

Greater Manchester Medicines Management Group

Minutes of the meeting held on
Thursday 9th November 2023, 1-3pm
Via Teams

Name	Title	Organisation	Representing	Jun	Jul	Aug	Sep	Oct	Nov
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 (JH)	Programme lead	HiM	Health Innovation Manchester (HIM)	✓	✓	✓	✓ For item 4	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	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	✓	✓	✓	✓	A	✓

Chris Haigh (CH)	HOMM	GM ICB - Bolton	CCG MO leads and GMMMIG Digital subgroup	✓	✓	A	✓	✓	✓
Luvjit Kandula (LK)	Chair – Community Pharmacy Provider Board (CPPB)	GM LPC	Community Pharmacy	✓	✓	✓	A	✓ (part)	✓ (part)
Lara Shah (LS)	Deputy HOMM	GM ICB - Manchester	GMMMIG Population health and inequalities subgroup	✓	✓	✓	✓	✓	✓
Vacant seat	Interim Deputy Director Strategy – Integrated Care	GM ICB – commissioning (TBC)	ICB Commissioning lead						
Kenny Li	GM Chief Pharmacist	GM ICB	GMMMIG Medicines Value subgroup	✓	✓	✓	✓ for item 1-3	✓ (part)	✓
Faisal Bokhari	HOMM	GM ICB – T&G NHS GM ICB	GMMMIG Pharmacy workforce subgroup	✓	A	✓	A	A	✓
Karen O'Brien (KO'B)	Regional Pharmacist	NHSEI	NHSEI	✓	A	✓	✓	A	✓
Paul Buckley (PaB)	Chief Pharmacist	Stockport FT	GM Chief pharmacists	A	✓	✓	✓	✓	✓
Vacant seat from Nov 23	Chief Pharmacist	TBC	GM Chief pharmacists	✓	✓	✓	✓	✓	
Charlotte Skitterall (CS)	Chief Pharmacist	Manchester FT	Chair	✓	✓	✓	✓	✓	✓
Vacant seat from Nov 23			GM antimicrobial stewardship group + GM diabetes board	✓	✓	✓	✓	✓	
Claire Vaughan	Director of Quality	GM ICB (Salford)	Vice chair	✓	✓	A	✓	A	✓
Aleksandra Houghton or Jo Watts	Head of MO/Trust pharmacist	GM ICB/MFT	Co-Chair of GMMMIG and GMMMIG Medicines Safety subgroup				✓ JW	✓	✓ AH
Dr Sanjay Wahie (SW)	Clinical Director	GM ICB - Wigan	GPs	✓	A	✓	✓	✓	✓
Dr Peter Elton	SCN representatives	Strategic Clinical Network	Strategic 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

Apologies as above.

The group welcomed Jennifer Seal for item 10, Humera Ahmed for item 4 and Paul Reid as observer from Pennine Care

Declarations of Interest

It is expected that the ICB will collate and maintain the DOI register for GMMMGM, going forward and that the GMMMGM DOI policy will be superseded by the ICB policy. Confirmation is awaited (this was confirmed shortly after the meeting and communicated to GMMMGM and subgroup members through email).

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

It was confirmed that CEGC had approved the October GMMMGM recommendations, with those with a financial impact being approved by executive on the 8/11/23.

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

GMMMGM considered the action and matter arising log and were updated on progress being made. It was suggested that the review of the gluten free policy to remove inequitable access across GM be supported by the health inequalities group, and that Stockport locality had also offered their support. LS agreed to support this workstream.

All subgroups were asked to provide MM with a summary of their activity over the last year to be incorporated into the GMMMGM annual report.

3.0 Medicines decisions for ratification

DN reported the recommendations made by the CRG, which included TA906: Rimegepant for preventing migraine, where CRG proposed that the 12 week review should be undertaken by a specialist, which would then appear to be the most appropriate point in the pathway to transfer prescribing to primary care. It was questioned whether neurology services have the capacity to undertake these reviews, it was also reiterated that CRG had issued this RAG status as this was deemed to be the most clinically appropriate route of provision. As per GMMMGM terms of reference, any barrier to provision of any NICE TA should be raised to GMMMGM who would then escalate this to CEG. The 6 week GM wide consultation process should be the route of submission of any expected implementation barrier. GMMMGM will raise this concern to CEG when it submits this recommendation.

