

## PAN MERSEY AREA PRESCRIBING COMMITTEE MEETING

Minutes of the Meeting held on Wednesday 24 February 2016 in  
Community Room, River Alt Resource Centre, Huyton. L36 3YE

**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	Deputy Chief Pharmacist, 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	
Alison Ewing	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	

Diane Matthew (Jenny Jones attending)	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
David Sanchez	Liverpool LPC Representative	X	
Paul Skipper	Deputy Director of Pharmacy – The Royal Liverpool & Broadgreen University Hospitals NHS Trust		X
Dave Thornton	Principal Pharmacist, Clinical Services University Hospital Aintree	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	
Jonathan Horgan	Head of Meds Man & IFR Services, MLCSU	X	
Brent Horrell	Head of Medicines Commissioning, MLCSU	X	
Sarah McParland	Lead Pharmacist - KIPPS		X
Agatha Muniyika	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/16/09 – Welcome and Apologies for Absence</b></p> <p>The Chair welcomed members and two visitors from Midlands and Lancashire CSU, Jonathan Horgan (Head of Medicines Management and IFR Services) and Brent Horrell (Head of Medicines Commissioning). The Chair accepted the apologies of the following:</p> <p>Dr Dan Hawcutt, Catrin Barker, Agatha Muniyika (Lee Knowles attending), Alison Butt (Maureen Hendry attending), Sarah McParland, Jenny Lunn (Jill Edwards attending), Nicola Baxter, Dr Catherine Doyle and Helen Stubbs.</p>	<b>Action:</b>
2	<p><b>APC/16/10 – Declarations of Interest and Quoracy Check</b></p> <p>A quoracy check confirmed that this meeting was quorate. There were no declarations of interest.</p>	
3	<p><b>APC/16/11 – Minutes of the previous meeting and matters arising.</b></p> <p><b>16/11/01 – Minutes from the Previous Meeting</b></p> <p>The Minutes were agreed to be an accurate record of the previous meeting on 27 January 2016.</p> <p><b>16/11/02 – Matters Arising</b></p> <p><b>APC Chair Nominations</b></p> <p>Dr McNulty reminded members that there had been a suggestion that the next chair should be a GP and he urged CCG representatives to encourage GPs to put their names forward. There has been one declaration of interest to date, from Peter Johnstone, but only on the basis that no GPs volunteer. Dr McNulty asked for nominations before the next meeting as a matter of urgency.</p> <p><b>APC Venues</b></p> <p>The venue for the March APC Meeting will be at Kent Lodge in Broadgreen Hospital – the room is free but members will pay for parking in the multi-storey carpark opposite Kent</p>	<b>ALL</b>

