

PAN MERSEY AREA PRESCRIBING COMMITTEE MEETING

Minutes of the Meeting held on Wednesday 25 June 2014 in The Gallery Room, at The Venue, Civic Way, off Poplar Bank, Huyton L36 9GD

Present:

MEMBERS		Present	Apologies
Peter Johnstone Acting Chair	Prescribing Commissioner – Liverpool CCG	x	
Dr M G Semple	Senior Lecturer in Child Health – Alder Hey Children's NHS Foundation Trust		x
Isam Badhawi	Senior Pharmacist – Liverpool Women's NHS Foundation Trust		x
Catrin Barker	Chief Pharmacist – Alder Hey Children's NHS Foundation Trust	x	
Dr Rob Barnett	LMC Representative, Liverpool		x
Nicola Baxter	Head of Medicines Optimisation – West Lancs CCG		x
Alison Butt	Joint Head of Medicines Management - Liverpool Community Health	x	
Dr Catherine Doyle	Clinical Lead Medicines Management – Warrington CCG	x	
Dr Michael Ejuoneatse	Clinical Lead for Medicines – St Helens CCG		x
Dr Janice Eldridge	GP Medicines Management Lead – Southport & Formby CCG	x	
Alison Ewing	Clinical Director Pharmacy – The Royal Liverpool & Broadgreen University Hospitals NHS Trust		x
Janet Fay	Senior Pharmacist, – South Sefton CCG and Southport & Formby CCG		x
Dr Anna Ferguson	GP Clinical Lead – South Sefton CCG	x	
Dr Claire Forde	CCG Governing Body Member, Prescribing Lead – Halton CCG	x	
Simon Gelder	Chief Pharmacist – St Helens & Knowsley Teaching Hospitals NHS Trust	x	
Margaret Geoghegan	Head of Medicines Management – St Helens CCG	x	
Donna Gillespie-Greene	Deputy Head of Meds Management – Cheshire and Merseyside Commissioning Support Unit	x	
Gillian Gow	Chief Pharmacist – Liverpool Heart & Chest Hospital NHS Foundation Trust	x	
Maureen Hendry	Practice pharmacist/Interface support pharmacist, Liverpool Community Health (representing Alison Butt)		x
Dr Aftab Hossain	Clinical Lead, Prescribing – Knowsley CCG	x	
Jenny Jones	Principal Pharmacist Medicines Management – Warrington & Halton Hospitals NHS Foundation Trust (representing Diane Matthew)	x	
Dr Cecilia Jukka	Consultant Microbiologist/Chair Drug & Therapeutics Committee – Southport & Ormskirk NHS Trust	x	
Tom Kennedy	Consultant at RLBHUT and Chair of D&T	x	
Lee Knowles	Chief Pharmacist – MerseyCare NHS Trust		x
Jenny Lunn	Pharmaceutical Adviser & Team Lead, Medicines Management – Warrington CCG		x
Susanne Lynch	CCG Lead Medicines Management – South Sefton CCG and Southport & Formby CCG	x	

Jen Matthewman	Pharmacist – Bridgewater Community Trust (representing Heather Tomlinson)	x	
Dr Sid McNulty	Consultant Endocrinologist/Chair Drug & Therapeutics Committee – St Helens & Knowsley Teaching Hospitals NHS Trust		x
Sarah McParland	Pharmacist – KIPPS (representing Neil Chilton, 5 Boroughs Partnership NHS Trust)	x	
Dr Neil Mercer	Consultant Anaesthetist/Chair Drug & Therapeutics Committee – Aintree University Hospitals NHS Trust	x	
Graham Pimblett	Medicines Management Team Leader – Knowsley CCG	x	
Brendan Prescott	CCG Lead Medicines Management – South Sefton CCG and Southport & Formby CCG	x	
Lucy Reid	Lead Pharmacist – Halton CCG Locality Medicines Management Team	x	
Dr Shamim Rose	GP Prescribing Lead & Board Sponsor – Liverpool CCG		x
Steve Simpson	Deputy Chief Pharmacist – Southport and Ormskirk NHS Trust		x
Paul Skipper	Deputy Director of Pharmacy – The Royal Liverpool & Broadgreen University Hospitals NHS Trust (representing Alison Ewing)	x	
Dave Thornton	Principal Pharmacist, Clinical Services – Aintree University Hospitals NHS Trust (representing Mags Norval)	x	
Heather Tomlinson	Senior Clinical Pharmacist – Bridgewater Community Trust		x
Dr Debra Tree	St Helens CCG (representing Dr Ejuoneatse)	x	
Janet Walsh	West Lancs (representing Nicola Baxter)	x	
Janeth Ward	Prescribing Adviser, Medicines Management Team – Warrington CCG (representing Jenny Lunn)	x	
IN ATTENDANCE			
Erika Baker	Senior Pharmacist – Cheshire & Merseyside CSU		x
Anne Henshaw	Senior Pharmacist – Cheshire & Merseyside CSU	x	
Clare Moss	Senior Pharmacist – Cheshire & Merseyside CSU	x	
Graham Reader	Senior Pharmacist – Cheshire & Merseyside CSU		x
Helen Stubbs	Senior Pharmacist – Cheshire & Merseyside CSU	x	