Query was raised regarding the change in RAG status for bempedoic acid 180mg tablets for treating primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia (with ezetimibe) as an adjunct to diet in adults (NICE TA694). CRG recommended it change from green (specialist advice) to green, an update to the GM secondary prevention lipid guidelines has been requested to support primary care prescribers. The query concerned selection of patient cohorts, but CRG representation confirmed that this was not related to finding new cohorts of patients, but is part of current treatment plans.

There was also support for a change in RAG status for sodium chloride 5% eye drops for corneal oedema from red to green (specialist advice) following the availability of licensed products. The majority of prescribing is undertaken in primary care, so an increase in prescribing should be limited to an estimated extra £8250 per year.

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

4.0 Greater Manchester wet age related macular degeneration commissioning pathway

Humera Ahmed (HA), Senior Medicines Optimisation Adviser presented a paper from the medicines value subgroup providing an overview of the wet age-related macular degeneration (wAMD) high cost drugs work-programme. The paper requested that the NHS Greater Manchester Integrated Care commissioned pathway for anti- VEGF (vascular endothelial growth factor) therapy in wAMD be recommended to CEG for approval.

The proposed macular pathway is aligned to the NHSE commissioning recommendations and supported by the wet AMD treatment pathway subgroup. It recommends the least expensive anti-VEGF agent that is clinically appropriate for the individual patient is the preferred option (i.e. currently ranibizumab biosimilar).

There was a request that the pathway be expanded to include diabetic macular oedema, it was explained that further development of the pathway would follow, but that it would be progressed to the approval stage for wAMD (age-related) first.

The pathway recognises that the preferred first line agent is one of three first line treatment options that can be used according to their NICE TA and allows clinical judgment to select the most clinically appropriate anti-VEGF. However, where there are a number of clinically suitable treatment options, clinicians are advised to select the treatment which is the least expensive to deliver.

This commissioned pathway is expected to generate £3,675,340 in 2023/2024 and £3,575,461 in 2024/25 for MFT, with the potential for greater cost savings across GM. However, Trust chiefs queried the likelihood of this figure being realised unless the pathway was streamlined further, to include only those treatments which were the least costly. KL responded to say that the proposed pathway will still allow clinicians and Trusts to have an element of choice in therapy, and that this provides a compromise between realising savings and supporting clinician and patient choice of treatment. A key performance indicator is recommended based on the proposed % uptake of each of the first line treatments i.e. ranibizumab biosimilar (~ 30%), aflibercept + faricimab (~70%) and 100% target switch of Lucentis to ranibizumab biosimilar if this remains clinically suitable.

There was concern raised by GMMMGM that the pathway is not prescriptive enough and as a result will not optimise potential savings, however it was agreed that GMMMGM approved the pathway but with a six month

review date. It was requested that the proposed KPIs return to GMMMG in Dec, with an assurance report against these KPIs returning in May 24. It was also agreed that the pathway be shared with the NWMOG to support a region wide position on the most cost effective use of wAMD agents.

Action: Recommend the pathway to CEG for approval but with a 6 month review. HA to return KPI detail to December GMMMG

5.0 Regional medicines optimisation opportunities dashboard: GM overview

Monica Mason presented a summary of the NHSE National medicines optimisation opportunities and the regional dashboard being developed to support ICBs, pending a national dashboard being published. It is accepted that the national dashboard might contain different metrics to those devised by the RDTC, once published these will be considered and incorporated into this dashboard. However it is a valid consideration that the metrics presented within this dashboard are likely to support rather than hinder medicines optimisation opportunities across the North, and that the regional dashboard will support monitoring and assurance reporting.

