

PAN MERSEY AREA PRESCRIBING COMMITTEE MEETING

Minutes of the Meeting held on Wednesday 21 October 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
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
Nicola Cartwright	Acting Deputy Head of Meds Man, St Helens CCG	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 (Nicola Cartwright attending)	Head of Medicines Management – St Helens CCG		X
Donna Gillespie-Greene	Deputy Head of Medicines 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, L’pool 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	
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	X	

	CCG and Southport & Formby CCG		
Julie MacAngus	Bridgewater Community Healthcare (representing Heather Tomlinson)	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	
Kath Phillips	Pharmacist – Southport and Ormskirk 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
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 (Julie MacAngus attending)	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 LMC		X
IN ATTENDANCE			
Erika Baker	Senior Pharmacist – North West CSU	X	
Caroline Crouch	Senior Pharmacist – North West CSU	X	
Danny Forrest	Liverpool Heart and Chest Hospital FT		X
Anne Henshaw	Senior Pharmacist – North West CSU	X	
Jenny Johnston	South Sefton CCG	X	
Agatha Munyika	Mersey Care NHS Trust	X	
Graham Reader	Senior Pharmacist – North West CSU	X	
Helen Stubbs	Senior Pharmacist – North West CSU	X	
Janet Walsh	Medicines Optimisation Pharmacist, West Lancs	X	
Mike Welsby	St Helens&Knowsley Teaching Hospitals NHS Trust	X	

1	<p>APC/15/69 – Welcome and Apologies for Absence</p> <p>The Chair welcomed members and accepted the apologies of the following:</p> <p>Dr Jan Breeden, Adrian Brown, Alison Butt (Maureen Hendry attending), Dr Catherine Doyle, Alison Ewing (Paul Skipper attending), Dr Claire Forde, Danny Forrest, Simon Gelder (Mike Welsby attending), Margaret Geoghegan (Nicola Cartwright attending), Gill Gow, Dr Aftab Hossain, Dr Lisa Manning, Kath Phillips, Lucy Reid, Dr Shamim Rose, Dr Julie Whitaker and Dr David Wilson.</p>	Action:
2	<p>APC/15/70 – Declarations of Interest and Quoracy Check</p> <p>A quoracy check confirmed that this meeting was not quorate.</p> <p>A declaration of interest was received from Peter Johnstone who has provided advice (not necessarily related to NOACs) to all four manufacturers of NOACs in the past.</p>	
3	<p>APC/15/71 – Minutes of the previous meeting and matters arising.</p> <p>15/71/01 – Minutes from the Previous Meeting</p> <p>The Minutes were agreed to be an accurate record of the previous meeting on 30 September 2015.</p>	

	<p>15/71/02 – Matters Arising</p> <p>Blood Glucose Meters guideline - liaison with C&M diabetes strategic clinical network GR had contacted Dr Ahmad, Chair of C&M Diabetes Strategic Clinical Network, to say the APC had approved the guidelines at its September meeting. As requested he had explained the APC responses to the points the Network had raised regarding the Guideline and how they had been addressed, and asked for the Network's response to this prior to publication of the guideline on the website.</p> <p>There were three further responses from the Network to this: (1) some sort of guidance is welcome, (2) patients should not be changed to cheaper strip meters without receiving adequate training on how to use the new meter correctly, and (3) concerns about patients who may purchase meters that are not included in the guideline from community pharmacies and then may not be able to get strips from their GP.</p> <p>The Committee agreed to add a statement to the guideline that patients should not be switched without training on a new meter; and agreed that contact should be made with Local Pharmaceutical Committees to inform pharmacies of the guidelines, emphasising the guideline did not exclude use of other meters if one of these was suitable when a recommended meter was not.</p> <p>It was agreed that the guidelines will be put on the website.</p>	
4	<p>APC/15/72 -- Shared Care 15/72/01 – Lithium Shared Care – minor amendment</p> <p>A minor change to the wording of the Lithium Shared Care Framework is proposed, namely, that the consultant's name and contact details should be inserted in all cases, not just in the case of a request from a Specialist Nurse. HS confirmed that this would be the same across all shared care agreements.</p> <p>The APC committee agreed to this amendment.</p>	
5	<p>APC/15/73 – New Medicines 15/73/01 – Grey Statement Summary</p> <p>Grey holding statements have been uploaded on to the website for two new drugs. Alirocumab – this will be reviewed when the NICE TA is published (expected June 2016). Vortioxetine – to be reviewed when the NICE TA is published (date to be confirmed).</p> <p>15/73/02 – Edoxaban (NOACs) in AF</p> <p>Edoxaban has been added to the green combination statement for NOACs in AF now that the NICE TA for edoxaban has been published. The front page has been updated to include edoxaban and an additional page including the edoxaban evidence and prescribing information has been added.</p> <p>A discussion took place about reversibility agents for NOACs as the first one may be available in 2016. It is the intention of the NMSG that these products will be monitored closely and as they become available the information will be added into the relevant sections of the statement and clarity was sought over whether these amendments needed to come back to APC for approval or whether the amendments could be made then just noted at APC.</p> <p>The question was raised whether availability of a reversal agent or not might mean that specific NOAC(s) should be recommended as the preferred choice within Pan Mersey on patient safety grounds. However, from a NMSG perspective, due to the NICE TAs stating that all NOACs are an option, the policy statement cannot rank or give an order of preference unless there are very good grounds for doing so as access to treatment for a NICE TA drug cannot be further restricted from the TA recommendation. However, it was acknowledged that it will be necessary to amend or remove the bottom paragraph on page 1 of the statement as the reversal agents become available, and it was felt that availability of reversal agents may drive individual clinician and patient choice of agent in the future.</p> <p>The committee agreed that the document should be brought back to the APC for noting when any amendments are made, but that it was not necessary for the document to be brought back for formal approval provided the changes were not considered to be significant.</p>	

