

Greater Manchester Medicines Management Group

Minutes of the meeting held on
Thursday 12th May 2022, 1- 3pm

Virtual meeting

Present:

Name	Title	Organisation	Representing	Aug	Oct	Nov	Feb	Mar	May
Dr Helen Burgess (HB)	GP MO Prescribing lead	NHS Manchester CCGs	GPs	✓	A	✓	✓	✓	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	AF	✓	✓	✓	✓	✓
Mina Patel (MP)	Trust Finance Officer	MFT	Provider Finance						✓
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	✓	✓	✓	✓	✓	✓
Dr Pete Budden	GP Prescribing lead	Salford CCG	GMMMG Clinical Reference Subgroup						

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	✓	✓
Chris Haigh (CH)	HOMM	Bolton CCG	CCG MO leads and GMMMG Digital subgroup						
Luvjit Kandula (LK)	Chair – Community Pharmacy Provider Board (CPPB)	GM LPC	Community Pharmacy	✓		A	A	✓	✓
Lara Shah	Deputy HOMM	MHCC	GMMMG Population health and inequalities subgroup						
Fiona Meadowcroft (FC)	Interim Deputy Director Strategy – Integrated Care	MHCC	CCG Commissioning lead	✓	✓	✓	✓	JW	A
Kenny Li	HOMM	MHCC	GMMMG Medicines Value subgroup						✓
Faisal Bokhari	Deputy HOMM	T&G CCG	GMMMG Pharmacy workforce subgroup						✓
Karen O'Brien (KO'B)	Regional Pharmacist	NHSEI	NHSEI	✓	✓	✓	✓	✓	✓
Rob Bellingham	Managing Director Greater	The GM Joint Commissioning Board (MO)	Joint Commissioning Board		✓	✓	✓	A	✓

	Manchester Joint Commissioning Team								
Paul Buckley (PaB)	Chief Pharmacist	Stockport FT	GM Chief pharmacists	✓	A	✓	A	A	✓
Steve Buckley	Deputy Director of Pharmacy	GMMH	GM Mental Health Trusts						✓
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 of GMMMG and GMMMG Medicines Safety subgroup	A	✓	✓	✓	✓	✓
Dr Sanjay Wahie (SW)	Clinical Director	NHS Wigan CCG	GPs	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	A
Monica Mason	Head of Prescribing	RDTC	Professional secretary	✓	✓	✓	✓	✓	✓

(MM)	g Support								
Andrew Martin (AM)	MO Pharmacist	GM Joint Commissioning team	GMMMGM support	✓	✓	✓	✓	✓	✓
Andrew White (AW)	Head of MO	GM Joint Commissioning team	GMMMGM support	✓	✓	✓	✓	✓	✓
Dan Newsome (DN)	Principal pharmacist	RDTG	GMMMGM support		✓	✓	✓	✓	✓

1. General Business

1.1 Apologies

As above. There was no Director of Commissioning available for this meeting. Mina Patel was welcomed to the group as Provider finance representative.

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 March meeting were approved for publication, there was no April meeting; the only outstanding action not on the agenda concerned the GM EUR service review, which is discussed under item 6.

3.0 Subgroup decisions for ratification

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

The group were made aware of the potential impact of CGM provision in line with NICE guidance and understood that conversations are underway with the EUR team.

Action: GMMMGM 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 Primary Care Rebate Scheme (PCRS) Ethical Framework

At the October 21 meeting GMMMGM approved a proposal for an amended Ethical Framework for processing rebate applications but required that this went out for consultation. A consultation took place during January and February 2022, with the revised framework returning to the March 22 meeting. The item was deferred to this meeting to enable community pharmacy colleagues to comment, however it transpired that concern from community pharmacy colleagues regarded the use of branded generics which is outside the scope of this item, and community pharmacy colleagues were invited to bring a paper to GMMMGM around this issue.

The revised GM Ethical Framework is brought to this meeting for approval. Changes include the GM ICB as the statutory body from 01/07/2022, clarification that the applying pharmaceutical company should guarantee at least 6 months stock if all of GM took up the rebate scheme, confirmation on the financial thresholds of GM wide schemes.

It was explained that a statement was included within the framework to explain that it applies only to schemes offered to CCGs / ICB within Greater Manchester, and not to any regional or national procurements e.g. those arranged by the Commercial Medicines Unit/NHSEI. Legal advice has been sought to ensure clarity of wording within the framework.

GMMMGM also requested that an FAQ document be produced, and this was also presented for approval.

GMMMGM approved the framework and the FAQ for publication pending approval from the legal team.

There was some discussion around the extension of this framework to secondary care, it was agreed that this should be an ICS wide framework in the future, but at the current time this framework covers primary care rebate schemes only.

Action: Publish following approval by the legal team, report revisions to DoCs and DFCOs.

5.1 GMMMGM work plan priorities and subgroup functions 2022/23

GMMMGM considered the areas of the work plan proposed as priority for 22/23; formulary maintenance and the managed entry and safe transfer of medicines, the medicines value plan, the Sodium Valproate safety workstream, Antimicrobial stewardship/ resistance, the GM Green plan and the transfer of CCG functions to the ICB such as the Pharmaceutical Needs Assessments and patient group directives (PGDs).

