Minutes of the GMMMG Clinical Reference Group Meeting
Tuesday July 11th, 2023, 12:00-14:00
via MS Teams

Name	Title	Organisation	Dec	Feb	Apr	May	Jun	Jul
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	✓	A	✓
Suzanne Schneider (SS)	Medicines Information Pharmacist	Bolton FT	✓	✓	✓	✓	A	A
Gary Masterman (GM)	Associate Director of Pharmacy	Wrightington, Wigan and Leigh FT	A	✓	✓	✓	✓	✓
Andrea Marrosu (AM)	High-cost Medicines and Home Care Pharmacist	Salford Royal FT	✓	A	✓	✓	✓	✓
Peter Marks (PM)	LPC Board Member	GM LPC	A	A	A	A		
Mina Chowdhury (MC)	Medicines Optimisation Pharmacist	NHS GM IC (Heywood, Middleton & Rochdale)	✓	✓	✓	✓	✓	✓
Lucy Tetler (LT)	Medicines Optimisation Pharmacist	NHS GM IC (Bury)	✓	✓	✓	✓	✓	✓
Matthew Ling (MB)	Deputy Director of Pharmacy	GM Mental Health FT	SB	✓	✓	✓	✓	A
Faduma Abukar (FA)	Head of Medicines Management	NHS GM IC (Stockport)	✓	A	✓	✓	✓	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)	✓	IH	✓	✓	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	✓ AP	A	A	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	✓	✓	✓	✓	✓	✓
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 was Anna Pracz for item 4.1. There was no representation from mental health, therefore the meeting was not quorate. Comments on decisions will be sought from mental health prior to opening for consultation.
1.2	**Declarations of interest** Previously declared where relevant. No further declarations of interest were made.
1.3	**Draft June 2023 CRG Minutes** The minutes were approved for publication to the GMMMG website
1.4	**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: resource from MFT has been assigned and is undertaking this work. A draft leaflet has been submitted to the trust MMC on 13th July, after which it will come to CRG for consideration. • Levetiracetam: JH has had very little engagement from secondary care clinicians and NCA has stated their service has agreed that new patients will receive generic so have declined to be involved further. LL has offered support from MFT. If clinical involvement is proving a barrier to implementation this should be escalated to ICB Chief Pharmacist and/or GMMMG • Omalizumab for CIU: KO has further developed this statement with NCA and Wythenshawe service, there is a question mark over patient numbers, however this should receive chairs action to open for consultation imminently.
2.0 Matters arising	
2.1	**CRG Consultation May 2023** There were no comments received through the consultation for this single RAG change recommendation and 2 NHSE-commissioned NICE TAs **The actions proposed were approved.** **Action**: RDTC to submit all actions to GMMMG for approval.
3.0 Formulary and RAG	

3.1	**Formulary Amendments June 2023** CRG approved the formulary amendments to open for consultation and noted the following: • TA902: dapagliflozin for heart failure with preserved or mildly reduced ejection fraction: The potential system cost savings are very significant, up to £5.8m in year one and £17.6m in year 3 onwards through reduction in hospitalisation and CV death and adverse events. This would require an increase in medicine expenditure of £447k to achieve. CRG asked for this to be flagged to the GM cardiovascular disease network for verification of the potential savings and an implementation plan if they are realistic. • TA905; upadacitinib for Crohn's disease; this may be cost saving through a similar or lower acquisition cost than vedolizumab and ustekinumab and because it is an oral treatment is likely to reduce infusion clinic capacity. • CG56: NICE "do not do" regarding emollient bath additives is already live on the formulary and RAG list. **Action:** RDTC to open formulary amendments for GMMMG consultation
3.2	**NaCl 5% eye drops RAG review** A RAG review request received from MREH has proposed that the current RAG status of RED is amended to green specialist advice. The original decision of RED was made due to a lack of licensed product and a rationale that this is short-term treatment initiated by a specialist after eye procedures e.g., cataract surgery. Licensed products are now available, however CRG pointed out these are in fact as medical devices rather than medicines. A review of current prescribing shows that the majority takes place in primary care, and some appears to be repeat prescribing. CRG queried if this in fact represents safe and appropriate prescribing and what mechanisms are in place for review if not, and also identified a potential risk of confusion with 0.9% NaCl products. CRG requested that further information is obtained on the apparent long-term use and how the specialists would like to see this managed. **Decision**: Further information to be requested from MREH as above.
3.3	**Melatonin prescribing data** A summary of the last 12 months of melatonin prescribing data was presented for discussion. CRG has committed to reviewing this data around 6 months after the publication of the melatonin shared care guidance which recommends Adaflex as first line, to provide assurance that the formulary is being adhered to and there wasn't a large increase in prescribing of more expensive alternative products The available prescribing data shows there has been no observable change in the prescribing rates of the available products, and the majority of prescribing is for the 2mg M/R tablets, which although they are on formulary, would be considered 2nd or third line choice due to licensing. However, the availability of a generic now means this is the least costly melatonin product. **Decision** No further requests for info from CRG.
3.4	**GLP-1 RA shortage**

