

Greater Manchester Medicines Management Group

Minutes of the meeting held on
Thursday 11th January 2024, 1-3pm
Via Teams

Name	Title	Organisation	Representing	Aug	Sep	Oct	Nov	Dec	Jan
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	✓
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 (PBu)	GP Prescribing lead	GM ICB - Salford	GMMM Clinical Reference Subgroup	✓	A	✓	✓	✓	✓
Aneet Kapoor (AK)	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 GMMMIG 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	GMMMIG Population health and inequalities subgroup	✓	✓	✓	✓	✓	✓
Vacant seat	Interim Deputy Director Strategy – Integrated Care	GM ICB – commissioning (TBC)	ICB Commissioning lead						
Kenny Li (KL)	GM Chief Pharmacist	GM ICB	GMMMIG Medicines Value subgroup	✓	✓ for item 1-3	✓ (part)	✓	✓	✓
Faisal Bokhari (FB)	HOMM	GM ICB – T&G NHS GM ICB	GMMMIG 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 (CV)	Director of Quality	GM ICB (Salford)	Vice chair	A	✓	A	✓	✓	✓
Aleksandra Houghton (AHo) or Jo Watts (JW)	Head of MO/Trust pharmacist	GM ICB/MFT	Co-Chair of GMMMIG and GMMMIG Medicines Safety subgroup		✓ JW	✓	✓ AHo	✓ AHo	✓
Dr Sanjay Wahie (SW)	Clinical Director	GM ICB - Wigan	GPs	✓	✓	✓	✓	✓	✓

Dr Peter Elton (PE)	SCN representative	Strategic Clinical Network	Strategic Clinical Network	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.

Declarations of Interest

Nil

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

The minutes from the December meeting were approved, and the group considered the outstanding actions with updates being included within the action log. AHO updated the group on the progress of the sodium valproate safety work, explaining that whilst some of the actions of the national patient safety alert had been met, there was a significant amount of work yet to do. It was understood that a meeting with NHSE had discussed the complexities of the GM system, and that a paper detailing the actions to be undertaken had recently gone to ICB Q&P group but no feedback had been received at this stage. GMMMGM sought confirmation that this workstream was the responsibility of CEGC and the Q&P group and that there were no outstanding actions or responsibilities for GMMMGM, and it was confirmed this was the case. It was explained that the medicines safety subgroup will input into this work as requested by the Valproate Executive Group which reports to CEGC and Q&P, and will update GMMMGM accordingly through their progress reports.

The lack of communication from the developing wound care formulary group was raised and RH agreed to contact JD to try and move this group forward.

GMMMGM were made aware of the report from PWC and the plans to respond to the report. It was agreed that the report be shared with the membership as part of the GMMMGM priorities planning.

3.0 Specialised Commissioning Update from NHSE

Helen Potter – Head of Pharmacy - Specialised Commissioning (NHSE NW) updated the committee on the plans to repatriate specialised commissioning to the ICBs, explaining that GM as part of the NW is one of the first ICBs to proceed with delegation of specialised commissioning. This decision had been reached following the pre-delegation assessment framework, which was a regionally led exercise which considered various factors including governance and leadership, workforce capacity and data reporting. It was explained that the funding won't move across this year but is expected to follow for next year.

GMMMGMG acknowledged the hard work that had been undertaken by colleagues from across the NW ICBs working with NHSE to reach this stage. The future involvement of GMMMGMG particularly through the proposed high costs drugs subgroup was discussed, and it was agreed that HP and RH should have seats on this subgroup.

RH as Lead Specialist Cancer Pharmacist (NHSE NW) updated the group on the work of the specialised commissioning team regarding cancer services, and suggested that GMMMGMG might become involved in commissioning of pathways, around genetic testing and medicines. He explained the work being undertaken by the NHSE cancer pharmacist group currently which involves the formalisation of specific regimes and the drive to equitable provision of immunotherapy for example across the NW. RH agreed that the development of the GM HCD subgroup would be of great benefit. The group chair raised a number of questions around the development of the HCD subgroup (e.g. governance, secretariat, scope of group, membership), and whilst KL offered to share the draft ToR for the HCD group with the membership it was agreed that the ToR author should address the questions raised in this meeting first.

