

## PAN MERSEY AREA PRESCRIBING COMMITTEE MEETING

Minutes of the Meeting held on Wednesday 25 November 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	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	Lead Pharmacist Clinical Services, 5 Boroughs Partnership, Mental Health Trust	X	
Dr Catherine Doyle	Clinical Lead Meds Management– Warrington CCG		X
Jill Edwards (representing J Lunn)	Pharmacist – 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	
Simon Gelder	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 (Jill Edwards attending)	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
Paul Mooney	The Royal Liverpool & Broadgreen University Hospitals NHS Trust (representing Alison Ewing & Paul Skipper)	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 (Paul Mooney attending)	Deputy Director of Pharmacy – The Royal Liverpool & Broadgreen University Hospitals NHS Trust		X
Dave Thornton	Principal Pharmacist, Clinical Services University Hospital Aintree	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 LMC		X
<b>IN ATTENDANCE</b>			
Erika Baker	Senior Pharmacist – North West CSU	X	
Anne Henshaw	Senior Pharmacist – North West CSU	X	
Lucia Mora Garcia-Lomas	Senior Clinical Pharmacist, Mersey Care NHS Trust	X	
Agatha Munyika	Mersey Care NHS Trust	X	
Graham Reader	Senior Pharmacist – North West CSU	X	
Helen Stubbs	Senior Pharmacist – North West CSU		X

1	<p><b>APC/15/78 – Welcome and Apologies for Absence</b></p> <p>The Chair welcomed members and accepted the apologies of the following:</p> <p>Dr Rob Barnett, Dr Catherine Doyle, Jenny Lunn (Jill Edwards attending), Dr Neil Mercer, Dr Shamim Rose, Helen Stubbs and Heather Tomlinson.</p>	<b>Action:</b>
2	<p><b>APC/15/79 – Declarations of Interest and Quoracy Check</b></p> <p>A quoracy check confirmed that this meeting was not quorate at the beginning but it was after the arrival of Dr Hawcutt. Dr Hawcutt confirmed his agreement to each agenda item agreed before his arrival and the members of the APC committee were happy with this.</p>	
3	<p><b>APC/15/80 – Minutes of the previous meeting and matters arising.</b></p> <p><b>15/80/01 – Minutes from the Previous Meeting</b></p> <p>The Minutes were agreed to be an accurate record of the previous meeting on 21 October 2015.</p> <p><b>15/80/02 – Matters Arising</b></p> <p><b>Decision-Making Training Feedback</b></p> <p>DGG asked members to let her have any feedback comments regarding the training session on 21 October. As a result of responses received so far, it is planned to have some more training early in the new financial year. A brief Survey Monkey comprising just a few questions will be sent to members shortly.</p>	

4	<p><b>APC/15/81 -- Antimicrobial Guidelines</b>  <b>15/81/01 – Primary Care Antimicrobial Guidelines 2015</b></p> <p>Attention was drawn to the ‘Summary of Significant Changes 2015’ and DGG talked through the additions, deletions, clarification and formatting changes made. This update has been produced in line with the Public Health England Guide 2015.</p> <p>There were no comments and there was no disagreement to the ‘2015 Antimicrobial Guide and Management of Common Infections in Primary Care’ from members.</p> <p>The APC committee agreed to these guidelines. They will be uploaded to the Pan Mersey APC website, initially as a PDF, and added to NetFormulary at a later date. A format that allows hard copies to be printed will be available.</p>	
5	<p><b>APC/15/82 – New Medicines</b>  <b>15/82/01 – Tolvaptan in ADPKD</b></p> <p>This is a red statement in line with NICE TA358. Autosomal dominant polycystic kidney disease is a rare condition and at the moment there is no treatment available to cure it. Other available treatment options only treat the symptoms, but this treatment slows down progression of the condition. Even though the cost of the drug is significant it must be balanced against potential savings from reduced hospital admissions, etc.  The APC members agreed to this statement.</p> <p><b>15/82/02 – Souvenaid – review of expiring statement</b></p> <p>This is an update of the original Souvenaid statement, which was due for renewal. The NMSG looked for new evidence published since the original statement was produced and did not find sufficient evidence to change the RAG status, so it remains black. It is available for people to buy over the counter from accredited pharmacies (if the pharmacist is trained). It is not a licensed medicine, it is a Food for Special Medical Purpose, but has not been approved through the Advisory Council for Borderline Substances (ACBS).  APC members agreed to this black statement.</p> <p><b>15/82/03 – NOACs in VTE combination statement</b></p> <p>Declaration of interest: Peter Johnstone – Bayer, Boehringer Ingelheim, Bristol Myers Squibb, Daiichi Sankyo UK.  Declaration of interest: Dave Thornton – Bayer, Boehringer Ingelheim, Bristol Myers Squibb, Pfizer.  Declaration of interest: Mark Pilling – Bayer, Pfizer, and is a commissioned anticoagulant monitoring service provider.</p> <p>Five separate statements, which were produced as each of the NICE TAs were published, have been amalgamated into a single document for ease of use by clinicians. The front page has been re-worked to pull it all together and then behind that are separate supplementary information sheets for each drug. Rivaroxaban NHS list price will reduce from 1 December 2015 and so the cost information will be amended to reflect this before it is uploaded to the website. One small amendment was suggested, which will also be included.</p> <p>As all 5 statements have previously been approved, all CCG representatives confirmed they are happy for CCG approvals to be immediately put on this combination statement on the APC website.  The APC Committee agreed to the statement and proposals.</p> <p><b>15/82/04 – Fidaxomicin statement non-renewal</b></p> <p>Declaration of interest: Peter Johnstone – Astellas.</p> <p>This statement was due for renewal at the end of July 2015. The New Medicines subgroup considers that the Pan Mersey APC recommendation for this drug is now established into local clinical practice and so the policy statement does not add any further additional benefit. The NMSG proposed that this statement will not be reviewed and will be archived.  The APC had no objections to the non-renewal of this statement.</p>	
6	<p><b>APC/15/83 – Formulary and Guidelines</b>  <b>15/83/01 – Chapter 8 Formulary review</b></p> <p>The FGSG has carried out the routine 2-yearly update of the chapter. All the feedback received</p>	

