NHS
Manchester University
Trust

Adult Medicines Management Committee
Meeting to be held on 12th May 2022 [virtual], 12.30-2pm
Pharmacy Meeting Room, 4th Floor, Pharmacy, Oxford Road Campus:
Minutes

Present	Area of Representation/Position	Initials
[redacted] (Chair)	Clinical Director Cardiac Anaesthesia and Intensive Care. MMC Chair (ORC, WTWA)	[redacted]
[redacted]	Deputy Medical Director (NMGH MMC lead (NMGH)	[redacted]
[redacted]	Medicines Information Pharmacist (ORC, WTWA)	[redacted]
[redacted]	Medicines Optimisation Pharmacist/ Professional Secretary MMC	[redacted]
[redacted]	Head of Medicines Optimisation (ORC, WTWA, NMGH)	[redacted]
[redacted]	Medicines Optimisation Pharmacist (NMGH)	[redacted]
[redacted]	High-Cost Drugs Pharmacist (WTWA)	[redacted]
[redacted]	High-Cost Drugs Pharmacist (ORC)	[redacted]
[redacted]	SMH Pharmacist	[redacted]
[redacted]	Microbiology Consultant	[redacted]
[redacted]	MHCC pharmacist.	[redacted]
[redacted]	Trafford Consultant	[redacted]
[redacted]	Respiratory/CF consultant	[redacted]
[redacted]	Critical Care- Head of Nursing.	[redacted]
[redacted]	High-Cost Drugs Pharmacist.	[redacted]
[redacted]	HIVE Pharmacist	[redacted]
[redacted]	Medicines Optimisation Scientist	[redacted]
[redacted]	SMH consultant	[redacted]
[redacted]	Consultant Immunologist	[redacted]
In attendance		
[redacted]	Pain Matron	[redacted]
Apologies for Absence		
[redacted]	Lead Medicines Optimisation Pharmacist.	[redacted]
[redacted]	Assoc. Medical Director (MRI)	[redacted]
[redacted]	Diabetes Consultant, TGH	[redacted]

01.Minutes.				
116.22		**Draft Minutes April 14th 2022** Noted	[redacted]	[redacted]
02.Matters Arising				
117.22		**See Section 10.0 for Policies approved via chairs action for NMGH transaction.** Noted- Fuller discussion occurred later in the agenda.		[redacted]
Cohort Requests	**03.New Drugs**			
	04.NICE			
	118.22	**NICE TA Tracker (May 2022)** • Palforzia- the ongoing paediatric discussions were noted. Adults will follow lead of the paediatrics who have the larger cohort of these patients. Noted		[redacted]
	05.SSC			
	119.22	**SSC Tracker (May 2022)** Noted		[redacted]
	120.22	**HST19 Elosulfase alfa HST19 for treating Mucopolysccharide 4A (Morquio disease)** Removed from agenda as for PMMC rather than Adult MMC. Noted that previously all HSTs had come to both committees for noting routinely. However, on balance this was not thought to be needed going forward.		
	06.GMMMG			

	07. Amendments					
	121.22	**Pristinamycin for mycoplasma genitalia (BASSH guidelines)** • Noted that this application followed on from IPR last week. • [redacted] noted that the minutes should state mycoplasma rather than mycobacteria. • To be added to the formulary- as per BASSH guidance. Approved.				[redacted]
Individual Requests	**08.Urgent**	**All**	122.22	Urgent IPR requests (April 2022) Noted	[redacted]	[redacted]
	09.Non-urgent	**CCG**	123.22	**IFR- CCG- Verbal update on IFR position.** [redacted] highlighted that there is change for CCG IFR processes. There is an ongoing proposal with GM reviewing how CCG commissioned IFR therapies are processed. Currently this is at the consultation and comments stage. • **Sequential use of Biologics IFRS :** Sequential use of Biologics for CCG funded indications will no longer require an IFR through MMC as these will be reviewed by relevant MDTs. • **Other IFR:** Likely the more complex IFRs will still come to MMC e.g., Dual Biologic use for forward on to an CCG panel. [redacted] noted there is likely to be a more centralised approach to IFR panels, that will reduce the inequity across GM in the current system. At present the status quo remains, until the above is fully worked through and implemented. However HCD team are aware that there have been a few areas of confusion. Currently aware of delay for one patient that has a delayed decision, working to reduce this.		[redacted]
			Sent out after agenda	**IFR- CCG- Dual Biologic (5th line)- Vedolizumab (4-8 weekly) added to existing Certolizumab for Crohns disease and Ankylosing Spondylitis.** • [redacted] talked through IFR. • [redacted] noted that this IFR for dual biologics has more strength in the evidence base/rationale (i.e vedo + anti-TNF) than other Dual Biologics in previous months where there had been no evidence really at all. COS concerned that approval based on this evidence base would open the flood gates to more of these proposals. • [redacted] noted that the MO team had separately identified [redacted] case series where vedolizumab or dual therapies had resulted in worse outcomes for [redacted] • These issues should be raised within the IFR for transparency of this risk benefits at play. • [redacted] suggested that as Dual Biologic applications are becoming more frequent that a set of principles be agreed including o Endorsement from both parent specialities (e.g. gastro and.rheum) o Safety data presented on the specific combination. o Infection risk assessment. **Further answers to questions required from the team.**		[redacted]
		PBRE				
Documents	**10.Policies (MO)**					
	124.22	NMGH- Summary of Policy adoption/adaption [redacted] presented paper. Explained that there was a WWA/ORC/NMGH set up to review all the MMPs prior to the NMGH transaction on 1st May 2022. The working group divided the work in to • Policies that could be adopted in current form. • Policies that could not be adopted due dependence on the NCA electronic prescribing system. (Injectable Medicines + others see paper). There is a monthly working group that continues to work through these differences before HIVE implementation in September.				[redacted]

