Greater Manchester Medicines Management Group

Minutes of the meeting held on
Thursday 13th August 2026, 1-3pm
Teams

Name	Title	Organisation	Representing	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Petra Brown (PeB) (Steve Buckley to deputise)	Chief Pharmacist	Pennine care NHS FT	GM Mental Health Organisations	A	✓	✓	No meeting	✓	✓	✓	SB
David Hughes (DH)	Locality finance lead	NHS GM Integrated Care	ICB finance	✓	A	✓		A	AA	A	AA
Kate Rigden (KR)	Director of Finance – Diagnostics and Pharmacy	Northern Care Alliance NHS FT	GM Provider Finance	A	✓	✓		✓	A	✓	✓
Debbie Atkinson (DA)	Senior Clinical Lead Innovation	HiM	Health Innovation Manchester (HIM)	✓	MH	✓		A	A	✓	A
Dr Vish Mehra (VM)	GP and Chief Medical Officer for HiM		HiM & GPs						A	A	✓
Vacant Seat from Jul 26		NHSE	NHSE Specialised Commissioning	A	A	A		✓	✓		
Kathryn Whiteley (KW)	Chair CRG	GM ICB	GMMMG Clinical Reference Subgroup	✓	✓	✓		✓	✓	✓	✓
Aneet Kapoor (AK)	Chair of the GM LPN	LPN	Pharmacy profession	A	A	A		✓	A	✓	A
Vacant seat			GM Secondary Care Clincians								
Peter Marks (PM)	LPC Board Member	GM LPC	Community Pharmacy	✓	A	✓		✓	✓	✓	✓
Faisal Bokhari (FB)	HOMM	GM ICB (T&G)	Locality MO leads	✓	✓	✓		✓	✓	✓	✓
Luvjit Kandula (LK)	Chair – Community Pharmacy Provider Board (CPPB)	GM LPC	Community Pharmacy	✓	A	✓		✓	A	✓	A

Lara Shah (LS)	Deputy Chief Pharmacist	GM ICB - Manchester	GMMMG Population health and inequalities subgroup	A	✓	✓ (CF)		✓ (CF)	A	A (CF)	CF
Vacant seat	Interim Deputy Director Strategy – Integrated Care	GM ICB – commissioning (TBC)	ICB Commissioning lead								
Kenny Li (KL)	GM Chief Pharmacist	GM ICB	Chair	✓	✓	✓		✓	✓	✓	✓
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	GM Chief Pharmacists	A	✓	✓		✓	✓	A	A
Vacant seat from Nov 23			GM antimicrobial stewardship group + GM diabetes board								
Claire Vaughan (CV)	Associate Director Clinical Leadership and System Integration	GM ICB (Salford)	GM Place Partnership Directors	✓	✓	✓		✓	A	✓	A
Aleksandra Houghton (AHo) or Jo Watts (JW)	Head of MO/Trust pharmacist	GM ICB/MFT	Co-Chair of GMMMG Medicines Safety subgroup	✓	✓	✓		✓	✓	✓	✓ JW
Dr Peter Elton (PE)	SCN representatives	Strategic Clinical Network	Strategic Clinical Network	✓	✓	✓		A	✓	A	✓
Dr Aarya Prabhakaran (APrab)	LMC representative	GM LMC	GM LMC	✓	✓	✓		A	✓	✓	✓
Tina Mistry (TM)	Interim Assistant Director Medicines & Pharmacy - Clinical Standards and Population Health	NHS GM	ICB - Clinical and Quality	A	A (KO)	✓		✓	✓	✓	✓
Vacant seat			Council representative for GM Social Services								
Dr Simon Sandhu (SS)	Medical Director	Pennine Care	GM Medical Directors	A	A	A		A	A	A	A
Craig Davidson (CD)	Implementation Consultant (North)	NICE	NICE	A	✓	A		✓	A	A	✓

Nigel Dunkerley (ND)	Assistant Director of Medicines & Pharmacy- Medicines Value	NHS GM	Medicines Value subgroup	✓	A	✓		✓	✓	✓	✓
Anna Pracz (AP) Rob Elsey (RE)	Assistant Director of Medicines & Pharmacy – Secondary Care Integration Head of Strategic Pharmacy Transformation	NHS GM GM Provider Pharmacy Delivery Partnership	High Cost Drugs subgroup		✓ RE	A		✓ RE	✓	A	✓
Vacant seat			Lay representative								
Dr Laura French (LF)	Consultant in Public Health	NHS GM	Public Health							✓	✓
Dan Newsome (DN)	Principal pharmacist	RDTC	GMMMG support	✓	✓	✓		✓	✓	✓	✓

