Pan Mersey
Area Prescribing Committee

PAN MERSEY AREA PRESCRIBING COMMITTEE MEETING

Minutes of the Meeting held on Wednesday 28 January 2015 in The Gallery Room, at The Venue, Civic Way, off Poplar Bank, Huyton L36 9GD

Present:

MEMBERS		Present	Apologies
Dr M G Semple (Chair)	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 (Maureen Hendry attending)	Joint Head of Medicines Management - Liverpool Community Health		X
Neil Chilton	Deputy Chief Pharmacist, 5 Boroughs Partnership, Mental Health Trust	X	
Dr Catherine Doyle	Clinical Lead Medicines Management – Warrington 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
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 – North West Commissioning Support Unit	X	
Gillian Gow (Danny Forrest attending)	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
Peter Johnstone	Prescribing Commissioner – Liverpool CCG	X	
Dr Cecilia Jukka	Consultant Microbiologist/Chair Drug & Therapeutics Committee – Southport & Ormskirk NHS Trust	X	
Dr Tom Kennedy	Consultant at RLBUHT and Chair of D&T		X
Dr Tom Kinloch	LMC Representative , Mid-Mersey LMC		X
Lee Knowles (Agatha Munyika attending)	Chief Pharmacist – Mersey Care 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	
Dr Lisa Manning	LPC Representative		X
Diane Matthew	Chief Pharmacist, Warrington & Halton Hospitals NHS Foundation Trust		X

Dr Sid McNulty	Consultant Endocrinologist/Chair Drug & Therapeutics Committee – St Helens & Knowsley Teaching Hospitals NHS Trust	X	
Sarah McParland	Pharmacist – (representing Neil Chilton, 5 Boroughs Partnership NHS Trust)	X	
Dr Neil Mercer (Dave Thornton representing)	Consultant Anaesthetist/Chair Drug & Therapeutics Committee – Aintree University Hospitals NHS Trust		X
Paul Mooney	The Royal Liverpool & Broadgreen University Hospitals NHS Trust (representing Paul Skipper)	X	
Agatha Munyika	Mersey Care NHS Trust(representing Lee Knowles)	X	
Mark Pilling	Pharmacist Knowsley CCG (representing Graham Pimblett)	X	
Graham Pimblett (Mark Pilling attending)	Medicines Management Team Leader – Knowsley 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 (Paul Mooney representing)	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 Healthcare NHS Trust		X
Dr Julie Whittaker	St Helens CCG Governing Body Medicines Management Lead GP	X	
Dr David Wilson	LMC Representative, Mid-Mersey	X	
IN ATTENDANCE			
Danny Forrest	Liverpool Heart and Chest Hospital FT	X	
Erika Baker	Senior Pharmacist – Cheshire & Merseyside CSU	X	
Anne Henshaw	Senior Pharmacist – Cheshire & Merseyside CSU	X	
Graham Reader	Senior Pharmacist – Cheshire & Merseyside CSU	X	
Helen Stubbs	Senior Pharmacist – Cheshire & Merseyside CSU	X	
Sue Forster	Assistant Director of Public Health St Helens (present for 15/03/02 only)	X	
Alison McMinn	Pharmacist, Liverpool Community Health	X	

1	**APC/15/01 – Welcome and Apologies for Absence** The Chair welcomed the members and accepted the apologies of the following: Dr Shamim Rose, Dr Aftab Hossain, Lee Knowles (Agatha Munyika attending), Dr. Neil Mercer (Dave Thornton attending), Alison Butt (Maureen Hendry attending), Paul Skipper (Paul Mooney attending), Diane Matthew, Heather Tomlinson, Tom Kennedy, Graham Pimblett (Mark Pilling attending), Dr Lisa Manning and Dr Catherine Doyle.	***Action:***
2	**APC/15/02 – Declarations of Interest and Quoracy Check** A quoracy check confirmed that this meeting was quorate. There were no declarations of interest at this meeting.	
3	**APC/15/03 – Minutes of the previous meeting and matters arising.** ***15/03/01 – Minutes from the Previous Meeting*** The Minutes were agreed to be an accurate record of the previous meeting.	

