

Greater Manchester Medicines Management Group

Minutes of the meeting held on
Thursday 8th December 2022, 1-3pm

Virtual meeting

Name	Title	Organisation	Representing	Mar	May	Jul	Aug	Sep	Oct	Nov	Dec
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	✓	✓	✓	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			✓	✓	✓	✓	✓	✓
Fiona Meadowcroft (FC)	Interim Deputy Director Strategy – Integrated Care	GM ICB – commissioning (TBC)	CCG Commissioning lead	JW	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	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	✓	✓	✓	✓	✓	✓	✓
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	✓	✓	✓	✓	✓	✓	✓	✓
Vacant seat			Provider Board representative								
Vacant seat			Council representative for GM Social Services								
Vacant seat			GM Medical								

			Director s								
Vacant seat			Lay represe ntative								
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. Naomi Ledwith - Delivery Director (Bolton) attended the meeting, whilst discussions are ongoing with regards the commissioning seat, FM will continue to attend also.

1.2 Declarations of Interest

SW provided the group with details of his association with an NHS commissioned menopause service provided through primary care, however this was not deemed to be a conflict of interest to the discussions around HRT guidance within item 3.

2.0 Minutes and actions from the last meeting

Minutes from the November meeting were approved for publication. The group considered the outstanding actions as detailed in the action log.

3.0 Medicines decisions for ratification

It was noted that the decision summary template had been restructured to reflect clarification from CEGC that decisions with any associated cost would need to go to the executive, as CEGC doesn't have any financial delegation. Any GMMM recommendations that are cost neutral or saving could be approved by CEGC. Again the group noted the delay in decision making this would cause, as previously GMMM could approve and publish any decision with a financial impact under £200K per annum.

GMMM recommended for approval to CEGC the items considered by its clinical reference subgroup, which included the GM HRT guidance for menopause symptoms.

Action: MM to submit GMMM recommendations to CEGC for approval.

4.0 GMMMG governance

The group considered a paper providing clarification on the current governance arrangements for GMMMG. GMMMG has been providing cross-organisational strategic approach to medicines management in Greater Manchester for over 15 years. It previously had delegated authority for decision making by GM CCG Directors of Commissioning (DoCs) and CCG Chief Finance Officers (CFOs), to make recommendations around medicines across GM up to a threshold of £200K per year in any of years 1 to 5. Decisions over this threshold would be submitted to DoCs and CFOs for decision. At the July GMMMG meeting it was explained that due to the reorganisation following the Health and Care Act 2022 this delegation is no longer in place, and GMMMG were asked to submit their recommendations to the Clinical Effectiveness and Governance Group.

Recent correspondence from the ICB medical director, ICB chief pharmacist and ICB finance lead thanked GMMMG for its patience whilst the ICB work through the governance arrangements for GM Integrated Care, that this is complicated and there are still actions that need to be worked through in terms of financial delegation. It explained that the current position is as follows:

- GMMMG recommendations with no financial impact (cost neutral or a saving) – will be approved by Clinical Effectiveness and Governance Committee (CEGC)
- Until revised governance in place all recommendations with a financial impact will go to NHS GM Executive for decision

Moving forwards, it is proposed that GMMMG recommendations with finance impact up to £200k will be approved by CEGC once delegation is formally granted from Place Leads. GMMMG recommendations with finance impact greater than £200k, will be considered clinically by CEGC and recommended for approval from Locality Place Leads (subject to change in financial scheme of delegation) up to £5m across GM. Anything over £5m would require approval from the GM Finance Committee. Localities are represented at CEGC by their Associate Medical Directors who have a role in taking decisions and recommendations back to locality boards. Localities will be accountable for implementation of GM clinical decisions from CEGC, this will ensure consistency/standardisation and will reduce unwarranted variation.

This information was reflected in the terms of reference of GMMMG as presented for ratification by the group.

GMMMG discussed the impact of these changes, and that the impact on achieving the statutory NICE 90-day deadline for technology appraisals. This has been raised to the ICB medical director, chief pharmacist and finance lead. GMMMG await further instruction as to whether a change in GMMMG process is required to facilitate GM ICB meeting the NICE 90-day timeframe, or if the ICB have accepted this risk.

As agreed at the November GMMMG meeting all proposed GMMMG subgroups were asked to submit their terms of reference to GMMMG for approval, after which they will be reflected in the terms of reference of GMMMG which will be provided to the CEGC. Terms of reference were presented for the medicines safety subgroup, digital subgroup, population health management and health inequalities workstream group. CRG is an already established subgroup, but its terms of reference were included for completeness. The GM workforce transformation group recently met to consider their governance route, they will meet with the ICB chief pharmacist next week for further discussion and confirmation of their reporting lines, which will be communicated to GMMMG in due course. ToR from the medicines value group are also in development.

