

PAN MERSEY AREA PRESCRIBING COMMITTEE MEETING

Minutes of the Meeting held on Wednesday 4 May 2016 in
The Blue Bell Centre, Huyton. L36 7XY

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
Prof Ashley Baldwin	Chair of Meds Man Committee, 5 Boroughs Partnership 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	
Becky Birchall	Senior Pharmacist, NHS Halton CCG		X
Alison Butt (Maureen Hendry attending)	Joint Head of Medicines Management - Liverpool Community Health		X
Nicola Cartwright	Acting Deputy Head of Medicines Management, St Helens CCG	X	
Vicki Caton	Clinical Services Manager, Southport and Ormskirk NHS Trust	X	
Neil Chilton	Deputy Chief Pharmacist, 5 Boroughs Partnership, Mental Health Trust	X	
Imran Chohan	Senior Clinical Pharmacist (Locum), Bridgewater Community Healthcare NHS Foundation Trust	X	
Dr Catherine Doyle	Clinical Lead Meds Management– Warrington 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 – Midlands & Lancashire 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 RLBHHT 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 CCG and Southport & Formby CCG	X	
Diane Matthew (Jenny Jones attending)	Chief Pharmacist, Warrington & Halton Hospitals NHS Foundation Trust		X
Dr Neil Mercer	Consultant Anaesthetist/Chair Drug & Therapeutics Committee –Aintree University Hospitals NHS Trust	X	
Paul Mooney	Medicines Management Lead, RLBHHT (representing Alison Ewing & Paul Skipper)		X
Agatha Munyika	Mersey Care NHS Trust	X	
Kath Phillips	Pharmacist – Southport and Ormskirk NHS Trust		X
Mark Pilling	Interim Head of Medicines Management – Knowsley CCG		X
Dr Andrew Pryce	Chair, 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	
Dr Octavia Stevens	GP, Southport & Formby CCG	X	
Dave Thornton	Principal Pharmacist, Clinical Services, University Hospital Aintree	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	
Dr David Wilson	LMC Representative, Mid-Mersey LMC		X
IN ATTENDANCE			
Anne Henshaw	Senior Pharmacist – Midlands & Lancs CSU	X	
Sarah McParland	Lead Pharmacist - KIPPS		X
Graham Reader	Senior Pharmacist – Midlands & Lancs CSU	X	
Helen Stubbs	Senior Pharmacist – Midlands & Lancs CSU		X
See Mun Wong	Pharmacist – Alder Hey Children’s NHS FT	X	

1	<p>APC/16/26 – Welcome and Apologies for Absence</p> <p>The Chair welcomed members and accepted the apologies of the following:</p> <p>Alison Butt (Maureen Hendry attending), David Sanchez, Kath Phillips, Lee Knowles (Agatha Munyika attending), Lorraine Prescott (Neil Chilton attending), Mark Pilling, Paul Gunson, Dr. Tom Kennedy, Simon Gelder (Mike Welsby attending) and Dr Catherine Doyle.</p>	Action:
2	<p>APC/16/27 – Declarations of Interest and Quoracy Check</p> <p>A quoracy check confirmed that this meeting was quorate. There was one declaration of interest – see item 16/29/03.</p>	
3	<p>APC/16/28 – Minutes of the previous meeting and matters arising.</p> <p>16/28/01 – Minutes from the Previous Meeting</p> <p>The Minutes were agreed to be an accurate record of the previous meeting on 30 March 2016.</p> <p>16/28/02 – Matters Arising</p> <p>APC Chair Nominations</p> <p>There have been no new expressions of interest in the post of Chair since the last APC</p>	

