

Greater Manchester Medicines Management Group

Minutes of the meeting held on
Thursday 10th November 2022, 1-3pm (1-2pm)

Virtual meeting

Present:

Name	Title	Organisation	Representing	Feb	Mar	May	Jul	Aug	Sep	Oct	Nov
Dr Helen Burgess (HB)	GP MO Prescribing lead	GM ICB - Manchester	GPs	✓	✓		✓		✓	✓	✓
Petra Brown (PeB)	Chief Pharmacist	Pennine care NHS FT	GM Mental Health Organisations	✓	✓	✓	A	✓	✓	✓	✓
Kate Rigden (KR)	Chief Finance Officer	GM ICB	ICB finance	✓	✓	✓	✓	A	✓	✓	✓
Mina Patel (MP)	Trust Finance Officer	MFT	Provider Finance			✓	✓	✓	✓	✓	✓
Jay Hamilton (TBC)		HiM	Health Innovation Manchester (HiM)	TV	A	✓	A	A	A	A	A
Dr Ann Harrison (AH)	GP MO Prescribing lead	GM ICB - Trafford	GPs	✓	A	✓	✓	✓	✓	✓	✓
Robert Hallworth (RH)	Specialist Cancer Pharmacist	NHSE	NHSE Specialised Commissioning	✓	✓	✓	✓	✓	A	✓	A
Dr Pete Budden	GP Prescribing lead	GM ICB - Salford	GMMM Clinical Reference Subgroup				✓	✓	✓	A	✓
Aneet Kapoor	Chair of the GM LPN	LPN	Pharmacy profession	✓	✓	✓	✓	A	✓	✓	✓

Vacant seat			GM Secondary Care Clinicians									
Peter Marks (PM)	LPC Board Member	GM LPC	Community Pharmacy	A	✓	✓	✓	✓	✓	✓	✓	✓
Chris Haigh (CH)	HOMM	GM ICB - Bolton	CCG MO leads and GMMMGM Digital subgroup				✓	✓	✓	✓	✓	✓
Luvjit Kandula (LK)	Chair – Community Pharmacy Provider Board (CPPB)	GM LPC	Community Pharmacy	A	✓	✓	A	✓	✓	✓	✓	✓
Lara Shah (LS)	Deputy HOMM	GM ICB - Manchester	GMMMGM Population health and inequalities subgroup				✓	✓	✓	✓	✓	✓
Fiona Meadocroft (FC)	Interim Deputy Director Strategy – Integrated Care	GM ICB – commissioning (TBC)	CCG Commissioning lead	✓	JW	A	A	✓	A	A	A	A
Kenny Li	GM Chief Pharmacist	GM ICB	GMMMGM Medicines Value subgroup			✓	A	✓	✓	✓	✓	✓
Faisal Bokhari or Heather Bury	HOMM	GM ICB – T&G NHS GM ICB	GMMMGM Pharmacy workforce subgroup			✓ HB	✓	✓ HB	HB	✓ HB	✓	✓
Karen O’Brien (KO’B)	Regional Pharmacist	NHSEI	NHSEI	✓	✓	✓	A	A	✓	A	✓	✓
Paul Buckley (PaB)	Chief Pharmacist	Stockport FT	GM Chief pharmacists	A	A	✓	✓	✓	✓	✓	✓	✓
Steve Simpson (SS)	Chief Pharmacist	Bolton FT	GM Chief pharmacists	✓	✓	✓	A	✓	✓	✓	✓	✓
Charlotte Skittera	Chief Pharmacist	Manchester FT	Chair	✓	✓	✓	✓	✓	A	✓	✓	✓

Il (CS)												
Claire Vaughan (CV)	Head of MO	GM ICB - Salford	Vice Chair of GMMM and GMMM 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	✓	✓	✓	✓	✓	✓	✓	✓	✓
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									
Monica Mason (MM)	Head of Prescribing Support	RDTC	Professional secretary	✓	✓	✓	A	✓	✓	✓	✓	✓
Andrew Martin (AM)	MO Pharmacist	GM Joint Commissioning team	GMMM support	✓	✓	✓	A	A	A	✓	✓	✓
Dan Newsome (DN)	Principal pharmacist	RDTC	GMMM support	✓	✓	✓	✓	✓	✓	A	✓	✓

1. General Business

1.1 Apologies

As above.