	<p>Lodge. However, it was pointed out that the room is only available from 2-4pm.</p> <p>Today's venue has free parking but the room cost is £40. Members thought that the River Alt Resource Centre is conveniently located and free car parking was good. Some also favourably commented on the acoustics and lighting.</p> <p>DGG will investigate the F1 venue at Ashworth Hospital near Maghull and report back on its suitability and accessibility next month. She asked members to check the venue on their agendas each month until a final decision on the APC venue has been reached.</p> <p><b>Insulin Prescription Sheet – Letter to Diabetes Network</b> The Cheshire and Merseyside Diabetes Network are generally happy with the paperwork. It will come back to the March APC.</p>	<b>DGG</b>
4	<p><b>APC/16/12 – New Medicines</b> <b>16/12/01 – NOACs – minor amendments to statements</b> A reversal agent for dabigatran is now available in the UK and it is proposed to amend the NOAC AF and NOAC VTE statements to reflect that. The APC committee agreed to the suggested wording.</p> <p><b>16/12/02 – Insulin Degludec</b> EB ran through the details of this reviewed statement. Previously a black statement for 100 units/ml and amber statement for 200 units/ml but recent NICE guidance does not recommend degludec for type 2 diabetes and it is not considered cost-effective for type 1 diabetes. One GP said he was happy with this being a black statement as, if it was the only treatment option for a patient, then GPs could prescribe it. Another GP said it would be good to point out to GPs that there may be exceptional circumstances. Other feedback from a Trust was that hopefully patients already on it will not be sent back by the GPs. All agreed to this statement.</p> <p><b>16/12/03 – Lisdexamfetamine</b> This is licensed for adult ADHD and is the only product licensed for ADHD in adults. This temporary red statement has been produced until the Shared Care framework has been finalised and approved. There was concern about the practicalities of this, however it is in accordance with the agreed RAG criteria. There are a number of patients in Alder Hey who are over 16 and should go into Adult Services, but there is a commissioning gap, therefore the patients are currently being retained by them. This will be resolved once the shared care framework has been finalised. The NMSG were asked what the timescale is and there is a meeting next Wednesday to discuss the first draft and it is hoped to bring it back to the APC at the end of April.</p> <p>All members agreed to this statement as a temporary measure for the next few months with the addition of the following statement “subject to individual agreement between a consultant and GP”.</p> <p><b>16/12/04 – Biologics in rheumatological conditions, ankylosing spondylitis and non-radiographic axial spondyloarthritis</b> NICE issued TA383 in February updating its previous guidance on anti-TNF use in ankylosing spondylitis, and additionally recommending them in non-radiographic axial spondyloarthritis. The previously agreed Pan Mersey statement recommending anti-TNF in non-radiographic axial spondyloarthritis has been updated in light of this and now also includes ankylosing spondylitis. A Pan-Mersey pathway has been produced reflecting this guidance. NICE predicts costs to be the same as before for ankylosing spondylitis but that there will be additional costs for non-radiographic axial spondyloarthritis, initially approximately £13,800/ 100,000 population rising to £110,000/ 100,000 population after 7 years. Costs of previous Pan-Mersey pathway (based on SMC, AWMSG and local consultant figures) had been estimated at £21,000/ 100,000. Differences may be accounted for by differences used by NICE in estimations of proportion of patients qualifying for treatment, possible differences in diagnostic thresholds used by local consultants and the fact that NICE guidance now recommends sequential use of anti-TNFs. GR confirmed that the rheumatologists in the region have been involved in the production of the pathway.</p>	

	<p>NICE issued TA375 in January updating its previous guidance on biologic use in rheumatoid arthritis. The previously agreed Pan Mersey RA pathway has been updated to reflect this guidance and a statement summarising guidance prepared. The changes are not significant and NICE estimates there are no likely cost changes as a result of the new guidance. GR confirmed that the rheumatologists in the region have been involved in the changes to the pathway.</p> <p>In addition, all the relevant individual biologic drug statements have been updated to reflect the new NICE TAs.</p> <p>After a discussion the APC meeting confirmed agreement to these documents.</p> <p><b>Additional Item for Discussion – not on agenda</b></p> <p>The NMSG have had a number of in-year applications from one Trust. The latest one is for ivermectin in rosacea (papulopustular) in adult patients; when NMSG undertook the prioritisation process, it was agreed that this gives another step before putting the patient on oral antibiotics and therefore it should be prioritised and be added to the NMSG workplan.</p> <p>However, the NMSG have insufficient capacity at the moment to undertake a full review. The sub-group requested support from the APC committee to ask the Trust to allocate someone to undertake this piece of work as it is submitting the majority of in-year applications but is not providing any resource to the NMSG. The outcome of the discussion was:</p> <ol style="list-style-type: none"> <li>1. SG said that he will try to look at what support the Trust can give to the subgroups and, for this application, he will try to commission an ex-member of staff to do this work.</li> <li>2. The Trust will also look at why these applications have not been coming through the horizon scanning process.</li> </ol> <p>The APC noted that ivermectin is unlikely to be looked at until a resource is identified to undertake the full evidence review.</p>	<b>SG</b>
5	<p><b>APC/16/13 – Formulary and Guidelines</b></p> <p><b>16/13/01 – Change to RAG rating of Vitamin B Co tablets</b></p> <p>It was proposed to change Vitamin B Compound tablets on the formulary from green to black as they are much more expensive than Vitamin B Compound Strong tablets and have no apparent specific use over the Strong tablets. This was agreed.</p> <p><b>16/13/02 – Rosuvastatin green statement (updated)</b></p> <p>This statement has undergone routine 2 yearly review. Following consultation the green title box has been re-worded to make it more obvious that it is the last-line statin, only to be prescribed when no others are suitable. Agreed to put the word “only” into bold print for emphasis. A comment will also be added into the formulary to say this is “last line”. The updated statement was agreed with these amendments.</p> <p><b>16/13/03 – Patients travelling abroad guideline (updated)</b></p> <p>This statement has undergone routine 2 yearly review and FGSG considered that no changes were necessary. Feedback comments were received about the wish to prescribe TB and HIV drugs for longer periods when patients travelled abroad for more than than 3 months, but FGSG felt that, as these are prescribed by services commissioned by NHSE, they are outside the scope of this guideline. APC members agreed that no changes need to be made to the statement but recognised there will be occasional exceptions to the statement where a common sense approach should be taken. It was emphasised that prescribers should not be prescribing for patients who they can no longer monitor appropriately. It was agreed CCGs may wish to create a letter aimed at patients based on this guideline. DGG will investigate. This guideline was agreed by the APC.</p> <p><b>16/13/04 – Doxazosin M/R tablets black statement (updated)</b></p> <p>This statement has undergone routine 2 yearly review. No changes have been made apart from costs of prescribing in Pan Mersey have been updated. Consultation comments received were in agreement. The APC agreed this statement.</p> <p><b>16/13/05 – Finasteride green statement (updated)</b></p> <p>This statement has undergone routine 2 yearly review. No significant changes were made but the title box has been made less wordy. Comments received suggested that it would be helpful to provide advice about the patient review period required, so a sentence has been added. The statement was agreed.</p>	<b>DGG</b>