	<p>Meeting. It was proposed that Peter Johnstone should be the next Chair of the APC Committee and a vote was taken while he was out of the room. There were no objections and this was agreed. It was proposed that Dr S McNulty should be the Deputy Chair. There were no objections and this was agreed. These changes to take effect commencing with the next meeting, on 25 May 2016.</p>	
4	<p>APC/16/29 – New Medicines 16/29/01 – Grey Statement Summary <u>Brivaracetam</u>: A grey statement has been produced for this new epilepsy drug. This will be reviewed within 6 months of the product launch in the UK market, following a full assessment of the evidence. <u>Ticagrelor</u>: There is a new licence extension for Ticagrelor, for extended use but with a new 60mg tablet. A grey statement has been produced awaiting the NICE TA (expected Dec 2016).</p> <p>The Committee agreed to the above.</p> <p>16/29/02 – Non-renewal of expiring NMSG statements April-June 2016 <u>Prucalopride tablets</u>: The NICE TA recommendation for this drug is now established into clinical practice and it is considered that this statement does not add any further additional benefit. The APC agreed to the non-renewal of this statement but the link to the NICE TA will be retained in the formulary; along with a statement that use in men should be in accordance with the recommendations in the NICE TA for women.</p> <p>The APC agreed to this course of action.</p> <p>16/29/03 – Sacubitril valsartan for chronic heart failure (PJ declared an interest in Novartis Pharmaceuticals UK Ltd.) NHSE are expecting this TA to be approved by organisations within 30 days of publication, not the usual statutory 90 days. It was published a month earlier than originally expected, on 27 April. The NMSG proposed a one page statement to enable people to take it to their organisations to approve the RAG rating, as the subgroup is unable to produce a full statement within the time frame and local implementation needs taken into consideration. There is a Task and Finish group who are working on this to develop a local pathway.</p> <p>There was a discussion about the RAG rating and concern was expressed about going with amber initiated without any implementation information available. With amber initiated rating the specialist would initiate, but titration could be by another member of the heart failure team including in primary care. The proposed statement refers to ‘stable dose’ and there was some debate about exactly what this means. Clinicians at the Liverpool Heart and Chest Hospital were reported to be keen to commence patients on this drug. One suggestion was to keep the statement simply as amber without any sub-category. From an implementation point of view, members requested a very clear steer from the APC. NICE have not produced any details to support the implementation so many felt that prescribing cannot be referred to the GP, from a patient safety point of view. Therefore it was proposed that the APC should go with a temporary red statement. A vote was taken and was agreed by all members except one. It was agreed by the APC Committee (with one vote against) that ‘temporary’ in this instance will mean that a full policy statement with implementation information will be brought back to the APC within 90 days from NICE TA publication.</p> <p>When asked about what other APCs are doing about this short turnaround requested by NHSE, DGG reported that some are not happy and others are merely going to put a link into their formulary. The question was raised as to whether the APC’s concerns should be reported to NICE. It was agreed that the Chair will send a letter on behalf of the APC to say that 30 days is not enough time to implement the NICE TA recommendations safely.</p> <p>16/29/04 – Insulin degludec (Tresiba) – minor amendment to statement The calculated ICER has been removed to avoid confusion. The rest of the statement is unchanged. Confirmation has been received today to say there is going to be a reduction in the list price from 1 July 2016. There was a discussion about changing RAG ratings when the cost changes, however the agreed process would require an application to be submitted and prioritised before any review would be undertaken. Members agreed to the minor amendment to this black statement.</p>	

	<p>16/29/05 – Guanfacine for ADHD This is a new drug to treat ADHD. There have only been 4 licensed medications to treat ADHD up to now. It will be positioned as a second-line option after stimulants and atomoxetine, on the basis of side-effect profile and cost. The temporary Red position is until the shared care framework is finalised and approved. The APC members agreed to this statement.</p>	
5	<p>APC/16/30 – Formulary and Guidelines 16/30/01 – Chapter 7 formulary review including revised amber RAG ratings The chapter has undergone its regular 2 yearly review, including a review of Amber drugs to designate them within the current Amber sub-category system. Stakeholder feedback did not raise significant issues and all have been addressed.</p> <p>There was discussion regarding the presentation of the drugs prescribed for erectile dysfunction as Green drugs and it was agreed to make it more obvious that these were Black within the NHS unless prescribed within specified circumstances (except generic sildenafil) by incorporation of the Black symbol within each drug entry in addition to the statement included for the group as a whole. Also agreed to see if it is possible to include a non-NHS symbol. The reviewed chapter was agreed with the above amendments.</p> <p>16/30/02 – Headache pathway The FGSG has liaised with the Cheshire & Merseyside Strategic Clinical Network which has produced this guideline, which is aimed at giving advice to primary care on initial management of various presentations of headache and referral guidance. Stakeholder feedback was mainly on the need for a key to abbreviations, RAG status of drugs and various technical points, and had been addressed in the guideline.</p> <p>It was agreed to make clear all drugs in the pathway were green when used as per the pathway (except botulinum toxin Red) by the addition of a Green symbol, which entails changing gabapentin, sodium valproate (in males only), and candesartan in migraine from amber to green, prednisolone and verapamil in cluster headache from amber to green, and carbamazepine, lamotrigine, phenytoin and indometacin in trigeminal neuralgia, SUNCT, SUNA, ice pick headache, hemicrania continua and chronic paroxysmal hemicranias from amber to green in the formulary. It was agreed to include the BNF prednisolone dose for temporal arthritis</p> <p>The guideline was agreed with the above amendments.</p> <p>16/30/03 – Blood glucose and ketone meter guideline This was an updated version of the current guideline. The GMMMG published an update of its meter assessment document and so FGSG have updated the Pan Mersey guideline to take account of the new information it contains. This had initially resulted in two additional first choice meters being added to the guideline (Accu-Chek Performa, SD Codefree). However within the previous week, after the consultation period had closed, GMMMG issued a further update in order to assess Contour, as this is a meter that is currently commonly used and independent data of compliance with ISO15197: 2013 have recently become available. The Committee was asked if it was reasonable to take account of these new data, as it resulted in Contour also being added to the guideline as a first choice meter and removal of MyLife Pura, even though this was not included in the consultation. Alternatively this could go to consultation and return to APC at a later date. The Committee agreed to the changes without requiring further consultation as it was an inevitable result of the process.</p> <p>Some wording had also been added about meter choice in patients requiring blood ketone testing. This states that to have a combined BG/ketone meter to measure both blood glucose and blood ketones is a more expensive way of measuring blood glucose, so the guideline includes the suggestion that patients could be given two separate meters, with a first choice meter for BG monitoring and a combined meter for measuring ketones, where individual patients were able to do this. In light of stakeholder feedback that two meters would not be suitable for a number of patients who may have practical difficulties managing this compared to one meter, use of combined meter for monitoring both BG and ketones is also included in the guideline as an option for such patients.</p> <p>These changes and the amended guideline were agreed by the APC.</p>	

