

## PAN MERSEY AREA PRESCRIBING COMMITTEE MEETING

Minutes of the Meeting held on Wednesday 27 May 2015 in The Gallery Room,  
at The Venue, Civic Way, off Poplar Bank, Huyton L36 9GD

**Present:**

MEMBERS		Present	Apologies
Dr Sid McNulty (Chair)	Consultant Endocrinologist/Chair Drug & Therapeutics Committee – St Helens & Knowsley Teaching Hospitals NHS Trust		X
Peter Johnstone (Acting Chair)	Prescribing Commissioner – Liverpool CCG	X	
Isam Badhawi (Paul Mooney attending)	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 (Paul Mooney 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
Danny Forrest	Liverpool Heart and Chest Hospital FT (representing Gillian Gow)	X	
Simon Gelder (Mike Welsby attending)	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 FT (Danny Forrest attending)		X
Dr Dan Hawcutt	Alder Hey Children’s NHS FT	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 (representing Diane Matthew)	Principal Pharmacist Meds Management – Warrington & Halton Hospitals NHS FT	X	
Dr Tom Kennedy	Consultant at RLBUHT 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
Julie MacAngus	Bridgewater Community Trust (representing Heather Tomlinson)	X	
Dr Neil Mercer	Consultant Anaesthetist/Chair Drug & Therapeutics Committee – Aintree University Hospitals NHS Trust	X	
Paul Mooney	The Royal Liverpool & Broadgreen University Hospitals NHS Trust (representing Alison Ewing & Paul Skipper)	X	
Mark Pilling	Interim Head of Medicines Management – 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		X
Heather Tomlinson (Julie MacAngus attending)	Senior Clinical Pharmacist – Bridgewater Community Healthcare NHS Trust		X
Mike Welsby	St Helens & Knowsley Teaching Hospitals NHS Trust (representing Simon Gelder)	X	
Dr Julie Whittaker	St Helens CCG Governing Body Medicines Management Lead GP		X
<b>IN ATTENDANCE</b>			
Erika Baker	Senior Pharmacist – North West CSU	X	
Anne Henshaw	Senior Pharmacist – North West CSU		X
Graham Reader	Senior Pharmacist – North West CSU	X	
Helen Stubbs	Senior Pharmacist – North West CSU	X	

1	<p><b>APC/15/35 – Welcome and Apologies for Absence</b></p> <p>The Chair welcomed the members and introduced a visitor, Jennifer Goldman (a paediatric clinical pharmacologist from Kansas City) as an observer. The Chair then accepted the apologies of the following:</p> <p>Dr Sid McNulty, Steven Simpson, Dr Claire Forde, Nicola Baxter, Gillian Gow (Danny Forrest attending), Dr Catherine Doyle, Dr Anna Ferguson, Paul Skipper (Paul Mooney attending), Alison Butt (Maureen Hendry attending), Simon Gelder (Mike Welsby attending), Heather Tomlinson (Julia MacAngus attending), Dr Julie Whittaker, Dr Lisa Manning, Agatha Munyika and Anne Henshaw.</p>	<b>Action:</b>
2	<p><b>APC/15/36 – Declarations of Interest and Quoracy Check</b></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><b>APC/15/37 – Minutes of the previous meeting and matters arising.</b></p> <p><b>15/37/01 – Minutes from the Previous Meeting</b></p> <p>The Minutes were agreed to be an accurate record of the previous meeting.</p>	