	Matters Arising: **15/03/02 – Update on EHC Pathway** The position of levonorgestrel and ulipristal was discussed at the September 2014 APC and clarification on the pathway was requested in relation to other providers of sexual health services. Helen Stubbs presented a revised pathway for primary care for use in general practice and nurse-led primary care services which would be available as a link on the formulary website. The pathway excludes community pharmacy as this service is commissioned directly by local authorities. Two members felt that the needs of the Committee had not been addressed by the pathway in that it did not reflect the arrangements for EHC in all local authority commissioned specialist sexual health services. Sue Forster (Assistant Director of Public Health, St Helens) explained that, at the present time, it was not possible to align all EHC services across Merseyside as local authorities have the freedom to commission both specialist sexual health services and those delivered by community pharmacies. This issue is to be addressed in the future, but conformity at this stage was not possible. A vote was taken and 19 voted in agreement with adopting this pathway and there were no votes against.	
4	**APC/15/04 – New Medicines** ***15/04/01 – Grey Statement Summary*** There have been two grey holding statements produced by the New Medicines Sub-Group, one for Insulin Degludec + Liraglutide and the second for Aclidinium with Formoterol inhaler. There were no questions or objections. ***15/04/02 – Aflibercept DMO red statement*** This was identified at horizon scanning and licensed towards the end of last year. NMSG have reviewed the evidence for this treatment prior to the NICE TA being published, which is expected in June 2015. Their conclusion was, that for patients who had failed to respond to Lucentis, which is NICE approved, they should be allowed to be treated with Aflibercept. Using the NICE costing template it suggests that approximately 10 patients per annum will fail to respond to Lucentis. There is a PAS available for this treatment for all indications. Expected cost of £6,500 per patient (before PAS). No feedback comments were received from any organisations apart from agreement of the position pre-NICE. The position will be reviewed when the NICE TA is published. The statement was approved and there was no dissent to adoption of this statement. ***15/04/03 – Dabigatran VTE NICE TA amber statement*** An amber statement has been developed in line with the NICE TA, adopting the agreed Pan Mersey wording used for NOACs in atrial fibrillation around it being a treatment option. Within its licence there has to be an initial 5 days' treatment with a parenteral anticoagulant before starting dabigatran. Currently, Rivaroxaban is NICE approved for this indication, and Apixaban has been recently licensed but is not NICE approved yet. The NICE costing template suggests that demand would only be about 13 patients per 100,000 population at 5 years. The committee approved this statement. There was no dissent. ***15/04/04 – Rivaroxaban PE updated amber statement*** This is an update to reflect the NICE wording and the agreed Pan Mersey position regarding NOACs as a treatment option. The rest of the policy statement remains unchanged. There were no questions from the committee and the updated statement was approved. ***15/04/05 – Rivaroxaban DVT updated amber statement*** This is an update to reflect the NICE wording and the agreed Pan Mersey position regarding NOACs as a treatment option. The rest of the policy statement remains unchanged There were no questions from the committee and the updated statement was approved. ***15/04/06 – Nalmefene NICE TA amber statement*** Nalmefene was previously reviewed and a Black policy statement approved by the APC in 2013. A NICE technology appraisal was published in November 2014 and the updated Amber policy statement has been produced in line with the NICE recommendation. NICE has approved this option in conjunction with ongoing psychosocial support. Alcohol services are commissioned by Public Health and the service commissioned may differ by CCG. Individual CCGs will need to work with Public Health and their community alcohol services in order to	

agree how the NICE TA will be implemented locally.
There were no questions and the committee approved this statement.

15/04/07 – Ticagrelor updated amber statement

This is an update of an previous policy statement that had reached its review date. A couple of amendments have been made, namely, (1) the SPC change to include a statement around crushing tablets for those for whom it is appropriate and (2) Ticagrelor should not be routinely offered in combination with warfarin or NOAC. For those patients where the specialist wishes to initiate the combination after carrying out an individual clinical assessment of risk versus benefit, the specialist must clearly communicate the decision to the GP, including duration of therapy.
A question was raised about the asterisk comment on page 1, where it refers to age 60 years or older. DF pointed out that this statement was purely for unstable angina population and this is part of the description of these patients.
The statement was approved – there was no dissent.

15/04/08 – Vedolizumab for Crohn's Disease

In July 2014 the APC agreed that the NMSG should carry out a full evidence assessment. While NMSG was preparing a statement for stakeholder consultation, NICE have published a negative Appraisal Consultation Document. The sub-group proposed that they await the Final Appraisal Determination before progressing further with Vedolizumab for this indication. The committee agreed to this and AH will update the grey statement on the website accordingly.

5

APC/15/05 – Formulary and Guidelines

15/05/01 – Prednisolone e/c – updated statement

This is a simple update of a previous statement. The amendments are updated costings and references. It is considered that there is still a need for the statement because there are reasonable savings that could be achieved.

