

# Greater Manchester Medicines Management Group

Minutes of the meeting held on  
Thursday 8<sup>th</sup> February 2024, 1-3pm  
Via Teams

Name	Title	Organisation	Representing	Sep	Oct	Nov	Dec	Jan	Feb
Petra Brown (PeB)	Chief Pharmacist	Pennine care NHS FT	GM Mental Health Organisations	✓ SB	✓	✓	✓	✓	✓
David Hughes (DH)	Locality finance lead	NHS GM Integrated Care	ICB finance	✓	✓	✓	A	✓	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	✓	✓	✓	✓	✓
Aneet Kapoor	Chair of the GM LPN	LPN	Pharmacy profession	✓	✓	✓	✓	✓	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 GMMMG 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	GMMMG 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	GMMMG Medicines Value subgroup	✓ for item 1-3	✓ (part)	✓	✓	✓	✓
Faisal Bokhari	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	✓	✓	✓	✓	✓	✓
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	✓	✓	✓	✓
Aleksandra Houghton or Jo Watts	Head of MO/Trust pharmacist	GM ICB/MFT	Co-Chair of GMMMG and GMMMG Medicines Safety subgroup	✓ JW	✓	✓ AH	✓ AH	✓	✓
Dr Sanjay Wahie (SW)	Clinical Director	GM ICB - Wigan	GPs	✓	✓	✓	✓	✓	✓
Dr Peter Elton	SCN representatives	Strategic Clinical Network	Strategic Clinical Network	✓	✓	✓	✓	✓	✓

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	✓	✓	✓
Dan Newsome (DN)	Principal pharmacist	RDTC	GMMMGM support	✓	✓	✓	✓	✓	✓

**1. General Business**

**1.1 Apologies and welcome**

Apologies as above.

**Declarations of Interest**

Nil

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

The minutes from the January meeting were approved, and the group considered the outstanding actions with updates being included within the action log.

JH gave an update on the awaited commissioning impact review of obesity services undertaken by HIM. KL emphasised that whilst the potential benefit of this innovation was acknowledged the risk to prescribing budgets must be acknowledged. He stressed that the need for the GM system to manage the impact of new medicines and technologies was reliant on proactive and robust horizon scanning and budget setting processes across all parts of the ICB. JH confirmed that HIM had paused to consider the number of patients that would be eligible for treatment and that the figure of £500M proposed by NICE was simply unaffordable, and a strategy for implementation would be essential.

CS offered GMMMGM support to the strategy group.

**3.0 Medicines decisions for ratification**

GMMMGM considered the recommendations made by CRG. There was significant discussion around the proposed RAG green status of Rimegepant (TA191), particularly that there is a lack of supporting information available to support primary care prescribers, and there is a second TA (906) being consulted on at the same time. GMMMGM request that a decision on this agent is paused so that both licensed indications (treatment (TA919) and prophylaxis TA906) can be managed simultaneously, with the required supporting information

to ensure safe and effective use in line with the license and TA recommendations, this would be communicated to CEGC.

Concerning TA922 Daridorexant GMMMG requested the development of a GM wide primary care sleep pathway to support the equitable introduction of this agent into the GM system, detailing availability of CBTi across GM. GMMMG noted that approval without a supporting pathway posed a significant financial risk and requested additional resource from the ICB (via CEGC) to develop this pathway.

All other recommendations were approved for submission to CEGC.

GMMMG recommend that this agent be added to the GM formulary upon approval of the GM sleep pathway and wish to make CEGC aware that NICE timeframes will not be met whilst this pathway is pending.

The group discussed the need for clarity on dissemination of actions on decisions from CEGC. GMMMG issues notification of decisions approved to all localities (AMDs and MO leads), Trust chief pharmacists, GMMMG stakeholders but it was recognised that further direction of action would be beneficial. It was agreed that on the back of CRG recommendations that GMMMG would insert further actions identified at their meetings and communicate these to CEGC for approval.

**Action: MM to submit to CEGC as detailed**

#### **4.0 GM Prescribing Budget proposals 2024/25**

AM presented a summary of the proposed prescribing budget uplifts for 2024/25. Concerns were expressed around the uplifts proposed and the affordability of 2024/25 activity, the impact on prescribing budgets and how risks would be raised and mitigated. It was agreed that a task and finish group of trust and primary care leads meet with finance leads to agree and support the proposed uplifts in the coming days, and to address the concern raised around planning methodology. KL explained that this request had been given a short turnaround time, GMMMG acknowledged this but again expressed concern around the methodology used and the figures presented.

**Action: AM to arrange T&F group to meet in the coming days to discuss the methodology used and agree the figures proposed, which would then be submitted to the executive.**

#### **5.0 Sodium valproate safety update**

AHo updated GMMMG on the work undertaken to improve the safety of valproate use. This work is under the direction of the Valproate Executive (MK), although is being supported by the medicines safety subgroup of GMMMG. GMMMG queried the governance route of this work and requested clarity as it was understood this would report directly to the executive.

**Action: LS to review governance route to MK to ensure the most responsive governance route possible directed by the Valproate executive lead. Return updates to GMMMG of any pharmacy and medicines issues.**

#### **6.0 GM ophthalmology pathway KPIs**

Humera Ahmed requested that GMMMG approve the proposed KPIs for the ophthalmology pathway implementation across GM, approved minor amendments to the GM wAMD treatment pathway and commissioning policy and noted the FAQ that had been developed as a supporting resource for wAMD Treatment Pathway and Commissioning Policy.

GMMMG approved the pathway amendments and accepted the FAQ but requested wider consultation with GM trusts on the KPIs, to return in March.

**Action: HA to seek the approval of all GM trusts and return the KPIs to the March GMMMG meeting**

#### **7.0 Pharmacy First update**

Alison Scowcroft provided GMMMG with a detailed update of the Pharmacy First scheme and highlighted the high levels of uptake of this service across GM. GMMMG welcomed this update and acknowledged the improvement in access to treatment that this would provide for patients.

LK provided details of the development of pathways by multiprofessional working groups to support community pharmacy services. GMMMG heard how NHSE are carefully monitoring the impact of antimicrobial provision via pharmacy first services to ensure good antimicrobial stewardship is maintained. LK also provided an update on the expansion of the contraception services and the relaunch of the blood pressure check service through community pharmacy.

GMMMG thanked LK and AS for this update and requested that they return a further update in the coming months.

**Action:** AS to share slides with MM for GMMMG

### **8.0 Digital stocktake report**

The group noted the update report provided by CH

### **9.0 GMMMG subgroup updates**

Due to insufficient time this item was deferred to March

### **10.0 Communication from stakeholders**

**Date of next meeting: Thursday 14<sup>th</sup> March 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*