GMMMG
Greater Manchester
Medicines Management Group

Minutes of the GMMMG Clinical Reference Group Meeting Tuesday April 13th 2021, 12:00-14:00 via MS Teams

Name	Title	Organisation	Apr	May	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								
Dr Jonathan Schofield (JS)	Consultant physician acute medicine & diabetes	Manchester FT	✓								
Lisa Kershaw (LK)	Lead Medicines Optimisation Pharmacist	Manchester FT	A (VR)								
Sarah Boulger (SB)	Medicines Information Pharmacist	Penine Acute	A								
Suzanne Schneider (SS)	Medicines Information Pharmacist	Bolton FT	A								
Gary Masterman (GM)	Associate Director of Pharmacy	Wrightington, Wigan and Leigh FT	A								
Andrea Marrosu (AM)	High cost medicines and home care pharmacist	Salford Royal FT	A								
Peter Marks (PM)	LPC Board Member	GM LPC	A								
Keith Pearson (KP)	Head of Medicines Optimisation	Heywood, Middleton & Rochdale CCG	✓								
Lucy Tetler (LT)	Medicines Optimisation Pharmacist	Bury CCG	✓								
Helen Isherwood (HI)	Medicines Optimisation Pharmacist	Manchester FT	✓								
Jane Wilson (JW)	Director of pharmacy	GM Mental Health FT	A								

Or Steven Buckley (SB)	Deputy director of pharmacy										
Faduma Abukar (FA)	Head of medicines management	Stockport CCG	✓								
Zoe Trumper (ZT)	Assistant director of medicines management	Wigan Borough CCG	✓								
Faisal Bokhari (FB)	Lead Pharmacist – Medicines Management	Tameside & Glossop CCG	A								
Jennifer Bartlett (JB)	Team Leader Neighborhood Integrated Practice Pharmacists	Salford Royal FT	A								
Aleksandra Houghton (AH)	Senior Medicines Optimisation Adviser	Manchester Health and Care Commissioning	✓								
Lizzie Okpara (LO)	Lead Pharmacist Medicines Management	RDTC	✓								
Monica Mason (MM)	Head of Prescribing Support	RDTC	✓								
Dan Newsome (DN)	Principal Pharmacist	RDTC	A								
Andrew White (AW)	Head of Medicines Optimisation	JCT	✓								
Andrew Martin (AMart)	Strategic Medicines Optimisation Pharmacist	JCT	✓								

1. General Business	
1.1	Welcome and apologies (See register for apologies). The meeting was chaired by Andrew White (JCT). There was a round of introductions as this was the first meeting of the newly merged Clinical Reference Group, and the first meeting after the suspension of non-essential GMMMG activity from January to April. It was noted that the group is still in need of a Chair and group members were reminded to express their interest if they wished to put themselves forward or nominate someone else within the group. It was also noted that if no interest is shown within the group membership, it may be necessary to seek a Chair outside of the membership.
1.2	**Declarations of interest** None declared
2. Formulary and RAG	
2.1	**Formulary amendments** **Suggested formulary amendments were noted and approved as follows:** Baricitinib for treating moderate to severe atopic dermatitis to be added to chapter 13 of the formulary as a RED drug along with the link to NICE TA681. This is a CCG commissioned PbRe medicine. It is already on formulary for rheumatoid arthritis as a RED drug. Erenumab for preventing migraine to be added to chapter 4 of the formulary as a RED drug along with the link to NICE TA682. This is a CCG commissioned PbRe medicine. Anakinra for treating Still's disease to be added to RAG list as a RED drug along with NICE TA685. This is a PbRe medicine. NHSE is the commissioner for adult onset Still's disease and paediatric juvenile idiopathic arthritis (JIA). CCGs become the responsible commissioner when paediatric patients with JIA transition to adult services. It was noted that shared care protocols (SCPs) to support prescribing of medicines through the recently launched Indigo Gender Service had been published. ZT noted that there has been some confusion among their GPs following the publication of these SCPs which requests GPs to initiate treatment rather than treatment being initiated and stabilised by the specialist service before requesting transfer to primary care. ZT asked for further detail on the approval process which these SCPs had gone through. Responses from LO, MM and AW provided the group with a summary of the discussions held at GMMMG in October and November 2020 i.e. that the Indigo Gender Service is a NHSE commissioned pilot, and that GMMMG had agreed that drugs to be prescribed under this service should be shared care. However it came to light that the service specification had a limited prescribing element which led Indigo to request for medicines to be initiated in primary care. GMMMG discussed the issue and length and given that the service specification was already agreed, accepted that a pragmatic solution was required to support both patients and prescribers, this was supported by the GP representation on GMMMG. GMMMG therefore agreed to proceed with the development of the SCPs with initiation via primary care. At the point during which these SCPs were out for consultation, all non-essential GMMMG activity was stood down to allow resources to be directed to the COVID vaccination programme. GMMMG Chairs however confirmed with CCG MO leads who wished to continue with the development of the Indigo SCPs. Therefore the consultation was left open for the full 6 week

