GMMMG
Greater Manchester
Medicines Management Group
NHS

Greater Manchester Medicines Management Group

Minutes of the meeting held on
Thursday 13th July 2023, 1-3pm
Via Teams

Name	Title	Organisation	Representing	Feb	Mar	Apr	May	Jun	Jul
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	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	GMMMG Clinical Reference Subgroup	✓	✓	A	✓	✓	A
Aneet Kapoor	Chair of the GM LPN	LPN	Pharmacy profession	✓	✓	✓	✓	✓	A
Vacant seat			GM Secondary Care Clincians						

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	✓	✓	✓
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	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	✓ FB	✓ FB	✓	✓	✓	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	✓	✓	✓
Dr Sanjay Wahie (SW)	Clinical Director	GM ICB - Wigan	GPs	✓	✓	A	✓	✓	A
Dr Peter Elton	SCN representatives	Strategic Clinical Network	Strateic Clinical Network	A	✓	✓	✓	✓	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	GMMMG support	✓	✓	A	✓	✓	
Dan Newsome (DN)	Principal pharmacist	RDTC	GMMMG support	✓	✓	✓	✓	A	

1. General Business

1.1 Apologies and welcome

As above.

Declarations of Interest

CV 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

Following an amendment to the minutes to reflect more strongly the concerns raised by community pharmacy colleagues regarding branded generic prescribing, the minutes were approved for submission to CEGC and onward publication.

GMMMG again requested that Trusts provide the requested data concerning CGM usage into GMMMG, in order that GMMMG can return the financial impact of this decision to the executive.

JH will update GMMMG when there is an update to share around the case-finding pilot for obesity services.

KL explained the steps that were required ahead of the medicines value plan coming to GMMMG, it was agreed this item be removed from the GMMMG agenda, but stay on the medicines value group agenda.

It was noted that NWMOG have supported a shared NW approach to the maintenance of the national SCPs for the NW ICB, and that a plan would be worked up by the NW APC collaborative to support this work.

GMMMG noted that Information was awaited from GM localities regarding impact assessments of gluten free prescribing policies, this information would be returned to GMMMG.

3.0 Medicines decisions for ratification (June)

DN reported the recommendations made by the CRG, which saw seven recommendations with a financial impact, although four of these are NICE technology appraisals and as agreed by executive will just be noted for approval.

The group noted that Efmody (modified release hydrocortisone) 5mg and 10mg capsules for congenital adrenal hyperplasia in adolescents and 12 years and over and adults, was recommended for approval to the formulary as a green drug (specialist initiation). Efmody costs £2500 per patient per year at a dose of 15mg per day Estimated 10 patients per year across the North West region in year 1-2 with a maximum cost of £25,000 per year to the GM ICS.

Dapagliflozin 5mg & 10mg tablets for CKD in children is recommended for a RED RAG status. Cost is £477.30 per patient per year and maximum costs estimated to be £38k per year, use in secondary care with paediatric services would be considered in tariff.

Morphine sulphate orodispersible tablets (Actimorph) 1mg, 2.5mg, 5mg, 10mg, 20mg & 30mg for severe pain and breathlessness in palliative care. GMMMG recommended this be added to formulary only for use by palliative care teams (grey and green listing) as a second line choice where morphine sulphate oral solution and tablets are not appropriate. Actimorph is comparable in price for 7 days treatment at most doses. e.g. at 100mg morphine per day Sevredol is £6.63 for 7 days treatment, Actimorph 20mg is £5.94 and oral solution 10mg/5mL is £5.73. At lower doses, where it is likely to have most benefit, there is an increase in cost. i.e. for one week's treatment totalling 10mg per day the cost is £2.50 for Actimorph 1mg tablets but £0.55 for oral solution 10mg/5mL. Due to low numbers and comparable costs the impact is not likely to be significant. Estimates from NCA palliative care team suggest 30-50 patients per year.

There were two recommendations which were not expected to carry a financial impact; long term azithromycin for chronic respiratory diseases (green following specialist advice), and chloral hydrate and chloral betaine solution which has been given a RED RAG status (previously no status). It is understood that Trusts will need to review their current supply arrangements to ensure that this agent is provided in line with MHRA advice.

The remaining recommendations were provided for information and include technical updates to the high cost drug rheumatology pathways, and NICE guidance.

There was discussion around CMDU arrangements for the coming year, KL explained that he is liaising with the NW team to understand supply arrangements going forward. There is no action for GMMMG at this stage.

GMMMG approved all the recommendations presented, pending an amendment to the actimorph position, which sees it restricted for use by palliative care teams, and these will be submitted to the next CEGC meeting.