One member asked if the second paragraph could be removed because it was not the remit of the committee to recommend switching. After a discussion, it was suggested to amend the wording in the second paragraph to "consider switching…"
The majority of members voted for this suggestion therefore the statement was approved once it has been modified as agreed.

15/05/02 – Zoely statement

The draft black statement has been out for consultation. The recommendation of the sub-group was that it should not be prescribed. Consultation feedback was summarised. The FGSG wished to highlight that some stakeholders stated that they were already using Zoely or were considering producing their own policy regarding it despite there being a current APC Grey statement recommending it not be used until evaluated by APC. The main stakeholder clinical comments centred around disagreement with the black designation. The FGSG view was that the evidence did not support the contention that Zoely was more effective or better tolerated than other combined oral contraceptives despite the theoretical advantages of the 24/28 active pill formulation and the use of nomegestrol and 17β-estradiol, and it was significantly more expensive than alternatives. Other opinion was that the theoretical benefits could be valuable and that Zoely could be an option for women who had previously had a termination despite taking an oral contraceptive.

After discussion it was suggested the statement should be re-drafted as an amber statement with Zoely as a second-line option started by a specialist in contraception, and for FGSG to re-consult on this before it returning to the APC for its recommendation. This was agreed by majority vote.

15/05/03 – Dry eye treatment guideline

This has been produced in response to a request for guidelines. There is very little trial evidence comparing treatment options. The guideline gives information on when to refer to specialists, when to treat in primary care and updates the formulary choices for dry eye treatment.

Members approved this document, and the formulary will be updated to reflect the products and RAG ratings as listed in the guideline.

15/05/04 – Simbrinza eye drops
The request to add this to the formulary was approved by the APC committee.

15/05/05 – COPD Guideline
The guideline has been sent out for consultation twice. All the comments have been acknowledged and reviewed. The guideline is based on NICE CG COPD. Changes from the previous version are mainly to accommodate more recent inhaler products, salmeterol has been removed as monotherapy LABA choice, and the newer LAMAs as previously approved by APC have been included.

One member asked whether some thought had been given to COPD and rescue therapy advice, and whether patients should be given rescue packs at home. AMcM confirmed that NICE have produced guidance around this. Also, this does not suit everybody so then it is at the clinician's discretion.

As there was so much information to fit into this document, a small font size and the abbreviation 'mcg' were used. It was agreed that the font size should be increased to not less than 10 and the abbreviation of mcg can be kept in the flow chart but should be changed in the body of the text.

The APC approved the guidelines, and the resulting addition of DuoResp Spiromax as 2nd line LABA+ICS combination inhaler (and also its use in asthma in adults), Fostair inhaler as a 1st line option LABA+ICS combination, and Atimos Modulite inhaler as MDI option for formoterol to the formulary.

15/05/06 – Seretide 250 Evohaler COPD statement
This is an update of an existing statement although a new emphasis has been put on it from recommending alternatives over Seretide 250 Evohaler in COPD, to making it Black.
The statement now recommends it is a black drug for new patients in COPD as it is more expensive than the equivalent Accuhaler version, not licensed in COPD and Seretide is now a 3rd line option in the COPD guideline.
With change to the order of the first 2 combination items to match COPD guidelines the statement was approved.

15/05/07 – Flutiform statement – amendment
Current statement contains wording which may be discouraging practices from switching from alternative inhalers to Flutiform where this was an agreed CCG policy. Consultation with specialists in hospitals took place and there was consensus that removing this wording was acceptable if switching was carried out appropriately with face to face patient involvement. Overall the FGSG felt happy to remove the statement if it was acting as a barrier to switching patients.
Members had no questions and the amendment was agreed.

15/05/08 – Fostair Nexthaler
Fostair MDI is now on the COPD guidelines, it was already in the formulary but there is now a dry powder version, Nexthaler. The proposed addition of this formulation went out for consultation and there were no objections. NICE evidence review concluded it was equivalent to the existing MDI version. FGSG recommended the dry powder formulation should be included in the formulary but it is only licensed for asthma and this will be made clear in the formulary. It is licensed in people 18 years or older. No comments were received from Alder Hey about this. There were no comments from meeting attendees. The proposal was agreed.

