

PAN MERSEY AREA PRESCRIBING COMMITTEE MEETING

**Minutes of the Meeting held on Wednesday 27 July 2016 in
The Community Room, River Alt Resource Centre,
Woolfall Heath Avenue, Huyton. L36 3YE**

Present:

MEMBERS		Present	Apologies
Mark Pilling (Acting Chair)	Interim Head of Medicines Management – Knowsley CCG	X	
Peter Johnstone (Chair)	Prescribing Commissioner – Liverpool CCG		X
Dr Sid McNulty (Deputy Chair)	Consultant Endocrinologist/Chair Drug & Therapeutics Committee – St Helens & Knowsley Teaching Hospitals NHS 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
Dr Ivan Camphor	Mid-Mersey LMC Representative	X	
Nicola Cartwright	Acting Deputy Head of Meds Man – St Helens CCG	X	
Dr Anna Ferguson	GP Clinical Lead – South Sefton CCG		X
Dr Claire Forde	CCG Governing Body Member, Prescribing Lead – Halton CCG	X	
Danny Forrest	Liverpool Heart & Chest Hospital Foundation Trust (representing Gillian Gow)	X	
Donna Gillespie- Greene	Head of Medicines Commissioning - Midlands & Lancashire Commissioning Support Unit	X	
Matt Harvey	Liverpool LPC Representative	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 & Marie Buckley)	X	
Dr Aftab Hossain	Clinical Lead, Prescribing – Knowsley CCG	X	
Jenny Jones	Principal Pharmacist Meds Management – Warrington & Halton Hospitals NHS FT		
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	
Sarah McParland	Lead Pharmacist – KIPPS Service, 5 Boroughs Partnership	X	
Diane Matthew	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 –The Royal Liverpool & Broadgreen University Hospitals NHS Trust	X	
Sarah Quinn	Head of Medicines Management, Bridgewater Community Healthcare NHS Foundation Trust	X	

Lucy Reid	Lead Pharmacist – Halton CCG Locality Medicines Management Team	X	
Dr Octavia Stevens	GP, Southport & Formby CCG	X	
Dave Thornton	Principal Pharmacist – Clinical Services University Hospital Aintree	X	
Mike Welsby	Pharmacist – St Helens & Knowsley Teaching Hospitals NHS Trust	X	
IN ATTENDANCE			
Caroline Crouch	Senior Prescribing Advisor, MLCSU	X	
Anne Henshaw	Senior Pharmacist – Midlands & Lancs CSU	X	
Isabelle Hipkiss	MLCSU	X	
Kalpesh Patel	MLCSU	X	
Graham Reader	Senior Pharmacist – Midlands & Lancs CSU	X	
Helen Stubbs	Senior Pharmacist – Midlands & Lancs CSU	X	

1	<p>APC/16/43 – Welcome and Apologies for Absence</p> <p>The Chair welcomed members and accepted the apologies from the following:</p> <p>Dr Sid McNulty, Peter Johnstone, Dr Rob Barnett, Dr Anna Ferguson, Dr Dan Hawcutt, Catrin Barker, Jenny Jones, Simon Gelder (Mike Welsby attending), Alison Butt/Marie Buckley (M Hendry attending), Imran Chohan, Agatha Munyika, Nicola Baxter, Vicki Caton, Alison Ewing/Paul Skipper (Paul Mooney attending) and Gillian Gow (Danny Forrest attending).</p>	Action:
2	<p>APC/16/44 – Declarations of Interest and Quoracy Check</p> <p>A quoracy check confirmed that this meeting was not quorate.</p> <p>It was suggested that the committee introduces a formal declarations of interest form for members to submit annually, as used by other APCs. Examples will be brought to the September APC for discussion and approval.</p>	DGG
3	<p>APC/16/45 – Minutes of the previous meeting and matters arising.</p> <p>16/45/01 – Minutes from the Previous Meeting</p> <p>The Minutes were agreed to be an accurate record of the previous meeting on 29 June 2016.</p> <p>16/45/02 – Matters Arising</p> <p>Chair Letter to NICE re 30 days turnaround (e.g. Sacubitril/Valsartan)</p> <p>DGG read out the letter received from NICE which explained why the drug should be available within 30 days because of its availability through the EAMS scheme. The EAMS scheme meant that the medicine was only available for prescribing in secondary care and as a result, clinicians did not access the scheme due to concerns over workload in clinics.</p> <p>It was agreed that the APC chair would lodge an explanation of the concerns with NHSE as this circumstance is likely to arise again in the future.</p> <p>Nortriptyline</p> <p>The category of green second line was amended in Netformulary as per APC agreement in June.</p> <p>Adult Onset Still's Disease – patient numbers by CCG</p> <p>GR has received feedback from 2 hospitals: St Helens have no patients and the Royal Liverpool have 2 patients. GR will chase responses from the remaining organisations.</p> <p>Antipsychotics (oral & depot) – agreement of wording around local commissioning arrangements</p> <p>At the last meeting it was agreed that a form of words would be drawn up to be put into the netFormulary. DGG sent it to all CCG Leads and interested mental health colleagues prior to this meeting. Copies were distributed to all attendees for discussion.</p>	