	<p>A member proposed that this guideline should be automatically updated each time GMMMG updates its meter assessment document, without the need for bringing it to the APC. The APC agreed to this proposal for amendments to first choice meter list resulting from GMMMG updates.</p> <p>16/30/04 – Gluten-free food guideline This guideline has undergone its routine 2-yearly review and no significant changes have needed to be made. Stakeholder feedback was in agreement. The reviewed guideline was agreed by the APC.</p> <p>16/30/05 – Potassium hydroxide statement Stakeholder feedback to the proposed Black statement on Potassium hydroxide 5% solution for molluscum contagiosum was broadly in agreement. There is no strong evidence for this treatment. One specialist commented that potassium hydroxide should be available for specialists to prescribe where lesions were particularly problematic, but it was agreed this was not sufficient to change RAG status and patients are able to purchase OTC. The statement was agreed.</p> <p>16/30/06 – Special-order products guideline This guideline has undergone its routine 2-yearly review. A few minor updates were made. The look of the document has been changed so it looks more like a guideline and less like a statement. No specific comments were received from stakeholder feedback. It was suggested to add the word 'some' to the second sentence, to read "These include, for example, some oral liquids..." The APC agreed to the updated guideline with this amendment.</p> <p>16/30/07 – Biological agents - sequential use in psoriasis This existing guideline has undergone its routine 2-yearly review. It now includes NICE-approved secukinumab. The other major change is that it now recommends a third sequential biological may be used by a tertiary referral centre if the previous two fail, whereas the current version of the guideline limits this to two. A third biological agent is assumed to be cost neutral or slightly cost-saving as per NICE cost estimate for a 2nd biological agent. A fourth biological agent requires IFR application. Consultation feedback was in agreement. Biosimilar brand names will be added to the guideline and the APC agreed to the updated guideline with this amendment.</p> <p>16/30/08 – Cyproterone in polycystic ovary syndrome The FGSG proposed adding the indication of treatment of androgenic symptoms of polycystic ovary syndrome (PCOS) to the cyproterone formulary entry (unlicensed indication). This was agreed by the APC.</p>	
6	<p>APC/16/31 – Shared Care 16/31/01 – Prescribing Support Documentation for Dementia</p> <p>One GP member expressed the view that the prescribing documentation was very good and clear but there were major concerns regarding the impact on GP workload.</p> <p>The suite of documents includes a Prescribing Support Information document, a template document to facilitate the Transfer of Prescribing following stabilisation, and a template (Request to Discharge) to facilitate the patient discharge after a minimum period of prescribing by the GP. If a GP does not consider discharge appropriate for a particular patient, then the 'Request to Discharge' document may be completed accordingly, and the patient will be retained by the trust. The subgroup feel that this process is flexible enough to address GP concerns. It was recognised by the APC that a phased implementation would need to occur, in order to avoid large numbers of patients being transferred to GP care too quickly.</p> <p>One GP reported that her practice had taken part in a local trial and the patients that they had problems with were taken back by mental health services in a timely manner, suggesting that the proposed process works well.</p> <p>With reference to the concern about 'difficult' patients, if GPs take on a patient under this agreement and something goes wrong, there is concern that there can be significant challenges in getting the patient reviewed by a Mental Health specialist. In order to resolve</p>	

	<p>this sticking point, the subgroup was asked if they could change the paperwork to include a rapid referral telephone number for both mental health trusts. This was agreed by the mental health representatives present at the APC.</p> <p>If any problems arise, members were asked to report specific instances via the interface reporting form so that these can be collated and the issues addressed.</p> <p>It was noted that the Mid-Mersey LMC was meeting at the same time as the APC meeting to discuss this suite of dementia documents.</p> <p>The APC committee agreed to these documents on the basis that the changes to the wording as noted above are made. There were no objections.</p>	
7	<p>APC/16/32 – Any Other Business 16/32/01 – AOB <u>MHRA information for Valproate</u> DH brought to the attention of the meeting that, following the MHRA Leaflet for adults, Alder Hey felt that it is not appropriate for children and so have produced a paediatric version for girls 16 years of age and under, informing children and parents of the risk. This has not been approved yet but DH is taking it to the MHRA tomorrow.</p> <p><u>Paediatric Patient Information Leaflets</u> DH informed the meeting that there are now a number of very good paediatric patient information leaflets for medicines available at http://www.medicinesforchildren.org.uk/ which can be printed off to help support children and their parents with their medicines.</p>	
8	<p>APC/16/33 Date, Time and Venue of the next meeting Date and time of next APC meeting: Wednesday 25 May 2016 at 2-4pm Venue: Education Centre, Kent Lodge, Broadgreen Hospital, 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.