

# Greater Manchester Medicines Management Group

Minutes of the meeting held on  
Thursday 10<sup>th</sup> August 2023, 1-3pm  
Via Teams

Name	Title	Organisation	Representing	Mar	Apr	May	Jun	Jul	Aug
Dr Helen Burgess (HB)	GP MO Prescribing lead	GM ICB - Manchester	GPs	✓	✓	✓	✓	✓	A
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	✓	✓	✓
Dr Ann Harrison (AH)	GP MO Prescribing lead	GM ICB - Trafford	GPs	✓	✓	✓	✓	✓	✓
Robert Hallworth (RH)	Specialist Cancer Pharmacist	NHSE	NHSE Specialised Commissioning	✓	✓	✓	✓	✓	✓
Dr Pete Budden	GP Prescribing lead	GM ICB - Salford	GMMM Clinical Reference Subgroup	✓	A	✓	✓	A	✓
Aneet Kapoor	Chair of the GM LPN	LPN	Pharmacy profession	✓	✓	✓	✓	A	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	A	A	✓	✓	✓	A
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	A	A	✓	✓	✓	✓
Vacant seat	Interim Deputy Director Strategy – Integrated Care	GM ICB – commissioning (TBC)	ICB Commissioning lead						
Kenny Li	GM Chief Pharmacist	GM ICB	GMMMG Medicines Value subgroup	✓	✓	✓	✓	✓	✓
Faisal Bokhari or Heather Bury	HOMM	GM ICB – T&G NHS GM ICB	GMMMG Pharmacy workforce subgroup	✓ F B	✓	✓	✓	A	✓
Karen O’Brien (KO’B)	Regional Pharmacist	NHSEI	NHSEI	✓	✓	✓	✓	A	✓
Paul Buckley (PaB)	Chief Pharmacist	Stockport FT	GM Chief pharmacists	✓	✓	A	A	✓	✓
Steve Simpson (SS)	Chief Pharmacist	Bolton FT	GM Chief pharmacists	✓	A	✓	A	A	✓
Charlotte Skitterall (CS)	Chief Pharmacist	Manchester FT	Chair	✓	✓	✓	✓	✓	✓
Anna Swift (AS)	Associate Director Medicines Managemnt	GM ICB (Wigan)	GM antimicrobial stewardship group + GM diabetes board		✓	✓	✓	✓	✓
Claire Vaughan (CV)	Head of MO	GM ICB - Salford	Vice Chair of GMMMG and GMMMG Medicines Safety subgroup	✓	A	✓	✓	✓	A
Dr Sanjay Wahie (SW)	Clinical Director	GM ICB - Wigan	GPs	✓	A	✓	✓	A	✓
Dr Peter Elton	SCN representative s	Strategic Clinical Network	Strateic Clinical Network	✓	✓	✓	✓	A	For item 4 ✓

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	✓	✓		A
Dan Newsome (DN)	Principal pharmacist	RDTC	GMMMGM support	✓	✓	✓	A		✓

## 1. General Business

### 1.1 Apologies and welcome

As above.

### Declarations of Interest

KL to chair item 8 as this project has been led by MFT where CS is Chief pharmacist.

### 2.0 Minutes and actions from the last meeting and update from CEGC and matters arising

The minutes were approved for submission to CEGC and onward publication.

GMMMGM considered a more detailed action and matter arising log.

GMMMGM again requested that Trusts provide the requested data concerning CGM usage into GMMMGM, in order that GMMMGM can return the financial impact of this decision to the executive. It was acknowledged that the requests for data may have gone into different organisations by different routes i.e. pharmacy versus finance. It was suggested that all requests be submitted to pharmacy who would liaise with finance colleagues as necessary.