	<p><u>Oral Antipsychotics</u> Lee Knowles confirmed that referral information is available on the website as to who the contacts are for urgent or immediate refer back to the specialist service, where they will be seen within 24 hours if necessary. He also explained the additional work to recruit pathway workers to support health professionals in the community following a pilot within Sefton. LK sent a link to a page giving all the contact information if members want to refer a patient, the link is to be uploaded onto the APC website.</p> <p>It was agreed that the second paragraph should be amended to read “Until such time as appropriate arrangements are in place, and an agreed statement is added to the APC formulary chapter, the formulary entries for these drugs will remain as amber where relevant”.</p> <p>Members were informed that 5 Boroughs and Mersey Care are keen to know about issues that arise so that they can be resolved and so that trends can be monitored.</p> <p><u>Antipsychotic depot injections</u> This wording was agreed by the APC.</p>	
4	<p>APC/16/46 – New Medicines 16/46/01 – Grey Statement Summary <u>Ferric Maltol capsules</u>: A grey statement has been produced for Ferric Maltol capsules for the treatment of iron deficiency anaemia (IDA) in adults with inflammatory bowel disease. It was not identified at horizon scanning so it will only be reviewed if a formal application for use is received and prioritised for in-year review.</p> <p>The Committee agreed to the above.</p> <p>16/46/02 – Alirocumab for hypercholesterolaemia (NICE TA393) 16/46/03 – Evolocumab for hypercholesterolaemia (NICE TA394) PM briefed the committee on the details of both statements. There had been a query over the definition of the word ‘persistently’ as used by NICE, however NICE do not have a definition for this and leave it to the clinicians to decide. Both drugs have been classified as Red as both drugs will be administered through PAS schemes so it is more practical to keep them in secondary care at this time. The APC Committee agreed to both red statements.</p> <p>16/46/04 – Dapoxetine statement review Following a review, this statement has been changed from Amber to Amber Patient Retained. Since the statement was written, the European Association of Urology have updated their guidelines and the wording of this statement is now in line with these.</p> <p>The APC Committee agreed to this Amber Patient Retained statement.</p>	
5	<p>APC/16/47 – Formulary and Guidelines 16/47/01 – COPD guideline The guideline indicates preferred inhaler devices but is not an exclusive list and other inhaler devices remain available in the formulary for use in patients for whom a preferred inhaler device is not suitable. GR discussed the factors considered in selecting preferred devices and the layout of the guideline. It was the suggestion of the CCGs to have two device options at each stage to simplify selection. LAMA+LABA is now usually a preferred choice to LABA+ICS, for initial prevention of exacerbations, prior to triple therapy.</p> <p>It was agreed that information about patients with renal impairment should be in a separate section to make it clearer and to state in terms of eGFR rather than creatinine clearance.</p> <p><i>Spiolto</i> inhaler is included in the guideline and will therefore be added to the formulary.</p> <p>This guideline was agreed with the minor changes described above.</p> <p>16/47/02 – Adult asthma guideline The guideline is based on British Asthma Guideline and indicates preferred inhaler devices, but is not an exclusive list and other inhaler devices remain available in the formulary for use in patients for whom a preferred inhaler device is not suitable. GR discussed the factors</p>	

	<p>considered in selecting preferred devices and the layout of the guideline. It was the suggestion of the CCGs to have two device options at each stage to simplify selection.</p> <p>There were no questions raised and the APC agreed to this guideline.</p> <p>16/47/03 – AirFluSal formulary addition This is licensed for COPD. It is not a first choice. It is a less costly alternative to <i>Seretide Accuhaler</i> 500/50 for COPD but its useability is not considered to be as good as some other options.</p> <p>It was agreed by the APC that this should be added to the formulary as an alternative option.</p> <p>16/47/04 – Gliptin statement review This is a review of a current statement, initiated by FGSG currently reviewing Chapter 6 of the formulary. Proposed that alogliptin is added to the statement and formulary as it is a less costly option. The statement was agreed by the APC.</p> <p>16/47/05 – GLP-1 + insulin statement review This is a review of an existing statement. Previously there were separate statements for each GLP-1 and a guide to licensed GLP-1 + insulin combinations but the 4 documents have been merged into 1 statement, incorporating up to date licensing information. The combination was previously rated as amber but now designated amber retained. Will need to be looked at again soon because there is a dulaglutide statement coming out. Noted that it will be up to local commissioners to decide whether patient inclusion in Liverpool Diabetic Partnership, where patients can be referred back to specialist, fits the criteria for Amber Retained.</p> <p>The updated statement was agreed.</p> <p>16/47/06 – Formulary Chapter 11 (eye) review This chapter has undergone its regular 2 yearly review. Many hospital-only drugs administered on a single dose basis have been removed from the formulary to reduce section size. The main changes to the chapter, including additions and removals were described.</p> <p>The Dry Eye Guideline will be updated in the coming months.</p> <p>No questions or objections were raised and the APC agreed the reviewed formulary section.</p>	
6	<p>APC/16/48 – Performance Report 16/48/01 – NICE TA Adherence Checklist June 2016 It was proposed that because the APC only deals with CCG-commissioned drugs, that NHSE drugs should be marked as not applicable to this group on the checklist but will remain on the adherence spreadsheet for completeness. This was agreed by the APC.</p>	
7	<p>APC/16/49 – Any Other Business 16/49/01 – AOB <u>NICE TAs</u> AH confirmed that there would be no relevant NICE TAs likely to be published prior to the September APC Meeting.</p>	
8	<p>APC/16/50 Date, Time and Venue of the next meeting THERE IS NO MEETING IN AUGUST <u>Date and time of next APC meeting:</u> Wednesday 28 September 2016 at 2.00-4.00pm <u>Venue:</u> The Education Centre, Kent Lodge, Broadgreen Hospital, Thomas Drive, Liverpool. 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.