

Greater Manchester Medicines Management Group

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

Virtual meeting

Present:

Name	Title	Organisation	Representing	Nov 20	May 21	Jun	Aug	Oct	Nov	Feb	Mar
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	A
Dr Ann Harrison (AH)	GP MO Prescribing lead	Trafford CCG	GPs	✓	✓	✓	✓	✓	✓	✓	A
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				✓	✓	✓	✓	✓
Vacant seat			GM Secondary								

			Care Clinicians								
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	✓	✓	✓	✓	✓	✓	✓	JW
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					✓	✓	✓	A
Paul Buckley (PaB)	Chief Pharmacist	Stockport FT	GM Chief pharmacists		✓	✓	✓	A	✓	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 (SW)	Clinical Director	NHS Wigan CCG	GPs	A	✓	✓	A	✓	✓	✓	✓
Dr Peter Elton	SCN representatives	Strategic Clinical Network	Strategic 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	A
Monica Mason (MM)	Head of Prescribing Support	RDTC	Professional secretary	✓	✓	✓	✓	✓	✓	✓	✓
Andrew Martin (AM)	MO Pharmacist	GM Joint Commissioning team	GMMMGMG support	✓	✓	✓	✓	✓	✓	✓	✓
Andrew White (AW)	Head of MO	GM Joint Commissioning team	GMMMGMG support	✓	✓	✓	✓	✓	✓	✓	✓
Dan Newsome (DN)	Principal pharmacist	RDTC	GMMMGMG support	✓				✓	✓	✓	✓

1. General Business

1.1 Apologies

As above. Jessica Williams attended on behalf of FM

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 February meeting were approved for publication; the group were updated on the progress of outstanding actions.

The group revisited the previous meeting's decision on revisions to the GMMMGMG ToR, and the associated governance routes for GMMMGMG and its subgroups. The group again agreed that it was sensible to continue as previously agreed, with a review in July once the ICB and ICS governance structures are confirmed.

The Pharmacy Leaders task and finish group which had been meeting weekly on a Friday was to widen its membership to support the wider pharmacy and MO transformation discussions, which included the request for funding for an ICS Chief Pharmacist position. This would enable GMMMGMG to focus on its agreed function as per ToR.

The GM EUR service review was discussed, and concerns were raised regarding the timeframe proposed and the resulting inequity that may result. It was agreed that JW with the support of CS as GMMMGMG Chair would

ensure that this proposal is taken before the primary care cell, and a task and finish group would be convened if considered necessary.

3.0 Subgroup decisions for ratification

GMMMGMG ratified the recommendations made by its subgroups which are below the financial threshold for full GMMMGMG deliberation (<£200k per year in any of years 1 to 5). These will be published within the GMMMGMG formulary and associated GMMMGMG website pages, and a summary made available to CCGs to support update on their prescribing systems.

The following decisions exceed the GMMMGMG threshold for approval, and will be submitted to DoCs and CFOs for approval and action to implement GM wide:

Trurapi – Insulin aspart biosimilar. GMMMGMG recommend that this agent is added to the GMMMGMG formulary as first line rapid acting insulin suitable for primary care prescribing. Trurapi is a biosimilar of Novorapid and has demonstrated comparable efficacy and safety to the reference product. GMMMGMG recommended that Trurapi should replace Apidra and Insulin Lispro as the first-choice rapid acting insulin analogue for the treatment of diabetes mellitus in adults, adolescents and children aged >1 year of age. A largescale switch from Novorapid to Trurapi is not advocated by GMMMGMG but they support an individual patient level switch, in line with NICE NG17, following a shared decision-making process with the patient and/or carer. Potential recurrent savings to primary care prescribing budgets of £1.1m per year may be realised once this staggered switch is implemented from Novorapid.

Haloperidol 500microgram tablets. GMMMGMG noted the large price increases for this product, following the discontinuation of Serenace in 2020, and agreed to assign a Do Not Prescribe (DNP) status (criterion 2: Drug is clinically effective but more cost-effective products are available, which includes products that have been subject to excessive price inflation).

GMMMGMG did not believe there to be any clinical concerns in recommending a switch to the oral liquid. The total Greater Manchester annual primary care spend on haloperidol 500microgram tablets Sep 20 – Aug 21 was £926k. There is potential to save £880k per year with a complete switch to haloperidol 5mg/5ml liquid. This was recommended to localities to action.

Action: GMMMGMG to submit the necessary decisions as above to DoCs and CFOs for approval; the formulary will be updated to reflect the decisions made

4.0 Revised GMMMGMG primary care rebate scheme framework

At the request of community pharmacy colleagues this item was deferred to the next meeting to enable further comments to be considered. The group also discussed the role of GMMMGMG in supporting this framework within the new ICS, it was agreed that the incoming ICS CP should lead this discussion with the ICB.

Action: AM to seek consider comments made by community pharmacy colleagues and return item to next available meeting

5.0 GM Asthma Pathway

GMMMGMG considered the recently revised Greater Manchester Asthma Management Plan from 2018, reflecting revisions to national NICE guidance NG80 (published 2017, updated 2021).

The plan supported the work of the Health and Social Care Partnerships “GM Inhalers and Environment Steering Group” to support the GM commitment to becoming net zero for carbon emissions by 2038, through the inclusion of “lower carbon” inhaler options in this management plan. Alongside the GM COPD management plan which was revised in November 2021 and the GMMMGMG Tobacco Dependency Treatment guideline, which was published in February 2022, the asthma management plan aims to improve respiratory

outcomes for the GM population, reducing emergency hospital admissions as a result of asthma and COPD exacerbations which are currently above the England averages.

The group discussed that as part of the Network Contract DES, NHS England have introduced the Investment and Impact Fund (IIF), a financial incentive scheme which will award payments to primary care upon the realisation of a number of indicators. Four of these indicators are aimed at improving care for people with asthma and reducing carbon emissions associated with inhalers for respiratory disease. The funding available for these indicators nationally totals £28 million and commenced on 1st April 2022. This incentive for primary care will likely accelerate interventions in the care of asthma and COPD patients, and the GM asthma pathway alongside the COPD pathway and the tobacco dependency treatment guideline, supports clinicians and medicines optimisation teams in the choice of treatment considering all of the above factors. Clinical members of the group stressed that prescribers and clinical teams will need this guidance to support the respiratory review work being undertaken across the system.

Whilst GMMMGM support the publication of the revised asthma pathway, it was recognised that it was extremely difficult to accurately estimate the financial impact on prescribing budgets that may follow. To understand the cost benefit that may result from this management plan detailed health modelling is required, this would need to consider the prescribing budget as part of a system wide benefit in health improvement. It was agreed that further work was needed to prepare this submission to Docs and CFOs, and that a smaller group would meet to undertake this task.

Action: GMMMGM to recommend to CFOs and Docs that this management plan is approved for publication and implementation

6.0 Communication from Subgroups and Associated Committees

NHSE – the planned RMOC NW April meeting has been cancelled and will be rescheduled in due course.

CCG MO leads – discussions around the future MO functions were ongoing

Trust CPs – provided an update on the procurement hub tender

Mental health provider – provided an update on the role of the GM MH SMI group, and how the link between mental health and physical health was being improved

IPMC – has not yet been stood back up

Date of next virtual meeting: Thursday 14th April 2022, 1 – 3pm (replaced by Chairs meeting)