	<p><b>16/13/06 – Formulary Chapter 1 – paediatric update</b>  Three documents were presented: (1) Chapter One with paediatric amendments (2) table of amendments made (3) stakeholder feedback comments.  Following consultation there had been one CCG feeding back that hyoscine butylbromide injection given enterally to children and use of codeine in children should be amber-retained. FGSG had assessed these against criteria for amber retained but felt these drugs did not fit this, in that there was no need for “occasional specialist input indefinitely and therefore the patient should not be discharged from specialist care”. In discussion it was pointed out that amber criteria are about the drug not the condition and that a child using injection administered via a feeding tube was likely to remain under secondary care review for their complex conditions but not for the drug alone. It was therefore agreed to these being amber recommended.  The changes to the chapter to reflect paediatrics were agreed.</p> <p><b>16/13/07 – Minor formulary amendments</b>  It was agreed that methylphenidate (Concerta XL) prolonged release 54mg tablets should be added to the formulary. Members agreed to the addition of leflunomide 15mg tablets to the formulary (although it was pointed out that the cost is currently greater for this strength). Agreement was given to the addition of propiverine (Detrunorm XL) prolonged release 45mg capsules to the formulary. The APC agreed to the addition of colecalciferol (Thorens) oral drops 10,000units/ml to formulary and subsequent amendment to the oral colecalciferol statement.</p> <p><u>Community acquired pneumonia in adults</u>  The entry in the Antimicrobial Guide and Management of Common Infections in Primary Care infections recommends immediate administration of antibiotics where the illness is considered to be life threatening or if there are likely to be delays (&gt;2hours) in hospital admission. The revised BTS guidance (2015) extended the period of delay to greater than 6 hours in hospital admission before the need to administer antimicrobials. There was considerable discussion and concern was expressed by members about the dangers of such a long delay. DGG will liaise with Dr Barnett, Dr McNulty, Dr Mercer and Susanne Lynch to discuss a way forward.</p> <p><b>16/13/08 – Netformulary layout</b>  JE summarised a report recommending a number of conventions to standardise the presentation of Pan Mersey Formulary on netFormulary. In addition the FGSG did not want to routinely duplicate information from the BNF (except occasionally where specifically justified) but, rather, to add additional information and to appropriately reference it.  These principles were agreed by APC.</p> <p><b>16/13/09 – Diabetes NICE Bites / guidelines</b>  The FGSG proposed that NICE Bites summaries of NICE guidance on Type 1 and 2 diabetes be included in the formulary and that the outdated Pan Mersey guidelines be removed.</p> <p>In the consultation feedback, most stakeholders were in agreement. St Helens and Knowsley Trust felt inclusion of NICE Bites should be in addition to the inclusion of the Pan Mersey guideline that had now been updated, and not replace the guideline. However it was apparent from contact with the author that the new guideline had only been consulted on locally and had not been circulated or agreed across Pan Mersey or the Cheshire &amp; Merseyside Diabetes Strategic Clinical Network. Therefore the updated guideline could not be said to represent all of Pan Mersey. If members want to put this guideline on the Pan Mersey website then it would have to be consulted on.</p> <p>It was agreed that DGG will speak to Dr Aftab Ahmad, chair of the Cheshire &amp; Merseyside Diabetes Strategic Clinical Network regarding the circulation and status of the updated guidelines in the network.</p> <p>In the meantime, it was agreed that the out of date version of the guideline would be removed from the Pan Mersey website and the NICE Bites summaries will be put on the website.</p>	<p><b>DGG</b></p> <p><b>DGG</b></p>
6	<p><b>APC/16/14 – Safety</b>  <b>16/14/01 – Biosimilar Insulins Overarching Statement</b>  Although the Safety Subgroup have gone for a green statement, it is recognised that not all GPs may have competence in initiating insulin. A link to the SPC has been included.</p>	

