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

Name	Title	Organisation	Jun	Jul	Aug	Sep	Oct	Nov	Dec
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 (SBo)	Medicines Information Pharmacist	Pennine Acute	A	✓	A	✓	A	✓	A
Suzanne Schneider (SS)	Medicines Information Pharmacist	Bolton FT	✓	✓	✓	✓	A	✓	✓
Gary Masterman (GM)	Associate Director of Pharmacy	Wrightington, Wigan and Leigh FT	✓	A	✓	A	✓	✓	✓
Andrea Marrosu (AM)	High cost medicines and home care pharmacist	Salford Royal FT	A	✓	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	✓	✓	✓
Helen Isherwood (HI)	Medicines Optimisation Pharmacist	Manchester FT	✓	✓	✓	✓	✓	A	A
Steven Buckley (SB)	Director of pharmacy	GM Mental Health FT	✓ (SB)	A	✓	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	A	A
Faisal Bokhari (FB)	Deputy Head of Medicines Optimisation	Tameside & Glossop CCG	✓	✓	✓	✓	✓	✓	✓
Jennifer Bartlett (JB)	Team Leader Neighborhood Integrated Practice Pharmacists	Salford Royal FT	✓	✓	✓	✓	A	✓	✓
Claire Foster (CF)	Senior Medicines Optimisation Adviser	Manchester Health and Care Commissioning	✓	✓ AH	A	✓ AH	A	✓	✓ AH
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	✓ LM	✓ DR

Lizzie Okpara (LO)	Lead Pharmacist Medicines Management	RDTC	✓	✓	✓	A	A	A	✓
Dan Newsome (DN)	Principal Pharmacist	RDTC	A	✓	✓	✓	✓	✓	✓
Nancy Kane (NK)	Senior medical information scientist	RDTC						✓	A
Conor McCahill (CM)	Senior Pharmacist	RDTC				✓	A	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** The chair welcomed the group and noted apologies as above. Also present in addition to above; • **Sarah Jacobs** • **Dr Manju Navani (3.2, HRT only)** • **Anna Pracz** • **Paula Rodrigues** • **Dr Adam Zermansky (4.2, Headache pathway only)**
1.2	**Declarations of interest** No new declarations of interest were declared. Declarations of interest have been declared to the Chair previously where relevant.
1.3	**Minutes of the last meeting** The minutes of the November 2021 meeting were agreed as a true record.
1.4	**Action log review** See action log. Question was raised re. Lithium blood test protocols (see action 11211), but no information has been received prior to the meeting.
1.5	**Update from November MGSG meeting** • Melatonin due to return to CRG following discussion at MGSG. • Rheumatoid Arthritis pathway due for consultation. • Recommended formulary amendments from October 2021 were approved. • A query was raised regarding the primary care rebate scheme, and that further information (on decisions) would be useful for local teams.

2.0 Matters arising	
2.1	**Consultation feedback on October 21 actions** **1. Inhaled colistimethate, dornase alfa and tobramycin for cystic fibrosis in children** Consultation feedback was discussed, which appears to reflect confusion regarding the RAG status of these medications. CRG agreed that the RAG status should reflect use in secondary/tertiary care (i.e. RED), as this is the safest place for these medications to be used. However, it was also acknowledged that there is a lack of infrastructure/service provision capabilities at present. Commissioning issues have been highlighted for MGSG discussion, and inequities between paediatric and adult services (as adult CF services repatriated to secondary/tertiary care) were noted. **2. TA723: Bimekizumab for treating moderate to severe plaque psoriasis** No further comments **3. NG191: COVID-19 rapid guideline: managing COVID-19** No further comments **Action**: RDTC to submit these actions to MGSG for information and enact on the GMMMG website. **Action:** RDTC to submit **point 1** (Cystic Fibrosis treatment) to MGSG for discussion
3.0 Formulary and RAG	
3.1	**Formulary Amendments October 2021** CRG approved the formulary amendments to open for consultation. **Action:** RDTC to open these decisions for GMMMG consultation as appropriate
3.2	**Drugs for the menopause—formulary review and guideline** Dr Manju Navani and Sarah Jacobs explained the background to this work. There have been requests for local trust documents to be used in other regions in Greater Manchester, and there has been a process involving representatives from a number of Greater Manchester trusts. It was noted that the Lenzetto New Drug Evaluation (NDE) is completed, and that an NDE is in process for Bijuve, though it will not be ready until 2022. It was suggested that we pause a decision on Bijuve until this process is completed. General agreement to this. It was suggested that deprescribing information could be included within the guidance. It was clarified that HRT shortages would likely not affect the guideline as the BMS publish lists of alternatives if there are shortages.

