

Greater Manchester Medicines Management Group

Minutes of the meeting held on
Thursday 14th Sept 2023, 1-3pm
Via Teams

Name	Title	Organisation	Representing	Apr	May	Jun	Jul	Aug	Sep
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	✓	✓ SB
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			✓	✓	✓	A
Jay Hamilton (TBC)	Programme lead	HiM	Health Innovation Manchester (HiM)	✓	A	✓	✓	✓	✓ For item 4
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	✓	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	✓
Luvjit Kandula (LK)	Chair – Community Pharmacy Provider Board (CPPB)	GM LPC	Community Pharmacy	A	✓	✓	✓	✓	A
Lara Shah (LS)	Deputy HOMM	GM ICB - Manchester	GMMMG Population health and inequalities subgroup	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	✓	✓	✓	✓	✓	✓ for item 1-3
Faisal Bokhari or Heather Bury	HOMM	GM ICB – T&G NHS GM ICB	GMMMG Pharmacy workforce subgroup	✓	✓	✓	A	✓	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	✓	✓	✓	✓	✓	✓
Aleksandra Houghton or Jo Watts	Head of MO/Trust pharmacist	GM ICB/MFT	Co-Chair of GMMMG and GMMMG Medicines Safety subgroup						✓ JW
Dr Sanjay Wahie (SW)	Clinical Director	GM ICB - Wigan	GPs	A	✓	✓	A	✓	✓

Dr Peter Elton	SCN representative	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.

Aleksandra Houghton and Jo Watts were welcomed to the group as co-chairs of the medicines safety subgroup with Jo attending this meeting.

Declarations of Interest

Nil

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.

CS asked for confirmation that the stocktake of CGM provision across GM was still necessary as there had been an announcement at CEGC that CGM was available across GM now. KL confirmed that Dexcom1 has been approved for use across GM but that work is ongoing to ensure that GM is providing CGM across GM in line with NICE guidance. He explained that due to the difficulty in accessing data from the Trusts that plans were in place to estimate the GM figure based on the data received.

The group revisited the request from MFT for support to the cancer alliance from GMMMGM e.g. evaluations of therapies. It was agreed that this issue should be raised to the NWMOG I the first instance to see if a regional approach could be undertaken.

Action: CS to raise to NWMOG

The group discussed the request for a GMMMG annual report, it had been assumed this would be the submitted to CEG as that is the group GMMMG reports into, and it would take its usual short format. However, KL confirmed that this report was to be submitted to the executive board, the Chairs explained that this would need to be much more detailed in that case as it would need to capture the context of the work undertaken by GMMMG for an audience unfamiliar with GMMMG form and function.

Action: CS, CV and MM to expand the format and content of the AR to accommodate the audience of the executive board.

The group revisited the request for an SOP for naloxone use in settings without pharmacy provision, and confirmed this request had been received by GMMMG.

3.0 Medicines decisions for ratification (Aug)

DN reported the recommendations made by the CRG, which included the addition of specified strengths of hydrocortisone cream and ointment to the DNP list, addition of SC infliximab and vedolizumab and risankizumab to the formulary. The resource impacts from recent NICE guidance will be reported to CEGC. The group approved for recommendation the hypertension pathway supporting documents.

There is also expected to be a request via Chairs approval for amendments to the GMMMG formulary to accommodate the shortage of GLP1 agents. This will come from the GLP1 oversight working group via the GM diabetes strategy board.

Action: MM to submit GMMMG recommendations to the next CEGC meeting. RDTC to publish decisions upon receipt of CEGC approval and where necessary executive approval.

4.0 Semaglutide for managing overweight and obesity: update

A paper was presented that explained that on 20th March 2023, NICE issued a positive Technology Appraisal for the use of semaglutide for managing overweight and obesity. (TA875). However, at that time, no stock nor exact pricing information was available. The drug was added to the GMMMG Formulary as 'Red' i.e. only for prescribing within secondary care or specialist services following the usual CRG / GMMMG processes.

At its August meeting, GMMMG noted that is likely to be a requirement of the ICB to review and commission further service capacity in order to meet the statutory obligations of this TA.

