Minutes of the GMMMG Clinical Reference Group Meeting
Tuesday 8th September 2026, 12:00-14:00
via MS Teams

Name	Title	Organisation	Mar	Apr	May	Jun	Jul	Aug	Sep
Kathryn Whiteley (KW) Chair	Cluster Lead Pharmacist Manchester and Trafford	NHS GM IC (Trafford)	✓	✓	✓	✓	✓	✓	A
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	✓	A
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	✓	✓	CK
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	A
Katherine Hosseini (KH)	Deputy Chief Pharmacist	Pennine Care FT	PR	PR	PR	PR	✓	A	PR
Onagh Boyle (OB)	Pharmacist	GMMH FT					✓	SB	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	✓	A
Tina Mistry	Interim Assistant Director Medicines & Pharmacy - Clinical Standards and Population Health	NHS GMIC					✓	✓	✓

	NHS Greater Manchester								
Murugesan Raja (MR)	GP and Clinical Director for Long Term Conditions								✓
Dan Newsome (DN)	Principal Pharmacist	RDTC	✓	✓	✓	✓	✓	✓	GM
Nancy Kane (NK)	Senior Information Scientist	RDTC				✓	✓	✓	✓

1. General Business	
1.1	**Welcome and apologies** In attendance were Mina Chowdhury, Susan McKernan, and Faduma Abukar. Apologies noted as above.
1.2	**Declarations of interest** JS – interests relating to GM TDM pathway. MR – received sponsorship from several inhaler manufacturers to attend conferences.
1.3	**August 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. Noted that working group meeting in Oct 2026 re implementation of TA1152 – semaglutide for CVD.
2.0 Matters arising	
2.1	**CRG Consultation July 2026** • Members reviewed consultation feedback relating to recent formulary amendments. To note consultation closes on the 11th September 2026. • Discussion focused on TA1166: Mepolizumab for COPD. Concern voiced from expert opinion about biologic positioning. The consensus appears to be that each trust will have MDT which will take many factors into account when choosing including value for money, however there is no assurance that these understand the pharmacoeconomics of using mepolizumab over dupilumab. For ICB and commissioner assurance it is likely that some criteria will be required to fairly and consistently set out which patients may be suitable for dupilumab as first line in a way that has been done with other HCD pathways. Agreed that positioning of biologics for COPD needs to be discussed at HCDSG and with COPD working group once consultation closes so that a position can presented to GMMMG as part of the COPD pathway. **Action**: Absar Bajwa to confirm position of mepolizumab for COPD once consultation closes with HCDSG and COPD working group. RDTC to submit actions to GMMMG for approval.
3.0 Pathways and Clinical Guidelines	
3.1	**COPD Pathway** Absar Bajwa presented the post consultation version and highlighted the updates since consultation. Only outstanding issue remains inclusion of wording around positioning of biologics. The consensus appears to be that each trust will have MDT which will take many factors into account when choosing which biologic to use for each individual patient. Agreed that once consultation closes on TA1166 Absar Bajwa will go back to working group plus HCDSG to agree wording around biologic preference to include in pathway before it goes to October 2026 GMMMG for sign off. Noted that HCDSG looking at Blueteq forms for dupliumab and mepolizumab.