15/05/09 – Lipid guidelines – NICE Bites
The Pan Mersey guideline requires updating in light of NICE CG181 publication in July 2014. The sub-group looked at revising the guideline but decided that, rather than repeating the NICE guideline, they would provide a link to the UK NICE Bites summary and adopt this as the APC Lipids Guideline. This could potentially be done for other NICE CG in future. The committee considered (1) adopting this as Pan Mersey Lipid Guideline and (2) whether to use other NICE Bites in the future? Questions were asked about whether there should just be a link to the guidance or whether a summary document such as NICE Bites was needed; whether the NICE Bites are user friendly; and whether there should be a flowchart produced by FGSG. In conclusion, , the majority of members voted in favour of using NICE Bites. A suggestion that FGSG should ask UKMi if they could do flowcharts in future was approved. Both (1) and (2)

	above were agreed. It was confirmed that it is possible to put a statement on the NICE Bites on the website to make clear that they have been approved by Pan Mersey APC. ***15/05/10 – NHS England commissioned drugs – links from formulary*** Where a drug is commissioned by NHSE it has been policy to put a website link in the formulary to their documentation. However, NHSE have reorganised their website and if this occurs again in future will result in ongoing considerable workload to keep links up to date. Having looked at the options, the CCG Leads and hospital Chief Pharmacists feel the best way forward is to remove the current links but leave a statement that says this drug is NHSE commissioned. For those drugs labelled 'NHSE commissioned' a general link will be provided on the formulary. The APC noted this. ***15/05/11 – NHSE Spec Comm "Shared Care" Drugs*** Within their list of NHSE commissioned drugs, NHSE have marked some drugs as suitable for shared care "where supported by local prescribing committee". This was discussed at the CCG Leads Meeting and the Leads /Chief Pharmacists Meeting recently and the decision was made to ask the APC to recommend that these drugs are not suitable for shared care locally. None of these drugs have been through the agreed shared care process to see if they meet the criteria. Several of the drugs are not included in the Pan Mersey formulary at the moment and funding issues are unresolved. This proposal that they are not regarded as suitable for shared care was agreed by the committee. ***15/05/12 – Minor formulary amendments*** The Pan Mersey APC were asked to approve five minor formulary amendments. These were agreed with the proviso that although dornase alpha was now a Red Drug, not amber, that existing patients prescribed it in primary care can continue to do so until any repatriation to NHSE goes ahead.	
6	***15/06 – Shared Care*** ***15/06/01 – Shared Care documentation*** Dr Rikki Abernethy (Consultant rheumatologist, St Helens & Knowsley Hospitals) spoke briefly to the point. The revised documentation for shared care was considered by the Committee and it was agreed that Associate specialists, Specialist registrars and Specialist nurses *who are nurse prescribers* could also sign the shared care agreement to initiate shared care. In all cases, it was felt essential for the name of the consultant to be included in the documentation for the GP records. The agreed revised Shared Care Framework template and the revised RAG ratings refer to both the patient's condition and drug treatment being stable before the GP is approached to take on the shared care of the patient. It was agreed that the definition of stability might be different depending on the condition for which the shared care is being requested and that future Shared Care Frameworks should be developed to provide as clear a definition as possible of terms such as 'stable' which may vary from one disease area to another, and that a reasonable and common-sense approach would be adopted. 16 members voted in support of the shared care documentation and there were 2 abstentions. ***15/06/02 – Revised RAG criteria*** Several shared care agreements are in place across Merseyside, but the process for their development in the past has been inconsistent, with the result that drugs have been badged as shared care for a variety of reasons without the application of a standardised process. The proposed definitions and criteria for categorisation of medicines in the Pan-Mersey formulary are intended to provide a standardised framework to apply to new and existing drugs in the formulary. A programme of review of existing drugs would be set up and it is likely that some drugs currently considered to be shared care may no longer be categorised as such, particularly where no monitoring is required in primary care. Such drugs would be re-badged as one of the three amber categories and prescribing support information would need to be drawn	

	up to support this process. Concern was expressed as to whether the RAG criteria have become over-complicated with all the colours and sub-categories but it was agreed by users in primary care that clear colour coding would be useful as a quick reference. It was agreed that the Amber patient-retained category would need careful thought in its use, and that drugs in this category should have supportive APC approved documentation. A vote was taken and approval was given. There was one dissent.	
7	**APC/15/07 – *Performance Reports*** ***15/07/01 – APC Prescribing Report January 2015*** Due to time limitations this was deferred until February.	
8	**APC/15/08 – Any Other Business** ***15/08/01 – AOB*** The meeting ran out of time so this item was deferred.	
9	**APC/15/09 Date, Time and Venue of the next meeting** The next APC meeting will be on Wednesday 25 February 2015 at 1.30 – 3.30pm in The Gallery, The Venue, Civic Way, Poplar Bank, Huyton, L36 9GD	

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.