	A medicines supply notification (MSN) for GLP-1 receptor agonists dated 27th June 2023 and accompanying guidance from the ABCD and PCDS was presented for discussion. CRG noted the number of patients and the severity of the impact that this shortage is likely to have on the GM system, including the extra demand on clinician time for alternatives and insulin initiations. CRG heard that some trusts are developing their own internal guidance and have sought primary care input to these, and that a recent meeting of the MO leads recommended the issue be escalated to the GM diabetes board. Comments received during the meeting on the ABCD/PCDS guidance suggest it is useful but that it is not patient-centric and more personalised guidance would be helpful. The group were also informed that there are ongoing shortages of some brands of insulin and any guidance on insulin initiation must take this into account. However, the potential for contradictory guidance from different local sources risks proving unhelpful to primary care and some co-ordination may be required, for which the diabetes board and SCN are well placed. It was recognised that there is an opportunity for the diabetes care of some patients to be optimised, particularly through review of those patients who are not meeting the NICE targets of a beneficial metabolic response, defined as a reduction of at least 11mmol/L (1%) in HbA1cand weight loss of 3% when using a GLP-1. **Decision** Raise the issue formally from CRG to GM diabetes board and request system support to co-ordinate the guidance in development.
4.0 Pathways and Clinical Guidelines	
4.1	**GM IBD Pathway and ustekinumab commissioning statement** An updated version of the existing inflammatory bowel disease (IBD) pathway was presented for approval to open for consultation as well as a technical review of the ustekinumab commissioning statement on dose escalation for Crohn's disease and ulcerative colitis. The IBD pathway now includes guidance on the use of subcutaneous infliximab and vedolizumab, and new NICE TAs (888 & 905) in line with the recommendations currently undergoing consultation. A review of all chapters has been undertaken to include new evidence from NICE, BSG and ECCO, as well as MHRA safety alerts on JAK inhibitors. The pregnancy and fertility section has been updated, and guidance on biosimilars including the recommendations on interchangeability have been amended. The treatment algorithms have been simplified. The IFR and sequential use section has now been updated to include recent GMMMG recommendations and align with the new GM IFR process. The ustekinumab commissioning statement has undergone a technical review to update the document following publication of the phase 3b trial data. The commissioning position has not changed and off-label escalation of ustekinumab is not recommended for routine use. **Decision** CRG supported the guidance for consultation and agreed with technical review of ustekinumab commissioning statement for publication to the GMMMG website.
4.2	**GM antimicrobial guidance** An update to the GM antimicrobial guidance was presented for approval, this includes: • The addition of information on the drug safety update for nitrofurantoin regarding pulmonary and hepatic ADRs • An update to the recommendations on acne vulgaris in line with NICE NG198

	Decision CRG approved the document for publication to the GMMMG website
4.3	**GM Hypertension pathway** This document was presented to CRG for approval following a GM-wide consultation. The author has acknowledged the comments made and amended the document accordingly. Further comments from CRG requested that doses for 2nd line ARB and CCBs were detailed in the supporting info and the warning regarding careful dose adjustment for high-risk populations was made more prominent. A request was made for a communications plan alongside implementation to be clear that this is for new patients and should not replace the treatment of patients whose hypertension is currently controlled **Decision** DN to communicate the comments from CRG to the author and when addressed it is approved for onward ratification by GMMMG.
5.0 Shared care	
No agenda items	
6.0 Work plan and horizon scanning	
6.1	**Monthly horizon scanning June 2023** CRG considered the contents of the document and made the following comments. • Duloxetine has been shown to be the only antidepressant to be effective for use in chronic pain, although the large-scale review of 175 studies and 25 medicines determined there was no evidence of long-term benefit from any treatment. The GMMMG neuropathic pain guidance positions amitriptyline as first line treatment and therefore may need review, resource permitting.
7.0 AOB • JH asked if there could be a permanent link to the GM antimicrobial guidance for use within other documents. NK stated that each time the document is updated the URL changes therefore the only way to maintain a link to o use the page on which it is posted. The AMS resources may soon have their own page which would alleviate this issue. • LT requested more information on behalf of a clinician on when rimegepant for migraine prevention will be added to formulary following the positive NICE TA published on 5th July. It was stated that it would be November at the earliest when the ICB governance process is completed. • All members were requested to provide their availability for the August meeting in order to ascertain if sufficient membership is available to be quorate	
Date of next meeting: Tuesday 8th August 2023 12:00-14:00 via Teams	