

# Greater Manchester Medicines Management Group

Minutes of the meeting held on  
Thursday 14<sup>th</sup> December 2023, 1-3pm  
Via Teams

Name	Title	Organisation	Representing	Jul	Aug	Sep	Oct	Nov	Dec
Petra Brown (PeB)	Chief Pharmacist	Pennine care NHS FT	GM Mental Health Organisations	A	✓	✓ SB	✓	✓	✓
David Hughes (DH)	Locality finance lead	NHS GM Integrated Care	ICB finance	✓	✓	✓	✓	✓	A
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	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	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 GMMM Digital subgroup	✓	A	✓	✓	✓	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	GMMM 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	GMMM Medicines Value subgroup	✓	✓	✓ for item 1-3	✓ (part)	✓	✓
Faisal Bokhari	HOMM	GM ICB – T&G NHS GM ICB	GMMM 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	✓	✓	✓	✓	✓	✓
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 GMMM and GMMM Medicines Safety subgroup			✓ JW	✓	✓ AH	✓ AH
Dr Sanjay Wahie (SW)	Clinical Director	GM ICB - Wigan	GPs	A	✓	✓	✓	✓	✓
Dr Peter Elton	SCN representative	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	✓	✓	✓	✓	✓	✓

## 1. General Business

### 1.1 Apologies and welcome

Apologies as above.

The group welcomed Usman Darsot for item 4 and Anna Pracz for item 5

### Declarations of Interest

CV chaired item 5 (CMDU) as MFT are the current provider and CS is MFT CP. All DOI forms to be submitted to the ICB as previously explained.

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

It was confirmed that CEGC had approved the November GMMMGM recommendations, those with a financial impact requiring approval by executive.

An amendment was made to the November minutes to reflect the point raised regarding the wAMD pathway being extended to include diabetic macular oedema in the future. 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 confirmed that the CGM data was being taken forward by Ewan Jones and the ICB finance team, and that Ewan could be contacted for an update in due course.

It was noted by GMMMGM that the GM minor ailments scheme had been take for ICB approval through the primary care commissioning governance route and approved for roll out across all ten localities and would be in place until 31/3/2024. GMMMGM will amend the GMMMGM OTC policy to reflect the GM MAS scheme and the national Pharmacy First arrangements.

It was explained that no progress had been made on reviewing the GMMMG gluten free policy due to a lack of resource, and the level of priority given to this workstream was queried. It is understood that this may be being considered nationally and so GM could await this review. It was reiterated that the current GMMMG guidance is in line with the national position, and that variation in GM prescribing is the result of previous CCG arrangements. It was confirmed that localities should not be introducing local policies following the establishment of the ICB, and that any locality position should instead be developed and presented as an ICB position. It was agreed that the GMMMG position on gluten free prescribing would be retained pending any change to the national stance.

**Action:** GMMMG to place this review on hold pending the national review, the current guidance is to be retained.

### **3.0 Medicines decisions for ratification**

DN reported the recommendations made by the CRG, which included the removal of tadalafil once daily 5mg tablets from the Do Not Prescribe list.

The GMMMG Opioid Prescribing for Chronic Pain: Resource Pack originally developed by Wigan Borough CCG and adopted by GMMMG in 2018 has undergone a review. This document brings together a number of resources clinicians can use to support the appropriate use and review of opioids used for chronic pain. The information included refers to the management of adult patients although some of the principles may also apply to use in older children. Some of the pages and appendices of this document have been developed by Salford Pain Centre and Manchester Pain Collaborative with support from Health Innovation Manchester as part of the Medicines Safety Improvement Programme.

The guidance has undergone a 6 week GM-wide consultation, GMMMG approved its submission to CEG.

**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 GM shared care QI programme**

Usman Darsot – System Improvement Manager, NHS England GM provided GMMMG with an update on the quality improvement programme for the shared care of medicines in GM. GMMMG were also asked to consider the proposed definition of Shared Care of Medicines as drafted by the programme task and finish group and to seek permission to open for GM wide consultation.

GMMMG thanked Usman for the huge amount of work which is being undertaken around this difficult area. They stressed that no element of this work should create a negative impact on any one sector, hence the need for a whole system approach to the optimising the shared care of medicines.

The group confirmed with Usman the correct governance route for this work to follow, and the importance of the six week GM wide consultation to gather views from across the systems. Comments were made regarding the proposed revisions to the definition of shared care, it was agreed that following these amendments this consultation could open, and that the final version would be submitted to GMMMG for consideration for approval.

**Action:** Usman to provide revised definition to RDTC to open for GM wide consultation.

### **5.0 GM Covid-19 Medicines Delivery Unit treatments pathway for non-hospitalised patients**

Anna Pracz, Senior Medicines Optimisation Pharmacist, NHS GM, Strategic MO on behalf of the GM CMDU pathway group, requested clinical approval from GMMMG on the proposed GM CMDU pathway. CV chaired this item as MF are the current provider.

In GM, Covid19 treatments for non-hospitalised patients are delivered exclusively via CMDU provided by Manchester FT and this arrangement will remain in place until end of 23/24. Following this, it is intended that from 2024/25 a new single provider will be delivering the CMDU function with drug deliver through yet

to be appointed providers. It was noted that the proposed pathway strictly follows national recommendations in terms of eligibility criteria and drug choice and order.