	Possible errors with flowchart format were highlighted, and the authors expressed an intention to correct these prior to consultation. Additionally, the product choice did not look clear to some members of CRG and this was clarified, and feedback given to authors. It was noted that the referral pathway appears to be Stockport-centric; however, the authors noted that consultants from different trusts have reviewed this prior to submission and this guideline represents viewpoints from across Greater Manchester. It was noted by AW that there have been patient safety concerns already with menopause patient(s) in the Greater Manchester area due to a lack of cohesive up-to-date regional information on HRT. It was also highlighted that testosterone is currently Green (Specialist Initiation), and the request within the documents is for Green (Specialist Advice). There was some discussion on choice of product; whether sachets (testogel) that require partial dosing are most appropriate / safe—it was agreed to review this following consultation feedback. Note that Dr Manju Navani left the discussion at 12:31 due to clinical commitments; rest of discussion occurred in her absence. There was general agreement on the move from Green (Specialist Initiation) to Green (Specialist Advice). It was noted that this may not necessarily solve access issues completely, though feedback has been received that the current model creates some difficulties for patients needing treatment. The pressures within primary care, including patients seeking treatment privately or ordering online, were noted, and the importance of prioritising patient accessibility mid-pandemic also highlighted. It was summarised: • With amendments as discussed, CRG happy for this to go to consultation. • Clarified standard GMMMG formulary template and standalone HRT formulary to be linked to from GMMMG formulary. There was limited time within this discussion (due to volume); it was agreed that this will be revisited post-consultation. **Action:** To send out for consultation (with amendments as discussed for clarity)
4.0 Pathways and Clinical Guidelines	
4.1	**GMMMG Neuropathic Pain Guideline** Discussion took place regarding designating Gabapentin “do not prescribe” vs Grey-list drugs. There was concern with it being designated across the formulary is it may impact treatment for conditions such as epilepsy. It was suggested that this was looked into further to clarify options with formulary. **Action:** DN to look into practicalities of grey-list vs “do not prescribe” for Gabapentin. **Action:** Approved for GM-wide consultation (pending clarification on prior action point)

4.2	**GMMMG Headache pathway** Dr Adam Zermansky (AZ) lead on this section with Anna Pracz (AP) The current North-West headache pathway is out of date, and this is an update that aims to include new NICE and British Association for the Study of Headache (BASH) guidance. AZ explained it also aimed to bring information into one place and aims to avoid unnecessary referrals to secondary care. Currently, in the GM area, there is a triage service for neurology referrals and a lot of these are returned to primary care for management (Information is sent along with the declining of the referral with information regarding treatment—a big positive of this pathway update is that it will align with the information that is currently being provided by the neurology service.) The current draft document is called the "North West— pathway" and suggested that this is renamed to 'Greater Manchester' as this is the actual remit of CRG and GMMMG. It was however acknowledged that other areas in the North West have utilised this pathway when published previously (some with changes). The RAG status of medications for migraine treatment and prophylaxis was discussed. Previously, a lot of them were not categorised. It was noted that sumatriptan injection is included as a Green medication. AZ clarified that from a neurology point of view he has no concerns with this, and it was noted by other members of CRG that the injection was available prior to the oral sumatriptan treatment (and was used in primary care previously). It was suggested that comments could be sought during consultation on the use of injectable medications as Green drugs for acute treatment (without prior neurology input) and/or whether counselling points should be included regarding this. Clarification was sought on cost-efficacy information for monoclonal antibodies (erenumab, fremanezumab, and galcanezumab). AZ explained that prices change often, though reassured CRG that the most cost-effective option is chosen at the time treatment is initiated. CRG agreed with the request to add zonisamide to the formulary for migraine use as Green following specialist advice. The CRG agreed to publish the pathway and update to formulary section for anti-migraine drugs for an eight-week consultation period (instead of six-week) due to Christmas period and COVID vaccination programme. It was requested this is applied to all consultations resulting from this meeting. **Action**: CRG to send to consultation (with amendments to pathway to reflect it being a Greater Manchester pathway).
5.0 Shared care	
	No updates
6.0 Work plan and horizon scanning	
6.1	**Horizon scanning November 2021** There were several items of note.

	Sitagliptin patent expires in September 2022. Generic products identified in horizon scanning that will be pending marketing after this date. It was asked whether DPP4-inhibitors in the GM formulary should be reviewed to ensure we are planning for the most cost effective option. Very high generic % in DPP4s, so there can be windfall savings as soon as generic price drops. JS explained important clinical differences between these drugs, though if people started on one DPP4-inhibitor purely for cost effectiveness it may be appropriate to swap to another if no contraindication to this. It was agreed to routinely review this prior to Spring 2022. **Action**: RDTC to produce summary document of DPP4-inhibitors prior to next CRG.
6.2	**MGSG work plan** Received for information.

7.0 AOB

Inclisiran – GMMMG received a letter regarding inclisiran that is being treated as an appeal. Number of cosignatories on the letter including representatives from MFT. It was highlighted that there shouldn't be a condition in which patients are denied drugs, but an acknowledgement that there is no long-term safety data. Concern was raised over potentially thousands of patients being referred into specialist clinics to receive inclisiran as specialist service will struggle to cope with a massive influx of work like this. It was also highlighted that there is a price differential that may affect prescribing in secondary care.

It was suggested that JS (one of the cosignatories) aims to be available for the GMMMG discussion on this item as likely easier to sort out directly there.

Icosapent ethyl mentioned as another drug that needs to be worked into the lipid management pathway. It was suggested CRG await the NICE TA on this item.

Budesonide withdrawn as an option for COVID treatment (outside of clinical trials); this is already included in formulary amendment document and will be actioned.

Date of next meeting: Tuesday 11th January 2022 12:00-14:00 via Teams