GMMMG
Greater Manchester
Medicines Management Group
NHS

Greater Manchester Medicines Management Group

Minutes of the meeting held on
Thursday 12th August 2021, 1- 3pm

Virtual meeting

Present:

Name	Title	Organisation	Representing	Aug	Sept	Oct	Nov 20	May 21	Jun	Aug
Dr Helen Burgess (HB)	GP MO Prescribing lead	NHS Manchester CCGs	GPs	A	✓	✓	✓	✓	✓	✓
Dr Pete Budden (PB)	GP Prescribing lead	Salford CCG	MGSG	A	A					
Petra Brown (PeB)	Chief Pharmacist	Pennine care NHS FT	GM Mental Health Organisations	✓ (JW)	✓ (JW)	✓	✓	✓	✓	✓
Dr Richard Darling (RD)	GP Prescribing Lead	Heywood, Middleton and Rochdale CCG	PaGDSG	A	A			✓		
Kate Rigden (KR)	Deputy Chief Finance Officer	NHS Oldham CCG	CCG finance leads	A	✓	✓	✓	✓	A	AF
Ruth Dales (RuD)	Lead Pharmacist	GM AHSN	Health Innovation Manchester (HIM)	✓	✓	✓	✓	A	✓	A
Dr Ann Harrison (AH)	GP MO Prescribing lead	Trafford CCG	GPs	✓	✓	✓	✓	✓	✓	✓
Robert Hallworth (RH)	Specialist Cancer Pharmacist	NHSE	NHSE Specialised	A	A	✓	✓	✓	✓	✓

			Commissioning							
Peter Howarth (PH)	Head of Medicines Management	Tameside & Glossop CCG	CCG MO leads	✓	✓	✓	✓	✓	✓	✓
Aneet Kapoor	Chair of the GM LPN	LPN	Pharmacy profession							✓
Dr Daljit Saroya	Consultant Anaesthetist and Chair of MO committee at Stockport FT	Stockport FT	GM Secondary Care Clincians	A	✓	✓				
Leigh Lord (LL)	Locality Lead Pharmacist	NHS Trafford CCG	CCG MO leads	✓ (KL)	✓	✓	✓	✓	✓ CH	✓
Peter Marks (PM)	LPC Board Member	GM LPC	Community Pharmacy	✓	✓	✓	✓	A	✓	✓
Luvjit Kandula (LK)	Chair – Community Pharmacy Provider Board (CPPB)	GM LPC	Community Pharmacy					✓		✓
Fiona Meadowcroft (FC)	Interim Deputy Director Strategy – Integrated Care	MHCC	CCG Commissioning lead	✓	✓	✓	✓	✓	✓	✓
Karen O'Brien (KO'B)	Regional Pharmacist	NHSEI	NHSEI	✓	✓	✓	✓	✓	✓	✓
Dr Jeff Schryer	JCB clinical lead for MO	The GM Joint Commissioning Board (MO)	JCB	A	A	A	A	A	A	A
Paul Buckley (PaB)	Chief Pharmacist	Stockport FT	GM Chief pharmacists		✓			✓	✓	✓
Steve Simpson (SS)	Chief Pharmacist	Bolton FT	GM Chief pharmacists	A	A	✓	✓	✓	✓	A
Charlotte Skitterall (CS)	Chief Pharmacist	Manchester FT	Chair	✓	A	✓	✓	✓	✓	✓

Claire Vaughan (CV)	Head of MO	Salford CCG	Vice Chair	A	✓	✓	✓	✓	✓	A
Dr Sanjay Wahie (SW)	Clinical Director	NHS Wigan CCG	GPs	A	✓	✓	A	✓	✓	A
Dr Peter Elton	SCN representatives	Strategic Clinical Network	Strateic Clinical Network	✓	✓	✓	✓	✓	✓	✓
Vacant seat			Provider Board representative							
Vacant seat			Council representative for GM Social Services							
Vacant seat			GM Medical Directors							
Vacant seat			Lay representative							
Vacant seat			GM Public Health							
Sue Dickinson (SD)	Director of Pharmacy	RDTC	SPS	✓	✓	✓	✓	✓	✓	A
Monica Mason (MM)	Head of Prescribing Support	RDTC	Professional secretary	✓	✓	✓	✓	✓	✓	✓
Andrew Martin (AM)	MO Pharmacist	GM Joint Commissioning team	GMMMG support	✓ AM	✓ AM	✓	✓	✓	✓	✓
Andrew White (AW)	Head of MO	GM Joint Commissioning team	GMMMG support	✓	✓	✓	✓	✓	✓	✓
Dan Newsome (DN)	Principal pharmacist	RDTC	GMMMG support	✓	✓	✓	✓			

1. General Business

1.1 Apologies

The July meeting ran as an IPMO workshop attended by the GMMMG membership with wider attendance from HSCP colleagues and GM pharmacy colleagues.

