

Greater Manchester Medicines Management Group

Minutes of the meeting held on
Thursday 10th February 2022, 1- 3pm

Virtual meeting

Present:

Name	Title	Organisation	Representing	Nov 20	May 21	Jun	Aug	Oct	Nov	Feb
Dr Helen Burgess (HB)	GP MO Prescribing lead	NHS Manchester CCGs	GPs	✓	✓	✓	✓	A	✓	✓
Petra Brown (PeB)	Chief Pharmacist	Pennine care NHS FT	GM Mental Health Organisations	✓	✓		✓	✓	✓	✓
Kate Rigden (KR)	Chief Finance Officer	NHS Oldham CCG	CCG finance leads	✓	✓	A	AF	✓	✓	✓
Jay Hamilton (TBC)		HiM	Health Innovation Manchester (HiM)							TV
Dr Ann Harrison (AH)	GP MO Prescribing lead	Trafford CCG	GPs	✓	✓	✓	✓	✓	✓	✓
Robert Hallworth (RH)	Specialist Cancer Pharmacist	NHSE	NHSE Specialised Commissioning	✓	✓	✓	✓	✓	✓	✓
Peter Howarth (PH)	Head of Medicines Management	Tameside & Glossop CCG	CCG MO leads	✓	✓	✓	✓	✓	✓	✓

Aneet Kapoor	Chair of the GM LPN	LPN	Pharmacy profession				✓	✓	✓	✓
			GM Secondary Care Clinicians							
Leigh Lord (LL)	Locality Lead Pharmacist	NHS Trafford CCG	CCG MO leads	✓	✓	CH	✓	✓	✓	✓
Peter Marks (PM)	LPC Board Member	GM LPC	Community Pharmacy	✓	A	✓	✓	✓	✓	A
Luvjit Kandula (LK)	Chair – Community Pharmacy Provider Board (CPPB)	GM LPC	Community Pharmacy		✓		✓		A	A
Fiona Meadowcroft (FC)	Interim Deputy Director Strategy – Integrated Care	MHCC	CCG Commissioning lead	✓	✓	✓	✓	✓	✓	✓
Karen O’Brien (KO’B)	Regional Pharmacist	NHSEI	NHSEI	✓	✓	✓	✓	✓	✓	✓
Rob Bellingham	Managing Director Greater Manchester Joint Commissioning Team	The GM Joint Commissioning Board (MO)	Joint Commissioning Board					✓	✓	✓
Paul Buckley (PaB)	Chief Pharmacist	Stockport FT	GM Chief pharmacists		✓	✓	✓	A	✓	A
Steve Simpson (SS)	Chief Pharmacist	Bolton FT	GM Chief pharmacists	✓	✓	✓	A	✓	✓	✓
Charlotte Skitterall (CS)	Chief Pharmacist	Manchester FT	Chair	✓	✓	✓	✓	✓	✓	✓
Claire Vaughan (CV)	Head of MO	Salford CCG	Vice Chair	✓	✓	✓	A	✓	✓	✓
Dr Sanjay Wahie	Clinical Director	NHS Wigan CCG	GPs	A	✓	✓	A	✓	✓	✓

(SW)										
Dr Peter Elton	SCN representatives	Strategic Clinical Network	Strateic Clinical Network	✓	✓	✓	✓	A	✓	✓
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	✓	A	A
Monica Mason (MM)	Head of Prescribing Support	RDTC	Professional secretary	✓	✓	✓	✓	✓	✓	✓
Andrew Martin (AM)	MO Pharmacist	GM Joint Commissioning team	GMMM support	✓	✓	✓	✓	✓	✓	✓
Andrew White (AW)	Head of MO	GM Joint Commissioning team	GMMM support	✓	✓	✓	✓	✓	✓	✓
Dan Newsome (DN)	Principal pharmacist	RDTC	GMMM support	✓				✓	✓	✓

1. General Business

1.1 Apologies

As above. It was noted that the HiM seat is now vacant, but Tracey Vell attended from HiM to support the discussions on inclisiran

1.2 Declarations of Interest

Nil declared, annual forms requested from all members

2.0 Minutes and actions from the last meeting

The minutes of the November meeting (no Dec or Jan meetings) were approved for publication; the group were updated on the progress of outstanding actions.