On 4th September and without any prior notice, the NHS was informed by Novo Nordisk®, the manufacturer of semaglutide (brand name Wegovy®), that limited stock would be available to the NHS in a "controlled and limited launch". Information from the Press indicates there will be sufficient stock to treat 50,000 people nationally which would equate to 3,000 in Greater Manchester. Note: at the time of discussion there have been no official communications from NHS England.

While the price of semaglutide for weight loss is subject to a commercial arrangement, GMMMG was provided with an estimated financial impact based on the assumed quantity of stock afforded to GM. It is understood that this is a locality financial pressure as weight management services are commissioned locally. Weight management service capacity is likely to be the limiting factor in permitting patient access, and that Novo Nordisk has committed to providing stock for this number of NHS patients.

Applying NICE's Resource Impact Report to the GM population estimates that 1236 people will receive semaglutide in 2022/23 (sic), rising to 2958 by 2027/28. Note however that the total population eligible to receive semaglutide is 200,000-250,000 although NICE believes the vast majority will choose to treat their obesity through diet and exercise. A condition of the NICE TA is that treatment is continued for a maximum of 2 years. However, it appears that after stopping treatment people put back on some or all of the weight lost.

GMMMG heard that Health Innovation Manchester recently undertook a survey of capacity within weight management services and GMMMG understand there are a number of different weight management service providers currently commissioned across GM. An assessment of service capacity may have been started by the ICB, but GMMMG are not linked into this assessment.

GMMMGM recommended that the GM ICB should review and may need to commission further service capacity in order to meet the statutory obligations of this TA.

Action: MM to submit the GMMMGM recommendation to CEGC concerning the assessment of service capacity to provide this treatment.

5.0 GM Antimicrobial stewardship highlight report

GMMMGM accepted a highlight report from the antimicrobial stewardship group, noting that the groups priorities were to optimise prescribing of antimicrobials for children in primary care, focussing on what activities will have the biggest impact across the GM population, to optimise the prescribing of antimicrobials in urinary tract infections (UTIs) in adults and children and to optimise the prescribing of IV antibiotics in secondary care.

GMMMGM also heard that the delivery of these priorities is limited by a lack of infrastructure and support, capacity of attendees in all task and finish group and high prescribing across primary care in GM. GMMMGM agreed that this information must be relayed to CEGC in order that the additional support required could be secured.

Action: MM to submit GMMMGM recommendation to CEGC requesting that this group secures the resource it needs to be able to progress in delivering on the above priorities.

6.0 Primary care rebate proposal recommendations:

1. Rebate for Vizidor & Vizidor Duo Glaucoma PCRS
2. Rebate for Viscotears 0.1% drops and Viscotears Treha Duo

These savings do not meet the rebate ethical framework threshold of £50,000 savings across GM. GMMMGM accepted the proposal that these rebates be rejected on this basis.

Action: MM to submit recommendation to CEGC, AM to communicate to the applicant.

7.0 Winter planning activity update

This item was deferred to the October meeting due to lead availability.

8.0 Communication from subgroups and associated committees:

1. Provider Trusts

PB provided GMMMGM with an update on the aseptic hub development. The group discussed frustration in the differing choice of DOAC agent between secondary care and primary care. It was acknowledged that primary care use was being driven nationally, but that this choice didn't necessarily support secondary care arrangements. It was noted that this discussion as tabled for NWMOG next week.

2. Mental health sector

SB explained that a piece of work is being undertaken by MH teams looking at the appropriate use of promazine. This will return to GMMMGM for support in due course.

3. Community pharmacy

PM explained how community pharmacy leaders had been engaging with the primary care blueprint, that more services were coming on board either later this year or early next year. Stock availability continues to be a huge issue, CPCS is becoming much busier and clinical case finding is not always being undertaken sufficiently. CS asked that an update on DMS be tabled for a future GMMMGM meeting.

4. Primary care MO teams

Raised concern around the increased requests for promethazine and whether this was appropriate or if there was a risk that this agent is being abused. DN updated on the piece of work being led by CRG which is looking into the high prescribing costs and hence usage in GM as highlighted by the RDTC. KO'B will liaise with CDAO about this issue also.

Work is also progressing on BGTS and this is being supported by the medicines value subgroup.

AOB

An update on the progress of shared care arrangements in GM was requested. KL to request this from the GM Improvement team leading this work.

Date of next meeting: Thursday 12th October 2023, 1-3pm (virtual meeting)