	<p><b>15/37/02 – Matters Arising</b></p> <p><b>Expressions of interest for Deputy Chair</b> There have been no expressions of interest for the position of Deputy Chair therefore Peter Johnstone agreed to carry on in the post for another 12 months. This was agreed by all present.</p> <p><b>Decision-making Training</b> DGG reported that she has spoken to Pharmacy Management and has a telephone conversation booked for next week to discuss funding. It is proposed to obtain funding from the pharmaceutical industry. PJ declared an interest, namely that he is on the Editorial Board of Pharmacy Management. There were no objections to DGG continuing with her enquiries and getting some potential dates.</p>	<b>DGG</b>
4	<p><b>APC/15/38 – New Medicines</b> <b>15/38/01 – Grey Statement Summary</b> A grey holding statement has been produced for ivermectin cream for the treatment of papulopustular rosacea. There has been no application for use received. If one emerges then it will go into the APC prioritisation process. If prioritised, it will go on to the New Medicines Subgroup workplan.</p> <p><b>15/38/02 – LAMA/LABA combination inhalers</b> The recommendation is that LAMA/LABA combinations are treatment options for patients with COPD who would otherwise be prescribed separate LAMA and LABA inhalers. A discussion ensued regarding whether the wording was sufficiently clear. It was agreed minor grammatical changes be added to the title box by inserting 2 commas. The statement was approved with the amendment detailed above.</p> <p><b>15/38/03 – Brimonidine gel</b> EB summarised the background to this statement and tabled a revised amber statement. The April APC meeting proposed the inclusion of initiation and continuation criteria in the statement and these have now been added.</p> <p>APC members agreed that the treatment should be Amber-Initiated and the comment regarding supplying photographic evidence removed. Amber-initiated infers that treatment would be initiated by the dermatologist and continued until the patient had been followed up by the dermatologist to assess treatment response. For those patients who met the continuation criteria, ongoing prescribing and clinical responsibility would transfer to the patient's GP. It was agreed at the meeting to send this latest version of the statement out for formal consultation.</p>	
5	<p><b>APC/15/39 – Formulary and Guidelines</b> <b>15/39/01 – Zoely black statement</b> The changes agreed at the last APC Meeting have been made and the black statement has been brought back for ratification. There were no objections and the statement was approved.</p> <p><b>15/39/02 – Progesterone pessaries + LMWH/aspirin formulary addition</b> The combination of progesterone pessaries + low molecular weight heparin (LMWH) was considered by the FGSG because GPs were being asked by secondary care to prescribe the combination of these drugs in prevention of miscarriage in women with a history of previous miscarriage. The FGSG view was that the combination should be classified as red. Stakeholder feedback was in agreement with this proposal but also highlighted that aspirin was often used in combination with LMWH either with or without progesterone pessaries in this indication, and therefore the FGSG recommended the combination including aspirin should be red.</p> <p>After discussion the Committee agreed that progesterone pessaries and low molecular weight heparin should be classified as Red in prevention of miscarriage in women with a history of previous miscarriage, and to add the statement 'Red for prevention of miscarriage for the duration that the treatment is required in pregnancy' into the entries for progesterone pessaries and LMWH. However it was agreed that where aspirin was used alone or in combination with LMWH and/ or progesterone pessaries it should remain classified as green when used in this indication.</p>	

	<p><b>15/39/03 – Mexiletine formulary addition</b> This drug was not originally included in the formulary. However a small number of GPs had been asked to prescribe it by specialists for ventricular arrhythmias. It is an unlicensed special and it became apparent that there is existing prescribing that is predominantly retained in secondary care. The FGSG consulted on including mexiletine in the formulary as a red drug. All stakeholder comments were in agreement with this. The Committee agreed to the addition to the formulary as Red.</p> <p><b>15/39/04 – Lanthanum / sevelamer in dialysis - existing patients</b> Lanthanum and sevelamer for patients receiving dialysis are currently commissioned by NHSE and classified as Red in the formulary in these patients. However commissioning of these drugs in dialysis may transfer back to primary care in future. The proposal (from the Mersey Medicines Management CCG Leads) is to allow existing patients prescribed these drugs in primary care to be classified as amber, but newly initiated patients prescribing would continue to be classified as red until the commissioning responsibility review process is completed.</p> <p>One member expressed concern that from a secondary care perspective there may be perceived inequity or confusion due to patients being supplied via different routes. However the Committee approved this proposal.</p> <p><b>15/39/05 – Chapter 4 Formulary review</b> Chapter 4 has been reviewed by FGSG as its 2 year review date has been reached, and all sections were reviewed together to give a single review date for the whole chapter in future. The chapter has not been reviewed in terms of paediatrics; this will be done as a future exercise. The amendments were described with stakeholder feedback e.g. palliative care guidelines are now online so links have been added, an extra section on teratogenic effects of anti-convulsants has been added and MMMMB depression guidelines have been replaced by “NICE Bites” on depression.</p> <p>It was agreed that the statement “Prescribe by brand” should be added to slow release morphine and oxycodone entries to help to avoid errors in prescribing the correct product.</p> <p>There has been a recent MHRA statement on codeine in cough and cold preparations for children but this will be added to chapter 3 where these products are contained in the BNF.</p> <p>Regarding smoking cessation, the formulary only has contact details for the service in Warrington at the moment so CCGs were asked to send in details of their services so they can be added to the formulary.</p> <p>With these amendments the Committee approved the chapter 4 review.</p> <p>Formulary chapters are currently subject to three kinds of review – routine review of the chapter itself, review to include paediatric information and review (carried out by the shared care subgroup) of existing amber drugs to classify them according to the 3 sub-categories of amber or shared care, as agreed at the January 2015 Committee meeting. For operational and workload reasons it is not possible to bring all of these review processes together at one moment for each chapter without causing unacceptable delay to regular chapter review and, therefore, they will be done sequentially in many cases. It was clarified that for shared care drugs, if there are different arrangements with different CCGs these will be highlighted in the formulary.</p>	<b>CCG leads</b>
6	<p><b>APC/15/40 – Any Other Business</b> <b>15/40/01 – AOB</b> None.</p>	
7	<p><b>APC/15/41 Date, Time and Venue of the next meeting</b> The next APC meeting will be on Wednesday 24 June 2015 at 1.30 – 3.30pm. Venue: The Boardroom, V7 Building, Kings Business Park, Prescot, L34 1PJ</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.***