1.2 Declarations of Interest

Nil declared

2.0 Minutes and actions from the last meeting

The minutes of the June meeting (no July meeting) were approved for publication; the group were updated on the progress of outstanding actions as recorded in the action log

3.0 Draft GMMMG Integrated Pharmacy and Medicines Board Terms of Reference

The group considered the draft terms of reference (ToR) for a GM Integrated Pharmacy and Medicines Optimisation Board for GM. Building on the foundations laid by GMMMG the introduction of this board would provide the Integrated Care System with a strategic Medicines Board fully integrating pharmacy and medicines functions across the system. The membership would ensure ICS wide, strategic representation for medicines is brought together.

In addition to the four groups already proposed to sit under the board (a medicines optimisation committee, health inequalities group, digital enablers and pharmacy workforce) it was agreed that a separate medicines value group would be established. There was discussion around what this group would be expected to deliver and the need for a focus on value rather than savings. This group would ensure a system wide GM approach to delivering a value programme which could be delivered within current resource and capacity.

AF delivered the finance update (item 6) at this point explaining that a 3% cut in allocation was expected for H1, equating to £75-85M. As a minimum 3% of this cut would be expected to be delivered from prescribing budgets, likely more than 3%. GMMMG Chairs were requested to present a savings plan to DoFs in the coming weeks.

The group pushed back against this describing the inequalities in health amplified during the COVID pandemic, and that removing health inequality, value and sustainability had to be the key considerations in any plan, and that the National Overprescribing review due soon should be considered. The savings already delivered repeatedly by pharmacy and medicines optimisation teams were highlighted, and it was stressed that there was very little left to deliver.

Difficulties in medicines supply and the direct amplification of prescribing budgets were highlighted as a continuing problem, along with the uncaptured costs to pharmacy of Covid vaccination delivery, and the impact on workforce availability to support other pharmacy and medicines work streams. There was disappointment expressed that prescribing budgets were still targeted in isolation by finance teams. The group agreed that finance and commissioning representation should be present on all GMMMG groups but particularly the value group to fully understand the impact that requested savings will have on health inequality, and the difficulties for pharmacy and medicines teams to deliver without adequate resource.

The discussion returned to the terms of reference and the points raised for particular discussion with GMMMG following initial discussions with the triumvirate pharmacy leadership which consisted of Trust Chief Pharmacist, CCG MO lead, Community Pharmacy representation.

It was noted that the ToR state that the HSCP has approved the transformation of GMMMG into the GM Integrated Pharmacy and Medicines Optimisation Board (IPMOB), however conversations are ongoing with the partnership around the position of this board within the revised governance structure, although it has been requested that IPMOB will report into the Joint Planning and Delivery Committee.

The IPMOB membership is intended to bring together ICS level medicines and pharmacy representation for GM level decision making which is fully inclusive of all medicines and pharmacy sectors. The group considered the membership presented, query was raised around primary care provider board representation given that the pharmacy provider board was represented, it was agreed that MM would discuss this further with AK to ensure that the correct groups were represented. Otherwise the membership was agreed pending further ICS infrastructure changes.

The sub-committees of the board as described above were discussed and a medicines value group was agreed as a fifth group. It was agreed that these sub-committees should be delegated the thresholds for decision making as previously set for GMMMG, and that the board should have its threshold increased. MM and AW to discuss with the ICS finance director.

As previously discussed at IPMO workshops the position of ICS Chief Pharmacist is being undertaken by triumvirate pharmacy representation, as per the dispersed leadership proposal. Whilst this arrangement continued to be supported by the membership it was agreed that MM would discuss further with AK to ensure that the triumvirate captured all pharmacy representation.

The question of the Chair of the board was discussed and the group were reminded that the current Chairs had been elected into these seats in order to support the transition of GMMMG into a medicines board. It was recognised that as the system matures and governance routes are established the ToR and membership will need to adapt, and so will be kept under a more frequent review. In order for work streams to progress it is asked that these ToR are accepted for submission to HSCP as soon as possible. The current governance route is unclear but submission to both DoCs and the HSCP will be undertaken to ensure the necessary conversations are had.

Action: The conversations described above are to be undertaken after which these ToR will be submitted to DoCs and the partnership for approval.

4.0 Draft IPMO submission

GMMMG was presented with the draft IPMO submission which details the transformation plan for the GM system. Members were asked to submit comments back to the IPMO steering group as soon as possible in order that this plan can be submitted to NHSE.