has been actioned. A summary of changes was given.  
The APC members agreed to this Chapter 8 update for upload onto the formulary.

**15/83/02 – Chapter 12 Formulary review**

The FGSG has carried out the routine 2-yearly update of the chapter. This review was presented to the APC committee and a summary of changes was given. The full BNF warning has been added, about drops containing aminoglycosides or polymyxins in patients with a perforated ear drum or grommet. Ciprofloxacin eye drops (off label indication) have been made 3<sup>rd</sup> line for otitis externa (green RAG rating) in line with new 2015 Antimicrobial Guide and Management of Common Infections in Primary Care (item APC/15/81 above)

There was a discussion about the place of beclomethasone nasal spray. Its previous position as first choice is now only the case for short term use. There was subsequent discussion on whether it should be removed completely from the formulary. It was agreed to remove any mention of first choice use but leave it in the formulary for short term use. After these minor amendments the committee agreed the chapter review.

**15/83/03 – Azithromycin in COPD/bronchiectasis statement review**

Declaration of Interest: Peter Johnstone – Pfizer.

This is an update of an existing statement. Further evidence has been published and the statement updated accordingly, but the overall recommendation remains the same with amber subcategory now as amber recommended. Stakeholder feedback had concerned the 6 month period over which any reduction in exacerbations should be assessed, but consensus was that 6 months was appropriate to consider whether discontinuation was warranted. Also, a comment has been added relating to the specialist advising the GP about the daily dose, as a range of doses have been used in clinical trials, as well as counselling the patient that this was off label use. A discussion took place about whether a consensus could be reached about the dose. It was agreed that GR would scrutinise the ACCP/CTS guidelines and if there is a definite recommended dose then the APC would agree that. However it was felt likely the exact dose was not specified and, if that was the case, the statement will be agreed as it is with a dosage range.

**15/83/04 – Levosert addition to formulary**

Levosert intra-uterine contraceptive is licensed for 3 years' use prior to replacement (Mirena is licensed for 5 years). Stakeholder feedback was that it is helpful to have an additional choice but there is only a slight advantage over Mirena and Jaydess in terms of marginally reduced initial cost, and that these other devices needed to remain in the formulary. Individual patient factors meaning the 3 devices may each be slightly more preferable to individuals are likely to be the main factor in choice. One CCG was not keen for Levosert to be added to the formulary. Overall there was agreement to add Levosert to the formulary, providing exact prescribing data is reviewed in 12 months to see which of the devices are being used, to see if the formulary can be rationalised at that point.

**15/83/05 – De-Nol discontinuation**

Declaration of Interest: Peter Johnstone – Astellas

De-Noltab will be discontinued from December 2015 by the manufacturer, for commercial reasons. It is recommended by NICE in Helicobacter pylori eradication following failure/presumed resistance of other regimens or in patients with multiple antibiotic allergies. Another product, Pepto Bismol, can be used although it is not licensed for Helicobacter pylori eradication. Feedback was that De-Noltab is used infrequently and there is no other option to Pepto Bismol.

The committee agreed to the removal of De-Noltab from the formulary and replacement with Pepto Bismol.

**15/83/06 – Minor formulary amendments**

- **Ursodeoxycholic acid 500mg tablets**
- **Nicotine 6mg gum**

The FGSG requested APC approval for the additional strength preparations of both of these products to be added to the formulary. These are minor amendments with no major cost implications and so the committee agreed to this.