1.2 Declarations of Interest

Nil declared.

2.0 Minutes and actions from the last meeting

Minutes from the October meeting were approved for publication

Outstanding actions:

Subgroup ToR: It was noted that this item had not progressed since the last meeting, and it was agreed that those new subgroups that were formed and ready to come under GMMMG governance, should submit their ToR to MM for the December meeting.

Action: All subgroup chairs to submit ToR in their current format to GMMMG (via MM) for approval at the Dec meeting.

GMMMG governance: KR updated the group on the progress being made by the ICB around medicines governance. It was confirmed that no group had yet been delegated authority for decision making and GMMMG was to continue to send all decisions to the Clinical Effectiveness and Governance Committee (CEGC) who will then submit to the executive committee. GMMMG requested that KR ensure that the ICB executive are aware that this lengthy approval process risks a delay to GM medicines decision making, including missing the statutory 90 day NICE technology appraisal implementation.

Action: KR to make exec aware that this lengthy approval process risks a lengthy delay to GM medicines decisions, including statutory NICE technology appraisal access.

GMMMG priorities: CS requested that reports be returned to GMMMG's next meeting to assure GMMMG on the progress being made around AMS, medicines sustainability, medicines value and the community pharmacy priorities. Reference was made to the BI dashboard and the ICB sustainability and AMS groups, and the assurance they could provide versus that provided by pharmacy and medicines teams. KL explained that in his new role of ICB chief pharmacist he would be first reviewing medicines governance, medicines priorities and medicines optimisation functions, and this would then shape the role of GMMMG in providing assurances to the ICB executive.

KO'B illustrated the route other ICBs were taking, where medicines and pharmacy leads were being identified to lead on a particular workstream and reiterated that GM was fortunate in having some well established groups looking at sustainability already, through which GMMMG could continue to engage.

CS requested an update on the value workstream, and the targets that had already been set as part of CCG planning. KR explained that she was attending a T&F group looking at savings at the end of November and that she could return a report to the December meeting, but highlighted that it was expected to ask for more than was already being done, and that these would be system wide savings.

Action: KL to lead the submission of assurance reports for AMS, medicines sustainability, medicines value and community pharmacy priorities to GMMMG. KR to submit a report to Dec GMMMG detailing the current financial position and plans for medicines savings across the ICB

GM ophthalmology pathway: KL explained that his colleague had been linking with Trusts regarding booking systems, and that he would share the pathway and calculator with MM to distribute to GMMMG.

Action: KL to share ophthalmology pathway and calculator with MM for GMMMG distribution

High Cost Drugs Panel: AM confirmed that the panel was deemed to be functioning as it should, but that the ECRB had taken the decision to move to a new system of managing IFRs. CS reiterated that a formal response was required from the ECRB to ensure that the change in process wasn't increasing inequity across the system. KL asked whether GMMMG needed to reinstate a HCD subgroup, and CH raised the option of an alternative to Blueteq to support equitable access to HCDs.

Action: AM to seek a response from the ECRB regarding the concerns raised previously by GMMMG around equity of access to HCDs through this new IFR process

3.0 Medicines decisions for ratification

The group was reminded that whilst GMMMG awaits confirmation of its delegated authority following the introduction of the ICB, that all its recommendations will be submitted to the newly formed Clinical Effectiveness and Governance Committee (CEGC).

GMMMGM considered for approval the recommendations from the Clinical Reference Subgroup, three of which had a significant financial impact (TA805, TA807 and the shared care of potassium binders). It was agreed that Icosapent ethyl be added to the formulary as a GREEN (specialist advice) drug, as per local specialist opinion, with link to TA805, pending pathway position. Uptake should be monitored across GM.