Action: HCD ToR author to include requested detail within the draft ToR and share with the membership at the earliest opportunity

4.0 Medicines decisions for ratification and minutes from CRG

DN presented the decisions made at the recent CRG meeting to GMMMGMG for their approval. This included the addition of an additional micronized progesterone 100mg capsule product to the GM formulary and the HRT pathways, the removal of 2.5mg and 5mg prednisolone EC tablets from the DNP list (1mg tablets to remain on the DNP list). Lixisenatide 20mcg solution for injection was removed from the formulary following discontinuation of its manufacture, and it was understood that patients will need to be identified and reviewed, and selecting alternative treatments may be challenging given the ongoing supply problems with the other marketed GLP-1 agonists. Mavacamten for treating symptomatic obstructive hypertrophic cardiomyopathy in adults (TA913) was recommended for addition to the formulary, and updates were made to chapter 5.3 (covid medicines) in line with NCE guidance. Updated GM antimicrobial guidance was accepted.

There was a discussion around how the formulary could better reflect those agents of best value, but it was accepted that this was a labour intensive process for anyone updating the formulary and that it may better shared as some form of bulletin.

GMMMGMG accepted all the recommendations made by CRG.

Action: MM to submit to CEGC for approval

5.0 GM NMP Best Practice Guide

Jude Owens – NMP Lead Salford Locality and Stephanie Pacey – NMP Lead Manchester Locality presented this guidance which had been developed through the workforce subgroup. The purpose of the guidance was to detail the essential governance standards that NHS GM expect providers to have in place with regards to non-medical prescribing (NMP).

The guidance was well received by GMMMGMG who thanked those involved for their time.

The group apologised that they had not fed their comments into the consultation process but asked that further information be included in the guide to include competence boundaries for nursing, controlled drug prescribing and if possible private prescribers.

KO'B asked if GMMMG would be willing to share this document region wide which they agreed.

The group again thanked the leads for this excellent piece of work which would benefit NMPs across GM and the NW.

Action: JO and SP to amend as requested and return to MM for either Chairs sign off or to return into GMMMG.

6.0 Amendments to GM commissioning statement regarding OTC Medicines

AM presented two papers requesting 1) the temporary suspension of certain conditions from GM Commissioning Statement: Conditions for which over the counter items should not routinely be prescribed in primary care and 2) permanent amendments to the policy to reflect the national Pharmacy First scheme. It was explained that NHS GM has commissioned a Minor Ailments Service for the Winter period from 5th December 2023 until 31st March 2024 therefore, the GM OTC statement is required to be temporarily amended for the duration of the Minor Ailments Service.

It was explained that Pharmacy First will be a new advanced national service starting on 31st January 2024 that includes seven new clinical pathways and will replace the Community Pharmacist Consultation Service (CPCS). As Pharmacy First includes treatment of infected insect bites and (bacterial) sore throats, a number of changes were required to the GM OTC statement to reflect this.

It was confirmed that the scheme last year hadn't run across all of GM, and that this had been disappointing. Whilst this scheme only runs until the end of March, it is hoped that progress will be made on a longer term GM wide MAS scheme in the future. GMMMG supported this request, it was noted that there was no financial impact due to this recommendation specifically, as the financial implications of the GM MAS for winter had already been approved by NHSGM.

Action: MM to submit to CEGC

7.0 Community Pharmacy Independent Prescriber Pathfinder Programme.

Alison Scowcroft – community pharmacy integration lead, presented the programme to the group who noted the potential it has to improve care for patients. The collaborative working with clinical leads from the SCN was applauded. There was a discussion around pharmacy workforce development and the key role that pharmacy technicians will have and hence the need to support their recruitment. The group thanks AS for this informative presentation and asked that she keep the group updated on further developments.

Action: No action.

8.0 GMMMG annual report 2023

The group considered the annual report drafted by RDTC and central team. It was explained that whilst this wasn't the usual schedule for such a report, it had been requested by the executive (Q&P) for their February meeting, therefore it had been brought forward. There were a number of suggested improvements from the group, but it was agreed that the information contained was accurate and reflected the achievements and challenges experienced by GMMMG over the last year. It was agreed that future reports should capture the activity of GMMMG in more detail, and appropriate measures should be reported.

There was some confusion in the manner by which external risks were captured within the front sheet of the report, and that this was not appropriate and should instead be raised as possible risks to the ICB. It was suggested and agreed that an executive summary be added to the report.

The group agreed that Trust chiefs and community pharmacy colleagues be given more time to comment on the report and that following the agreed amendments that Chairs approval be sought.

Action: CS and KL to share as agreed, AM/MM to capture amendments, Chairs approval and submit to CEG.

9.0 Communication from associated committees

KO'B explained that she will be sharing an audit with all Trusts for their paediatric intensive care units. There was an update on the aseptic review, with the next regional meeting scheduled for April to consider the aseptics strategy. The recent work of the CDAOs was highlighted.

Date of next meeting: Thursday 8th February 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