	<p><b>15/83/07 – Removal of mesalazine statement</b>  This statement is due for renewal in November 2015. The FGSG believe the recommendation that oral mesalazine should be prescribed by brand name is now a widely established principle included in the formulary and therefore the statement does not need to be renewed. The committee agreed to the removal of this statement.</p> <p><b>15/83/08 – Combined oral contraceptives, hormone replacement therapy – presentation in formulary</b>  The FGSG has discussed how oral contraceptives and HRT should be listed in the formulary. These are generally similar products in terms of effectiveness, safety and cost, and prescribing decisions are therefore mainly made on individual patient suitability / choice. The FGSG view therefore is that it is not a worthwhile use of its resources to review and list all suitable products in these formulary sections individually. It proposes to state product choice should be guided by individual patient factors including individual patient choice and all products are designated Green. However, it is likely there are a number of products that are generally less suitable for prescribing in these sections and the FGSG view is that it would be a more valuable use of resources to evaluate these and list them with the appropriate restrictions and designation e.g. Black.</p> <p>The FGSG requested that the committee endorse this approach, or propose an alternative. Primary care members were asked if individual product listing would benefit their practice and it was agreed it would not.</p> <p>It was agreed by the committee that a summary of the above approach would be included in those sections of the formulary, and safety warnings, links to NICE guidance, etc., would continue to be included.</p> <p><b>15/83/09 – Orphenadrine discontinuation</b>  It was proposed to remove orphenadrine tablets from the formulary due to product discontinuation and the lack of generic alternative. It was also proposed to include local specialist advice on changing affected patients' treatment to equivalent doses of procyclidine or trihexyphenidyl. This proposal had not been out for consultation because of the timescale, as orphenadrine tablets are being discontinued from 30 November and patients may need to be changed to an alternative in the very near future. It is not widely prescribed in primary care. The APC agreed to the removal of orphenadrine 50mg tablets from the formulary, and inclusion of the advice.</p>	
7	<p><b>APC/15/84 – Safety</b>  <b>15/84/01 – Prescription sheet and record chart for Insulin Administration for use by District Nursing Teams</b>  The safety subgroup has produced a Pan Mersey prescription sheet and record chart as an alternative option to the existing "Blue Book" if clinicians/district nurses wish to use them as a result of organisations' issues with the "Blue Book"</p> <p>A question was asked about whether the Blue Book could be amended rather than produce a new document. There was uncertainty about who produces the blue book. EB reported that LCH have trialled this new record chart and prescription sheets and they have found them to be an improvement on the "Blue Book". APC members' consensus was that these documents should be taken to the Cheshire &amp; Merseyside Diabetes Network to seek opinions and get "buy in". Due to the number of insulin administration errors that had occurred with the "Blue Book", LCH District Nursing Team were largely involved with the redesign to address issues they had with the "Blue Book". A letter will be sent from the APC Chair to Dr Aftab Ahmed asking whether it would be possible to add this to the next network agenda.</p> <p><b>15/84/02 – Opioid Patch Guidance</b>  All the feedback comments received have been addressed and the guidance amended where appropriate. There were not a lot of comments but overall they were positive. It was reported to the meeting by one member, that he has witnessed incidents of patients coming into hospital with old patches on, or 2 patches on and he suggested that people should be trained in their use (eg carers in old people's homes, family members, etc.). This safety issue has been highlighted in the guidance.</p> <p><b>Hapoctasin® (buprenorphine) patch</b>  This non formulary patch is available in similar strengths to Transtec® and BuTrans® patch but</p>	<p><b>EB/ SMc/ DGG</b></p>

	<p>with a different patch changing interval. Although non-formulary, it has been highlighted in the guidance to draw attention to the fact it possessed a different dosing regimen as a result of reports that had been received regarding confusion over the different dosing regimens by prescribers.</p> <p>APC members approved the guidance. It was agreed Hapoctasin® should be mentioned in the formulary to highlight different frequency of patch change.</p> <p><b>15/84/03 – Prevention of Acute Kidney Injury (AKI) Safety Statement and Patient Information</b></p> <p>EB forwarded the AKI prevention guidance and patient information to Dr Ragit Varia (AMU consultant SHK) and member of the Cheshire and Merseyside Acute Kidney Injury Network for circulation to network members for feedback. As a result of consultation with the network, changes that had been made were summarised. The AKI prevention guidance and patient information will be uploaded to the APC website as two separate documents.</p>	
8	<p><b>APC/15/85 – Performance Reports</b>  <b>15/85/01 – APC Prescribing Report November 2015</b></p> <p>Due to technical difficulties at the NHSBSA, September's prescribing data was unavailable at the time of producing this report.</p> <p>There was a discussion about the trends shown on the Quetiapine and Colief graphs.</p> <p>At the meeting when the last prescribing report was presented to the APC, it was suggested that the upward arrows should be made red and the downward arrows green. This is not possible in Excel.</p>	
9	<p><b>APC/15/86 – Any Other Business</b>  <b>15/86/01 – AOB</b></p> <p>None.</p>	
10	<p><b>APC/15/87 Date, Time and Venue of the next meeting</b></p> <p>The next APC meeting will be on Wednesday 25 January 2016 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.***