

Greater Manchester Medicines Management Group

Minutes of the meeting held on
Thursday 13th October 2022, 1-3pm (1-2pm)

Virtual meeting

Present:

Name	Title	Organisation	Representing	Feb	Mar	May	Jul	Aug	Sep	Oct
Dr Helen Burgess (HB)	GP MO Prescribing lead	NHS Manchester CCGs	GPs	✓	✓		✓		✓	✓
Petra Brown (PeB)	Chief Pharmacist	Pennine care NHS FT	GM Mental Health Organisations	✓	✓	✓	A	✓	✓	✓
Kate Rigden (KR)	Chief Finance Officer	NHS Oldham CCG	CCG finance leads	✓	✓	✓	✓	A	✓	✓
Mina Patel (MP)	Trust Finance Officer	MFT	Provider Finance			✓	✓	✓	✓	✓
Jay Hamilton (TBC)		HiM	Health Innovation Manchester (HiM)	TV	A	✓	A	A	A	A
Dr Ann Harrison (AH)	GP MO Prescribing lead	Trafford CCG	GPs	✓	A	✓	✓	✓	✓	✓
Robert Hallworth (RH)	Specialist Cancer Pharmacist	NHSE	NHSE Specialised Commissioning	✓	✓	✓	✓	✓	A	✓
Dr Pete Budden	GP Prescribing lead	Salford CCG	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	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 (LS)	Deputy HOMM	MHCC	GMMMG Population health and inequalities subgroup				✓	✓	✓	✓	✓
Fiona Meadowcroft (FC)	Interim Deputy Director Strategy – Integrated Care	MHCC	CCG Commissioning lead	✓	JW	A	A	✓	A	A	A
Kenny Li	HOMM	MHCC	GMMMG Medicines Value subgroup			✓	A	✓	✓	✓	✓
Faisal Bokhari or Heather Bury	Deputy HOMM	T&G CCG NHS GM IC	GMMMG Pharmacy workforce subgroup			✓ HB	✓	✓ HB	H B ✓	✓ HB	✓ HB
Karen O'Brien (KO'B)	Regional Pharmacist	NHSEI	NHSEI	✓	✓	✓	A	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 Skitterall (CS)	Chief Pharmacist	Manchester FT	Chair	✓	✓	✓	✓	✓	A	✓	✓

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	✓	✓	✓	✓	✓	✓	✓
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	RDC	Professional secretary	✓	✓	✓	A	✓	✓	✓
Andrew Martin (AM)	MO Pharmacist	GM Joint Commissioning team	GMMMG support	✓	✓	✓	A	A	A	✓
Dan Newsome (DN)	Principal pharmacist	RDC	GMMMG 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 September meeting were approved for publication

Subgroup ToR: There was query around the completion of the new subgroups ToR – AW agreed to try and complete these and submit to the next GMMMGM meeting

GMMMGM governance: It was noted that most of the GMMMGM decisions made between July and September, were approved at CEGC in September, but there were 5 decisions that were required to go to go to Directors of finance for approval as CEGC has no financial delegation. GMMMGM members expressed their frustration that this approval process was so protracted and explained that prescribers across GM were needing to look elsewhere for advice and guidance. Members cited the delay to the approval of the GMMMGM guidance to support the implementation of the national DOAC framework as particularly frustrating. It was noted that some of the decisions that had been delayed could have supported significant cost savings to the GM system. Members of the group asked that the impact of the loss of delegated authority to GMMMGM be raised again with the ICB executive, that concerns be again communicated, with an ask that delegated authority be returned to GMMMGM as quickly as possible.

Action: CS to raise concerns to the ICB executive regarding the continued lack of delegated authority for GMMMGM and the impact of this to medicines teams across GM.

Inclisiran leaflet: there were a number of comments from GMMMGM members received by email as requested at the last meeting, AM is considering these and a final draft will be published in due course.

