NHS
Pan Mersey
Area Prescribing Committee

PAN MERSEY AREA PRESCRIBING COMMITTEE MEETING

Minutes of the Meeting held on Wednesday 29 July 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 (Deputy Chair)	Prescribing Commissioner – Liverpool CCG		X
Isam Badhawi (Paul Skipper attending)	Senior Pharmacist – Liverpool Women's NHS Foundation Trust		X
Prof Ashley Baldwin	Chair of Medicine Management Committee 5 Boroughs Partnership NHSFT	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 Meds 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 (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	X	
Dr Dan Hawcutt	Consultant Paediatrician and Chair of D&T 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 (Jenny Jones attending)		X
Dr Neil Mercer	Consultant Anaesthetist/Chair Drug & Therapeutics Committee – Aintree University Hospitals NHS Trust	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 (representing Alison Ewing & Isam Badhawi)	X	
Dave Thornton	Principal Pharmacist, Clinical Services University Hospital Aintree	X	
Heather Tomlinson	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
IN ATTENDANCE			
Erika Baker	Senior Pharmacist – North West CSU	X	
Jill Edwards	Pharmacist – North West CSU	X	
Anne Henshaw	Senior Pharmacist – North West CSU		X
Agatha Munyika	Mersey Care NHS Trust		X
Dr Andrew Pryce	Knowsley CCG	X	
Graham Reader	Senior Pharmacist – North West CSU	X	
Helen Stubbs	Senior Pharmacist – North West CSU		X

		Action:
1	**APC/15/50 – Welcome and Apologies for Absence** The Chair welcomed the members and accepted the apologies of the following: Dr Catherine Doyle, Alison Ewing (Paul Skipper attending), Alison Butt (Maureen Hendry attending), Simon Gelder (Mike Welsby attending), Dr Aftab Hossain, Dr Lisa Manning, Agatha Munyika, Peter Johnstone, Helen Stubbs and Anne Henshaw.	
2	**APC/15/51 – 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/15/52 – Minutes of the previous meeting and matters arising.** ***15/52/01 – Minutes from the Previous Meeting*** The Minutes were agreed to be an accurate record of the previous meeting on 24 June 2015. **15/52/02 – Matters Arising** **Decision-making Training** DGG reported that the date of Wednesday 21 October has been confirmed, the presenter will be Prof Neal Maskery and the training will be funded by the CCGs (as confirmed at the recent CCG Leads Meeting). A flier will be sent out shortly by DGG with the details.	***DGG***

	Botulinum toxin type A in axillary hyperhidrosis statement After a discussion about the definition of 'specialist', which did not reach an agreed conclusion, it was agreed to leave the term as it is (without a definition). The statement was agreed, subject to receipt of local approval from each CCG. The Cheshire & Merseyside Commissioning policy will be updated to reflect this change to commissioning arrangements for Pan Mersey CCGs. **Bimatoprost 0.03% multidose eye drops** When withdrawal of this product was noted at the previous APC meeting, it was highlighted that additional information was available on prescribing the 0.01% multidose eye drops and they could be considered as an alternative. That information has now been checked and incorporated in the formulary, with the agreement of hospital ophthalmology departments.	
4	**APC/15/53 -- Shared Care** ***15/53/01 – Application of RAG criteria to existing Shared Care Agreements*** Following on from the approval of the Shared Care/RAG Policy, the criteria are now being applied to each drug/drug group. Attention was drawn to page 2 of the accompanying document and the list of drugs considered so far. Apomorphine: Representatives from University Hospital Aintree expressed concern that shared care for apomorphine works well at present, with GPs agreeing to take on prescribing of the drug prior to initiation and the prescribing being transferred once the patient is stable. DGG responded that there was no reason why the prescribing support document could not be used in the same way and that formal Shared Care according to the criteria was not necessary. The Committee agreed this approach. The status of Amber Patient Retained was agreed. Atypical Antipsychotics: It was reported to the meeting that Sefton Medicines Committee had concerns, particularly in relation to patients being discharged, and felt that these drugs should be 'Amber Retained'. There followed a debate about how 'Amber Initiated' could work in practice. Sefton GPs were concerned that there would be a wholesale discharge of patients to GPs without discussion. Representatives from the 2 mental health trusts present attempted to reassure GPs that prescribing support documentation for patients meeting the amber initiated criteria would include a set of guidelines which would be followed. The mental health trust representatives also offered to visit practices to listen to concerns of GPs in order to find solutions. DGG made it clear that any prescribing support documentation would be consulted upon and ratified through the APC, prior to any implementation. Representatives of Sefton CCGs will take this back to the Sefton LMC for further discussion. The status of Amber Initiated was agreed. Cholinesterase inhibitors for Dementia: GPs expressed concern that they do not have sufficient expertise in this area, in particular about how and when the drug would be discontinued. A representative from 5BP confirmed that he would expect to give guidance to the GP. For example, when looking to hand over the prescribing for a patient he would be clear about what the natural or expected progression of the disease should be and would put a clear management plan in a letter to the GP. Prescribing support documentation would be required, and there should be no implementation for approximately 6 months until documentation is in place. Once again, it was stated that any documentation would be consulted upon and presented to the committee for approval. Sefton CCGs will discuss with the Sefton LMC. The status of Amber Initiated was agreed.	