1	<p>APC/14/47 – Welcome and Apologies for Absence</p> <p>The Chair welcomed the members and accepted the apologies of the following:</p> <p>Dr M G Semple, Nicola Baxter (Janet Walsh attending), Dr Shamim Rose, Sid McNulty, Steve Simpson, Dr Michael Ejuoneatse (Dr Tree attending), Jenny Lunn (Jan Ward attending), Neil Chilton (Sarah McParland attending), Mags Norval (Dave Thornton attending), Alison Ewing (Paul Skipper attending), Graham Reader, Erika Baker.</p>	Action:
2	<p>APC/14/48 – Declarations of Interest and Quoracy Check</p> <p>A quoracy check informed that this meeting was quorate.</p> <p>There were no declarations of interest at this meeting.</p>	
3	<p>APC/14/49 – Minutes of the previous meeting and matters arising. 14/49/01 – Minutes from the Previous Meeting</p> <p>As the last meeting was not quorate the Chair asked whether members were happy to ratify decisions made en masse or whether they wished to go through them one by one.</p>	AH/DGG

	<p>All agreed that the recommendations from last month's APC meeting should be ratified.</p> <p>Matters Arising: 14/49/02 – Tolvaptan The APC website now has a link to NHSE information and the old red statement has been removed from the Mid-Mersey legacy website.</p> <p>14/49/03 – Dapoxetine Dapoxetine statement to be reconsidered next month.</p> <p>14/49/04 – NOAC Review The New Medicines Subgroup are reviewing the policy statements, which will then need to be sent out for consultation. It is anticipated the reviewed policy statements will be brought back to the APC meeting by October 2014.</p>	<p>DGG</p> <p>AH</p>
4	<p>APC/14/50 – New Medicines 14/50/01 – Golimumab Update Report Golimumab was due to be reviewed by the New Medicines Subgroup, however, NICE are undertaking a multi-technology appraisal for infliximab, adalimumab and golimumab in ulcerative colitis (UC). A business case has previously been received and declined by the Formulary and Guidelines subgroup for infliximab in moderate to severe UC. NICE TA140 states that Infliximab is not recommended for the treatment of subacute manifestations of moderately to severely active ulcerative colitis so it was agreed that unless a business case for golimumab is received, which defines a different or sub cohort of patients to those declined in the infliximab NICE TA, then golimumab should not be considered in isolation prior to the NICE TA, which is due in January 2015. The proposal that we wait for the NICE TA was put to the committee and approved.</p> <p>The chair requested that the clinicians who expressed an interest in this drug are informed that a business case will need to be submitted by the clinicians for consideration. It was confirmed that subgroup members would be expected to feed this back to the relevant clinicians within their organisations. <u>For the record, it is to be made clear that the APC decision needs to be fed back to the people who raised the question.</u></p> <p>14/50/02 – Eltrombopag in Hep C Update Report Further developments in the treatment of Hepatitis C are imminent which could potentially replace the need to use eltrombopag. Following consultation with relevant clinicians, it was felt that this should be 'parked' for now. It was proposed that the existing grey statement on the website is updated to reflect a long-term 'not recommended' position. This proposal was approved.</p> <p>14/50/03 – Grey Statement Summary Grey 'holding' statements have been produced by the New Medicines Sub-Group for Avanafil tablets and Levonorgestrel IUD (Jaydess) and have been uploaded on to the APC website. A concern was raised that a sexual health consultant has been recommending the use of Jaydess. The issue will be discussed by the key stakeholders outside of the meeting.</p> <p>14/50/04 – Ustekinumab in Psoriatic Arthritis The recommendation is in line with NICE TA313, which does not recommend the use of ustekinumab in psoriatic arthritis. NICE concluded that it is clinically effective but it is not cost effective. . No objections were raised to the Black Statement, therefore the proposal statement was approved.</p>	<p>AH</p> <p>AH</p>

