

# Greater Manchester Medicines Management Group

Minutes of the meeting held on  
Thursday 11<sup>th</sup> May 2023, 1-3pm

Virtual meeting

Name	Title	Organisation	Representing	Nov	Dec	Feb	Mar	Apr	May
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)	Programme lead	HiM	Health Innovation Manchester (HiM)	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	✓	✓	✓	✓	✓
Dr Pete Budden	GP Prescribing lead	GM ICB - Salford	GMMMG Clinical Reference Subgroup	✓	✓	✓	✓	A	✓
Aneet Kapoor	Chair of the GM LPN	LPN	Pharmacy profession	✓	✓	✓	✓	✓	✓
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 GMMMIG Digital subgroup	✓	✓	✓	A	A	✓
Luvjit Kandula (LK)	Chair – Community Pharmacy Provider Board (CPPB)	GM LPC	Community Pharmacy	✓	✓	✓	✓	A	✓
Lara Shah (LS)	Deputy HOMM	GM ICB - Manchester	GMMMIG Population health and inequalities subgroup	✓	✓	A	A	A	✓
Fiona Meadowcroft (FC)	Interim Deputy Director Strategy – Integrated Care	GM ICB – commissioning (TBC)	CCG Commissioning lead	A	✓	✓	✓	✓	A
Kenny Li	GM Chief Pharmacist	GM ICB	GMMMIG Medicines Value subgroup	✓	✓	✓	✓	✓	✓
Faisal Bokhari or Heather Bury	HOMM	GM ICB – T&G NHS GM ICB	GMMMIG Pharmacy workforce subgroup	✓	✓ H B	✓ F B	✓ F B	✓	✓
Karen O’Brien (KO’B)	Regional Pharmacist	NHSEI	NHSEI	✓	✓	✓	✓	✓	✓
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	✓	✓	✓	✓	✓	✓
Anna Swift (AS)	Associate Director Medicines Management	GM ICB (Wigan)	GM antimicrobial stewardship group + GM diabetes board					✓	✓
Claire Vaughan (CV)	Head of MO	GM ICB - Salford	Vice Chair of GMMMIG and GMMMIG 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 Directors						
Vacant seat			Lay representative						
Vacant seat			GM Public Health						
Monica Mason (MM)	Head of Prescribing Support	RDTC	Professional secretary	✓	✓	✓	✓	✓	✓
Andrew Martin (AM)	MO Pharmacist	GM Joint Commissioning team	GMMMGM support	✓	✓	✓	✓	A	✓
Dan Newsome (DN)	Principal pharmacist	RDTC	GMMMGM support	✓	✓	✓	✓	✓	✓

## 1. General Business

### 1.1 Apologies

As above.

The group welcomed Alison Hewitt and Usman Darset from the quality improvement hub to support the presentation on item 7 (shared care)

### Declarations of Interest

Nil raised

## 2.0 Minutes and actions from the last meeting

Minutes from the April meeting were approved for publication. The group considered the outstanding actions as detailed in the action log. The group discussed the development of the ophthalmology pathway and expressed some frustration that the draft pathway had not yet been shared with the GMMMGM. Trust chiefs raised concern regarding the lost opportunities the pathway could present to the GM system, the longer it took for the pathway to be approved. The secretariat reminded the group of the GMMMGM process for development and approval of pathways, and the group discussed whether this pathway could be considered by GMMMGM in parallel to local discussions, ensuring that the usual consultation process could be undertaken. It was agreed that the pathway is submitted to GMMMGM following the medicines value group (15th May) so that GMMMGM can support the value group in taking it through GMMMGM approval processes (pending the approval of the value ToR).

AM explained that responses to the request for CGM data from Trusts was disappointing. This information was required to fulfil the executive request for further information to support their consideration of the GMMMGM CGM recommendation. AM agreed to resend the request which would be raised by SS at the next Trust chiefs meeting.

Regarding the updates to the national shared care protocols, GMMMGM understood that this is being considered nationally, but that KL would raise it on the upcoming national chief pharmacists call.

The group discussed the progress of the medicines value plan, and the need for programme management for this plan to be a success. It was noted that RDTG are working with finance leads and KL to construct a system wide report of prescribing expenditure.