KL explained that conversations had been held with locality leads, and that a meeting will be arranged within a fortnight to continue discussions with GMMMG chairs and sector representatives. Identified actions will be allocated to subgroups as appropriate.

Feedback on GM priorities will be provided to the region through NWMOG.

Action: KL to arrange meeting for end November as described above.

6.0 GMMMG medicines safety subgroup report

AH updated GMMMG on the work being undertaken by the medicines safety subgroup, it was agreed that a fuller report on the actions being undertaken to improve safety in valproate prescribing would be submitted to the December GMMMG meeting.

It was noted that the isotretinoin MHRA DSU will be captured by CRG at their November meeting with likely action requested of medicines safety group.

Action: MM to submit report within GMMMG summary to CEG

7.0 GMMMG Pharmacy workforce subgroup report

FB updated GMMMG on the work being undertaken by the pharmacy workforce subgroup, which included an update on primary care placements, and details of the GM pharmacy workforce strategy development.

Action: MM to submit report within GMMMG summary to CEG

8.0 Winter planning update – community pharmacy

LK was not present at this point in the meeting, so was unable to update GMMMG on winter plans. KL explained that he had requested that the LPC share documentation with GMMMG, and that it was expected that GMMMG will need to pause its OTC commissioning statement to support MAS 3 month window.

Action: LK to share winter plans with GMMMG and agree any actions needed by GMMMG.

9.0 Safe Management of Medicines within GP Practices

AH presented the above guidance to GMMMG. The aim of this document is to provide guidance to GP Practices to support the safe management of prescribing and medicines use within the Practice leading to

improved medicines optimisation for patients. The document provides Practices with a clear description of best practice in a wide range of areas related to prescribing and medicines use within the Practice to support:

- Improved patient safety and high-quality prescribing
- Improved patient experience
- Reduced medicines wastage

GMMMGM supported the publication of this guidance.

Action: MM to submit to CEG for approval, then publish to the GMMMGM website.

10.0 ADHD medicines shortages: supporting documents

In response to the National supply shortage of prescribed medication for ADHD, a GM task and finish group led the development of the following supporting guidance:

- National Supply Shortage of prescribed medication for ADHD - A Guide for Secondary Care
- GM Pathway for the management of patients prescribed medicines for ADHD during the national shortage – primary care guidance
- Patient information – “National Supply Shortage of your prescribed medication for ADHD”

Jennifer Seal (JS) attended GMMMGM to present this amended guidance. The comments from GMMMGM in October had been actioned, particularly the ask that further discussions to be undertaken with primary care colleagues. The task and finish group has since met with stakeholders across the GM system, including LMC representatives, and significant changes have been made to the primary care guide.

GMMMGM applauded those involved in the production of this guidance, and in the system wide working that was supporting patients and prescribers during this challenging situation.

The concerns raised by GP colleagues were heard, and the group were reminded that this is guidance to aid primary and secondary care as they respond to the requirements of the recent national patient safety alert. There was an update from the regional chief pharmacist as to a national approach to tackle the wider challenges of prescribing ADHD medications, and further detail was expected in due course.

GMMMGM accepted the changes made and recommended the guidance for approval. It was noted that this would be sought through CEG Chairs action, as CEG was not scheduled to meet until the end of November, and this guidance was urgently needed to support patients and prescribers during this shortage. The guidance would also be submitted to CEG however.

Action: MM to seek CEG Chairs approval and publish guidance to the GMMMGM website, and to submit to CEG in the usual manner.

11.0 Communication from associated committees

Verbal updates were provided to GMMMGM and included an update from community pharmacy representation on the challenges facing community pharmacy due to medicines shortages. It is understood that AS will return to GMMMGM to describe a number of schemes that are running across GM including the IP pathfinder programme, and that SR from the NHSE regional team would also attend to present the National Pharmacy First scheme. Details of the GM Care Record would also be returned to GMMMGM in the near future.

AOB

GMMMGM will move to face to face meeting twice yearly in April and September 2024

Date of next meeting: Thursday 14th December 2023, 1-3pm (virtual meeting)