GMMMG
Greater Manchester
Medicines Management Group

Minutes of the GMMMG Clinical Reference Group Meeting Tuesday October 10th, 2023, 12:00-14:00 via MS Teams

Name	Title	Organisation	May	Jun	Jul	Aug	Sep	Oct
Dr Peter Budden (PB) Chair	Medical Prescribing lead	NHS GMIC (Salford)	✓	✓	A	✓	A	✓
Dr Helen Burgess (HB)	GP	NHS GM IC (Manchester)	A	✓	✓	✓	✓	✓
Dr Jonathan Schofield (JS)	Consultant Physician Acute Medicine & Diabetes	Manchester FT	✓	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				✓	✓
Mina Chowdhury (MC)	Medicines Optimisation Pharmacist	NHS GM IC (Heywood, Middleton & Rochdale)	✓	✓	✓	✓	✓	✓
Lucy Tetler (LT)	Medicines Optimisation Pharmacist	NHS GM IC (Bury)	✓	✓	✓	JSe	✓	JSe
Matthew Ling (MB)	Deputy Director of Pharmacy	GM Mental Health FT	✓	✓	A	SB	✓	✓
Faduma Abukar (FA)	Head of Medicines Management	NHS GM IC (Stockport)	✓	✓	A	JC	JC	JC
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	A
Jennifer Bartlett (JB)	Team Leader Neighbourhood Integrated Practice Pharmacists	Salford Royal FT	✓	✓	✓	✓	A	✓
Claire Foster (CF)	Senior Medicines Optimisation Adviser	NHS GM IC (Manchester)	✓	IH	✓	✓	✓	✓
Jole Hannan (JH)	Interface Pharmacist	NHS GM IC (Bolton)	✓	✓	✓	A	✓	✓
Leigh Lord (LL)	Head of Medicines Optimisation and Governance	Manchester FT	A	✓	✓	SBo	✓	✓
Consultant Rheumatologist Audrey Low Ben Parker Charlie Filer Dipak Roy Louise Mercer Meghna Jani Sahena Haque Anindita Paul		 SRFT MFT Stockport TGH Stockport SRFT UHSM Bolton	A	A	A	A	A	A

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	✓	✓	✓	✓	✓	✓

1. General Business

1.1 Welcome and apologies

Apologies as noted above, the meeting was quorate.

Jennifer Seal (Bury Locality MO Pharmacist) was in attendance to present item 3.2

1.2 Declarations of interest

Previously declared where relevant. No further declarations made at the start of the meeting

1.3 Draft September 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:

- Buvidal: the GM lead has been put in touch with the local service provider to submit a formulary request which is still awaited.
- Finerenone: Feedback from the NW Kidney network lead recommends that the guidance to primary care clinicians should be via the advice and guidance process making a GMMMG prescriber information leaflet unnecessary. Item closed.
- Promethazine: Some GM Localities are looking to implement and welcome the MH input asap, it was explained that this should be coming to the Nov meeting of CRG.

2.0 Matters arising

2.1 CRG Consultation August 2023

A number of comments were received through the consultation, which CRG discussed for the items described below:

- **NaCl 5% eye drops:** Comments and discussion from CRG members questioned what assurance is available that the proposed specialist reviews of long-term use will take place. It was reasoned by primary care representatives that it is simple to identify patients for whom a review is not happening by setting appropriate authorisation intervals on repeat prescribing systems. I.e. 3 months then contact specialist if not taking place. CRG agreed both short term and long term treatment should have the same RAG status to avoid confusion but that if treatment is part of the post-op package of care this should be supplied from the hospital and primary care should not be doing this routinely. It was raised that if secondary care organisations are supplied with the facility to transfer electronic prescriptions to community pharmacy (ETP) this RAG status and many others are not an issue. Green specialist advice RAG status was accepted.
- **Steroid eye drops:** A similar discussion to that which took place above was had for this item. Many of the issues regarding assurance of specialist review and oversight can be managed by use of an appropriate authorisation period on repeat prescribing systems or better yet, ETP to a community pharmacy of the patient's choice. A decision on this item will be deferred until the prescribing guidance document is finalised as there is some discussion ongoing amongst the specialist team regarding appropriate review intervals for these medicines.
- **Bempedoic acid:** The comments through the consultation support a change of RAG to Green. CRG again questioned if the national lipid guidance on statin intolerance is routinely being followed prior to

