Minutes of the GMMMG Clinical Reference Group Meeting
Tuesday May 9th, 2023, 12:00-14:00
via MS Teams

Name	Title	Organisation	Oct	Nov	Dec	Feb	Apr	May
Dr Peter Budden (PB) Chair	GP	St Andrews Medical Practice	A	✓	✓	✓	✓	✓
Dr Helen Burgess (HB)	GP	NHS GM IC (Manchester)	✓	✓	A	✓	✓	A
Dr Jonathan Schofield (JS)	Consultant Physician Acute Medicine & Diabetes	Manchester FT	✓	✓	✓	✓	A	✓
Suzanne Schneider (SS)	Medicines Information Pharmacist	Bolton FT	✓	A	✓	✓	✓	✓
Gary Masterman (GM)	Associate Director of Pharmacy	Wrightington, Wigan and Leigh FT	✓	A	A	✓	✓	✓
Andrea Marrosu (AM)	High-cost Medicines and Home Care Pharmacist	Salford Royal FT	A	A	✓	A	✓	✓
Peter Marks (PM)	LPC Board Member	GM LPC	A	A	A	A	A	A
Keith Pearson (KP)	Head of Medicines Optimisation	NHS GM IC (Heywood, Middleton & Rochdale)	A	A (MC)	MC	A	MC	MC
Lucy Tetler (LT)	Medicines Optimisation Pharmacist	NHS GM IC (Bury)	✓	✓	✓	✓	✓	✓
Steven Buckley (SB)	Director of Pharmacy	GM Mental Health FT	✓	✓	✓	ML	ML	ML
Faduma Abukar (FA)	Head of Medicines Management	NHS GM IC (Stockport)	✓	✓	✓	A	✓	✓
Zoe Trumper (ZT)	Assistant Director of Medicines Management	NHS GM IC (Wigan)	✓	✓	✓	A	✓	✓
Faisal Bokhari (FB)	Deputy Head of Medicines Optimisation	NHS GM IC (Tameside)	A	A	✓	A	A	A
Jennifer Bartlett (JB)	Team Leader Neighbourhood Integrated Practice Pharmacists	Salford Royal FT	✓	✓	✓	A	A	✓
Claire Foster (CF)	Senior Medicines Optimisation Adviser	NHS GM IC (Manchester)	✓	A (ZP)	✓	IH	✓	✓
Jole Hannan (JH)	Interface Pharmacist	NHS GM IC (Bolton)	✓	✓	✓	A	✓	✓
Jacqueline Coleman (JC)	Medicines Optimisation, Interface Pharmacist	NHS GM IC (Stockport)	A	A	A	A	A	A
Leigh Lord	Head of Medicines Optimisation and Governance	Manchester FT	✓	✓	✓	✓	✓	A
Consultant Rheumatologist Audrey Low Ben Parker Charlie Filer Dipak Roy Louise Mercer		SRFT MFT Stockport TGH Stockport	✓ (SW)	✓ (AL)	✓ AP	A	A	A

Meghna Jani Sahena Haque Anindita Paul		SRFT UHSM Bolton						
Dan Newsome (DN)	Principal Pharmacist	RDTC	✓	✓	✓	✓	✓	✓
Nancy Kane (NK)	Senior Medical Information Scientist	RDTC	✓	A	✓	✓	✓	✓
Andrew Martin (AMart)	Strategic Medicines Optimisation Pharmacist	NHS GM IC	✓	✓	✓	✓	✓	✓
Karina Osowska (KO)	Medicines Optimisation Pharmacist	NHS GM IC	✓	✓	✓	✓	A	✓

