Minutes of the GMMMG Clinical Reference Group Meeting Tuesday October 12thth 2021, 12:00-14:00 via MS Teams

Name	Title	Organisation	Apr	May	Jun	Jul	Aug	Sep	Oct
Dr Connie Chen (CC)	GP Lead Medicines Optimisation	Manchester Health and Care Commissioning	✓	✓	✓	✓	✓	✓	✓
Dr Hina Siddiqi (HS)	GP		A	A	A	A	A	A	A
Dr Jonathan Schofield(JS)	Consultant physician acute medicine & diabetes	Manchester FT	✓	✓	✓	A	A	✓	✓
Sarah Boulger SB)	Medicines Information Pharmacist	Pennine Acute	A	✓	A	✓	A	✓	A
Suzanne Schneider (SS)	Medicines Information Pharmacist	Bolton FT	A	A	✓	✓	✓	✓	A
Gary Masterman (GM)	Associate Director of Pharmacy	Wrightington, Wigan and Leigh FT	A	A	✓	A	✓	A	✓
Andrea Marrosu (AM)	High cost medicines and home care pharmacist	Salford Royal FT	A	✓	A	✓	A	✓	✓
Peter Marks (PM)	LPC Board Member	GM LPC	A	A	A	A	A	A	A
Keith Pearson (KP)	Head of Medicines Optimisation	Heywood, Middleton & Rochdale CCG	✓	✓	✓	✓	A	A	✓
Lucy Tetler (LT)	Medicines Optimisation Pharmacist	Bury CCG	✓	A (SK)	✓	✓	✓	A	✓
Helen Isherwood (HI)	Medicines Optimisation Pharmacist	Manchester FT	✓	✓	✓	✓	✓	✓	✓
Steven Buckley (SB)	Director of pharmacy	GM Mental Health FT	A	✓ (SB)	✓ (SB)	A	✓	A	A
Faduma Abukar (FA)	Head of medicines management	Stockport CCG	✓	A	✓	A	✓	A	✓
Zoe Trumper (ZT)	Assistant director of medicines management	Wigan Borough CCG	✓	✓	✓	✓	A	✓	A
Faisal Bokhari (FB)	Deputy Head of Medicines Optimisation	Tameside & Glossop CCG	A	A	✓	✓	✓	✓	✓
Jennifer Bartlett (JB)	Team Leader Neighborhood Integrated Practice Pharmacists	Salford Royal FT	A	✓	✓	✓	✓	✓	A
Aleksandra Houghton (AH)	Senior Medicines Optimisation Adviser	Manchester Health and Care Commissioning	✓	✓	A (CF)	✓	A	✓	A
Jole Hannan (JH)	CCG Interface Pharmacist	Bolton CCG				✓	✓	✓	✓
Consultant Rheumatologist Audrey Low Ben Parker Charlie Flier Dipak Roy Louise Mercer Meghna Jani Sahena Haque Anindita Paul		SRFT MFT Stockport TGH Stockport SRFT UHSM Bolton					✓ AL	A	✓ AP
Lizzie Okpara (LO)	Lead Pharmacist Medicines Management	RDTC	✓	✓	✓	✓	✓	A	A

Dan Newsome (DN)	Principal Pharmacist	RDTC	A	✓	A	✓	✓	✓	✓
Conor McCahill (CM)	Senior Pharmacist	RDTC						✓	A
Andrew White (AW)	Head of Medicines Optimisation	JCT	✓	✓	✓	✓	✓	✓	A
Andrew Martin (AMart)	Strategic Medicines Optimisation Pharmacist	JCT	✓	✓	A	✓	✓	✓	✓
Karina Osowska (KO)	Medicines Optimisation Pharmacist	JCT	A	✓	✓	A	✓	✓	A

1. General Business	
1.1	Welcome and apologies (See register for apologies). The meeting was chaired by Dr Connie Chen in AW's absence. In the absence of a mental health representative the meeting was not quorate. All decisions will be shared amongst the CRG membership from comment before being formalised.
1.2	**Declarations of interest** KP declared a potential conflict of interest regarding item 4.1 and volunteered to take no part in the discussion. CC and DN agreed this was appropriate.
1.3	**Minutes of the last meeting** The minutes of the September 2021 meeting were agreed as an accurate record with some minor amendments.
1.4	**Action log review** See action log
1.5	**Update from September MGSG meeting** DN provided an update to state that MGSG had requested that the GMMMG HCDs pathways are separated from the need to have a corresponding assurance framework before being approved for use. This recommendation is to be submitted to GMMMG for ratification. A brief update on shared care noted that a meeting is set for 18th October to discuss with commissioning and finance representatives how to make progress. An updated asthma management plan was also approved to open for consultation and is currently available on the GMMMG website.
2.0 Matters arising	
2.1	**Consultation feedback on August 21 actions** The actions from August 2021 meeting received no comments because they consisted of NICE TAs. CRG heard that TA715 for moderate arthritis does not yet have a cost or commissioning implication assigned, this is due to the complexity of the NICE costing template. Estimates vary widely from £1 - £7m per year by year 5. The real cost however was agreed to be hidden in the staff time and admin required to manage the increase in workload by providing capacity for extra patients, completing prior approval forms (Blueteq) and the associated homecare for