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

4.0 GM respiratory medicines and IIF update

GMMMG received an assurance paper from AM reporting slow progress in the reduction of inhaler carbon footprint across GM. Using the latest 12 months prescribing data (Apr 22 - Mar 23), there has been a decrease in the total inhaler carbon footprint of 3.7% from 2018 baseline, which is lower than the England average of 7.6%. However, GM has shown a weighted reduction in carbon footprint of 25% against a 27% England average. Assurance will be reported on a quarterly basis to GMMMG.

DH queried why this report was returning to GMMMG, and it was explained that as an ICB priority area, that as defined within its ToR, GMMMG would provide assurance to CEGC regarding this workstream. GMMMG does link in with the GM inhaler group who have led this workstream, and are understood to be continuing to do so.

Action: CS to include findings in verbal update from GMMMG to CEGC. AM to return paper to GMMMG every quarter.

5.0 GM Joint Forward Plan and Locality framework

GMMMG considered the GM joint forward plan and locality frameworks. AS was thanked by GMMMG chairs for her overview of these plans for GMMMG. GMMMG were pleased to note that much of the content relevant to GMMMG had already been identified as ongoing GMMMG workstreams, but again recognised the need for further consolidation and refinement of these plans, to ensure effective delivery within the available resource.

GMMMG asked members thoughts on the GM Joint Forward Plan and locality framework. This discussion will shape the work plan development for this year. KL will lead a working group to support development of the delivery plan.

Chairs plan to meet to consolidate their short term workplans, but await the publication of the national MO priorities (expected imminently) to ensure that these are captured against what will be taken forward at regional level.

Action: all members to submit any further comments that would shape the development of priorities and metrics to CV by end July. Chairs to communicate with ICB leads on GMMMG recommendations. This discussion will shape the work plan development for this year. KL will lead a working group to support development of the delivery plan.

6.0 Medicines safety subgroup: Pain workshop and educational online content

The medicines safety subgroup provided an overview of the educational resources and sessions it is developing to reduce prescription drug dependency for pain management. GMMMG voiced its support for this work, with the resources being held on the GMMMG website following the sessions which are scheduled to be held in mid September.

Action: CV to communicate GMMMG support for this initiative back to the medicines safety group.

7.0 Digital subgroup: SMASH indicators update

CH explained that the SMASH indicators are reviewed annually by a task and finish group under the direction of the medicines safety subgroup. It was proposed that no indicators are to be retired, however methotrexate with no FBC and LFT to be combined into new DMARD/SCD Indicator. There will b new indicators for

- New strong Opiate 30 days after admission/procedure in hospital
- Selected DMARD/SCP medicine with no FBC, U+E or LFT in the last 3 months
- DOAC with no CrCl and weight recorded in the last 12 months

The digital subgroup will develop patient searches using specification logic template developed by Graphnet.

GMMMG supported the work presented which should drive forward improvements in medicines safety for the GM population.

CS thanked CV for her hard work and all that she had achieved as medicines safety subgroup chair, and asked for nominations for a new chair.

Action: CV/CH to confirm GMMMG approval to relevant subgroups to enable this work to progress

8.0 Proposal for antenatal vitamin D supplementation for women who are pregnant in Greater Manchester

This item was deferred to August due to lack of meeting space. Members are asked to communicate any queries to LS ahead of the next meeting to support the discussion in August.

9.0 Medicines value subgroup ToR

GMMMG has a number of subgroups (e.g. CRG, medicines safety, health inequalities), and has now received the terms of reference for the medicines value subgroup. There was discussion around the reporting route for this group, which would need to reflect the financial reporting arrangements for the ICB. There was query

raised by secondary care representatives concerning what should be reported in from secondary care through this subgroup, and it was acknowledged that further discussion may be needed between KL and Trust chief pharmacists.

It was confirmed following questioning that handling of DoIs for all GMMMG groups followed the same GMMG process (in line with NHSE DOI policy), until the ICB process (requested through CEGC) was provided.

GMMMG approved these ToR pending agreed amendments, mainly around secondary care workstreams and reporting, which are being worked through with GMMMG Chairs. CEGC will be asked to accept these ToR pending these amendments.

Action: KL to liaise with GMMMG chairs to agreed pending amendments raised by the group. MM to submit to CEGC

10.0 Communication from subgroups and associated committees

Minutes were received from CRG.

AOB

Community pharmacy representatives raised their concerns to GMMMG concerning the challenges being experienced in primary care due to the significant medicines shortages in primary. GMMMG Chairs agreed to raise this at CEGC so that the message can be cascaded through primary care teams.

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Date of next meeting: Thursday 10th August 2023, 1-3pm (virtual meeting)