	duration with agreement subsequently sought from CCG MO leads. Final approval was given by Chairs action in March while GMMMG meetings were still stood down. With the Indigo Gender Service already up and running since December 2020, there was a pressing need for the guidance from the SCPs. CC commented that the SCPs were welcome for many GPs as it contains the required guidance on prescribing and monitoring with support from Indigo and this helped to address the issue of some GPs previously prescribing off-piste with no guidance. CC also mentioned that Indigo had been providing training to GPs. It was recognised however that the development route for these SCPs was not typical and that they deviate somewhat from the standard shared care principles due to various reasons as described above. The publication of the RMOC Shared Care Guidance was noted. The guidance includes a template which the revised GMMMG template is based on. **ACTION: RDTC to open the above formulary amendments for GM wide consultation**
2.2	**Decisions out for consultation including temporary Chairs decisions Jan-Mar 2021** The group were informed of the consultation currently running on Dec 20 & Jan 21 decisions (which were suspended when non-essential activity put on hold in January) and Chairs decisions made in Jan-Mar 2021. Group members were asked to submit their feedback for the consultation. It was pointed out that the estimated resource impact for the NICE guidance on Acute Coronary Syndromes was not likely to be as high as noted as NICE used the price of prasugrel pre- patent expiry but the price is now considerably cheaper. Also, an amendment is required to the patiromer entry which incorrectly states that there is a PAS in place. The NICE TA for liraglutide for managing overweight and obesity was discussed briefly. AW noted that the company had confirmed that it could not be accessed via community tier 3 weight management services. There is disparity in the availability of tier 3 weight management services across GM. JS informed the group that NHSE are working to expand the number of these services. **ACTION: RDTC to make necessary amendments**
3.0 Transfer of prescribing responsibilities and shared care review	
3.1b	**Guidance on Transfer of Prescribing Responsibilities** The group heard that there had been an update to the section on transferring prescribing following outpatient visits since this document was last reviewed at the last Implementation Group meeting following some feedback from secondary care. The former IG agreed the inclusion of a note stating that it may take up to 4 weeks for the patient to receive their medicine to address the issue of delays in primary care receiving clinic letters. This however implies that pharmacy OP departments would need to dispense up to 4 weeks supply when the current policy is to issue a maximum of 2 weeks supply in most departments. Such change would have significant implications. NHSE guidance recommends a minimum of 7 days for outpatients. An amendment to the wording was proposed to focus on the underlying issue of delayed clinic letters and to highlight obligations in the NHS Standard Contract for clinic letters to be sent within 7 days of the appointment. The group considered whether to specify minimum requirements for a sufficient supply. However, in view of anticipated developments that may impact this guidance e.g. virtual clinics as well as the restructuring of CCGs to be replaced by ICSs, it was agreed to proceed with this

GMMMG Greater Manchester Medicines Management Group

	proposed wording change for now, but giving the document the status of a "living document" to be reviewed frequently with the date of the next review set at no later than March 2022. **ACTION: RDTC to finalise change and submit to MGSG for approval.**
3.1c	**GMMMG SCP blank template** The template was agreed with a minor wording change in section 1 to indicate the date that GPs are requested to accept shared care. **ACTION: RDTC to finalise change and submit to MGSG for approval.**
3.2	**DRAFT GMMMG shared care information leaflet for patients/carers** The group reviewed a first draft of the shared care information leaflet for patients and carers. Initial feedback was that it should be emphasised that shared care would only take place if the GP agrees to the arrangement. Also, it was felt that the language used is complex and should be simplified. VR noted that she had produced a similar leaflet previously which she was willing to share and AH volunteered to share the leaflet with her communications department for comment. **ACTION: RDTC to redraft leaflet; VR to forward example leaflet; AH to share with communications department.**
4.0 Shared Care Protocols	
4.1	**Azathioprine in adults** The group approved the final draft following amendments to the indications list. VR noted that there were some indications which had previously been under a broad categorisation that were not included in the list. VR agreed to send a list of additional indications that azathioprine is used for to be added to the SCP. Consideration would also be given to including wording to address that the list may not be exhaustive. **ACTION: RDTC to update indications list and submit to MGSG for approval.**
4.2	**Hydroxychloroquine in adults** The current GM SCPs for hydroxychloroquine have been amalgamated into the new SCP template. There are no major changes to the content except an update to ophthalmologic monitoring for retinopathy following recently published updated recommendations from the Royal College of Ophthalmologists which would be highlighted in the consultation. Approval was granted to open the SCP for consultation following a minor formatting change. **ACTION: RDTC to open for GM wide consultation.**
5.0 AOB None raised	
Date of next meeting: Tuesday 11th May 12:00-14:00 via Teams	