	the NICE approved treatments. MGSG will want this information captured before the treatments can formally be added to the formulary. CRG suggested that the RA HCDs working group may have already this information. The remaining formulary amendments were approved by CRG **ACTION**: DN Contact RA working group for TA715 costing estimate before submitting to CRG
3.0 Formulary and RAG	
3.1	**Formulary Amendments October 2021** CRG approved the formulary amendments to open for consultation. A query was raised regarding the feasibility of GMMMG to ratify rapid updates to the HCD pathways using the example of bimekizumab for plaque psoriasis. A pathway exists but if clinicians are to continue to follow the document an update needs to happen quickly to enable this, otherwise the documents risk loss of credibility. AMart agreed to communicate this to the pathway authors and propose a mechanism for rapid update and approval. **Action:** Open these decisions for GMMMG consultation as appropriate
3.2	**Haloperidol for tic disorders – RAG review** Comments ahead of the meeting from ZT were read out which stated that although there is an implied RAG of Green for the typical antipsychotics, this represents an inability to capture the commissioning requirements if an amber status was applied, rather than a formal decision not to have a RAG. If Amber there are implications for mental health services that extend beyond this drug and indication, and conversely if Green then GPs may be left managing complex patients who have been discharged from secondary care services. Due to the limited number of patients affected (estimate of 30 per year) the work to apply any RAG status appeared disproportionate and given the pending RMOC and GM work to simplify shared care protocols and commissioning CRG agreed it was reasonable to suspend this RAG review until such a time as more clarity on commissioning of shared care services is available. **Action: RDTC to communicate decision to individuals requesting RAG review. No change to the RAG is required**
3.3	**Colistimethate and tobramycin for CF in children – RAG Review** Darren Staniforth (pharmacist, MFT) was in attendance to present this item. CRG received an explanation that there is inconsistency in GM regarding the application of the RAG status to specialist medicines for adults and paediatrics for CF and immunosuppressants for transplant which does not reflect current practice. This has caused some children to go for a number of months without their CF treatment and is cause for concern. The RAG status for paediatric use of colistimethate and tobramycin for CF is RED (for new patients) and dornase alfa is amber, all of which were assigned on the understanding that repatriation of prescribing to tertiary services was imminent. However this is yet to take place and there is little indication from NHS England specialised services that there is a plan for this despite contact from MFT to request a timeline for the process. There is also no shared care protocol (SCP) and to make the other drugs amber in certain circumstances risks further confusion in the absence of an approved SCP

	CRG heard that there is an estimated 150-200 paediatric patients receiving these drugs in GM, the majority of prescribing is in primary care despite the RAG status, with some GPs being understandably reluctant to take on prescribing. CRG agreed that these are specialist medicines and prescribing should remain with specialist services where possible, however they noted that the processes and staff at MFT are not in place to support this (e.g. prescribing processes and homecare admin) and any change in RAG status could have unintended consequences of large amounts of this prescribing being passed back to the specialist which would be potentially unsafe. There may also be cost savings associated with lower contract prices available to specialist providers which could be used to fund system-wide change. It was also agreed that the RAG list should provide clarity of where prescribing should take place and an update to the wording to state that these are RED drugs but should not be repatriated until the specialist contacts the GP. It was also decided that GMMMG should communicate with NHSE by means of a letter to highlight the patient safety issues that are occurring due to the delay in repatriation of these medicines. **Action:** All CF drugs on paediatric RAG should be RED including dornase alfa, DN to draft wording for the RAG list in line with the agreed position **Action:** GMMMG will write to NHSE Specialised commissioning to request a timeline for the repatriation of paediatric CF treatments and adult transplant immunosuppressants.
4.0 Pathways and Clinical Guidelines	
4.1	**GM COPD Management plan – Inhaler guide** This updated COPD inhaler guide was presented to CRG for approval and as a technical review to support the recently approved GM COPD management plan does not require a consultation. With the suggested changes following comments on formatting and the colour of icons which were received prior to the meeting, CRG approved the document for publication. **Action: RDTC to make suggested amendments and publish to GMMMG website following MGSG approval**
5.0 Shared care	
6.0 Work plan and horizon scanning	
6.1	**Horizon scanning September 2021** The NICE guidance NG203: Chronic kidney disease: assessment and management may have significant resource impact up to £712k per year by year 4-5, however much of this prescribing is already standard practice so the actual impact is likely to be lower. The SMC decision on inclisiran appears inconsistent with that taken by NICE in TA733, JS explained a lipid pathway to incorporate bempedoic acid and inclisiran is in development by MFT and offered to share with AMart. It was noted that a paper scheduled for CRG consideration is now being discussed by GMMMG this week due to the potential cost impact of TA733 and the 30 day implementation. However any guidance on implementation or pathways should be discussed by CRG at a future meeting.
6.2	**MGSG work plan**

	Not discussed, for information only.

7.0 AOB

A potential cost-improvement plan idea was submitted to the group to review the placement of the gonadorelin analogue goserelin within the formulary. It was advised to submit this to the medicines value leads for consideration in the GMMMG savings plan.

Date of next meeting: Tuesday 9th November 12:00-14:00 via Teams