	ADHD in Children / Adults: Shared Care status was accepted. Need to acknowledge ADHD shared care status is only currently approved in Liverpool – this was accepted, and it was recognised that documentation would need to be updated and consulted on across the Pan Mersey area prior to implementation. Lithium: Shared Care status was agreed. DMARDs: Shared Care status was agreed. GnRH: It was recognised that there are different processes in place across the patch at present, but no dissent was noted. Amber Patient Retained status was agreed. Low Molecular Weight Heparins: There was concern over the complex nature of some of the preparations and conditions included in this category, and it was suggested that futher advice was needed from haematologists – ON HOLD	
5	**APC/15/54 – New Medicines** ***15/54/01 – Grey Statement Summary*** A grey policy statement has been produced for edoxaban. A NICE TA is expected in September 2015 for treating acute VTE and secondary prevention of VTE. For the indication stroke prevention in AF, the publication date of the NICE TA has not been confirmed. This grey statement will be reviewed on publication of the NICE TA. A grey policy statement has been produced for golimumab for non-radiographic axial spondyloarthritis. A NICE TA is anticipated September 2015 for this indication. This grey statement will be reviewed on publication of the NICE TA. A grey policy statement has been produced for insulin glargine in type 1 and 2 diabetes mellitus. NMSG will conduct a new medicines evidence assessment of this product as it was identified in last year's annual horizon scanning process and is included in the current NMSG workplan. ***15/54/02 – Aripiprazole prolonged-release injection statement amendment*** A minor amendment has been made to the policy statement to include an additional injection site to reflect the Summary of Product Characteristics. No objections were raised by committee members. ***15/54/03 – Dulaglutide prioritisation*** A new application for this product was received in June 2015, which was not identified during last year's annual horizon scanning process. A prioritisation exercise was conducted to elicit whether this product was of sufficiently high priority to be reviewed in-year. NMSG concluded it was of intermediate priority and therefore not for review in-year but forwarded for consideration in the annual horizon scanning process for FY 2016/17. On behalf of the provider that proposed the application, it was explained that there was a small cohort of patients for whom dulaglutide could be considered to be advantageous over current NICE approved long-acting GLP-1 analogues, i.e. patients with poor dexterity as the product is formulated as a prefilled that does not require reconstitution unlike the alternative exenatide prolonged-release. It was requested that dulaglutide be available for use under the caveat 'where the clinician feels there are extenuating clinical circumstances' to permit deviation from the general policy of not for routine use. It was further acknowledged that the product has a significant greater acquisition cost compared to alternatives. The committee agreed that there would be circumstances where this drug would be more suitable for a small number of patients, however, this would need to be considered on a case by case basis, and would need to be discussed with the GP prior to initiation. ***15/54/04 – Tapentadol immediate-release statement review*** The costs have been updated. No new evidence has emerged. The committee agreed the reviewed policy statement.	

	15/54/05 – Tapentadol prolonged-release statement review RAG status revised to amber-initiated. Black triangle status has been removed and costs have been updated. It is a third line option. The committee agreed the reviewed policy statement. ***15/54/06 – Ivabradine statement review*** RAG status has been revised to Amber-Initiated. A change has been made to the definition of heart failure specialist. Costs have been updated. The committee agreed the reviewed policy statement. ***15/54/07 – Dapagliflozin combination therapy statement review*** No changes were required. The committee agreed the reviewed policy statement. ***15/54/08 – Secukinumab in plaque psoriasis*** A red policy statement has been produced in line with NICE TA350. The committee agreed the policy statement. ***15/54/09 – Naloxegol*** A green policy statement has been produced in line with NICE TA345. There is expected to be a financial impact for CCGs. Some members expressed their concerns at the potential significantly greater acquisition cost compared to first line treatment options for opioid-induced constipation (osmotic laxative plus rescue stimulant laxative), but accepted that as it was a NICE TA it would need to be approved. The committee agreed the policy statement. ***15/54/10 – Aflibercept in DMO*** A red policy statement has been produced in line with NICE TA345. It is envisaged there will be some financial impact for CCGs, although this is unlikely to be as much as NICE had estimated in their costing template due to the patient access scheme and the fact that it is already in use by providers across the Pan Mersey health economy. The committee agreed the policy statement. ***15/54/11 – Dexamethasone in DMO*** A red policy statement has been produced in line with NICE TA349. The anticipated financial impact was considered small at an estimated £7,500 per 100,000 population. The committee agreed the policy statement.	***GR***
6	**APC/15/55 – Formulary and Guidelines** ***15/55/01 – Tiotropium in asthma statement*** The subgroup felt that the evidence was relatively poor and initially recommended a black designation. However, stakeholder feedback made the point that the alternative treatments at Stage 4 asthma recommended in the British Asthma Guideline also did not have high quality evidence of benefit, and therefore the statement was changed to Amber Recommended and sent out for re-consultation. Feedback comments for the Amber Recommended statement were broadly in agreement but some comments that it could be classified as green were received. However, the FGSG kept the recommendation as Amber Recommended on the basis that although GPs are familiar with the drug in COPD, it is used at Step 4 severity in asthma and therefore the patient would benefit from a specialist review at that stage (and the FGSG view is other Step 4 drugs are RAG rated Amber Recommended for this reason at forthcoming chapter 3 review). There were no objections and the statement was agreed. ***15/55/02 – Licensed oral colecalciferol products statement*** This statement has been updated because manufacturers have brought out a number of further licensed products since the original version was approved last year. Feedback was broadly in agreement with the statement. The F&G subgroup is currently updating North Mersey and Mid-Mersey vitamin D guidance to come to a subsequent meeting and the FGSG asked the committee for permission to automatically include a link to this in the statement when this becomes available. The committee agreed to this. The statement was agreed.	