	initiation of bempedoic acid and wished to highlight this to prescribers through the formulary and RAG list with a link. CRG agreed the change to Green with addition of links to the formulary and RAG list. • **Rimegepant:** There was no input to this consultation from the neurology service at NCA, but comments from AMarr in the meeting made clear that the headache service is at capacity and is receiving many inappropriate referrals. These are from primary care for patients who have not had adequate trials of other agents and the result is often advice and guidance back to primary care. CRG considered that there is a requirement for a review of the efficacy of rimegepant at 12 weeks and although it is not a requirement that this is undertaken by a specialist, it was agreed that a specialist is the most appropriate person to do this. Therefore a status of Green specialist initiation was agreed. The practical problems with supply of the medicine were not overlooked but once again could be solved with the implementation of ETP within secondary care. **All other actions proposed were approved.** **Action**: RDTC to submit actions to GMMMG for approval. **Action:** CRG wishes to raise with GMMMG for onwards escalation, if appropriate, that the roll-out of ETP from secondary care would mitigate many of the issues of RAG status and the perceived transfer of work to primary care.
3.0 Formulary and RAG	
3.1	**Formulary Amendments September 2023** CRG approved the formulary amendments to open for consultation. **Action: RDTC to open formulary amendments for GMMMG consultation**
3.2	**ADHD medicines** The initial papers for this agenda item have been overtaken by the need for GM ICB communication and guidance on managing the shortage of ADHD medicines. A meeting was convened on Wednesday 4th October by the ICB chief pharmacist where the requirements of the system were discussed and a plan to have North West region-wide response. A cross-sector team had put together the attached guidance and communications to support patients, carers and both primary and secondary care prescribers to best manage what is proving to be a very difficult situation. CRG were asked to clinically approve the documents for ratification by GMMMG later this week. CRG heard the priority group of patients is those taking guanfacine, without which, abrupt withdrawal can cause rebound hypertension. It is estimated there are 70 patients taking guanfacine in the GM ICB. CRG had some questions about how private and non-NHS providers will be engaged as reports suggest their advice varies and may not align with the National patient Safety alert publication and subsequent local guidance, and also about what resources are available from mental health and CAHMS teams to deal with the surge in requests for advice. It was also deemed that updated shared care documents are unlikely to be required in most situations but asked for clarification of this within the document for primary care. CRG accepted the guidance and associated resources were good and fit for purpose. PM highlighted that the stock situation changes on an hourly basis so good communication with pharmacies is key to helping patients obtain what little stock is available. Prescribers and MO teams should also refer to the SPS website which aims to keep up to date with stock availability and resupply dates for each product. The initial ask about a preferred brand of methylphenidate was deemed opportune but not a priority at this stage. It has also become clear that a discussion has taken place in the Medicines Value subgroup of GMMMG and a recommendation made that Affenid XL should be the product of choice where a MR dose of methylphenidate is the most appropriate treatment. Further work is required to ensure this is a robust decision in terms of clinical engagement and product availability as well as being consistently implemented. **Decision:**

	With a minor amendment to detail when shared care is required and the process for obtaining this, CRG approved for ratification by GMMMG as part of an accelerated governance process. This was deemed appropriate due to the urgent clinical need of the system.
4.0 Pathways and Clinical Guidelines	
No agenda items	
5.0 Shared care	
No agenda items	
6.0 Work plan and horizon scanning	
6.1	**Monthly horizon scanning September 2023** CRG considered the contents of the document and made the following comments. • Tirzepatide will be discussed at November meeting as the NICE TA is due for publication on 25th October 2023
7.0 AOB • Email communication has been received to highlight that some localities are having difficulty with transferring amiodarone to primary care prescribing. There is a shared care protocol in development which will be prioritised to address this issue, The cardiology team who raised the issue have acknowledged that the SCP is fit for purpose and welcomed its introduction. • PB provided a brief update on GLP-1supply issues and measures taken to mitigate this. Guidance is now available and primary care teams are undertaking the work to review and amend the treatment of those affected where this is required. CEGC will monitor the impact of this work. • JC informed the group this will be her last meeting due to retirement this month, CRG thanked her for her attendance over the last 12 months. • HB informed CRG that she will be stepping down as Prescribing Support	
Date of next meeting: Tuesday 14th November 2023 12:00-14:00 via Teams	