5	<p>APC/14/51 – Formulary and Guidelines 14/51/01 – FGSG Update</p> <ul style="list-style-type: none"> • Dutasteride Black statement • Neuropathic pain guidelines • Colief Green statement and Infant Formula guidelines • Colecalciferol (Vitamin D) Green statement • Colesevelam Grey statement • COPD guideline • Melatonin (Circadin) Amber statement in Paediatrics <p>For information:</p> <ul style="list-style-type: none"> • Merger of NMAMMC and MMMMB statements on a) roflumilast b) botulinum toxin in migraine • Formulary amendments May 2014: <ul style="list-style-type: none"> ○ Removal of Jext adrenaline statement from website, and addition of other brands ○ Addition of link regarding sex hormone prescribing in transgender patients ○ Addition of melatonin (Circadin) Black to formulary for primary insomnia in adults ○ Removal testosterone implant from Formulary ○ Addition of “Fumaderm” to Formulary ○ Mycophenolate recommendation to prescribe generically ○ Tolvaptan funding by NHS England ○ Strontium RAG status change ○ Addition of “Efracea” brand of doxycycline to Formulary <p>We have chosen NetFormulary as our platform for hosting the formulary going forward. There will be two Apps – for Android and Apple. It will take time to set up but GR and Kieron Donlon and possibly additional resource will be working to develop this.</p>	
6	<p>APC/14/52 – Safety 14/52/01 – Safety update</p> <p>The next Safety meeting will be on 9 July. Interface forms: Another quarterly report is due in July. The Insulin passport audit has gone to the Diabetes Network. Opioid patch safety guidance has gone out for consultation. The palliative care network have also produced guidance on this subject MG will pass details of palliative care contacts to CM.</p> <p>14/52/02 - Domperidone Note: a safety notice has gone out following the MHRA alert that was published on 25 April.</p>	<p>CM</p> <p>MG</p>
7	<p>APC/14/53 – Shared Care 14/53/01 – Shared Care update</p> <p>To support the process of reviewing the criteria for drugs considered suitable shared care, the RAG ratings have been reviewed and radical changes made.</p> <p>Following a request for secondary and tertiary care to be involved in the process, members were asked for contact details of any interested parties who may be willing to contribute to the process.</p> <p>A paper is being shared with LMC reps in July and will be then sent out for consultation following preliminary input from any interested parties.</p>	<p>HS</p> <p>DGG/ALL</p>
8	<p>APC/14/54 – Any Other Business 14/54/01 – APC Policy</p> <p>This was due for review. A few minor amendments have been made.</p> <p>One query raised was that the Policy mentions that there are 5 subgroups</p>	

	<p>but currently there are only 4 active. DGG responded that it is because it is a real struggle to get patient engagement. However, the concern is this policy is on the website but currently there is no evidence of public engagement.</p> <p>Another member asked if anybody present had successfully used public participation because his organisation struggled with this, bearing in mind that public engagement has got to be from all areas.</p> <p>The Medicines Management Team was asked if they had thought about targeting lay members on the CCG's. DGG will explore this avenue and asked for information/comments back by 14 July.</p> <p>Attention was drawn to page 15, the Organisations' diagram, and the query raised as to why Bridgewater is on the table on page 12 but not on the diagram on page 15. A discussion followed about the Terms of Reference and stakeholders being present to understand the processes and take back the recommendations. It was felt that it would be good to clarify each organisation's voting rights, etc.</p> <p>14/54/02 – AOB</p> <p>The West Lancs representative raised the subject of 'Insulin Degludec with no strength' – CM will liaise with her.</p> <p>Pfizer: This company appears to have used information from the Pan Mersey website in their literature in a misleading fashion. It was suggested that the APC, through the Chair, should write and object to the drug company using our decisions in their sales literature. DGG will speak to the relevant representative. At the very least, the wording should be changed from 'recommends its use' to 'approves its use'.</p> <p>Members were asked to encourage clinicians to bring to the attention of the APC, Pan Mersey information being quoted in pharmaceutical company marketing literature.</p> <p>A member asked if the APC has any recourse against people misquoting its decisions. Perhaps the APC should consider using a more neutral word than 'recommends' in future statements.</p> <p>It was suggested that a statement should be posted on the website saying that these decisions should not be used for commercial purposes.</p>	<p>All</p> <p>DGG</p> <p>CM</p> <p>DGG</p>
9	<p>APC/14/55 Date, Time and Venue of the next meeting</p> <p>The next meeting will be held on Wednesday, 30 July 2014 at 1:30 – 3:30pm in The Gallery, The Venue, Civic Way, Poplar Bank, Huyton, L36 9GD</p>	

The agenda and minutes of this meeting may be made available to public and persons outside of The Pan Mersey Area Prescribing Committee Health Community in order to comply with requests made under the Freedom of Information Act 2000.