	<p>The representative from St Helens CCG was keen for this to be brought to the attention of community pharmacists. David Sanchez (Liverpool LPC Representative) confirmed that he could help with this.</p> <p><b>16/14/02 – High Strength Insulin Overarching Statement</b> The Safety Subgroup have gone for an amber statement. The subgroup to change ‘analogue insulin’ in first line to ‘insulin analogue’. The APC agreed with this statement. Representatives from St. Helens CCG asked that this is brought to the attention of community pharmacists and David Sanchez agreed to do this.</p> <p><b>16/14/03 – Pan Mersey Formulary Inhaler Guide</b> Most of the feedback received was positive. Some have asked for separate guides for asthma and for COPD. The Safety Subgroup propose this goes through as it is at the moment to prevent delays and then producing separate guides can be looked at when it is reviewed. This is not the guideline but is to be used in conjunction with the guideline.</p> <p>It was agreed that on page 1, the comment about first choice (next to Salmeterol 25 micrograms/dose) should be removed. Also the comments (250/25 is black in new COPD patients) next to Fluticasone/Salmeterol and Fluticasone plus salmeterol should be consistent.</p> <p>The guideline was agreed by the APC after these amendments have been made.</p>	
7	<p><b>APC/16/15 – Performance Reports</b> <b>16/15/01 – APC Prescribing Report February 2016</b> AH presented the report and pointed out the highlights. It looked like Quetiapine MR prescribing had plateaued at the last meeting however it appears to still be reducing according to February’s report. On page 2, Colief does appear to have plateaued. There were no questions from the APC.</p>	
8	<p><b>APC/16/16 – Any Other Business</b> <b>16/16/01 – AOB</b> <u>Shared Care</u> Shared Care is a big issue for everyone and the Shared Care Subgroup is lacking in acute hospital support, particularly in the areas of rheumatology, dermatology and gastroenterology. DGG asked hospital members to think about who they might be able to send; even if they cannot attend meetings they can offer specialist support.</p> <p><u>Amiodarone</u> A member reported that one of their cardiologists has had a refusal from a GP in Huyton to prescribe amiodarone and asked who to speak to about this. The member was advised to speak to Mark Pilling of Knowsley CCG.</p> <p><u>Erika Baker – Last Meeting</u> This is the last APC Meeting that Erika Baker will be attending as she is leaving the CSU. The APC committee thanked her for her contribution and wished her well for the future.</p>	<b>ALL</b>
9	<p><b>APC/16/17 Date, Time and Venue of the next meeting</b> The next APC meeting will be on Wednesday 30 March 2016 at 2.00 – 4.00pm. Venue: Education Centre, Kent Lodge, Broadgreen Hospital, Thomas Drive, L14 3LB</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.***