GMMMGM requested a number of amendments to the pathway, these included the need to be clear on the importance of an interaction check, and further safety information relating to medicines adherence. The fact that some providers sit outside of the CMDU, and are required to commission IV services was raised; prisons and mental health trusts were highlighted. The group stated that further detail around the financial and commissioning impact of this pathway would be required prior to submission to CEG. AP explained that only clinical approval was required from GMMMGM and that discussions concerning the financial implications of commissioning this pathway were already underway within the ICB.

Query was again raised concerning the importance of following the appropriate governance route, and KL confirmed that efforts were being made to improve governance, but that a meeting would be arranged very soon to discuss the issues being highlighted.

GMMMGM agreed to clinically approve the pathway pending Chairs approval that the amendments made at this meeting were made.

**Action:** AP to amend the pathway and provide to MM to seek Chairs approval.

### **6.0 GMMMGM – process for approval of 30 day NICE technology appraisals**

DN presented a shortened, fast-track governance process for 30 day NICE technology appraisals (TAs) to GMMMGM. GMMMGM supported this revised process, but asked that confirmation be sought from ICB finance directors that the necessary delegation is in place to enable this process to be enacted.

The group briefly discussed additional changes that could be made to the current process for adopting NICE TAs, but were reminded that many of these points had already been discussed earlier in the year, and that the current process was deemed the most suitable currently, but would be revisited once governance arrangements had been finalised within the ICB.

**Action:** DN to liaise with KL and ICB finance colleagues to address the queries raised, after which this proposal could be submitted to CEG and then executive for adoption.

### **7.0 Financial savings proposals**

KL and AM presented two financial savings proposals to GMMMGM; to switch Fostair Metered-Dose Inhalers to Luforbac Metered-Dose inhalers, and to consider apixaban as the 1st line direct oral anticoagulant for non-valvular atrial fibrillation.

It was noted that this proposal has already been agreed by GM executive and GMMMGM was being asked to accept the instruction to update the formulary and associated guidance to reflect these decisions, which could result in around £6M of savings to prescribing budgets. The group queried why these recommendations had gone directly to CEG rather than through the usual governance route, which would have seen them come to GMMMGM first. KL explained that this had been at the request of the ICB who had been tasked with identifying financial savings within a very short timeframe. GMMMGM asked how the ICB planned to communicate out these decisions to the system, and if there would be any supporting patient communication or if these switches would happen during the usual patient review. Queries were also raised as to whether system wide discussions had been undertaken, e.g. with community pharmacy regarding stock levels, with the net zero team regarding the carbon footprint of the inhaler choices. KL confirmed that GMMMGM was being asked to support these switches by issuing the relevant updates to the GM formulary and guidance. Clarity would be sought by KL on GM wide communications from the ICB over and above GMMMGM communicating updates to its platforms.

GMMMGM agreed to update its platforms to reflect these decisions made by the ICB executive.

**Action:** RDTC and central team to update formulary platforms and GMMMGM guidance as required. KL to seek clarification on further ICB comms to prescribers.

## **8.0 Medicines Safety subgroup report**

GMMMG accepted an update report from the medicine safety subgroup. The group requested support with patient comms, particularly illustrations for patient information leaflets. It was understood that there is no resource within localities and that this resource would need to come centrally and would need to be raised with the ICB through CEG and directly.

**Action:** MM to submit to CEG within GMMMG papers

## **9.0 Valproate safety - report from medicines safety group**

GMMMG considered a safety group report on the progress and issues regarding prescribing of sodium valproate in GM. It described the challenges in delivering the ask of the national patient safety alert, the approach being taken to overcome these challenges and detailed an ask to the ICB via CEG to establish a Valproate executive group, and escalation channels.

The group expressed their concerns that whilst there appeared to be a lot of work underway, that the GM system would not meet the deadlines set out in the national alert. The group queried where the valproate executive group would sit within the ICB governance structures and whether there was a need for a dual reporting function to ensure that all providers were reporting in correctly and were connected into all ICB communications. It was acknowledged that the GM valproate dashboard would support the GM response, but that further resources were required to support providers in ensuring the requirements of the national alert were met for all patients. It was stressed that pharmacy can't resolve these issues in isolation and that a wider system response and support is required, with actions beyond the capacity of the medicines safety subgroup, but within the valproate executive group.

It was confirmed to the group that MK as ICB medical director was the executive lead for this workstream, KL agreed to communicate the concerns raised by GMMMG urgently to MK.

**Action:** KL to communicate with MK as above and as detailed within the report in order that these concerns can be acted on through the valproate executive group.

## **10.0 Communication from associated committees**

Health Innovation Manchester: JH explained that HIM will publish their report on the availability of tier 3 (adult) obesity services within GM in January. They would also return a report on the progress made by the lipid optimisation programme to GMMMG soon.

Community Pharmacy: LK will provide GMMMG with details of the Pharmacy First programme in due course.

NHSE: GMMMG requested an update on specialised commissioning plans from NHSE at the January meeting

### **AOB**

The Chair thanked the membership for their commitment to GMMMG throughout 2023 and wished everyone a festive break.

**Date of next meeting: Thursday 11<sup>th</sup> January 2024, 1-3pm (virtual meeting)**

*April and September 2024 will be face to face meetings, 1-3pm, Board room, Health Innovation Manchester, Suite C, Third Floor, Citylabs, Nelson Street, Manchester, M13 9NQ*