

Greater Manchester Medicines Management Group

Minutes of the meeting held on
Thursday 9th February 2023, 1-3pm

Virtual meeting

Name	Title	Organisation	Representing	May	Jul	Aug	Sep	Oct	Nov	Dec	Jan
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	✓	✓	✓	✓	✓	A
Kate Rigden (KR)	Chief Finance Officer	GM ICB	ICB finance	✓	✓	A	✓	✓	✓	A	✓
Mina Patel (MP)	Trust Finance Officer	MFT	Provider Finance	✓	✓	✓	✓	✓	✓	✓	✓
Jay Hamilton (TBC)		HiM	Health Innovation Manchester (HIM)	✓	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	GMMMG Clinical Referen		✓	✓	✓	A	✓	✓	✓

			ce Subgroup								
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	✓	✓	✓	✓	✓	✓	✓	✓
Chris Haigh (CH)	HOMM	GM ICB - Bolton	CCG MO leads and GMMMG Digital subgroup		✓	✓	✓	✓	✓	✓	✓
Luvjit Kandula (LK)	Chair – Community Pharmacy Provider Board (CPPB)	GM LPC	Community Pharmacy	✓	A	✓	✓	✓	✓	✓	✓
Lara Shah (LS)	Deputy HOMM	GM ICB - Manchester	GMMMG Population health and inequalities subgroup		✓	✓	✓	✓	✓	✓	A
Fiona Meadowcroft (FC)	Interim Deputy Director Strategy – Integrated Care	GM ICB – commissioning (TBC)	CCG Commissioning lead	A	A	✓	A	A	A	✓	✓
Kenny Li	GM Chief Pharmacist	GM ICB	GMMMG Medicines Value subgroup	✓	A	✓	✓	✓	✓	✓	✓

Faisal Bokhari or Heather Bury	HOMM	GM ICB – T&G NHS GM ICB	GMMMG Pharmacy workforce subgroup	✓ HB	✓	✓ HB	H B	✓ HB	✓	✓ HB	✓ FB
Karen O'Brien (KO'B)	Regional Pharmacist	NHSEI	NHSEI	✓	A	A	✓	A	✓	✓	✓
Paul Buckley (PaB)	Chief Pharmacist	Stockport FT	GM Chief pharmacists	✓	✓	✓	✓	✓	✓	✓	✓
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	GM ICB - Salford	Vice Chair of GMMMG and GMMMG Medicines Safety subgroup	✓	✓	A	✓	✓	✓	✓	✓
Dr Sanjay Wahie (SW)	Clinical Director	GM ICB - Wigan	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								

			Director s								
Vacant seat			Lay repre senta tive								
Vacant seat			GM Public Health								
Monica Mason (MM)	Head of Prescribin g Support	RDTC	Professi onal secretar y	✓	A	✓	✓	✓	✓	✓	✓
Andrew Martin (AM)	MO Pharmaci st	GM Joint Commissio ning team	GMMM G support	✓	A	A	A	✓	✓	✓	✓
Dan Newsome (DN)	Principal pharmaci st	RDTC	GMMM G support	✓	✓	✓	✓	A	✓	✓	✓

1. General Business

1.1 Apologies

As above. Petra –Sam Appiah-Anane, Deputy Director of Pharmacy, Lead for Manchester, Salford & Trafford attended in place of Petra Brown.

Declarations of Interest

Nil raised

2.0 Genomic Medicine Update for GM

Jessica Keen (Pharmacy lead - NHS NW genomic medicine service alliance) updated GMMM on medicines optimisation related genomic activity. The NICE consultation around genetic testing to guide antibiotic use in babies to prevent hearing loss was discussed. A consultation is open until 21st Feb. GMMM agreed to lead discussions with all GM Trusts chief pharmacists to ensure GM wide access to this test.

The group discussed the genomic medicine pilots being undertaken across GM, and the current barriers and opportunities this presented. It was agreed that GMMM should support the roles pharmacy and medicines optimisation teams across GM can play to support the pharmacogenomics agenda, and that JK would advise GMMM and its subgroups accordingly.

Action: CS, PBU, SS to lead discussions with Trusts as described. JK to advise GMMM around further genomic medicines developments.

3.0 Minutes and actions from the last meeting

Minutes from the December meeting were approved for publication. The group considered the outstanding actions as follows:

- GMMM shared care protocols: timeframe for adoption of national SCPs and risk of currently outdated SCPs - AM provided an update on this work stream with 5 SCPs coming to the next CRG meeting.