GM wound management guidelines (2020)- Localities appear to be using a different version of this formulary (Nov 2021) which has had multiple updates but has not been through GMMMGM governance. This includes silver dressings. Significant variation was noted across GM in wound care use and it was agreed that a review of the formulary would be undertaken as quickly as possible, but until that time systems should continue to use the 2020 GMMMGM woundcare formulary and a communication would be issued. RH and ND to support.

GMMMGM noted the recent publication of the Regional arrangements for medicines optimisation and national medicines optimisation opportunities for 2023/24. GMMMGM is well represented at the newly established North West Medicines Optimisation Group, and understand that the priorities will be considered at both the

NWMOG and at GMMMGM in the near future, preparatory work on baseline data is underway by both the RDTC and the GM central team and will support selection of priorities.

GMMMGM noted the recent publication of the NHSE Free of charge (FOC) medicines schemes – National policy recommendations for local systems. It supported the adoption of this policy across the ICS, but requested that discussion was undertaken with Provider colleagues possibly through the re-establishment of the high cost drugs group.

A request was received from the GM cancer alliance for GMMMGM to support the expert reference group in its review of evidence.

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

DN reported the recommendations made by the CRG, which included:

- the RAG status of fosfomycin 3g oral sachets for uncomplicated UTI in non-pregnant women moving from green specialist initiation to green.
- Updates to the GM antimicrobial guidance.
- The GM hypertension guidance which was developed by a cross-sector multidisciplinary task and finish group with the SCN aims to standardise hypertension management in GM by using a pragmatic approach to treatment whilst adhering to NICE guidance. This guidance represents part of a wider system approach to tackling one of the ICB's priority areas of reducing CVD.
- An update to the previously approved and published GMMMGM ustekinumab dose escalation commissioning statement. It was noted that there had been no change to the “not recommended for routine commissioning” position. The changes are limited to a technical review and allow for the addition of published phase 3b trial data on a new study which support the current position.

GMMMGM supported all the recommendations made by CRG for submission to CEGC.

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

### **4.0 Proposal for antenatal vitamin D supplementation for women who are pregnant in Greater Manchester**

PE and LS presented a proposal from the Strategic Clinical Network (Maternity) and GMMMGM Health Inequalities and Ill-health Prevention subgroup, to provide all pregnant women/birthing people with 20,000 units of vitamin D at first contact with midwife (booking appointment), followed by taking a daily dose of 400 units for the remainder of the pregnancy. The rationale for this proposal is that it supports those who have pre-existing sub optimal vitamin D levels, works to prevent vitamin D deficiency and allows time to access treatment, contributes to the reduction of pre-eclampsia and gestational diabetes in pregnancy and low birth-weight infants and prevents further avoidable infant harm associated with vitamin D deficiency.

GMMMGM discussed the choice of product proposed for use (Hux-D3) over the licensed vitamin D products. There was strong feeling from some members of the group that in line with MHRA guidance where there is a licensed product available this should be used. Whilst the group would always recommend the use of a licensed medicine over an unlicensed medicine, that in this situation HuxD3 which is classed as a food supplement, is referred to in NHS guidance ([Pregnancy, breastfeeding and fertility while taking colecalciferol - NHS \(www.nhs.uk\)](#)), and was the preferred choice of preparation.

It was noted by GMMMGM that senior members of GM local maternity and neonatal system support the proposal and an implementation plan is being developed with Strategic Clinical Network (Maternity). It is tabled for a discussion at the Local Maternity and Neonatal System Board in August. The implementation plan will address the unwarranted variation, the formulation, and improve equity of access to vitamin D for pregnant women/birthing people. The implementation plan will include monitoring (linking to colleagues in UKTiS).

It was accepted by GMMMGM that the ask at this stage was for GMMMGM to acknowledge the unwarranted variation in accessing vitamin D in pregnancy across GM, to approve the proposal for a new dosing regime for pregnant women, and to support the SCN to develop an implementation plan. GMMMGM confirmed its support for this request.