1. General Business	
1.1	**Welcome and apologies** In attendance were Kirsty Rutter, Donna Parkin and Pablo Garcia-Martinez from NCA to present item 1.3
1.2	**Declarations of interest** Previously declared where relevant. No further declarations of interest were made.
1.3	**Omalizumab for chronic inducible urticaria – GM commissioning position** In attendance to present this item were Kirsty Rutter, Donna Parkin and Pablo Garcia-Martinez from NCA. This is a request to consider a commissioning statement for the use of omalizumab for chronic inducible urticaria (CIU), which is an unlicensed indication and does not fall within the recommendations for this medicine as part of NICE TA339 for chronic spontaneous urticaria (CSU). The clinicians explained that CIU and CSU are both subgroups of chronic urticaria and the and CIU is differentiated from other forms by the identification of a triggering factor, including solar, cold contact, cholinergic and exercise induced urticaria, all of which would fall under this request for funding. CIU is a condition with similar features to CSU and in fact many patients also present with features in combination with CSU. Funding to date for this medicine for this condition has been via the IFR process. Due to a change in the IFR process, requests will no longer be considered if the patient and clinician cannot demonstrate clinical exceptionality, and since there is a cohort of patients with this condition an alternative funding mechanism is required. Hence the request for prior approval in the form of a commissioning statement. CRG heard that omalizumab has been demonstrably beneficial for the patients it has been approved for, but clinical trial evidence is limited but supportive of the intervention. It is however recommended as an option by the British Association of Dermatologists guidance for the condition. At present the drug is prescribed by the Salford service and possibly by a dermatology service operating out of Wythenshawe hospital, but no discussion has been yet had with this centre. Cost-efficacy is based on the evidence submitted for the NICE TA and is assumed to be similar for CIU as CSU. CRG confirmed that the patient numbers will be no more than 10 per year across the whole Northwest region, this could be subject to change if the MFT service wishes to prescribe. The treatment costs £3073.80 + VAT (list price) for a 6-month course so the current estimate for GM is no more than £30,738 per year. The clinicians left the meeting at this point to enable CRG to reach a decision. CRG considered the evidence and found it to be sufficient to determine the treatment was likely to be effective. They also had comments on the quality of the commissioning statement as was presented and believed it required some further work before it could be opened for consultation.

	This would include clarification of abbreviations and treatment qualifying/exclusion criteria with further information on current treatment options and how the proposal differs from these, KO agreed to facilitate this with comments from CRG members. CRG requested that an approach is made to the MFT service at Wythenshawe to ask if they agree with the proposal and the confirm, patient numbers, DN will support this through LL at MFT. **Decision** The clinical principles of the proposal were approved but some more work is required on the statement itself as above. Members are requested to provide comment to KO who will feedback to authors. DN will contact the MFT service to obtain their opinion on the proposal.
1.4	**Draft April 2023 CRG Minutes** The minutes were approved for publication to the GMMMG website
1.5	**Action log review** The owner of each action will be approached for updates if not already provided to CRG. Some items have full agenda items. Others have progress as follows: • Steroid eye drops: this is now over 12 months old as an action but the work has been ongoing for much longer. CRG suggested escalating to GMMMG, DN agreed to raise with GMMMG chairs. • Choral products: need data from other localities to progress this work, otherwise ePACT data will suffice for a decision • Levetiracetam: JH has agreed to support this through the medicines value subgroup. • Ogluo: Dr Doughty at RMCH has withdrawn the application for Ogluo, this action is now closed until a further formulary request is made.
2.0 Matters arising	
2.1	**CRG Consultation March 2022** The comments submitted through consultation were noted and discussed. All were supportive of the actions, with the exception of the RED status recommended for TA863 somatrogon. The response from a paediatric endocrinology consultant highlighted that this should be amber – shared care in line with the other treatment options for this condition to facilitate access. A process is underway with MFT to amend the existing shared care protocol to incorporate somatrogon, or to develop an additional document if appropriate. Until shared care is available this will remain RED (pending development of SCP) as per GMMMG RAG guidance. **The actions proposed were approved.** **Action**: RDTC to submit all actions to GMMMG for approval.
3.0 Formulary and RAG	
3.1	**Formulary Amendments April 2023** CRG approved the formulary amendments to open for consultation and noted the following: • A drug safety update alert has been issued for nitrofurantoin which aims to remind prescribers of the risks of pulmonary and hepatic adverse drug reactions. These are well known and until now mainly associated with long-term prophylactic use of nitrofurantoin, however the DSU now also links these to short-term use. CRG asked that this be raised with the authors of the antimicrobial guidelines for addition in the next update.

