

PAN MERSEY AREA PRESCRIBING COMMITTEE MEETING

Minutes of the Meeting held on Wednesday 25 February 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	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 (Paul Skipper attending)	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	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 Tom Kennedy	Consultant at RLBH and Chair of D&T		X
Dr Tom Kinloch	LMC Representative , Mid-Mersey LMC		X
Lee Knowles	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
Dr Neil Mercer	Consultant Anaesthetist/Chair Drug & Therapeutics	X	

	Committee – Aintree University Hospitals NHS Trust		
Graham Pimblett	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	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	
IN ATTENDANCE			
Erika Baker	Senior Pharmacist – Cheshire & Merseyside CSU		X
Anne Henshaw	Senior Pharmacist – Cheshire & Merseyside CSU		X
Agatha Munyika	Mersey Care NHS Trust		X
Graham Reader	Senior Pharmacist – Cheshire & Merseyside CSU	X	
Helen Stubbs	Senior Pharmacist – Cheshire & Merseyside CSU		X

1	<p>APC/15/10 – Welcome and Apologies for Absence</p> <p>The Chair welcomed the members and accepted the apologies of the following:</p> <p>Dr Aftab Hossain, Maureen Hendry, Tom Kennedy, Samuel Omar, Sid McNulty, Agatha Munyika, Heather Tomlinson, Alison Ewing, Isam Badhawi, Jenny Jones, Erika Baker, Anne Henshaw, Helen Stubbs and Dr. Dan Hawcutt (Alder Hey).</p>	Action:
2	<p>APC/15/11 – Declarations of Interest and Quoracy Check</p> <p>A quoracy check confirmed that this meeting was quorate.</p> <p>There were no declarations of interest at this meeting.</p>	
3	<p>APC/15/12 – Minutes of the previous meeting and matters arising.</p> <p>15/12/01 – Minutes from the Previous Meeting</p> <p>On page 6, item 15/06/01, it was proposed to insert a paragraph to read “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.”</p> <p>The APC committee agreed to the above addition.</p> <p>The Minutes were agreed to be an accurate record of the previous meeting.</p> <p>Matters Arising:</p> <p>15/12/02 – Chair of APC – expressions of interest</p> <p>Peter Johnstone is Deputy Chair at present and is happy to be Chair at times when necessary. The view has been expressed by the Chiefs and Leads that the Chair should be a Principal in Primary Care or a Consultant from Secondary or Tertiary Care. Dr Semple asked members to go back to their organisations and seek any expressions of interest to take over the position of</p>	ALL

	Chair. In the interim, Dr Semple agreed to stay on as Chair. When Dr Hawcutt attends for Alder Hey, Dr Semple will cease to vote.	
4	<p>APC/15/13 – New Medicines 15/13/01 – NMSG Updated Processes Jenny Lunn talked members through Appendix 1, the review documentation flowchart and flowcharts A and B. On Review process A, point 1 has been added at the bottom. There was a query over the box reading “No further review at this point in time. Update GREY holding statement”. Members felt it was important that a response plus feedback was given at this stage, to the person who made the request.</p> <p>JL drew attention to Point 1 at the bottom of Process B, stating where there are interdependent TAs the NMSG would treat these on an individual case basis. On the Documentation Flowchart, point 2 has been added at the bottom.</p> <p>Members were happy to approve these processes.</p> <p>15/13/02 – Grey Statement Summary Grey ‘holding’ statements have been produced for Apremilast (NICE TAs are due August 2015), Collagenase Clostridium Histolyticum (review underway), Dulaglutide (no application has been received for this yet) and Secukinumab (the NICE TA is due July 2015). These were approved.</p> <p>15/13/03 – Relvar in asthma The NMSG had felt that the evidence was limited for its use in asthma and there were other concerns such as the colour of the packaging (which may cause confusion). Therefore, at first, a black statement had been drafted but there were objections from some clinicians so a green statement has now been produced. The pharmaceutical company responded to safety concerns and have changed the colour of the packaging from January 2015.</p> <p>There were concerns over the lack of data in adolescence. Alder Hey Hospital clinicians stated that they would appreciate a cautionary note regarding the paucity of data in adolescence. An email was circulated requesting feedback from other local paediatric services. A reply has been received from Southport and Ormskirk saying they agree with Alder Hey’s position. Representatives from Warrington and Whiston were asked to confirm that paediatric consultants in these trusts concur with this view.</p> <p>The NMSG proposed adding the statement “It is not recommended by local specialists for use in adolescents aged 12-17, due to limited evidence in this age group.”</p> <p>This addition was agreed and the statement approved.</p>	<p>AH/JL</p> <p>DM/S G/AH</p>
5	<p>APC/15/14 – Formulary and Guidelines 15/14/01 – Phosphodiesterase type 5 inhibitors (PDE5) in ED statement The statement has been updated to reflect the removal of NHS prescribing restrictions on generic sildenafil. Sildenafil has decreased in price significantly due to patent expiry and is 1st line choice. The branded PDE5 are still subject to these restrictions. The statement also includes a new PDE5 inhibitor, avanafil, as 2nd line (along with vardenafil 2nd line) and makes tadalafil 3rd line for certain circumstances requiring daily use or where prolonged duration of action is required.</p> <p>Some minor amendments were suggested by the committee, to clarify that generic sildenafil may now be prescribed generally for ED causing severe distress and not just by specialist services.</p> <p>This statement was approved with these changes.</p> <p>15/14/02 – Targinact statement This statement is an updated amalgamation of previous North Mersey and Mid Mersey statements, stating restricted amber recommended prescribing as a 3rd line option when constipation is still unresolved with other strong opioids and multiple laxatives. A summary of the main points was given and changes from the consultation described. There were no questions from attendees and the statement was approved.</p>	GR

GR

15/14/03 – C. difficile avoidance statement

A summary of the main points was given and changes from the consultation described. Abbreviations in the document will be amended in line with usual practice. After a discussion, it was decided that the bottom two paragraphs will be moved to become the top two paragraphs with appropriate alterations to headings and the changing of wording to the first subheading that 'antibiotics and PPIs do increase the risk of C.Diff infection' rather than "may cause".