	15/55/03 – Eflornithine cream statement This statement brings together the two previous differing statements from North Mersey and Mid Mersey on eflornithine cream for facial hirsutism. The subgroup, on balance, recommended Green with a number of restrictions on prescribing. However the subgroup still had reservations about the statement, as Green may be perceived as an endorsement of widespread prescribing, and because the evidence for effectiveness is poor. However if there is going to be any use of it, it would not be appropriate for patients to attend hospital in order to commence treatment, and the Cheshire and Mersey CCGs policy covering availability of laser treatments for hirsutism states that medical treatments should be tried for 1 year, therefore making eflornithine Black may lead to more laser treatment. In stakeholder feedback there was quite a lot of agreement from specialists that this did have a niche role, but feedback from a number of CCGs was it should be black. After further discussion, it was agreed to designate eflornithine cream Black and remove the paragraph regarding the restricted use. The Committtee requested that the Black statement is sent out for consultation in light of this change. ***15/55/04 – Patients with particular dietary needs statement*** While looking at colecalciferol products the subgroup received requests to include advice about suitability of products in halal and kosher diets, etc, so felt it would be helpful to produce general guidelines to help prescribers. As this concerns diets which are chosen by patients (rather than diets required by medical need) this was outside of the expertise of the prescriber to say what is and what is not suitable for such diets. Therefore the aim of the guideline was to support the prescriber in giving the patient a list of ingredients or pointing the patient in the direction of where they can find the ingredients (eg SPC, PIL) thus allowing the patient to make their own decision on suitability for their diet. It was suggested that the word 'Adult' is added to the title and in the text, and the word 'Needs' be replaced by 'Choices', so the title to read 'Adult Patients with Particular Dietary Choices' . Also the wording to be changed to read " … prescribers may advise the patient where to obtain the lists of ingredients contained in medicines …". Coeliac disease is a medical condition therefore it was agreed that information relating to this condition should be removed and information put elsewhere in the formulary. Dietary requirements are linked to other medical circumstances, e.g. allergy to a constituent of a medicine. In such circumstances, it was still the responsibilty of the prescriber to make the decision on a suitable product. The statement was agreed with the changes outlined above. ***15/55/05 – Esomeprazole statement withdrawal*** This drug was significantly more expensive than alternatives but it is now a generic drug and the price has fallen so it is comparable in cost to other generic PPIs, therefore it may no longer need to be restricted as an Amber drug for severe oesophagitis. It was agreed that a comment should remain in the formulary to say that sachets are much more expensive. APC members agreed the removal of the amber statement and the RAG status change from amber to green.	***GR*** ***GR***
7	**APC/15/56 -- Safety** ***15/56/01 – Safety Update*** Inhaled Corticosteroid safety guidance and when to issue a steroid or ICS treatment card. The committee agreed the safety guidance. Domperidone – update on treatment advice. The committee agreed the safety guidance subject to a minor amendment to include end of life under "special patient groups". Methotrexate policy statement review. The committee agreed the reviewed black statement.	

8	**APC/15/57 -- Performance Reports** ***15/57/01 – APC Prescribing Report July 2015*** Quetiapine – The APC approved the statement for immediate release quetiapine in Sept 2014 and the report shows a slow decline in its usage. Colief – The usage of Colief had been decreasing but now appears to be on the increase again. Members agreed that a reminder should be sent out to prescribers (e.g. health visitors and midwives). Black drugs (page 3) – these figures show the actual cost in the last 3 months. The arrow is useful to show increase/decrease but it was suggested that this be moved nearer to the figure and should be colour coded to show increase and decrease. The date will also be added to the table. Once these changes have been made it will be recirculated to members as requested.	***PE/ DGG***
9	**APC/15/58 – Any Other Business** ***15/58/01 – AOB*** None.	
10	**APC/15/59 Date, Time and Venue of the next meeting** The next APC meeting will be on Wednesday 30 September 2015 at 1.30 – 3.30pm. **THERE WILL BE NO MEETING IN AUGUST** Venue: The Venue, Civic Way, off 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.