	• Policies that required amendment. (Medicines Policy, PGD Policy, Potassium Policy). These have been through MMC in April or via Chairs action between April and May (see below) • Policies that MFT needed to adopt. (Electronic – Down Time Policy) • A summary has been sent to NMGH staff. All relevant policies are available on the NMGH 'twin policy/document sites.' • [redacted] noted that it was agreed yesterday that from June all drug applications will come through the current MFT (ORC, WTWA) MMC meeting to include NNMGH. • [redacted] asked about HIVE training for NMGH due to +++ changes close to HIVE. [redacted] aware of this issue and it is being raised within the working group.		
125.22	Medicines Policy Version 2.1 *Approved via Chairs action 26th April 2022- On agenda for noting* Noted		[redacted]
126.22	Drug Prescription and Administration Record for NMGH ePMA down time policy for NMGH *Approved via Chairs action 26th April 2022- on agenda for noting.* Noted		[redacted]
11. Policies (MFT)			
12.Guidelines- Approved outside of meeting by MOT			
13.Guidelines- Harmonised			
	Anticoagulation Documents		
127.22	**MFT- Dalteparin Dosing guide** • [redacted] asked for clarity from [redacted] on the final conversations on the use of enoxaparin in cardiology (if the rest of the trust is using dalteparin the in the main). • [redacted] asked for clarity from [redacted] on the plans for warfarin charts to be rolled out more widely across the sites. Previous barrier has been warfarin charts referring to a specific LMWH. This now seems like it might be possible prior to HIVE. • [redacted] asked if there was a date for NMGH to switch over to dalteparin. [redacted] noted that this would not likely happen until HIVE implemented due to the reliance on the NCA electronic prescribing system. • [redacted] asked about the plan for SMH. [redacted] noted that there is a separate steering group still working on this. • [redacted] noted that there is a plan to outline when patients admitted on other LMWH are switched to the trust LMWH in a safe and timely fashion. Approved.		[redacted]
128.22	**MFT- VTE Medical Prophylaxis guidelines** Approved.		[redacted]
129.22	**MFT- VTE COVID Medical Prophylaxis and Treatment guidelines** Approved.		[redacted]
Tabled	**MFT- VTE Surgical Prophylaxis- Guideline** Approved.		[redacted]
130.22	**MFT- VTE Surgical Prophylaxis- Orthopaedic Guideline** Approved.		[redacted]
131.22	**MFT- VTE Treatment Guideline in CKD** • Treatment table to be removed, and instead to point to the dalteparin dosing guide- which is colour coordinated to syringe strengths. • Title needs amending to align with other VTE documents on the policy hub. Approved pending above points.		[redacted]
132.22	**MFT- Perioperative anticoagulants** Approved.		[redacted]
133.22	**Diabetes Documents** MFT- Hypersmolar Hyperglycaemic Syndrome (HHS)- Adult Guideline • [redacted] confirmed prior to the meeting that she is happy with this as the DM representative at MMC Approved.		[redacted]