The group discussed at length the proposed potassium binders shared care protocols that had been produced to enable transfer of prescribing into primary care, to facilitate patients to obtain the medicine as per NICE TA623 and 599. The SCPs stipulate that specialist review and oversight should continue, and set out the requirements prior to transfer of prescribing to primary care, what monitoring must be undertaken and by whom and when to seek specialist advice. It was noted that there was already primary care prescribing of these agents in GM, and that the SCPs were intended to support the safe prescribing of these agents.

Concerns were raised around the primary care prescribing of potassium binders by GP members of GMMMGM. CRG representation relayed to GMMMGM the discussions which had been undertaken both at CRG, and through the 6-week GM wide open consultation, which had occurred as these SCPs were developed and approved by CRG. It was re-emphasised that the SCPs were developed to support primary care prescribers through a formal shared care arrangement with the patient's specialist team, and the patient would be required to attend regular monitoring as defined in the SCP. There remained concern from one GP member whose opinion was that these agents should not be prescribed by primary care on safety grounds, even under shared care, however the group including other GP representation accepted the recommendation from CRG and recommended to CEGC that these SCPs be approved for use.

Community pharmacy representatives raised concern regarding the new licensed formulation of metolazone, that effectively replaces the unlicensed version which should only be available on a named patient basis. It has up to twice the bioavailability of the unlicensed product.

CRG had considered the management of patients prescribed metolazone and agreed that review and substitution should be on an individual patient basis with specialist input, and that prescribing and dispensing must be done by brand name. Primary care should seek to identify patients and invite for review, but the review should be undertaken by the specialist. Following approval by CEGC this decision would be disseminated across the system through pharmacy leads and GMMMGM membership, GMMMGM members should ensure that they cascade to their respective sectors.

GMMMGM considered and approved all CRG recommendations for submission to CEGC in December.

Action: MM to submit GMMMGM recommendations to CEGC.

4.0 Oral antipsychotics Shared Care Protocol

Following an urgent request from part of the system to update this SCP, as it was hampering discharge of a small group of patients, a rapid review was undertaken. The SCP was submitted to CRG for approval of the clinical content, and to GMMMGM to consider the financial and commissioning impact and recommend its approval to CEGC.

GMMMGM understood that CRG had considered the SCP at their meeting two days earlier, but had requested further amendments to the SCP to make the content clearer to support primary care prescribing. GMMMGM noted that the total extra prescribing cost is expected to be around £25K per annum across GM.

GMMMGM recognised the comments made by CRG regarding the length of the SCP and the need for further clarity within the protocol, which may mean splitting out the different agents into separate SCPs. The group highlighted the need for a review of GM shared care commissioning arrangements, and the need for an equitable system wide approach. It was acknowledged that CEGC had also supported the GMMMGM review of shared care commissioning, and that the GM Improvement team were now involved.

To aid the rapid approval process needed (recognising that decisions will still require executive approval), GMMMGM recommended to CEGC pre-approval of this SCP for use across GM, once CRG have agreed the clinical content. This SCP is to be used as an interim solution whilst the GM commissioning of all shared care medicines is resolved.

GMMMGM are aware that there are a large number of SCPs requiring review. This review had been delayed whilst GM waited for publication of the national SCPs, and also needs to align with the review of shared care commissioning which CEGC have requested is supported by the Improvement team. Timeframes are urgently required to support the update of these SCPs.

Action: MM to communicate this recommendation to CRG and also to CEGC.

5.0 GM Integrated Care Principles and Recommendation documents

- GM Integrated Care: Primary, Community and Secondary Care Principles
- GM Integrated Care: Primary Care Demand: Supporting General practice and community pharmacy

The above documents developed by the ICB were presented to GMMMGM, who were asked to take these principles through their systems for adoption.

6.0 Communication from subgroups

- CRG minutes (September) and CRG agenda (October and November). GMMMGM noted the extraordinary amount of work which is being undertaken by CRG, and thanked them for their consistent efforts to support the safe, managed entry of medicines into GM.

AOB

Consultation on national specification for a paediatric transgender dysphoria service. GMMMGM asked its members to submit any comments to the RDTC who would submit a GMMMGM response to this consultation.

Date of next meeting: Thursday 8th December 2022, 1 – 3pm *this will run as a hybrid meeting, please book a space through the RDTC if attending in person.*