1. **General Business**

1.1 Apologies and welcome

Apologies were noted as above. In attendance were; Nancy Kane (RDTC), Jennifer Seal (GM IC), Patricia Brewer (GM IC)

Declarations of Interest

None declared

2.0 GMMMG Minutes, update from CEGC and Exec, actions and matters arising

- The minutes of the July 2026 meeting were approved as an accurate record.
- An update on the expected financial risk was provided. It was agreed that chairs action could be taken to allow this to be escalated to CEGC.

3.0 Clinical medicines recommendations for approval

GMMMG considered the recommendations made by the CRG in July 2026, reached following well-established GMMMG processes which include a six-week GM wide open consultation.

Further discussion took place on the following items:

- GMMMG noted the financial impact of TA1148, an expansion of access to sodium zirconium cyclosilicate for hyperkalaemia. This was not included in annual horizon scanning and could have an impact of up to £480,000 annually and will require an amendment to the shared care protocol.
- TA1143;Fezolinetant for managing vasomotor symptoms associated with the menopause, which was accompanied by a guide for prescribing for primary care and when to seek specialist advice. GMMMG noted the variation in commissioned gynae and women's services and the need for a clear commissioned pathway.
- Oral nutritional supplements guidance to support appropriate use of prescribed ONS and promote a food-first policy. The document was welcomed and if implemented fully could result in savings of up to £900,000 per year.

- Additionally, the risks around shortages of rivastigmine patches was discussed. There are potential safety issues both with the changes to frequency of replacement of different products and the 2-part formulation of the Zelzelf product, which risks confusion. A risk assessment of the situation was requested from the medicines safety subgroup, which is already preparing a briefing to the system.

Action: All decisions were approved to submit decisions to CEGC for approval

4.0 Tirzepatide for weight management – GM commissioning statement

Members considered the revised interim commissioning statement for tirzepatide implementation.
GMMMG recognised the substantial health benefits associated with obesity treatment but expressed concern regarding the affordability, the proposed implementation model using QoF, and the potential resulting inequities
The committee noted:

- NHS England year two implementation now supports extension to all of cohorts one and two, and the proposal submitted seeks to do this for NHS GM.
- Eligibility now includes people with a BMI of ≥35kg/m² with four or more weight-related comorbidities.
- Greater Manchester is not proposing additional local restrictions.
- NHS England has removed previous management payments and now expects activity to be funded through QOF arrangements.
- Estimated central funding allocations leaves a potential cost pressure of approximately £9.5 million.

Extensive discussion took place regarding:

- Significant financial affordability risks.
- Primary care workload implications and the potential for variation in service provision associated with the voluntary QOF participation. This also risks inequitable access within GM and further widening of existing health inequalities, particularly for vulnerable and underrepresented populations which are disproportionately affected by CVD and weight-related comorbidities.
- There is a growing use of Right to Choose providers, to which GP practices could effectively outsource the management of all patient groups, adding additional financial risk to the ICB.
- Safety concerns were raised around the increasing scale of the implementation and availability of wraparound support services.
- The issue of access to the medicine for those patients residing in long-stay mental health settings and wrap-around care was raised again. TM and SB agreed to discuss this further outside the meeting.

The Committee also heard preliminary RDTC data suggesting wider cardiovascular and diabetes prevention benefits associated with GLP-1 therapies, alongside broader improvements in diabetes outcomes across Greater Manchester. While acknowledging significant reservations, members concluded that implementation should proceed in line with national requirements.

GMMMG supported the revised commissioning statement whilst formally noting significant financial, operational and equity risks and requested that alternative models of service delivery be explored for future cohorts.

Actions:

- TM with KO to continue work on monitoring and implementation support.
- LF to support review of equality impact assessment arrangements.
- TM to explore access arrangements for eligible mental health inpatients with SB.
- Risk to remain on Medicines Optimisation and GMMMG risk registers and be highlighted through governance routes.

5.0 NHS England Survey – Future Implementation of Medicines for Obesity Management (Orforglipron)

Members discussed NHS England's request for system feedback regarding potential future implementation of oral obesity medicines. The feedback survey requests details on

- Workforce implications.
- Affordability concerns.
- Equity of access.
- Commissioning requirements.
- Likely scale of the eligible population.