Action: Membership to submit comments to IPMO steering group (CS, CV, LK, AW, AK, MM) as soon as possible

5.0 GM Biosimilars performance

GMMMG considered Define data reporting biosimilar uptake rates nationally, regionally and per Trust in GM and to note the significant lost savings opportunities presented here totalling over £2.3million in Greater Manchester over the last 12 months. It was agreed that this work stream be taken into the Medicines Value workstream so that as a GM system we can hold each other to account, and optimise the value of these opportunities.

Action: Medicines Value group to accept biosimilar uptake as a workstream

6.0 GM Finance Update

As detailed under item 4

Action: Medicines Savings/Value plan to be prepared for submission to DoFs in September.

7.0 GM COPD Pathway

GMMMG considered for approval the COPD Management Plan which was updated and consulted on through 2021/21. The plan was approved by the specialist working group and supported by CRG and MGSG. The group were updated on the plans of the GM Mayor, GMCA and GMHSCP on environmental sustainability with adoption of greener inhalers being the biggest single impact and most likely to have an impact in the shorter term. The group accepted that this adoption is dependent on GM system readiness to make changes to prescribed medications – impacted by Covid recovery, access to diagnostics, capacity and ability to demonstrate and reinforce inhaler technique, and considered the three year timeframe proposed. It was understood that the RDTC has developed an environmental and cost calculator – which can be used to calculate the carbon and financial impact of changes. There are also tools in the guideline and separately available to indicate the CO2e impact in a more tangible comparison (miles in an average car) which can be used to assist clinicians in making shared decisions with patients. Information produced by Salford CCG was highlighted as being particularly useful.

GMMMG understood that the gross financial impact of the COPD guideline is likely to be neutral or slightly cost saving due to the price matching of most inhalers in each category (pMDI or DPI). The largest cost impact of DPIs is for SABAs if a large move from pMDIs to DPIs is undertaken, however the greatest financial impact will be seen for asthma pathway which is to follow rather than the COPD treatment being presented at this meeting.

The group agreed that whilst it might take three years to complete the implementation of this pathway in full that there was an appetite to do this faster, and that an integrated, coordinated response from pharmacy and MO teams across all sectors could support this shorter timeframe. The commissioning representative on the

group explained that there will be no additional resource available to deliver this work stream and that it would have to be delivered within existing resources.

It was agreed that an implementation plan would be submitted to DoCs for approval utilising the resources currently available across all pharmacy sectors. The approval of the pathway would be communicated to the GM Inhalers group at their meeting the next day.

Action: AM to prepare for submission to DoCs.

8.0 Commissioning of Shared Care across GM: Update

The group were updated on the progress of this workstream, which had been presented to CFOs and DoCs yesterday. It was confirmed that CFOs and DoCs are not supportive of this work stream at this time due to the resource required to implement it. GMMMG note the national work being undertaken on shared care and that there will be an expectation that ICS will commission against the published national shared care protocols. It was agreed that the scoping of the GM current position be completed, and that rather than a separate group being tasked with this work that it continues under the Medicines Optimisation sub-committee (MGSG) as one of its safety work streams in order to address the current safety issues posed through the variation in current shared care commissioning.

Action: AW to submit all scoping work undertaken to MGSG to be taken forward as one of the safety work streams

9.0 Subgroup decisions for ratification

The group ratified the decisions made by its subgroups in June and July which included an update to the GM Antimicrobial formulary and a response to the ACBS consultation on behalf of GM. It was noted that commissioner discussions are ongoing around the provision of the agents approved by NICE for treatment of migraine, and a GMMMG pathway is in development. Patiromer has been assigned red RAG status, discussions are ongoing regarding supply. Lead commissioner discussions are ongoing regarding Liraglutide for obesity. Brolucizumab is being included within the ophthalmology pathway review, this agent potentially provides a cost saving, Filgotinib is included within a GMMMG pathway review.

The group noted the cost impact posed by the NICE TA for Dapagliflozin for HF and for NG185 (acute coronary syndromes guidance), it was confirmed that the cardiac SCN have these items in their workstreams and will make GMMMG aware if there is any intention to extend beyond the NICE recommendation, as this would pose a different commissioning and cost impact to that detailed today.

It was noted that the TA for Baracitinib, based on NICE costing template GM could expect cost savings by 2025/26, but a cost impact in GM is expected in the early years.

The group considered the request from MGSG that there would be significant commissioning implications from NICE NG193 (Chronic Pain Guidance) if it was implemented across GM. Gaps in service provision were highlighted which warrant further discussion and how access could be provided. GMMMG rejected this request as all resource is currently directed to the identified workstreams.