GMMMG were asked to consider and ratify the terms of reference for GMMMG and its subgroups and approved them for submission to CEGC.

Action: MM to submit the revised GMMMG and subgroup ToR to CEGC January meeting.

5.0 Implementing NICE guidance on Continuous Blood Glucose Monitoring across GM

AM presented a paper to GMMMG outlining that in March 2022 NICE updated its recommendations for Continuous Blood Glucose Monitoring (CGM) in its guidelines for Type 1 diabetes in adults: diagnosis and management (NG17), Diabetes (type 1 and type 2) in children and young people: diagnosis and management (NG18) and Type 2 diabetes in adults: management (NG28).

This considerably expands entitlement to forms of CGM compared to previous NICE guidance, GM EUR guidance and GMMMG Guidance. The group understood that the Diabetes Strategic Clinical Network fully

supports the implementation of NICE's recommendations on CGM and is supportive of the recommendations in this paper.

There was concern raised by community pharmacy regarding the impact the provision of this technology would have in the sector, and it was understood that comments had been submitted to CRG after the consultation period had closed. The financial impact of this recommendation remained unclear, and questions were asked about funding for paediatric patients, service implications relating to clinic capacity, and the secondary care impact which wasn't recognised in the paper. CV spoke about the audit work undertaken across Salford that demonstrated good outcomes, and that this should be captured as part of a GM system wide pathway.

GMMMG discussed the positive impact that this technology has on quality of life for these patients, and expressed its support of the implementation of this technology, but requested a more detailed financial impact be returned to the next meeting. This should include audit data from Salford, and ensuring that secondary care data is incorporated. KR to support the authors with regards the level of financial detail to be included as necessary for presentation to executive.

Action: AM to return paper to GMMMG in January

6.0 Delegation of specialised commissioning to ICBs

The Chair provided a verbal update to the group around future delegation of drugs that are currently under NHSE specialised commissioning, and the need for good governance and assurance reporting to be in place in time. There was some discussion as to the reintroduction of a GM high cost drugs subgroup, and further discussion will be undertaken with GM chairs to see if this can be facilitated.

7.0 Obesity treatments and technology funding bids

The group noted were made aware of a research opportunity and funding directed toward new medicines and digital tools to treat obesity. An open competition is expected to run in early 2023 focused on areas where obesity rates and health disparities are the highest. Expressions of interest were requested from members wishing to form a working group to look at this opportunity.

Action: Expressions of interest to MM ahead of the January meeting.

8.0 Subgroup communications

The minutes from CRG October meeting and notes from a recent medicines safety meeting were accepted by GMMMG.

9.0 Primary care winter surge plan update – community pharmacy

LK presented a paper detailing primary care surge planning, as developed by the primary care pressures group, and approved by the System Operational Response Taskforce (SORT). It included schemes for community pharmacy including a temporary expansion and provision of a GM minor ailments service (MAS), PGDs for some acute conditions and a provision of urgent prescription medicines (PURM) service. Funding details were included, and further detailed for the services under discussion.

GMMMG were asked to support and approve the extended formulary for the MAS scheme, the development and use of the PGDs and to support and agree the PURM.

GMMMG commented that the expansion of the MAS scheme goes against the national and GM (as agreed under CCGs) ambition, and that the paper was suggesting that all would have access to free medicines through this scheme. The group were reminded that this is just a temporary expansion to support winter pressures, and would be reviewed in three months' time, and that an evaluation report would be returned to GMMMG on the back of this scheme.

The group expressed some concerns around the inclusion of antimicrobials in these plans and asked if the antimicrobial stewardship group in GM had been consulted. There was also concern around the pressures that community pharmacy was already understood to be under, and whether this part of the system could cope with any increased workload that may be generated by these schemes. The question was raised as to the equity of access to this scheme across GM, if there was an implementation plan in place to best support the most deprived communities, if all community pharmacies would be participating, and how this would be communicated across the system. LK responded that there was a need for an equitably commissioned service, and that this may follow, but that this intervention was designed as a short term solution to support the system through a period of winter pressures.

GMMMMG agreed in principle with this proposal but asked that the points above were considered, in particular discussions with the AMS group regarding the use of antibacterials, and that the revised MAS should be circulated to both GMMMMG and its clinical reference group for approval by email as soon as possible.

Action: LK to submit MAS to MM for approval by email as detailed.

10. AOB

Shared care protocols (SCPs): SJ to lead plan to undertake rapid reviews of current outdated GMMMMG SCPs. SJ and =M have offered support to Improvement Hub to continue the discussions around the commissioning of shared care across GM.

Commissioning of Adult ADHD services following cessation of Lanc UK: PB to liaise with SB and GM MH board regarding issues around adult ADHD services

Date of next meeting: Thursday 12th January 2023, 1 – 3pm