	GM- Community Type 2 Diabetes – Management Education and Support. Cardio Renal Pathway Comments from [redacted] prior to meeting • Page 2- amend Hb1AC to HbA1 • amend HbA1c target to 48 (not <48) for patients with type 2 DM as per NICE NG28 Guideline • amend 'Also consider individualised target HbA1c levels for those with problematic hypoglycaemia, certain co-morbidities and or frailty' • Further comments expected from [redacted] after the meeting. Other Comments during meeting • Clarity on who the authors are for feedback. • Clarity as to where this GM footprint document will be approved and hosted. Suggested that this should be GMMMG, but members are aware that this has not yet been approved through this route. • Clarity from [redacted] (MFT DM pharmacist) and [redacted] (Cardiology pharmacist) as to whether this replaces the existing SGLT CV reduction document on the MFT intranet. Noted- Comments to be fed back to authors.	[redacted]
	GM- Choosing who to treat with SGLT inhibitor. • Similar comments to above regarding authorship and approval routes. Noted- Comments to be fed back to authors.	[redacted]
	Pain team Documents	[redacted]
134.22	MFT- Gabapentin to Pregabalin Conversion • Noted at the meeting that this information is largely a duplicate of the GMMMG Neuropathic Pain Guidance- which includes information on gabapentin/Pregabalin equivalence and switching. Also contains more detailed dosing on renal information. Committee felt that approving this paperwork would create additional/duplicated work updating in 2-3 years time. • [redacted] noted from an SMH perspective, that there had been a recent alert about Pregabalin in pregnancy, and that there should be signposting information to this warning. • [redacted] noted that this was intended to be 'internal pain team' document as a prescribing aide memoir. However, the committee noted that internal documents will have prescribing consequences for other colleagues including pharmacist and should therefore be accessible via the Policy Hub with trust document control. Not approved.	[redacted]
135.22	**MFT- Gabapentin Cream for Vulvodynia** • [redacted] questioned whether 10% cream is used in practice, and whether could be removed. [redacted] happy to remove from the pathway. Approved.	[redacted]
136.22	**MFT- Fentanyl Patch for Complex Inpatient Pain** • Document Control page needed and for upload to Policy Hub. Title to be amended to state for Pain Consultant use only. Approved.	[redacted]
137.22	**MFT- Lidocaine infusions.** • MFT Document Control page to be completed. Author [redacted] confirmed prior to the meeting that this had been circulated with cross site leads- [redacted] and [redacted]. [redacted] noted that there is no Pain service available at NMGH site and therefore this would not be applicable. • [redacted] commented that there is no Pain Pharmacist available to review these complex, specialist documents. This is currently being raised by [redacted] and [redacted] at the Pain Team business documents. **Approved**	[redacted]
138.22	**MFT- Paracetamol amendments to Pain Manual-Analgesia guideline** • Guideline has been updated inline with BHG. A memo will be circulated by the Medicines Safety Team to raise awareness. **Approved**	[redacted]
139.22	MFT- Islet Cell Protocol	[redacted]

	• Noted that the document control page needs updating. The medicines changes stated occurred in the previous update. There are no medicine updates in this version. Approved.		
140.22	SMH- Transcervical Ultrasound Guided Radiofrequency Treatment of Uterine Fibroids (**Sonata**) Approved.	[redacted]	[redacted]
Sent out after agenda	COVID Adult Guidelines (Addition of Bariticinib) • Noted that since this was circulated on Tuesday, that the team have made 2 x further updates. Final version will be circulated after the meeting, with final comments requested by COP on Friday 13th May.		[redacted]
14.Guidelines- ORC/TGH/ WH/NMGH			
15.Guidelines- MLCO			
16.Prescriptions			
17.Patient Information Leaflets (PILS)			
18.Procedures			
19. Out of stock medicines			
20. Other			
141.22	**Atezolizumab** (Adjuvant- Introduction of Closed System Device to aid in the preparation at Ward Level.) • [redacted] risk assessment noted. Barriers to aseptic preparation noted. Closed System Device supported. [redacted] requested that the financial implications of using Closed System vs outsourcing be quantified. Approved		[redacted]
21.Drug Safety Alerts			
142.22	Drug Safety Alert (April 2022) **Noted**		[redacted]
22.Finance			
23.PGD Report			
143.22	PGD Report (March April 2022) • [redacted] asked that this alert be circulated after the meeting. **Noted**		[redacted]
24.AOB			
Tabled	NMGH to be invited to MFT MMC from June 2022. Letter to be written to the following to request **pharmacy**, **consultant** and **nursing** representation. • [redacted] • [redacted] • [redacted] **Letters to be written.**		[redacted]

Other