Action: Decisions to be published

10.0 Modification to GMMMG Primary Care Rebate Scheme (PCRS) criteria

JCT presented a paper to GMMMG explaining that since its inception, the GMMMG Ethical Framework for a Primary Care Rebate Scheme in Greater Manchester has included a criterion that these “are not appropriate for medicines in Category A of the Drug Tariff due to the potential wider impact on community pharmacy reimbursement”.

It was explained that a scheme was recently presented for approval which failed to be approved as it was for a Category A drug and therefore did not meet this criterion. However, Category A drugs do not form part of Community Pharmacy remuneration – this is funded through a combination of Category M drugs and professional fees. Therefore Category M drugs should NOT be considered for PCRS.

It was further detailed in the paper that in order to gain from a PCRS for a drug in Category A or M of the Drug Tariff, it would have to be prescribed as a branded generic, and that PresQIPP operates a scheme to assess Primary Care Rebate Schemes. PresQIPP has approved schemes for both Category A and Category M drugs.

Recently, GMMMG had to reject an application for Dalonev®, a generic version of Dovobet® Ointment containing calcipotriol and betamethasone as this drug combination is Category A in Part VIII of the Drug Tariff. This scheme could have achieved significant annual savings in GM if every CCG signed up to it.

In order to avail the local health economy of savings available from schemes for Category A drugs, it was therefore proposed that this criterion be removed, and that GMMMG was asked to approve the PCRS application for Dalonev® (calcipotriol and betamethasone) ointment which was rejected at the May meeting. This application met all other criteria in the Ethical Framework except that is was for a Drug Tariff Category A drug.

PM raised the issues and impact that rebate schemes have on community pharmacy, and GMMMG discussed the impact that these schemes have and the measures that can be put in place around better CCG to community pharmacy communication, where a CCG is going to implement one of these rebate schemes. It was recognised that we should be working as a system, but also that the system is under significant financial pressures and must find ways to alleviate these pressures.

The group accepted the following additional recommendations:

Mibe- Simple Rebate Scheme for the use of Dalonev® Ointment: The application by Mibe to have their primary care rebate scheme measured against the ethical framework was considered by Strategic Medicines Optimisation of the Greater Manchester Joint Commissioning Team and a recommendation made to approve the application as it now meets the criteria of the GM Ethical Framework.

Primary Care Rebate Application Recommendation – Chiesi_Fostair NEXThaler: The application by Chiesi to have their primary care rebate scheme measured against the ethical framework was considered by Strategic Medicines Optimisation of the Greater Manchester Joint Commissioning Team and a recommendation made to accept the application as it does meet the criteria.

Primary Care Rebate Application Recommendation – Chiesi_Fostair pressurised metered-dose inhaler: The application by Chiesi to have their primary care rebate scheme measured against the ethical framework was considered by Strategic Medicines Optimisation of the Greater Manchester Joint Commissioning Team and a recommendation made to accept the application as it meets the criteria.

Primary Care Rebate Application Recommendation – Connect2Pharma_On Call EXTRA blood glucose testing strips (BGTS): The application by Connect2Phara to have their primary care rebate scheme measured against the ethical framework was considered by Strategic Medicines Optimisation of the Greater Manchester Joint Commissioning Team and a recommendation made to REJECT the application as it does not meet the criteria.

Primary Care Rebate Application Recommendation – 25% Rebate on Fresubin 3.2kcal: The application by Fresenius Kabi to have their primary care rebate scheme measured against the ethical framework was considered by Strategic Medicines Optimisation of the Greater Manchester Joint Commissioning Team and a recommendation made to accept the application as it does meet the criteria.

Primary Care Rebate Application Recommendation – Syrimed_Zacco (Clobazam) Oral Solution: The application by Syrimed to have their primary care rebate scheme measured against the ethical framework was considered by Strategic Medicines Optimisation of the Greater Manchester Joint Commissioning Team and a recommendation made to accept the application as it does meet the criteria.

Primary Care Rebate Application Recommendation – Ledraxen prescriptions (Enoxaparin 20mg/40mg/60mg/80mg/100mg): The application by Tetris Pharma UK to have their primary care rebate scheme measured against the ethical framework was considered by Strategic Medicines Optimisation of the Greater Manchester Joint Commissioning Team and a recommendation made to accept the application as it does meet the criteria.

Action: JCT to update the framework as agreed above, and communicate to MGSG that they have been delegated authority to consider the recommendations on rebate schemes prepared by JCT.

11.0 Communication from Subgroups and Associated Committees

Due to insufficient time members were asked if there was anything significant to raise but nothing was suggested.

Date of next virtual meeting: Thursday 9th Sept 2021, 1 – 3pm