	<p>15/73/03 – High strength & Biosimilar insulins A briefing paper has been produced by the NMSG with a proposal for managing the introduction of high strength and biosimilar insulin products in such a way as to minimise the risk of medication error. It is also the aim for commissioning organisations across Pan Mersey to agree a single, coordinated approach. There are a large number of different insulins already available and with the introduction of biosimilar insulins or multiple strengths of the same insulin, the potential for confusion and/or errors is significant.</p> <p>The NMSG is proposing the introduction of two overarching statements; one for high strength insulins and a further statement for biosimilar insulins. Each would cover guiding principles and safety information. RAG status will be assigned to each and these statements would go through the full APC consultation process. After that as new biosimilar insulins, or different strengths of existing insulins, are launched in the UK then they would be assigned the agreed RAG status within the formulary. Each new product would be checked for any additional safety issues that need to be highlighted. With regard to timescales, as soon as APC agreement is obtained then the work on this will start. The Safety subgroup will lead on this, with input from NMSG. The APC Committee agreed to the proposals.</p>	
6	<p>APC/15/74 – Formulary and Guidelines 15/74/01 – Eflornithine Black statement This originally came to the APC in July as a green statement with very restrictive criteria for use. In line with the decision of APC from that meeting, the statement has been changed to black and it has been re-consulted on. The consultation feedback fell into two camps: (1) it has a very limited role in some patients and therefore should be green; and (2) it should be black, broadly in line with previous feedback to the initial green statement that the Committee had already taken into account at the July meeting.</p> <p>One additional comment received was that existing patients who have responded to treatment should be allowed to continue with treatment. A sentence stating this had been added. The APC agreed to the black statement.</p> <p>15/74/02 – Dronedaronе Amber Retained statement This had been previously presented to the September 2015 APC meeting as an amber-retained statement with the suggestions that the cardiac echo and one ECG that is needed once every year is carried out by the specialist, and with the other ECG and renal and hepatic monitoring at 6 monthly intervals carried out by the GP. It was apparent that access for GPs to ECG monitoring was not uniformly available across Pan Mersey so it was agreed at the September meeting that ECG monitoring should be carried out by secondary care, and as the patient was attending 6 monthly for this, for renal and hepatic monitoring also to be carried out in secondary care. The Formulary & Guidelines subgroup were asked to amend the statement and bring back to the APC.</p> <p>The Formulary & Guidelines subgroup subsequently expressed concern about no monitoring being retained by the prescriber and suggested that it was preferable for the GP to retain renal and hepatic monitoring at 6 monthly intervals as this would provide a prompt to check that echo and ECG monitoring by the specialist was in hand.</p> <p>There was discussion, around patients taking some responsibility and, whether the introduction of the additional need to communicate results of additional tests from secondary to primary care, will increase the chances of error. It was agreed to adopt the Subgroup suggestion that renal and hepatic monitoring should be retained in primary care and approve the statement in principle, but that a framework document describing how this should work in practice should be produced that could be implemented by prescribers. It was agreed that the Subgroup should produce a framework and consult on it through the standard process and bring it the January APC meeting if possible. The Amber Retained statement would not be implemented until the framework had been approved also.</p> <p>15/74/03 – Sequential biologics in psoriatic arthritis policy statement update This is an update of an existing statement already on the website. It has now had ustekinumab added in line with ustekinumab in psoriatic arthritis statement and Pan Mersey psoriatic arthritis pathway previously approved in June 2015. The committee agreed to this statement update.</p>	GR

7	<p>APC/15/75 – Any Other Business 15/75/01 – AOB <u>Use of Pharmaceutical Companies’ Free of Charge Schemes</u> Some pharmaceutical companies are offering free use of medicines prior to NICE TAs being published, (this is not to be confused with the early access to medicines scheme (EAMS)). There was a discussion at a previous meeting of Chief Pharmacists and CCG Lead Pharmacists where it was considered good to have a guideline or policy concerning these free of charge schemes. If NICE do not approve the drugs in question, then funding for individuals could stop and at present there is a lack of clarity on how patients might be affected by such a decision.</p> <p>The policy would aim to provide clarity on the benefits versus risks of entering into such agreements with pharmaceutical companies.</p> <p>One member organisation reported that they have signed up to a scheme but they have been extremely careful with the wording of the contract in order to minimise any financial risk.</p> <p>There were no objections and members agreed to the production of a policy document.</p>	
8	<p>APC/15/76 – Decision Making Training 14.00 – 16.30 hrs: ‘Making Decisions Better’ training session run by Prof Neal Maskrey.</p>	
9	<p>APC/15/77 Date, Time and Venue of the next meeting The next APC meeting will be on Wednesday 25 November 2015 at 1.30 – 3.30pm. Venue: The Venue, Civic Way, off 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.