Prof Soran attended this part of the meeting to raise concerns on behalf of a number of GM diabetes and lipid specialists, regarding potential issues related to the prescribing of inclisiran through a green status. Dr Vell attended on behalf of HiM (AHSN) to aid discussion. It was acknowledged that the discussion relating to differential pricing of inclisiran was not longer required at this meeting, as this had been undertaken nationally, and a new arrangement agreed. However the group listed to Prof Soran's concerns that the medicines had been assigned a green status, when his specialist colleagues felt it should have a "Green following specialist initiation or advice" or amber status. Prof Soran and Dr Vell left the meeting whilst GMMMG considered the points raised both through Prof Soran's attendance at the meeting and by his colleagues through written correspondence. The information presented by Dr Tracey Vell from Health Innovation Manchester was also considered, and in order to best support clinicians in the safe and effective prescribing of inclisiran through the NHSEI population health management approach to inclisiran for lipid management, GMMMG agreed the following three further actions:

- The GMMMG Clinical Reference Group (CRG) is asked to develop a concise quality standard to support primary care prescribers. This will provide additional advice and include information provided at GMMMG.
- The green RAG status assigned to inclisiran will remain, but an "advice and guidance" annotation will be added, which should encourage prescribers to seek advice ahead of prescribing as detailed within the GMMMG quality standards (referred to above)
- GMMMG will monitor the use of inclisiran in Greater Manchester

It was noted that Dr Jonathan Scofield (Consultant in Acute Medicine, Diabetes and Lipidology) is a member of CRG and the group will look to him to support this piece. GMMMG also like to invited Prof Soran and Dr Vell to be involved in this work.

Action: DN/AM to communicate this back to CRG.

3.0 Subgroup decisions for ratification

GMMMG approved the recommendations made by CRG and MGSG.

Action: Formulary to be updated to reflect the decisions made, decisions along with other GMMMG decisions to be reported to JCB via JCT

4.0 Greater Manchester Medicines financial planning for 2022-23

GMMMG were presented with a summary of considerations which should be made when considering budget allocations and provisions for the 22/23 financial year. It was pointed out that detailed analysis is available to support these estimates and that the potential impact of COVID-19 recovery activity and the restart of mainstream care on prescribing budgets and pathways should be considered. GMMMG were asked to approve this submission to GM Chief Finance Officers which requested that prescribing be seen as an investment in the prevention of complications and use in conservative management of conditions, particularly where surgical interventions and other pathways have been substantially delayed by COVID-19. CFOs are asked to consider investment in Pharmacy and Medicines Optimisation Leadership to drive the best outcomes and safe care from the almost £1Billion spent on medicines across GM.

Action: CFOs confirmed they were happy to receive this information in from GMMMG, but asked for validity against last year's data. AM/AW to provide this to KR alongside these reports.

5.0 GMMMG governance arrangements and work planning for 2022-23

GMMMG were presented with a paper which provided the background explaining that building on the foundations laid by GMMMG, the request from the HSCP following dissolution of the Medicines Strategy Board, and through the ongoing transformation discussions within the ICS, the terms of reference for the GM Medicines Board, approved by GMMMG in August 2021 were subsequently supported by GM Directors of Commissioning. 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 one place, and until ICS governance structures are agreed the board will report to the GM Joint Commissioning Board, thereafter the Joint Planning and Delivery Committee.

The board will oversee a medicines optimisation subcommittee, which will operationalise the strategic aims and objectives of the Medicines Board, with a focus on medicines value, safety and reducing health inequalities, in addition to optimisation of an integrated work force and digital solutions. It had previously been agreed that GMMMGM branding would be retained.

The group are aware that the establishment of the GM ICS has been delayed until July 2022. Whilst GMMMGM await governance structures to be confirmed, it has been proposed by the GMMMGM Chairs, LPN rep and LPC rep, supported by JCT and RDTG who meet weekly that GMMMGM commences formation of the Medicines Board to enable strategic discussions to proceed, and a draft medicines plan be prepared for the advent of the ICS. To enable this the Medicines Optimisation Committee needs to be formed and necessary powers be delegated. Governance routes for the subgroups which incorporate the Medicines Value, Health Inequalities, Medicines Safety, Digital and Workforce groups were proposed to allow work streams to proceed.

