Minutes of the GMMMG Clinical Reference Group Meeting
Tuesday 11th August 2026, 12:00-14:00
via MS Teams

Name	Title	Organisation	Mar	Apr	May	Jun	Jul	Aug
Kathryn Whiteley (KW) Chair	Cluster Lead Pharmacist Manchester and Trafford	NHS GM IC (Trafford)	✓	✓	✓	✓	✓	✓
Dr Jonathan Schofield (JS)	Consultant Physician Acute Medicine & Diabetes	Manchester FT	✓	✓	A	A	✓	✓
Suzanne Schneider (SS)	Medicines Information Pharmacist	Bolton FT	✓	✓	✓	✓	✓	✓
Gary Masterman (GM)	Associate Director of Pharmacy	Wrightington, Wigan and Leigh FT	✓	A	✓	A	A	A
Andrea Marrosu (AM)	High-cost Medicines and Home Care Pharmacist	NCA	✓	✓	✓	✓	✓	✓
Peter Marks (PM)	LPC representative]	Community Pharmacy GM	✓	✓	✓	✓	✓	✓
Lucy Tetler (LT)	Medicines Optimisation Pharmacist	NHS GM IC (Bury)	✓	✓	✓	✓	✓	SC
Zoe Trumper (ZT)	Head of Medicines Optimisation	NHS GM IC (Wigan)	✓	✓	✓	✓	SP	✓
Sarah Hafeez (SH)	Advanced Medicines Optimisation Pharmacist	NHS GM IC (Tameside)	✓	A	✓	A	A	A
Jennifer Bartlett (JB)	Team Leader, Network Integrated Practice Pharmacy (NIPPs)	NCA	✓	✓	✓	A	✓	✓
Leigh Lord (LL)	Head of Medicines Optimisation and Governance	Manchester FT	✓	SB	✓	✓	✓	✓
Dr Sarah Follon (SF)	GP & GM Clinical Lead for Medicines Optimisation	NHS GM IC	✓	✓	✓	✓	A	✓
Consultant Rheumatologist Audrey Low Charlie Filer Dipak Roy Louise Mercer Sahena Haque Anindita Paul		Salford Stockport TGH Stockport UHSM Bolton						
Karina Osowska (KO)	Medicines Optimisation Pharmacist	NHS GM IC	✓	✓	✓	✓	✓	A
Katherine Hosseini (KH)	Deputy Chief Pharmacist	Pennine Care FT	PR	PR	PR	PR	✓	A
Onagh Boyle (OB)	Pharmacist	GMMH FT					✓	SB
Absar Bajwa (AbB)	Senior Strategic Medicines Optimisation Pharmacist - GM Clinical & Quality Portfolio	NHS GMIC	✓	A	A	✓	✓	✓
Sarah Wright (SW)	Senior Medicines Optimisation Pharmacist	NHS GMIC (Stockport)	✓	✓	SP	✓	A	✓
Tina Mistry	Interim Assistant Director Medicines & Pharmacy - Clinical Standards and Population Health	NHS GMIC					✓	✓

	NHS Greater Manchester							
Dan Newsome (DN)	Principal Pharmacist	RDTC	✓	✓	✓	✓	✓	✓
Nancy Kane (NK)	Senior Information Scientist	RDTC				✓	✓	✓

1. General Business	
1.1	**Welcome and apologies** In attendance were Lauren Howarth. Apologies noted as above.
1.2	**Declarations of interest** None declared
1.3	**July 2026 CRG Minutes** The minutes were agreed as an accurate record of the meeting
1.4	**Action log review** The action log was reviewed and updated. Progress was noted against several ongoing workstreams including the COPD pathway, CKD toolkit, shared care protocol reviews and women's health prescribing guidance. Consultation feedback for both the COPD pathway and CKD toolkit has been reviewed and amendments are being incorporated. Delays were attributed largely to difficulties convening specialist working groups during the summer period Several guidance documents, including scabies guidance, recurrent UTI guidance and antimicrobial guidance, remain under consultation. Members were encouraged to continue promoting consultations through professional networks to maximise stakeholder engagement.
2.0 Matters arising	
2.1	**CRG Consultation June 2026** • Members reviewed consultation feedback relating to recent formulary amendments. CRG supported the addition of six-monthly triptorelin injections for prostate cancer. It was agreed that formulary wording should not specify individual brands, allowing providers flexibility to use the most cost-effective licensed product. • Discussion focused on implementation of NICE TA1152 (semaglutide for prevention of major cardiovascular events). Consultation responses broadly supported a Green Specialist Initiation designation; however, members highlighted significant operational considerations, including patient eligibility criteria, specialist initiation arrangements, titration support, transfer of prescribing, and interaction with existing diabetes and specialist weight management pathways. Members recognised that implementation without supporting guidance could create variation in access and uncertainty across the system. CRG therefore supported development of an interim position statement alongside establishment of a multidisciplinary task and finish group to develop a detailed prescribing pathway **Action**: Establish a multidisciplinary task and finish group to develop implementation guidance and prescribing pathways for semaglutide TA1152. JS and Susan McKernan will lead on this. RDTC to submit actions to GMMMG for approval.
3.0 Pathways and Clinical Guidelines	
3.1	**GM CMDU Pathway Update** Lauren Howarth presented a technical update to the GM COVID Medicines Delivery Unit (CMDU) pathway following removal of sotrovimab from NICE recommendations. Members noted that the intravenous pathway had not been utilised operationally and therefore anticipated minimal impact on service delivery. Discussion focused on clarification of paediatric referral arrangements, emergency department referral routes, community pharmacy dispensing arrangements and the availability of supporting information