	Action: RDTC to open formulary amendments for GMMMG consultation
3.2	**Fosfomycin: RAG change request** A request to change the RAG of this agent from Green (Specialist advice) to Green was approved. This is to align with the most recent recommendations contained in the GM antimicrobial guidance, to enable primary care to prescribe based on sensitivities of the infecting organism without the need for antimicrobial consultant involvement. There was no information on potential costs associated with this change, and CRG noted that sometimes when restrictions prescribing restrictions are lifted an increase in prescribing occurs. The RAG now aligns with the approved antimicrobial recommendations and any increase is likely to be small. Nevertheless, a cost impact estimate will be required for GMMMG and DN will liaise with ER to produce this. **Decision**: Open for GM-wide consultation
3.3	**Formulary assessment tool - Otinova** A review of this medicine undertaken by RDTC has shown that there is limited evidence for its efficacy, most of which is based on a legacy medicine, Burow's Solution (Aluminium acetate & aluminium acetotartrate (1.8% aluminium), acetic acid 8.25% and water) A similar product to Otinova, Earcalm (acetic acid 2%) is on the GMMMG formulary in chapter 12 listed as available OTC for mild otitis externa. It also appears with a similar recommendation in the GMMMG antimicrobial guidance. Due to limited information on efficacy and its availability to purchase OTC, CRG declined to make a recommendation regarding the prescribing of Otinova, but agreed that it should be listed as an available alternative to Earcalm on the formulary and within the antimicrobial guidance. **Decision** No recommendation made, the formulary and antimicrobial guidance will be updated to reflect the availability of the product as an option to purchase over-the-counter as appropriate.
4.0 Pathways and Clinical Guidelines	
4.1	**Drugs for dementia – primary care info leaflets review** A suite of 4 leaflets designed to support prescribing of dementia medicines in primary care were returned to CRG, following some minor updates from the April meeting. Including: • CRG asked for clarification on the "who will follow up the patient" paragraph which still describes the transfer to primary care, however it was established this doesn't reflect current practice. • Donepezil is almost always titrated to 10mg and only stepped down if intolerance occurs. • Remove reference to interface prescribing subgroup. **Decision** RDTC to make the above amendments and seek chairs action for approval to publish
5.0 Shared care	
5.1	**Update on the progress with GM adoption of the national SCPs** An options appraisal was presented and CRG were asked to discuss what the next steps should be regarding the adoption of the NHSE-published national shared care protocols (SCPs). It was proposed that GMMMG could continue to adopt the national documents and seek clarification on

	issues as they come up, or opt to return to locally developed templates, documents and processes for updating the current SCPs. KO described the issues experienced so far when trying to make these documents fit the GM system. In particular where the ICB MO central team have identified errors in the published documents which require explanation from the NHSE medicines policy team, they have received no response despite numerous emails and a direct approach from the NHSE Regional Chief Pharmacist. This, it was claimed, would make a clinical check impossible. CRG agreed they preferred the style of document approved by GMMMG in 2021 prior to the NHSE process beginning and wished to return to this. A shorter more concise and easier to read version was requested, this could be in the form of a 1-2 page summary of a longer document as an alternative. CRG acknowledged the principles behind the national process but also recognised that this has not delivered the single approach expected in order to reduce duplication and inequality of access to shared care medicines. With no plan for review and renewal of the documents, no further phase to include SCPs for children, and a lack of accountability from the NHSE medicines policy team, the outcome has fallen well short of what was hoped for. In light of the above CRG did not believe that GM should continue to adopt these SCPs and should look to return to a local process over which GMMMG would have control of all aspects. It was recognised this was not CRG's decision to make due to the strategic allocation of resources required to undertake this work. KO agreed to summarise this discussion and communicate back to the ICB Chief Pharmacist who may wish to request a paper be presented to GMMMG. CRG members were made aware of a Northwest region Medicines Optimisation Group which is forming and suggested this is a topic which could be discussed and the workload shared across the Northwest ICS. **Decision** KO to work with KL to further discuss with GMMMG
6.0 Work plan and horizon scanning	
6.1	**Monthly horizon scanning April 2023** CRG considered the contents of the document and made the following comments. • Generic dabigatran will shortly be available for prescribing and will reduce spend on this medicine, however its use is very limited in GM and nationally. • There is still no sign of sitagliptin prices dropping following the patent expiry in 2022. CRG were not aware of any reason for drug tariff prices to continue to be held at the level of the proprietary product this long after the patent expiry. • Symbicort has a new license as reliever therapy, the respiratory guidelines group are now aware and will consider for inclusion within the GM guidance as appropriate.
7.0 AOB • The NHSE commissioning guidance on blood glucose testing strips has now been published and has a shortlist of recommended products. The implementation of these recommendations in GM is to be discussed by the GMMMG medicines value subgroup rather than CRG.	
Date of next meeting: Tuesday 13th June 2023 12:00-14:00 via Teams	