With these amendments the statement was approved.

15/14/04 – Naftodrofuryl and cilastazol etc statements

These are updates of existing statements, based on a NICE Technology Appraisal 223 which is now on the NICE "static list". Therefore no substantive change has been made. The FGSG agreed the statements were still required. These documents were approved.

15/14/05 – Escitalopram statement removal

Escitalopram was previously approved as an amber drug because it was more expensive than generic SSRIs but there were no major benefits for the majority of patients. The drug has now come off patent and has dropped in price considerably so there is little point in having it as an amber drug any more, therefore the FGSG propose changing it to green in the formulary and removing the statement.

This proposal was approved .

15/14/06 – Propiverine formulary addition

On introduction of overactive bladder (OAB) guideline recently, feedback was received from Southport and Ormskirk NHS Trust to say that propiverine is used by the spinal injuries specialists, and it is specifically licensed in this indication. Prices are about the same as for the other 2nd line drugs in the OAB guideline therefore it will not have a major financial impact. The FGSG proposed adding propiverine as amber to the formulary, to be prescribed on the recommendation or initiation of a spinal injury specialist.

This was approved.

15/14/07 – Minor formulary amendments

Four proposed amendments for Pan Mersey APC:

Glycopyrronium tablets for hyperhidrosis (currently amber in formulary): There is now a licensed product available (peptic ulcer) – addition as off-label use in place of unlicensed special.

Mepacrine for discoid lupus: This is an unlicensed special and its use is established practice – to be added as amber recommended to Chapter 13.

Oxybutynin m/r – addition as Red to formulary for hyperhidrosis (off-label use): In light of glycopyrronium tablets being amber for this indication it was agreed that this possible discrepancy would be specifically reviewed by the FGSG in its review of Chapter 13 currently being undertaken.

Omega 3 fatty acids: NICE CG 186 recommend that it should not be used for Multiple Sclerosis, therefore to add as Black to formulary.

All four minor formulary amendments were approved.

15/14/08 – Superceded statements – removal from website

These are all statements from legacy websites but the information is on the Pan Mersey formulary and therefore these are not needed now.

One member expressed an interest in Grazex which is not on the formulary and GR confirmed that this will be looked at in the review of Ch. 3 currently taking place.

Another member asked about the 'Pharmacist ordering prescriptions guidelines' – and where this can be put now because it is still of use. It was agreed to be retained at the moment and it can be discussed at the next CCG Leads Meeting in order to find the best way forward for its review. Representatives from Sefton and Liverpool CCGs agreed to share their guidance covering this issue. It was agreed that all the other statements would be removed from the websites (Interferon eye drops Red statement, Methotrexate intravitreal injection Red statement, Sodium chloride 7% Nebuliser solution Amber statement, Sodium Hyaluronate 0.2% (Hilo Forte) eye drops Green statement, Travoprost eye drops Black statement, Travoprost with timolol eye drops Black statement, Cannabis spray Black statement, Grass pollen extract

GR

DGG

SL/PJ

	(Grazex) Red statement, Strontium ranelate in osteoporosis statement and Liraglutide Green statement from NMAMMC website and Cannabis spray Grey statement, Heart failure guidelines and Hypertension guidelines from the MMMMB website).	
6	<p>APC/15/15 – APC Appeals Process 15/15/01 – Updated APC Appeals Process</p> <p>This was discussed at the Chiefs and Leads Meeting and some slight changes to the wording had been suggested. JL ran through the changes and additions, e.g. the word decision was changed to recommendation, Pan Mersey APC was added to the title and the references at the bottom were updated.</p> <p>JL was asked to add a sentence to the form to say “You cannot use this form if you are a pharmaceutical company”.</p> <p>Members approved the amended process and form.</p>	JL
7	<p>APC/15/16 – Performance Reports 15/16/01 – APC Prescribing Report January 2015</p> <p>The main points of the report were summarised by DGG. The volume of prescribing of Novel Oral Anticoagulants (NOAC) continues to increase. There were no objections to the proposal that the NOACs graph is removed.</p> <p>Quetiapine – propose to retain for now, as there is only one quarter of data. SL feedback from clinicians is that this statement is not being followed, and that the commissioners need to raise the issue with the providers</p> <p>Black drugs – nothing to report.</p> <p>Grey drugs – several medicines are being prescribed irrespective of the APC recommendation.</p>	
8	<p>APC/15/17 – Any Other Business</p> <p>15/17/01 – AOB <u>APC Chair</u></p> <p>The Chair reminded members to seek expressions of interest for the role of APC Chair from their respective organisations.</p> <p><u>Yellow Card Event 13 April 2015</u> This is taking place at the Foresight Centre. PJ asked members to encourage their GPs to attend as few are currently registered.</p> <p><u>New Venue</u> DGG reported that she had today visited a possible new venue for APC meetings, the V7 Building just off Prescott roundabout. The room is slightly smaller than the room currently used. However, there is free parking outside the building and further parking on some rough ground close by. This is a Mersey Care building and DGG will enquire whether or not there will be any charge (other than for tea and coffee).</p>	<p>ALL</p> <p>ALL</p> <p>DGG</p>
9	<p>APC/15/18 Date, Time and Venue of the next meeting</p> <p>The next APC meeting will be on Wednesday 25 March 2015 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.