	regarding commissioned pharmacies. Members agreed that, subject to clarification of these issues, the amendments would constitute a technical update rather than require a formal consultation process. **Action**: CRG supported the update for submission to GMMMG pending clarification from providers.
3.2	**Shared Care Protocol Surveillance Framework and Tracker** Absar Bajwa presented the Shared Care Protocol Surveillance, Prioritisation and Review Framework on behalf of Karina Osowska. Members were advised that the framework had completed governance review through relevant committees and had been developed to support ongoing monitoring and prioritisation of the GM shared care portfolio. Discussion highlighted the distinction between protocol expiry dates and clinical risk. The framework was recognised as providing a structured approach to surveillance, incorporating consideration of NICE updates, MHRA safety communications, commissioning changes and pathway developments. Members agreed that the tracker should remain an internal operational document due to its dynamic nature but supported publication of a simplified overview describing the governance process. Concerns were raised regarding expired protocols and the importance of providing assurance that all protocols remain subject to clinical surveillance. Members also suggested consideration of extending review dates where no material changes have occurred. **Action**: Develop an executive summary of the framework for publication on the GMMMG website. Shared Care Protocol tracker to become a standing CRG agenda item with discussion by exception.
3.3	**Metformin for non-diabetic hyperglycaemia Guidance** The revised metformin guidance was presented following consultation and previous CRG feedback. Members noted that amendments requested during earlier reviews had been incorporated, including clarification regarding tablet strengths, deprescribing considerations, flowchart formatting and correction of minor inconsistencies. Additional comments were received regarding flowchart wording, annual review pathways and dose escalation terminology. Members agreed these represented minor amendments and did not alter the overall recommendations of the document. These amendments will be circulated prior to submission to GMMMG. **Action:** Incorporate final amendments and submit to GMMMG for approval.
3.4	**Incretin Therapy Commissioning Statement and Clinical Guidance** Susan McKernan presented the revised Incretin Therapy Commissioning Statement and Clinical Guidance. The document consolidates existing GM commissioning positions into a single reference source and incorporates horizon scanning information relating to future indications. Members welcomed the clarity provided by the consolidated approach but acknowledged continuing implementation challenges associated with specialist initiation, titration support, access to weight management services, cardiovascular disease indications and support for patients receiving concomitant insulin therapy Further discussion reflected earlier debate relating to semaglutide TA1152. Members agreed that supporting pathways and communications would be required to ensure implementation remains safe and equitable across the system. **Action:** Submit revised document to GMMMG following incorporation of minor amendments.
4.0 Formulary and RAG	
4.1	**Formulary Amendments July 2026**

	CRG approved the formulary amendments to proceed and noted the following: • TA1175 Glycopyrronium cream for hyperhidrosis was supported as Green Specialist Initiation. • TA1176 Teplizumab for delaying onset of type 1 diabetes was recommended as Red status. Members recognised that although patient numbers are expected to remain small, significant operational and infrastructure requirements exist for provider organisations. • TA1178 Deuruxolitinib for alopecia areata was supported as a Red medicine. • TA1181 Aficamten for hypertrophic cardiomyopathy was supported as a Red medicine commissioned through NHS England specialised services. • Members also noted the discontinuation of selected Clenil inhaler strengths. Wider communications and safety work is being undertaken to support prescribers and affected patients. Technical updates to associated respiratory guidance will be required. **Action:** RDTC to open all items for consultation.
4.2	**Methylphenidate prolonged-release Chewable Tablets (Tuzulby)** The committee reviewed an application for prolonged-release chewable methylphenidate tablets for children and young people with ADHD. The product offers a cost-effective alternative for patients unable to swallow existing modified-release preparations and is broadly cost-neutral or cost saving when compared with current modified release options. Members agreed that the product provided a useful addition to existing treatment options as a shared care medicine and could be first-line modified release option for patients who require this, and supported progression to consultation. It was recognised that the shared care protocol would require a technical update to add in the new product when approved. **Action**: Open proposal for consultation.
4.3	**Single National Formulary (SNF) Update and Grey RAG Review** Members received an update regarding preparations for implementation of the Single National Formulary. A review of all medicines assigned a Grey RAG status had been completed. The majority of medicines were mapped successfully to the agreed SNF categories with minimal amendment required. CRG considered lacosamide specifically. Members noted that the original restriction, applied in 2011, when the medicine was added to formulary related primarily to cost considerations that are no longer applicable. The committee therefore supported removal of the existing restriction. An update was also provided regarding ongoing work with Netformulary and forthcoming national digital formulary workstreams. **Action:** Open consultation for the amendment to lacosamide and continue providing regular SNF updates and communications as national implementation plans develop.
5.0 Work plan and horizon scanning	
5.1	**Monthly horizon scanning July 2026** CRG considered the RDTC monthly horizon scanning document and noted: • Oral semaglutide products licensed for weight management. Members noted that these products are not currently commissioned for NHS prescribing and agreed that continued communication with clinicians and patients would be required to minimise inappropriate prescribing requests. • The increasing complexity of incretin therapy pathways and recognised the need for ongoing communications as new products and indications become available **Action:** None
7.0 AOB	

- Vitamin D Guidance Development

  Ruth Horner provided an update on the development of a Greater Manchester Vitamin D Guideline and requested support identifying specialist clinical representatives to contribute to the work. Members discussed scope, evidence sources and potential document formats. Several members recommended development of a visual algorithm to support clinical decision-making.

  Discussion highlighted the complexity of the subject area and the existence of differing approaches across organisations. Members recommended a multidisciplinary approach involving osteoporosis, nephrology, paediatrics, frailty and primary care specialists to ensure broad system representation and provided some contacts to consider as part of the working group.

Action: Members to nominate relevant specialists to support development of the Vitamin D guidance and working group.

Date of next meeting: Tuesday 10th September 2026 12:00-14:00 via Teams