KL updated GMMMG on discussions around subgroup working and the expanding medicines work plan. It was recognised that there is not enough capacity in the system to capture all of the priorities currently identified, and that a more targeted approach was necessary. The ICB clinical strategy is awaited, but it was agreed that the June 8th meeting runs as a hybrid meeting, covering BAU in the first part of the meeting and then dedicating the rest of the meeting to agreeing a few short term (12 month) priorities for GMMMG encompassing the principles of health equality, medicines value and medicines safety, with a population health management approach.

### **3.0 Medicines decisions for ratification (Apr)**

GMMMG approved all the recommendations presented for submission to CEGC May meeting, it was noted that the only decision with a financial impact related to a saving of around £700K per annum to the GM system regarding the use of metformin.

**Action:** RDTG to publish decisions upon receipt of CEGC approval and where necessary executive approval.

### **4.0 Safety medication dashboard (SMASH): Principals and Update Proposals**

CH presented a paper proposing the annual update cycle and principles of the GM level indicators to be contained within the SMASH dashboard for use in primary care, and GMMMG noted that secondary care and community pharmacy indicators are being developed.

The SMASH dashboard was originally developed by the University of Manchester and trialled in Salford containing the national PINCER indicators. It has been rolled out to approximately 6/10 GM localities with a rebuild that has now taken place into the GMCR analytics platform that allows GM wide deployment and longer term sustainability. It has supported improved safety outcomes related to medication with a limited number of indicators deployed that reduce risk of admission to hospital due to medication.

The paper outlines a number of principles and an outline prioritisation process for indicators that can be deployed to promote improved safety at scale with an evidence based risk of harm. The proposal has previously been discussed and agreed at the GMMMG medicines safety workstream group who will report the indicators agreed to GMMMG.

GMMMG asked whether there was any detail on the outcomes delivered from the use of these indicators previously, CH explained that an analysis had shown modest improvement, but did indicate the correct direction of travel. It was emphasised that whilst the aim of PINCER was to improve safety, financial savings had also been demonstrated by HiM. Members suggested that these priorities should align with the actions required by practises e.g. following CQC reports, and that mental health priorities should be incorporated.

GMMMG agreed the process and principles outlined in the paper, and await further reporting from the medicines safety group.

### **5.0 Digital subgroup: progress paper**

CH presented this progress report to GMMMG, which detailed the themes e.g. digital software solution and workstreams and KPIs of each theme. The report raised issue with potential blocks to progress e.g. lack of BI intelligence, and the benefit of a dual line of reporting into the ICB digital office. Again the challenge of a large work plan with limited resource was discussed, and the need for better cross-group working to focus on shared priorities.

It was confirmed that this report did not require submission to CEGC.

## **6.0 GMMMG response to the GM diabetes strategy – update**

GMMMG is taking a seat on the GM diabetes board, where the GM diabetes strategy is being developed. GMMMG were asked at their April meeting to gather the views of their networks on the GM diabetes strategy and return these to the May meeting, so that a GMMMG response can be developed for submission to the diabetes board.

GMMMG welcomed the opportunity to take up this seat and to have the opportunity to shape the diabetes strategy. It emphasised its support for the overarching aims of the strategy and the potential it has to improve outcomes for patients. Members fed in some comments to the meeting, asking for a focus on medicines value throughout the strategy. GMMMG supports the use of treatments as considered by NICE to be cost effective, but also seeks that the strategy identifies opportunities in GM to address prescribing that is not cost effective and will support the GM diabetes board to do this as a medicines management group. It asked that the strategy include a more detailed focus on CGM; GMMMG recently supported the use of CGM in line with NICE and understand that the GM executive are considering this recommendation.

**Action:** MM to support AS in formulating a response to the strategy for the relevant diabetes board meeting.

## **7.0 Greater Manchester Shared Care of Medicines (commissioning): progress update**

GMMMG was provided with an update from the recent workshop on shared care of medicines, which is using a quality improvement approach to address the long-standing issues surrounding shared care of medicines across the GM system.

It was highlighted that clarity is required as to the governance route through which this work is taken, particularly as the issues and solutions proposed will affect multiple parts of the system, and will involve discussions around current and future funding routes.

CS asked that an infographic is returned to GMMMG showing where GMMMG sits within the governance for this work.

**Action:** Alison and Usman to return infographic as requested to GMMMG when known.

### **AOB**

Query was raised as to the availability of a futures area or similar for GMMMG, this will be revisited in due course.

**Date of next meeting: Thursday 8th June 2023, 1-3pm (hybrid meeting)**