

Greater Manchester Medicines Management Group

Minutes of the meeting held on
Thursday 8th June 2023, 1-3pm

Seminar room 4 in the Undergraduate Centre on the Oxford Road campus
at MFT or via Teams (hybrid meeting)

Name	Title	Organisation	Representing	Dec	Feb	Mar	Apr	May	Jun
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
David Hughes (DH)	Locality finance lead	NHS GM Integrated Care	ICB finance						✓
Kate Rigden (KR)	Director of Finance – Diagnostics and Pharmacy	Northern Care Alliance NHS FT	GM Provider Finance						✓
Jay Hamilton (TBC)	Programme lead	HiM	Health Innovation Manchester (HiM)	✓	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	✓	✓	✓	✓	✓	✓
Dr Pete Budden	GP Prescribing lead	GM ICB - Salford	GMMM 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 GMMMGM 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	GMMMGM 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	GMMMGM Medicines Value subgroup	✓	✓	✓	✓	✓	✓
Faisal Bokhari or Heather Bury	HOMM	GM ICB – T&G NHS GM ICB	GMMMGM Pharmacy workforce subgroup	✓ H B	✓ F E	✓ F B	✓	✓	✓
Karen O’Brien (KO’B)	Regional Pharmacist	NHSEI	NHSEI	✓	✓	✓	✓	✓	✓
Paul Buckley (PaB)	Chief Pharmacist	Stockport FT	GM Chief pharmacists	✓	✓	✓	✓	A	A
Steve Simpson (SS)	Chief Pharmacist	Bolton FT	GM Chief pharmacists	✓	✓	✓	A	✓	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 GMMMGM and GMMMGM Medicines Safety subgroup	✓	✓	✓	A	✓	✓
Dr Sanjay Wahie (SW)	Clinical Director	GM ICB - Wigan	GPs	✓	✓	✓	A	✓	✓
Dr Peter Elton	SCN representative	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	✓	✓	✓	✓	✓	A

1. General Business

1.1 Apologies and welcome

As above.

David Hughes was welcomed to the seat of ICB finance representative, whilst Kate Rigden moved to the seat of Provider finance representative.

Declarations of Interest

HB declared an interest in item 4 (variation in gluten free prescribing). The chair acknowledged this declaration and as per previous discussions around this topic it was deemed her position brought a benefit to the discussion.

DH declared an potential COI item during the item 4, but as this DOI was similar to that declared by HB was permitted to continue participation in this discussion.

2.0 Minutes and actions from the last meeting

Minutes from the May meeting were approved for publication.

The group briefly considered the outstanding actions as detailed in the action log, and they were accepted as noted for returning to future meetings.

3.0 Medicines decisions for ratification (May)

GMMMGM approved all the recommendations presented for submission to CEGC May meeting, pending a slight amendment to the patient leaflets as per prior email discussions.

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

4.0 Addressing variation in Gluten Free food prescribing in GM

In 2019 a GMMMG Gluten Free Food Policy was published, however it contained a line which enabled CCGs to implement their own local policies, of which it was understood two of the ten previous CCGs had implemented their own more restrictive policies. AM presented a paper to the group highlighting the variation in prescribing of gluten free foods across the 10 GM localities and queried whether the current GMMMG policy required review, or if steps needed to be taken to remove the existing variation in prescribing. There were concerns raised by the group of the impact on patient health of any restrictions on GF prescribing, particularly given the current cost of living crisis, against the challenge in balancing prescribing budgets.

The group discussed in detail the role of GMMMG in addressing this inequity and agreed that this should not be tackled from a prescribing angle alone, without the wider system supporting access to gluten free foods through other supply mechanisms. It was thought that additional dietetic investment may have been required in those localities who had implemented more restrictive policies, but that would need to be confirmed. A more detailed discussion investigating the impact of the differing policy implementation in the two localities was discussed and agreed as necessary.

It was agreed that ultimately this issue would be raised with CEGC to ascertain the other parts of the system who could work with GMMMG to improve equitable access to gluten free foods across GM, but that further preparatory work was required first. This should look to provide further information on the impact of the two schemes operating outside of the 2019 GMMMG policy, including the impact on health outcomes, health inequalities and wider system impacts. The GM position versus the national position should also be benchmarked.

DH raised a possible DOI at this point in the meeting but was permitted to continue, with the DOI being considered like that of HB. He commented that any potential saving to prescribing budgets should be considered along with the impact on other budgets within the system.