	The group supported the pathway going forward to GMMMG for approval subject to addition of wording re positioning of biologics, and agreed does not need to go again for GMMMG consultation on this issue. **Action**: CRG supported the pathway going forward to GMMMG for approval subject to addition of wording re positioning of biologics. Once consultation closes on TA1166 Absar Bajwa will go back to working group plus HCDSG to agree wording around biologic preference to include in pathway before it goes to October 2026 GMMMG for sign off.
3.2	**CKD Toolkit** Absar Bajwa presented the final post consultation version of the GMMMG CKD toolkit. All comments from last time about formatting, layout and terminology have now been addressed. The group supported the toolkit going forward to GMMMG for approval **Action:** RDTC to submit CRG toolkit to GMMMG for approval.
3.3	**Shared Care Protocols Surveillance, Prioritisation and Review Process** Absar Bajwa presented the Shared Care Protocol Surveillance, Prioritisation and Review Framework executive summary of the framework for publication on the GMMMG website on behalf of Karina Osowska. The executive summary summaries the GMMMG process for reviewing updating GMMMG SCPs. The group suggested a further amendment to section 4 SCPs that have passed their review date was needed to clarify what risk assessment process has been taken so that this SCPs can remain in use. It was agreed that wording was needed to go the SCP pages of the GMMMG page on this point as practice pharmacists are pushing back to secondary care on SCPs that have expired. Agreed to publish executive summary on GMMMG website subject to section 4 SCPs that have passed their review date being amended as discussed. **Action**: Absar Bajwa to amend section 4 SCPs that have passed their review date and send round CRG for approval before the final executive summary is published on the GMMMG website and wording on the GMMMG website re using expired SCPs is updated.
3.4	**Shared Care Protocol Tracker** Circulated for information.
3.5	**GM T2DM Pathway (NG28)** Susan McKearnen presented the updated GM T2DM Pathway (NG28) with the ask that is now approved to open for consultation. Noted: • Differences in GM to NG28 particularly around incretin therapies to manage capacity. • Overlaps with obesity and CVD prevention workstreams e.g for SGLT2i and incretin therapies. • Strikes a balance between workload, capacity and affordability. • Need to check spelling as USA spelling is used for some things throughout the document. • Need to ensure fair and equitable access through careful and planned implementation. • Need consistency on dose escalation for tirzepatide vs semaglutide.

	It was noted that still needs to go through GM Long-term Conditions Group before it can be opened for consultation. The initial consultation will cover the SGLT2i and metformin SR recommendations so there is no further delay in implementing these as most of implementation issues will relate to incretin therapies. **Action:** Susan McKearnen to take to Long-Term Conditions Group and Diabetes Oversight Group before GM T2DM Pathway (NG28) is opened for consultation on GMMMG website.
4.0 Formulary and RAG	
4.1	**Formulary Amendments August 2026** CRG approved the formulary amendments to proceed and noted the following: • TA1182: Finerenone for treating chronic heart failure with preserved or mildly reduced ejection fraction was supported as Green Specialist Advice. • TA1183: Donidalorsen for preventing recurrent attacks of hereditary angioedema in people 12 years and over was supported as a Red medicine commissioned through NHS England specialised services. • TA1045: 12 SQ-HDM SLIT for treating allergic rhinitis and allergic asthma caused by house dust mites (update) was supported to update formulary to remove age restriction and align with NICE guidance. • TA1087: 12 SQ-Bet SLIT for treating moderate to severe allergic rhinitis or conjunctivitis caused by tree pollen in people 5 years and over was supported to update formulary to update age restriction and align with NICE guidance. • NG220: Multiple sclerosis in adults: management (update) – supported adding To add prolonged-release fampridine to formulary as a RED drug in this indication, with links to NHSE clinical commissioning policy. • Ocriplasmin discontinued supported removing from formulary. • Orforglipron for diabetes and overweight – supported adding an interim statement to formularies or guidelines on not prescribing orforglipron before NICE guidance is available or before a local formulary application is received for type 2 diabetes. **Action:** RDTC to open all items for consultation. **Action:** Susan McKearnen to pick up formulary application for Orforglipron for T2DM. **Action:** Leigh Lord/Andrea Marrosu to seek formulary application for sultiame for SeLECTS epilepsy as per NICE NG217.
4.2	**Metformin modified release formulary amendment** The committee reviewed an application for Metformin modified release formulary amendment to reflect the updates to NICE NG28 guidance. Members agreed with the suggested amendment subject to confirming if pricing concession costs would prevent metformin MR becoming the first choice rather than only being used where the standard metformin tablets have been tried and are not tolerated due to GI problems. **Action**: Open proposal for consultation once Susan McKearnen confirmed if change needed taking into account any current price concession.
5.0 Work plan and horizon scanning	
5.1	**Monthly horizon scanning August 2026** CRG considered the RDTC monthly horizon scanning document and noted there was nothing significant ot pick out this month.

	Action: None

7.0 AOB

- New Blood Glucose Monitoring Devices

  It was noted that that now some new blood glucose monitoring devices available some of which are now included in the Drug Tariff.

  Susan McKernan will pick up the need to review the relevant GMMMG guidance and commissioning statement through the GM Diabetes Technology Group.

Action: Susan McKernan will pick up the need to review the relevant GMMMG guidance and commissioning statement through the GM Diabetes Technology Group.

Date of next meeting: Tuesday 13th October 2026 12:00-14:00 via Teams