Members acknowledged the opportunity to shape implementation and the large numbers of patients who may be eligible under product licensing and suggested that NHS England assumptions regarding future eligible population numbers may significantly underestimate potential demand.
Action: Members to provide comments to the Medicines Optimisation Team by the requested deadline to support development of the Greater Manchester response

6.0 GMMMG risk register review
Members reviewed the GMMMG Risk Register.
New risks proposed:
Aseptic services capacity

- Increasing demand for aseptic preparation and advanced therapies may exceed current infrastructure capacity. Existing regional and provider-level mitigation plans were considered appropriate at present.

Transfer of amber/shared-care prescribing

- Members discussed increasing instances of prescribing responsibility being returned from primary care to specialist services. Concern was raised regarding impacts on capacity, continuity of care and patient safety. The wording of the risk will be revised to reflect the issue more accurately.

Tirzepatide implementation

- Financial, equity and operational risks associated with obesity treatment implementation were formally added.

In addition, members agreed that wider prescribing budget pressures should be considered through the risk register framework.
Action: DN to update risk wording regarding amber medicine prescribing transfers and maintain ongoing monitoring.

7. Medicines Value Group Update
Members approved a rebate arrangement for hydroxocobalamin (Aurorubin) which satisfies agreed ethical rebate principles.
The Medicines Value Group report was noted.
Key points included:

- Dapagliflozin switching work continues.
- Community pharmacy contractual developments were discussed.
- Savings delivery remains strong, medicines optimisation programmes are forecast to deliver approximately £16 million annualised savings.
- Prescribing budgets remain under pressure due to NCSO expenditure.

Members recognised the continued contribution of Medicines Value workstreams to overall financial sustainability.
Action: None.

8. Medicines Safety subgroup update
Members received the latest Medicines Safety report and KPI dashboard for information.
Key achievements included:

- Continued reduction in valproate prescribing among women of child-bearing potential.
- Ongoing reductions in opioid use and high-dose opioid prescribing.
- Expansion of polypharmacy monitoring.
- Increased utilisation of the SMASH safety dashboard.
- Progress toward implementation of a Greater Manchester valproate assurance dashboard.

Members congratulated the Medicines Safety Subgroup on achieving consistently positive performance trends and recognised the national profile of its opioid stewardship work.
Other updates from the group: included preparations for the national propranolol patient safety audit and a request to consider similar discharge guidance for gabapentinoids as done successfully with opioids.
Jennifer Seal also presented the Greater Manchester Valproate Medicines Safety Guidance, which aims to clarify organisational responsibilities, and provides of implementation tools and audit processes. It supports compliance with MHRA requirements and addresses transitions, learning disabilities, non-attendance and specialist prescribing circumstances.
Members approved publication of the guidance and implementation tools.
Action: Submit valproate guidance to CEGC for approval

9. High Cost Drugs Subgroup update

Members approved amendments to the Greater Manchester Gainshare Policy including; Management of medicines moving into tariff arrangements, an expansion of scope beyond traditional high-cost drugs schemes. Clarification of transaction and eligibility arrangements and Inclusion of broader financial risk principles. Members heard that further approval through contractual and finance governance routes would be required. The proposal included an update to the Gainshare Opportunities document which noted inclusion of a new golimumab gainshare scheme with anticipated system savings of approximately £500,000 per annum.

The High Cost Drugs Subgroup summary report was noted, including ongoing work relating to; ITP pathway consultation, COPD biologics implementation, Ruxolitinib Blueteq arrangements and Homecare capacity and pathway development.
Significant discussion took place regarding implementation challenges associated with COPD biologics. Members reiterated concerns regarding service capacity, workforce implications and homecare provision.

Members approved the updated Greater Manchester Tariff Excluded High Cost Drugs List: aligned to current NHS England payment scheme arrangements and commissioning responsibilities.

Action: AP will progress the gainshare policy through the governance including GM Directors of Finance.

10. Communication from stakeholders

PM emphasised the importance of communication with patients when deprescribing initiatives take place , highlighting the impact on community pharmacies.

PE described the proposed changes to the SCN structure which will result in reductions in staffing.

AOB: none

Date of next meeting: Thursday 10th September 2026, Teams