**Action:** No further action for GMMMGM at this stage.

## **5.0 Defining the type-2 diabetic population: a first step to understanding the impact of pathway development in GM**

MM presented a paper which aimed to support GMMMGM in understanding the current prescribing status of antidiabetic medicines in primary care in Greater Manchester, and to agree the next steps to be communicated to the diabetes strategy board and the cardio-renal pathway authors.

The RDTC has recently undertaken a detailed analysis titled “Defining the diabetic population: a first step to understanding the impact of pathway choices”, which analyses the current prescribing patterns and costs of antidiabetic treatments across the ICBs in the North of England, with a particular emphasis on SGLT-2 inhibitors and GLP-1 mimetics. This analysis enables the ICBs to establish how many people are currently treated with each class of oral antidiabetic drugs, in monotherapy or combinations. A further bulletin was also presented for the Greater Manchester ICB which estimates the gap between current prescribing of SGLT-2 inhibitors and the number of people with type 2 diabetes who are estimated to be eligible for treatment in line with NICE guidance.

It was acknowledged that GM already has significantly higher than England average prescribing of SGLT2s and that older antidiabetic drugs such as sulfonylureas and pioglitazone are being displaced by newer drugs such as SGLT-2s and GLP-1s which have evidence of benefits beyond glycaemic control. The group noted the impact that NICE guidance in May 2023 regarding QRISK3 might have on prescribing of antidiabetic agents, and that the GM system should expect a continued increase in prescribing costs of antidiabetic agents. There was discussion as to whether there was a need for a more targeted approach in GM i.e. through the development of treatment pathways, but there was feeling from clinicians particularly, that localities were supporting implementation of NICE guidance satisfactorily.

AS agreed to support MM in relaying this communication back to the GM diabetes strategy board, DH offered to support discussions if necessary.

**Action:** AS and MM to communicate a summary of the discussions at GMMMGM to the diabetes strategy board.

## **6.0 GMMMGM patient information leaflet -Valproate; A guide for people who can become pregnant**

A patient information leaflet developed by the GMMMGM medicines safety subgroup was presented for approval to GMMMGM. The paper explained that the National valproate patient resources are not available in alternative languages to English or easy read format. The Medicines safety subgroup had acknowledged this gap as part of its valproate safety improvement work, and Bury locality has produced an easy read leaflet Valproate; A guide for people who can become pregnant that can be adopted across the Integrated Care System (ICS).

The Medicines Safety Sub Group members had considered a number of questions raised through its development as summarised within the paper, and changes had been made to the leaflet in response, and approved by the safety group.

GMMMGM appreciated the need for this leaflet and supported its development. There were some concerns raised regarding some of the pictures used, and if some of the text was still too complicated for the intended audience. It was agreed that the leaflet be taken through the comms team, and an LD comms team were suggested.

GMMMGM requested an update on the wider piece of work being undertaken to ensure the safe use of sodium valproate within the GM population. MM to request a report be submitted at the earliest opportunity.

**Action:** MM to relay GMMMGM comments to the leaflet author and support for its approval pending comms engagement. MM to request an update from the sodium valproate safety improvement work into GMMMGM at the earliest opportunity.

## **7.0 Communication from subgroups and associated committees:**

1. CRG minutes

2. Improvement hub: shared care of medicines commissioning update
3. Diabetes strategy board meeting - draft minutes noted by GMMMG. AS updated the group on the communication being developed to support clinicians during the GLP-1 shortage. It was stressed that GMMMG governance processes must be followed, and that efforts would be made if there was a need for a rapid decision to be taken within this governance.

#### **AOB**

SS requested commissioner discussion through GMMMG regarding the biosimilar preparation scheduled for the aseptic hub. KL agreed to discuss this with locality leads in the first instance and return this to SS.

PB requested support for the development of an SOP for naloxone in mental health and secondary care services.

**Date of next meeting: Thursday 14<sup>th</sup> September 2023, 1-3pm (virtual meeting)**