It was recognised that as an ICS wide medicines committee this work plan should reflect those areas which are ICS wide and will bring the most benefit to the health of the GM population. Workstreams should be those which are best supported by an integrated pharmacy and medicines optimisation approach, as is reflected in the GMMMGM and subgroup membership.

It was agreed that transfer of functions from CCGs to the ICB e.g. PGDs should be undertaken outside of GMMMGM by the CCGs or relevant statutory bodies. But that GMMMGM should be assuring the ICB on system wide medicines priorities, and should lead on medicines safety, value and optimisation.

GMMMGM continues to be accountable to the GM CCG Directors of Commissioning and Chief Finance Officers, whilst ICB governance arrangements are transitioned to. At this time it has also been agreed that the following subgroups will be accountable to the GMMMGM, with the Chairs of these groups taking up at seat on GMMMGM:

- Clinical Reference Group
- Population health and health inequalities workstream group
- Medicines value workstream group
- Medicines safety workstream group
- Digital workstream group
- Pharmacy workforce workstream group

Currently these groups have no delegated authority, all recommendations require consideration by GMMMGM as per the terms of reference. This governance route will be re-evaluated when CCGs cease and the ICB governance structures commence. It is intended that the subgroups should work closely together to provide an integrated pharmacy and medicines approach to improving outcomes across GM. Where a priority area for action is agreed all aspects of that priority could be worked on simultaneously by the subgroups, to bring forward a fully integrated proposal which addresses any identified health inequalities, presents the best clinical and cost-effective solution and shows how this will be supported through workforce and digital solutions.

A summary of the aims and objectives of each of these groups as defined by the group members, was presented for approval to GMMMGM, after which terms of reference would be prepared.

GMMMGM supported the proposed form and function of the new subgroups, but asked that the proposed GMMMGM priorities and wider work plan be circulated again to all pharmacy and medicines optimisation teams, in order that the work plan can be further developed and resource allocated accordingly. The work plan should clearly indicate where GMMMGM will lead on a workstream vs its role in reporting and monitoring. All work streams should indicate the level of resource required, and the financial consequence of their undertaking or not.

It is understood that there are ongoing discussions around PMO and that these should shape how these work streams will be delivered. Ultimately all subgroups will report back to GMMMGM as CRG does currently.

Action: JCT to share the draft work plan with pharmacy and MO sectors and liaise with the PMO regarding the resource allocated to these work streams and the preparation of subgroup ToR. MM to prepare reporting schedule for GMMMG once priorities agreed.

6.0 High cost drug assurance across GM

Through a series of high cost drugs workshops held in April a number of proposals were submitted for consideration to GMMMG in an attempt to ensure equitable provision of high cost medicines across GM. GMMMG accepted the proposals around the continued development and review of HCD pathways, best value principles and the sequential use of biologics.

There were a number of themes for which additional engagement from was needed, particularly from Trust colleagues. One of these was the proposal around delegated decision making to multidisciplinary or clinical teams, however there were concerns that this could actually introduce inequity of decision-making, particularly for the smaller Trusts. It was agreed that chief pharmacists would take these proposals back to their Trusts for further discussion and return their views to JCT colleagues who are leading on this paper.

Lisa Williams attended this part of the meeting in her role as high cost drug manager for the GM Effective Use of Resources Team. GMMMG members again expressed their concerns regarding the new EUR policy for individual funding requests, and asked what steps were being taken to mitigate their concerns. LW explained that the policy had been approved by the Elective Care Reform Board (ECRB) and that it would be in place from 1st July 2022. As part of the CCG closedown CCGs were encouraged to highlight these risks to the ICB during their transfer of function. GMMMG asked to see the minutes from the ECRB meeting where this decision was made, to understand the discussion behind the decision regarding the concerns previously raised with regards this new process.

Action: AW to obtain ECRB minutes and share with GMMMG. GM CCG leads asked to raise concerns regarding the new IFR process during their transition to the ICB. JCT to take forward the proposals detailed above to progress high cost drug pathway development, and gather further views on the recommended solutions.

7.0 Communication from Subgroups and Associated Committees

It was agreed that written reports from subgroups and associated groups would support communication with GMMMG, and that where possible these should be provided going forward.

NHSE – KO'B explained that there should be a system focus on virtual wards, and the medicines safety agenda. An ICS chief pharmacist being brought into post would support system wide medicines programmes.

CCG MO leads - There is a focus on the primary care savings plan, Aneet will pick up a discussion with Faisal around work force

Trust CPs - SS updated the group on the tender for the procurement hub and the aspetics review and funding that is available

Mental health provider - PB updated the group on the shared care T&F group, and on increased pressures on MHTs. PB and SB will look at PCN transformation funds and MO/pharmacy workforce offer.

AHSN – an affiliate pharmacist has been recruited

IPMC – no update

Date of next virtual meeting: Thursday 9th June 2022, 1 – 3pm