Action: AM, MM and KL to undertake further scoping and of this item, and to return a draft proposal to GMMMG ahead of CEGC submission.

5.0 Rebate arrangements: change in financial threshold for the Ethical Framework

In May 2022 GMMMG approved a revised Ethical Framework (EF) for the processing of offers of rebates, the revised EF set a financial threshold of £50k per year to ensure the costs of processing data and raising invoices were worthwhile. GMMMG were now asked to consider lowering of the financial threshold in the ethical framework to £10K per year. It was also acknowledged by the group that item 5.2 on the agenda highlighted that there had been a transfer of the organisation managing the Fencino® rebate from Ethypharm to Luye Pharma.

In order to satisfy GM ICB governance purposes, GMMMG approval is required to continue this rebate arrangement so there is a clear audit trail. As noted in the detailed assessment, the rebate for Fencino will only meet the financial threshold in the Ethical Framework if the proposed change to £10k per year has been accepted.

The group discussed the request to reduce the financial threshold within the EF at length, reiterating that primary care rebate schemes are contractual arrangements offered by pharmaceutical companies, which offer retrospective financial rebates to Greater Manchester Integrated Care Board (GMICB) based on primary care prescribing expenditure for particular branded medicine(s). The availability of a scheme does not influence the inclusion of specific medicines in care pathways or the GMMMG formulary. The discussion moved onto branded generic prescribing and significant concerns were raised by community pharmacy and clinical leads on the group in particular. It was agreed that a more detailed discussion was required at the relevant subgroup i.e. the medicines value subgroup with all sectors represented. As such GMMMG did not approve the lowering of the threshold at this time.

It was however, accepted that the existing rebate arrangement in place for Fencino® could continue, as this was simply a transfer of the organisation managing the rebate, the scheme itself was the same as previously approved by GMMMG.

Action: AM to process Fencino® rebate as agreed. KL to table a discussion around reduction of the financial threshold of rebates at the medicines value subgroup

6.0 Identification of GMMMG priorities for 23/24

The group reviewed the medicines priorities agreed through the Charter in September 2023, and considered the feedback from all sectors represented by GMMMG as to the highest priorities over the next 12 months. It was agreed that the management of shared care protocols be submitted to the NWMOG for consideration at a regional level.

The group revisited the aims of GMMMG as per its terms of reference, and it discussed the functioning of its subgroups. It was noted that CRG is functioning well, but that the other subgroups are making variable progress. It was accepted that there is a lack of resource available to support these groups, and GMMMG questioned whether all these groups proceed, or whether given the constraints on resource and capacity across sectors that this capacity be restructured to deliver on key medicines priorities. It was recognised that this discussion should include the GMMMG chairs going forward, and that solutions must be found to ensure that GMMMG adequately provides timely and useful support to the medicines optimisation agenda, which delivers benefit to the GM population. This may need to be via a new operating model for GMMMG.

The group raised query as to the publication of the current ICB priorities, and it was understood that the 5 year forward view was currently out for consultation. Also awaited are the national medicines optimisation priorities from NHSE. It was accepted that the charter recognised a need to focus on CORE20+5, and that it must work with clinical networks and boards to support the medicines conversations within all clinical areas.

It was agreed that GMMMG should ensure it fulfilled its remit through improved assurance and performance reporting to CEGC, that it would continue to support medicines discussions within associated groups e.g. AMR/AMS group, GM diabetes board, GM inhaler group. It will move forward fill vacancies on its membership and support the wider clinical discussions by taking up GMMMG seats on clinical networks.

With regards one priority for the next 12 months GMMMG will continue to focus on deprescribing of opioids, prioritising opioid use on discharge from hospital.

Action: Chairs to meet with KL to discuss GMMMG operations and the delivery of shorter term GMMMG priorities.

7.0 Communication from subgroups and associated committees

GMMMG thanked AS for attending the first meeting of the GM diabetes strategy board and thanked her for feeding back to this group.

AOB: The primary care prescribing leads informed GMMMG that the resource to enable them to continue to support GMMMG activity had not yet been confirmed. Whilst it was hoped that arrangements would be confirmed soon, this was raised as a risk to the future functioning of GMMMG.

Date of next meeting: Thursday 13th July 2023, 1-3pm (virtual meeting)