3.0 GMMMGM priorities

GMMMGM were presented with an overview of the progress that had been made on the delivery of GMMMGM 2022-24 priorities to date. Members asked that the charter be updated as follows:

- Asthma to be added alongside COPD as a priority area
Action: MM to amend charter
- AMS targets be corrected, and the AMS and AMR group Chairs to be invited to report to an upcoming GMMMGM meeting
Action: MM to correct charter and AW to invite chairs to attend GMMMGM
- That branded generics be retired as a priority. The group discussed in detail both the perceived benefits and risks of promoting the use of branded generics. There was strong feeling from some primary care prescribers and secondary care pharmacists that this was not a clinically sound proposal, but feeling from others that there was now little clinical risk and significant financial benefit to the system. It was agreed that the Value subgroup would return a report to GMMMGM detailing the risks and benefits in the use of branded generics, after which a decision would be taken regarding its position on the GMMMGM charter.
Action: CH/KL to submit to MM for GMMMGM
- As implementation plans become available for the smoking cessation pathway and vitamin D guidelines that these be added to the charter.
Action: LS to contact MM to support submission to GMMMGM
- More detail on the priority domains for community pharmacy to be included within the charter
Action: LK to submit to MM
- Further development of the progress tracker required to more accurately capture progress against targets. This should include the net financial benefit.
Action: JCT to develop further and return to GMMMGM in the next quarter

4.0 Medicines decisions for ratification

The group was reminded that whilst GMMMGM 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) although it is understood this group will not meet in October, and so these recommendations will be submitted to the November meeting.

GMMMGM considered for approval the recommendations from the Clinical Reference Subgroup. There was one decision with a potentially significant financial impact ranibizumab biosimilar, but only if activity levels increased beyond those seen currently. Otherwise, this agent provided a cost saving. CRG had been unable to provide GMMMGM with a cost impact without access to the ophthalmology pathway developed through the ophthalmology working group of the elective care reform board. KL explained that a GM pathway and calculator could soon be shared, and GM Chief Pharmacists urged this pathway to be shared with them to support equitable access to ophthalmology treatment across GM.

GMMMGM approved all recommendations for submission to CEGC

Action: KL to submit the draft ophthalmology to GMMMGM at the earliest opportunity. MM to submit GMMMGM recommendations to CEGC.

5.0 High cost drugs panel: update

In July 2022 the GM elective care recovery and reform board agreed to the set-up of a high costs drugs (HCD) panel at the request of GMMMGM to assist the transition from the previous Individual funding request (IFR) process. It was acknowledged that few historical drug requests were exceptional, but from cohorts. It was agreed that there should be feedback after 3 months of operation, which AW provided to GMMMGM at this meeting. GMMMGM discussed where there was a small amount of deviation from the GMMMGM IBD pathway and commissioning statement for Ustekinumab dose escalation, and the actions taken to overcome this.

It was noted that there is a need to produce a policy to address an emerging cohort of patients being treated with immune checkpoint inhibitors and this would be undertaken by The Christie.

GMMMGM understood that the HCD panel may be able to be stepped down if the volumes of treatments drop, as it was set up as a transitional interim arrangement, but that it will continue for a further 3 months, with one more report being submitted to GMMMGM. Individual Funding Requests will continue to be considered by the triage and IFR panel.

Members raised some concerns that there wasn't sufficient infrastructure to support IFR panels, or the ongoing development of HCD policies and commissioning statements. It was asked whether the digital subgroup had made any progress on peer-to-peer comparison, which would enable GMMMGM to understand whether equitable decisions were being made across GM. CH explained that the digital group were next due to meet on Monday.

Action: AW and AM to include the concerns and suggestion from this meeting on the update report to the ECRB. CH to communicate this discussion to the digital subgroup.

AOB

GMMMGM thanked Andrew White for work within GMMMGM and wished him success in his future role. Kenny Li was congratulated on his recent appointment as ICS Chief Pharmacist for GM.

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