- Commissioning of adult ADHD services - MM fed back in PB absence, to explain that a commissioning meeting had taken place, and that a GMMMGM representative is required. KL to contact MH commissioners to arrange.
- Primary care winter surge plan update – community pharmacy. GMMMGM and its clinical reference subgroup approved the amended minor ailments formulary to support this scheme on 9th January 2023. However, raised concern that the scheme is still awaiting ICB approval, and sought clarification on why this is still awaited. KL and LK explained that there had been difficulties in obtaining ICB approval, and that discussions around the GM wide commissioning of this scheme were unresolved, but continuing with primary care board.
- Obesity treatments and technology: funding bid - CS to contact HIM and discuss the work being undertaken, and if GMMMGM is to be involved.
- GM ophthalmology pathway - Trust CPs requested the sharing of the ophthalmology pathway. KL explained that work is ongoing and the draft pathway will be shared as soon as possible.

4.0 Implementing NICE guidance on Continuous Blood Glucose Monitoring (CGM)

At their December meeting GMMMGM requested further information, to enable a more detailed local cost and commissioning impact to be considered. Some additional information was returned to GMMMGM, and finance colleagues agreed to continue efforts to improve the accuracies of localised costing methodologies beyond that provided by NICE but accepted that GMMMGM had sufficient information to make their decision.

GMMMGM supported the recommendation to provide CGM in line with NICE, and that this recommendation be submitted to CEGC for approval based on the NICE costing template information.

Action: MM to submit to GMMMGM's support for CGM in line with NICE to CEGC for approval.

5.0 Medicines decisions for ratification (Dec and Jan)

GMMMGM approved all the recommendations presented for submission to CEGC who next meet on the 16th February. Decisions with financial impact will be submitted to the executive by CEGC.

It was noted that the community pharmacy seat on CRG continues to be unattended, and LK agreed to find a representative for this seat.

Action: RDTC to publish decisions upon receipt of CEGC and where necessary executive approval. LK to seek a community pharmacist representative for the CRG seat.

6.0 Prescribing finance report – M9

KR and KL updated the group on the current activities being undertaken with a focus on the financial impact of medicines across GM. The report included the impact price concessions had recently had on primary care prescribing budgets. It was understood that this report would be submitted to the system efficiency group. GMMMGM commented that a lot of these suggestions had been attempted before, and that ultimately their success would come down to capacity at locality level to deliver the actions requested. There was some disappointment that the activity described focussed on delivering of short-term savings in primary care prescribing budgets. Secondary care representation listed a number of initiatives that they would expect to be considered as medicines value, but also to address existing health inequalities e.g. supply of medicines upon discharge, and use of patients own medicines in hospital. It was noted that the ophthalmology pathway was still awaited, and it was requested that this be shared with the membership as soon as possible.

It was suggested that the terms of reference for this value subgroup and its membership be strengthened as necessary to support the development of a sustainable system wide medicines value plan.

KL agreed to meet with GM Trust chief pharmacists to discuss the points raised. KL also agreed to reconsider membership of the medicines value group to ensure that membership reflects the whole system, and more clearly defines the groups activity around medicines value.

Action: KL and KR to action as above.

7.0 2023/24 NHS GM contract requirements and the implications for medicines optimisation

GMMMGM considered the 23/24 CQUIN guidance with a view to making a recommendation to the GM CQUIN lead regarding the medicines related CQUINs prioritisation. It was recognised that some localities will be challenged to deliver both medicines CQUINs, but GMMMGM agreed that priority be given to CQUIN03: Prompt switching of intravenous (IV) antimicrobial treatment to the oral route of administration as soon as patients meet switch criteria. There are significant benefits to IVOS interventions demonstrated in research literature including: increasing hospital bed capacity to support recovery from the COVID-19 pandemic; reducing exposure to broad spectrum antibiotics; increasing nursing workforce capacity; reducing drug expenditure; reducing carbon footprint of medicines; and reducing healthcare-associated bloodstream infections. This CQUIN aligns with a commitment in NHS England's 2022-23 Priorities and Operational Planning Guidance to support reduced lengths of hospital stays by ensuring that intravenous antibiotics are only used for as long as clinically necessary

Action: CV to communicate to GM contracting lead

8.0 Subgroup terms of reference for approval:

- **Pharmacy workforce subgroup**
- **Medicines value subgroup**

GMMMGM commented on the level of detail included within the workforce group ToR and approved them for submission to CEGC.

The group asked that the medicines value subgroup ToR be further developed as discussed under item 6 to fully capture the activities needed to be undertaken by this group, and the membership required.

Action: KL to further develop the medicines value ToR as discussed and return to the March GMMMGM meeting. MM to submit the workforce ToR to CEGC.

9.0 Regional antimicrobial overview

Gill Damant, Regional Deputy Chief Pharmacist and Regional Antimicrobial Stewardship Lead provided a detailed data report to the group on the prescribing of antimicrobials across GM and the region. GMMMGM noted the current position of GM both within the region, and nationally. It discussed the many factors that may be attributing to this performance and the need for improvement. GMMMGM to support the actions proposed by GD and to make contact with the GM AMS group within the next couple of weeks.

Action: GMMMGM to liaise with AMS group chairs

10. Subgroup communications:

- **CRG minutes (November and December)**

AOB

Date of next meeting: Thursday 9th March 2023, 1 – 3pm