. It was agreed that a pathway for the prescribing of insulin would be a good starting point for this work.

The development of such guidance falls in line with recommendations made within the GM diabetes strategy: '*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'*. It was noted that there is a lack of focus on prevention (i.e. consideration of medications) within the strategy, and that guidance from NICE on choice of oral agent beyond metformin is difficult to ascertain; particularly as cardiovascular outcomes of antihyperglycaemics has not yet been considered by NICE. Thus the group acknowledged that whilst any GM guidance developed should reflect NICE, it should be more detailed in its choice of agents to ensure up-to-date evidence on cardiovascular outcomes is incorporated.

Dr Hussain Contractor, Consultant Interventional Cardiologist MUFT, who was part of the development group of the CV metabolic pathway attended to discuss the importance of a joined-up approach across GM, particularly to ensure patients with diabetes are well managed from a cardiovascular point of view. The group heard an overview of the cardiovascular benefits profile for GLP1s and SGLT2s, along with background to their place in clinical practice- including safety and patient tolerability.

The group considered three documents submitted by SCN, the aim of which is to support primary care prescribers: *Insulin dose titration schedule, Insulin titration guidance, and Greater Manchester Guidance for Antihyperglycaemic Therapy in Adults with Type 2 Diabetes.* Overall the group agreed that although the *Insulin titration guidance* may be helpful for increasing confidence in dealing with insulin dose adjustment in primary care, this is normally managed by community diabetes team or secondary care, so it was likely to have limited relevance to practice. However, it was noted to be a helpful resource for secondary care pharmacists for reducing unnecessary referrals to the specialist team by supporting prescribing decisions at ward level. The group agreed that in order to better support GPs choose the best agent for their patients, the *Guidance for Antihyperglycaemic Therapy in Adults with Type 2 Diabetes* could be more prescriptive in terms of choice of agents i.e include details of outcome benefits for different populations. Additionally, it was felt that inclusion of clear guidance on stopping ineffective agents would be beneficial. Similarly, the group felt the list of insulins included in the *Insulin dose titration schedule* should also be more prescriptive regarding choice of insulin, should align with the GMMMG formulary, and also contain a section on 'Sick Day Rules'.

MM explained to Dr Contractor that in order for the pathways to be endorsed by GMMMG they would need to follow the GMMMG process of development, therefore whilst PaGDSG were supportive of this work being undertaken further scoping actions would be required in line with this process e.g. confirmation from GM CCG MO teams that these pathways were required, identification of a working group representative of GM stakeholders, consideration of any potential conflicts of interest from members of the working group, further clarification of the intended outcome of this work. The RDTC and appropriate GMMMG members would liaise with the diabetes SCN to take this work forward.

Action: RDTC and GMMMG members to communicate the next steps in the development of this work with the applicant/SCN.

2.3 Urticaria Pathway letter

The group reviewed a letter received from the North West Allergy and Clinical Immunology Network (NWACIN) in relation to the GMMMG pathway for chronic urticaria which was issued in 2017 (review due September 2019). NWACIN expressed a number of issues in relation to the consultation process for the GMMMG pathway, and how this pathway differs from their own version which NWACIN state has been adopted and is in use by GM CCGs. The group acknowledged that there may be some misunderstanding of the scope of the GM guidance by NWACIN, as the GM guidance is not valid in some of the locations covered by NWACIN.

The group were informed that the approved processes for the initial development of the pathway were followed, and that there had been initial communication passed between NWACIN and the

GMMMG New Therapies Group (as it was at the time). However, it is not possible to tell whether NWACIN were given the opportunity to comment via the consultation as this relied on email dissemination to relevant parties at that time- rather than the current route of open access via the GMMMG website. Additionally, development of the pathway overlapped with changes in the GMMMG subgroups which may have complicated communication channels.

PaGDSG agreed that there was a need to establish if GM CCGs have adopted the NWACIN pathway and if so, how this uptake relates to use of the approved GMMMG guidance. If the GM guidance is not being used and the NWACIN guidance is being used instead, then the GM guidance should go out for consultation to establish why this is the case.

Action: MM to contact NWACIN to identify which CCGs have adopted their pathway. If use of the NWACIN pathway across GM is established, then the GMMMG version will be opened for consultation to determine why it has not been adopted in practice.

2.4 Scoping for OAB pathway review

The existing Treatment of Overactive Bladder in Women pathway was developed in November 2015 with a review date of September 2017. As part of the scoping for its review, secondary care clinicians requested that it be updated to include recommendations regarding the management of overactive bladder in men and the title be changed to 'Management of Overactive Bladder in Adults'. KG presented a scoping template for this pathway for consideration by the group. Intended outcomes of an updated pathway would be to improve management of the condition in both men and women, to reduce inappropriate prescribing of anticholinergics in frail/ elderly patients, and to encourage both primary and secondary care practitioners to follow GMMMG joint formulary recommendations. The group noted poor compliance with the current pathway, particularly in regards to using solifenacin (non-formulary) over formulary choices, and mirabegron not in line with NICE TA. It was agreed that the current pathway should undergo a technical update to include guidance for men- rather than undergoing a full review- with management of OAB in frail elderly to be addressed in separate guidance. Formation of a working group for updating the pathway was discussed, including the need for primary care GP and pharmacist representation to balance the group. Additionally the need for DOIs for each member was noted.