It was noted that this proposal is intended to enable the Medicines Board to focus its attentions on its strategic function and the development of a GM medicines plan, through the delegation of more power for medicines decisions to the Medicines Optimisation Committee. It is intended that the whole GMMMGM membership is retained but redistributed within the new infrastructure.

The group heard concerns from CCG MO lead members who felt strongly that the subgroup Chairs e.g. Medicines Safety, Health Inequalities should sit on the Medicines Board rather than the Medicines Optimisation Committee. This concern was related to the risk of increased time in decision making if items had to go through MOC before going to board, and also that the MOC Chairs couldn't be expected to communicate all of the subgroup decisions to the MB. The group were reminded that the MB would have ICS level membership, chaired by the ICS MD, and that it was expected to be multidisciplinary and not predominantly pharmacy comprised. It was suggested that when a significant ICS level decision is to be brought to the MB that the Chair of the relevant subgroup would be invited to attend to present this item.

It was agreed that interconnectivity between the groups was essential and that the digital and workforce groups should sit alongside the other subgroups rather than above MOC, this amendment was agreed. It was also accepted that sufficient delegation of powers be granted to both the MB, MOC and its subgroups, but that progress in this area was delayed until the ICB was established and permissions could be requested. In the meantime the groups would need to continue to operate under the current GMMMGM levels.

There was a query raised around the health and justice seat on the membership which would be looked at.

Acknowledging the concerns of the CCG MO leads the group agreed that the ToR be approved but be under regular review, this should support the work streams to progress and provide a space for strategic discussions to support the further development of these structures and functions when the ICB begins to operate.

The group asked that the work plan be shared more widely and comment returned to AW.

Action: MM to prepare a plan to transition to the medicines group structures, AW to share and collate comment on the work plan to form the basis for the GM medicines plan.

6.0 GMEUR service review – implications for the management of high cost drugs outside routine commissioning

It was explained that the GM Elective Care Recovery & Reform Board have agreed the new operating model and associated recommendations for the GM Individual Funding Request Service in Jan 2022, and a summary of information was provided to GMMMGM. Since this decision, the ICS delivery schedule has been deferred until July 2022, therefore the delivery plan for the GM IFR operating Model has been amended to reflect this change and was also presented.

To facilitate the new operating model to be established, a number of issues relating to the decision making process for high cost/low evidence drug treatments would need to be addressed, to avoid the potential to create inequity of drug treatments across GM Trusts. Therefore, a transitional decision making pathway has been proposed for adoption for the submission of drug IFRs, which is supported by a formal review of local arrangements for making decisions regarding such drug treatments. This requires the delivery support of an expert working group, which is timetabled for April - Jun 22.

GMMMGM stated that they could not yet not support the adoption of this transitional decision making pathway for the submission of drug IFRs, and explained that contracts would need to be updated first to understand the impact this may have.

Action: AW to feedback to Sarah MW

7.0 GMMMGM High Cost Drugs Pathways for Inflammatory Bowel Disease in Adults update/ Sequential use of high cost drugs in HCD pathways

The GM HDC IBD pathway is first to suggest changes to management of sequential HCDs and if ratified, it will set a precedent for application of certain HCD rules in all commissioned HCD GM pathways. It was noted that as there are no additional financial or commissioning implications raised to GMMMGM this pathway, along with the other HCD pathways it would not need to seek GMMMGM approval, but could proceed with MGSG approval. However the sequential use of biologics and the assurance of high cost drug spend needed to be considered urgently by GMMMGM.

Action: JCT to return a paper on the sequential use of biologics and the assurance of high cost drug spend to GMMMGM in March

8.0 Review of the commissioning of shared care across GM

GMMMGM considered a proposal asking for a GM focus on shared care of medicines as part of the ICB transition. It recommends a task and finish group is initiated to understand existing arrangements and propose a resilient, sustainable system for shared care in the new GM ICS.

It is proposed and supported by GMMMGM that this paper is taken to the GM Primary Care Cell and Medical Executive (and other GM Governance as requested) to gain a GM wide mandate to take forward the proposal.

Action: AW to submit this proposal to the GM Primary care cell and GM Medical Executive

9.0 Communication from Subgroups and Associated Committees

KO'B updated the group on the arrival of the new CPhO David Webb, and explained that the ICS level APC Chairs in The NW would be receiving invites soon to join the newly formed NW RMOC.

Date of next virtual meeting: Thursday 10th March 2022, 1 – 3pm