The group recommended that guidance on the management of OAB in frail elderly should include calculation of anticholinergic burden, and risk stratification for patients prescribed multiple anticholinergics. It was recognised that development of an anticholinergic calculator would be relevant for other clinical scenarios/ across other indications, and thus some overarching guidance on prescribing in frailty might be warranted. The group agreed that scoping should be undertaken to consider whether there is appetite for such guidance, or whether an update of the current polypharmacy guidance would be more appropriate. Dr Rebecca Davenport, Consultant Geriatrician was suggested as a possible clinician contact for work going forward. It was acknowledged that SCN are also currently looking at management of frailty, including development of a falls assessment checklist, and that GMMMG should work alongside this. It was agreed a representative from PaGDSG group would attend the SCN frailty meeting on October 18th.

Action: GMSS to set-up working group for technical review of current OAB. PaGDSG member (TBC) to attend SCN frailty meeting and return scoping tool for frailty pathway to November meeting.

2.5 Scoping for STOMP

Following brief discussion at the July meeting, KG presented a scoping tool for STOMP for approval to take forward to CSB. Previously the group had noted that whilst STOMP is on the GMMMG workplan, it is not one of the four priority areas. The group heard about local STOMP projects which have been run in Bury and Trafford CCGs which required a high level of support from specialist mental health pharmacists to train staff with the aim to empower and educate GPs. A shortage of specialist LD nurses to identify suitable patients, monitor outcomes and update care plans was highlighted as a barrier to the progression of STOMP locally. It was felt that the project should be targeted at primary care vs. secondary care as patients should be in a supported and stable

environment for withdrawal of medications. It was agreed that figures from Bury and Trafford CCGs should be used to help establish commissioning implications- linking in with NW MH would also support this. KG confirmed a clearer understanding of what was required and agreed to produce a paper for submission to CSB highlighting the level of resource required to proceed with this work in an effective manner across GM.

Action: GMSS (KG) to prepare a paper for CSB (December meeting) detailing the limitation of this work without a suitable level of resource.

2.6 Vitamin D guideline

At the May 2018 FMESG meeting, the outstanding issue of vitamin D prescribing and whether it should be prescribed for treatment and/or deficiency across GM was discussed. It was agreed that whilst the NHSE OTC guidance covered this topic in the main, additional guidance to aid prescribers would be warranted. Manchester CCG has recently produced local guidance; PaGDSG were asked to review whether this should be developed further for GM wide adoption.

The group noted that there is a range in the prescribing of licensed vitamin D product across GM CCGs and agreed that guidance should help to reduce this variation. It was also recommended that a link to the NHSE OTC guidance be included, and advice on self-care.

Action: MM to enact changes to document and circulate to group via email for approval prior to submission to CSB.

3.0 Shared Care Protocols (SCPs)

The group considered the following SCPs alongside a completed checklist:

3.1 Methotrexate for IBD (New)

This is a new SCP to support existing prescribing of oral methotrexate for IBD without an SCP being in place. Monitoring requirements are no different to the other SCP for this drug when used for rheumatological indications. This was recommended for approval to CSB.

3.2 Goserelin in Breast Ca (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 raised concerns regarding the inclusion of recommendations for treating menopausal symptoms within the document and asked for this to be reviewed prior to submission to CSB for approval.

3.3 Azathioprine for ILD (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. This was recommended for approval to CSB.

3.4 GMMMG Guidance Log for information

The group requested review of all SCPs for DMARDs/ immunosuppressants to ensure consistent advice around administration of live vaccinations across these SCPs.

The group also discussed whether high cost drug pathways should fall under the remit of PaGDSG. It was agreed that these should be added to the PaGDSG agenda but would not form part of the work plan as these largely relate to RED drugs, hence GM-wide guidance not relevant.

Action: CD to review and update vaccination information in SCPs

4.0 Monitoring

Nil items for consideration.

5.0 Updates from National Guidance

5.1 GMMMG Formulary and guidance updates July and August 2018

For information.

6.0 AOB

Dates for 2019 were proposed to continue with the same bi-monthly schedule. It was highlighted that additional GP representation (potentially via a rota of pooled representatives) and also representation from commissioning should be sought to improve balancing of the group going forward.

Action: Group members to return any comments to MM within 14 days regarding venue and timings of meetings for next year.

Date of next meeting:

Thursday 8th Nov 2018 2pm-4pm, Meeting Room 2, Croft Shifa Health Centre, Belfield Road, Rochdale, OL16 2UY