NHS
Pan Mersey
Area Prescribing Committee

PAN MERSEY AREA PRESCRIBING COMMITTEE MEETING

Minutes of the Meeting held on Wednesday 25 January 2017 in The Education Centre, Kent Lodge, Broadgreen Hospital. L14 3LB

Present:

MEMBERS		Present	Apologies
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	
David Ainscough	Pharmacist, Liverpool Community Health	X	
Catrin Barker	Chief Pharmacist – Alder Hey Children's NHS Foundation Trust	X	
Dr Rob Barnett	LMC Representative, Liverpool		X
Nicola Baxter	Head of Meds Optimisation at West Lancs CCG	X	
Dr Ivan Camphor	Mid-Mersey LMC Representative		X
Nicola Cartwright	Acting Deputy Head of Meds Man – St Helens CCG	X	
Vicki Caton	Pharmacy Clinical Services Manager – Southport & Ormskirk Hospital NHS Trust		X
Neil Chilton	Medicine Management Clinical Services Manager – 5 Boroughs Partnership, Mental Health Trust		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	Deputy Chief Pharmacist Liverpool Heart and Chest FT	X	
Donna Gillespie-Greene	Head of Medicines Commissioning - Midlands & Lancashire Commissioning Support Unit	X	
Gillian Gow	Chief Pharmacist – Liverpool Heart and Chest FT		X
Dr Jamie Hampson	GP, Liverpool CCG	X	
Matt Harvey	Liverpool LPC Representative		X
Dr Dan Hawcutt	Consultant Paediatrician and Chair of D&T Alder Hey Children's NHS FT	X	
Dr Adit Jain	Clinical Lead, Prescribing – Knowsley CCG	X	
Jenny Jones	Principal Pharmacist Meds Management – Warrington & Halton Hospitals NHS FT	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	
Sarah McParland	Lead Pharmacist KIPPS Service, 5 Boroughs Partnership	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	
Agatha Munyika	Mersey Care NHS Trust		X
Mark Pilling	Interim Head of Medicines Management – Knowsley CCG	X	
Dr Laura Pye	GP St Helens Meds Man Committee Board Member	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	
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	Assistant Clinical Director of Pharmacy – University Hospital Aintree	X	
Mike Welsby	Pharmacist – St Helens & Knowsley Teaching Hospitals NHS Trust	X	
IN ATTENDANCE			
Helen Dingle	Senior Prescribing Advisor, MLCSU	X	
Anne Henshaw	Senior Pharmacist – Midlands & Lancs CSU	X	
Joanne McEntee	Senior Medicines Information Pharmacist, North West Medicines Information Centre	X	
Graham Reader	Senior Pharmacist – Midlands & Lancs CSU	X	
Geraldine McKerrell	Pharmacist, Liverpool Community Health - observer	X	

1	**APC/17/01 – Welcome and Apologies for Absence** The Chair welcomed members and accepted the apologies from the following: Dr Ivan Camphor, Vicki Caton, Dr Rob Barnett, Lee Knowles, Agatha Munyika, Alison Ewing / Isam Badhawi / Paul Skipper (Paul Mooney attending), Gill Gow (Danny Forrest attending) and Dr Tom Kennedy. Apologies were also given by Dr Sid McNulty who must leave at 3pm.	***Action:***
2	**APC/17/02 – Declarations of Interest and Quoracy Check** A quoracy check confirmed that this meeting was quorate. There were declarations of interest in Astra Zeneca from Peter Johnstone and Danny Forrest.	
3	**APC/17/03 – Minutes of the previous meeting and matters arising.** ***17/03/01 – Minutes from the Previous Meeting*** The first line of item 16/73/02 should read "The FGSG has updated Chapter 7" not Chapter 6. After this correction has been made, the Minutes were agreed to be an accurate record of the previous meeting on 30 November 2016. ***17/03/02 – Matters Arising*** ***Annual Declaration of Interest Form*** Committee members who have signed and returned the new annual declaration of interest forms, declaring anything within the last 2 years, were thanked by the Chair. Those members who have not returned the forms were asked to return the completed signed forms prior to the next meeting on 1 March, even if it is a nil return. **Flu Vaccine update** A question over which is the preferred vaccine for winter 2017/18 was raised by a GP at the last meeting. Communication had been received from the vaccination taskforce which suggests that GPs need to check with their commissioner which vaccine they will reimburse for, the quadrivalent or trivalent vaccine. Pan Mersey are not going to make an overarching recommendation, as undertaking this work would be too late for this year. CCG Leads discussed the significant cost difference and the availability of supply. It was agreed that this will be discussed at the CCG Leads Meeting so that there is a consistent approach across the health economy. Some GPs reported that they had ordered their supply already. **APC documents standard review period / process** Currently policy statements have a 2-yearly expiry date (unless significant new information becomes available, then a statement may be reviewed within the 2 years). A proposal was put to the committee to change the process. It is proposed to continue to put a 2 year expiry date on all new policy statements and safety notices but, at that point, there are 3 possible options: 1. Live – ongoing benefit to having a fully up-to-date document therefore should be reviewed and updated with a further 2 year expiry date, after which it will be reviewed against the 3 options again.	***ALL*** ***Leads***

	2. Static – still benefit to having statement, but not necessary to repeatedly review and update unless new evidence comes to light (more relevant to some of FGSG statements, e.g. ibuprofen/naproxen statement). 3. Archive – in line with current agreements for archiving (e.g. NICE TA hospital only, superseded, or established into current clinical practice and statement no longer of benefit). With regard to formulary chapters, guidelines, shared care frameworks and prescribing support information, it is proposed that these are routinely reviewed every 3 years. Chapters are continuously amended with Pan Mersey APC recommendations; the routine review consists of a broader overview in terms of section layout, relevance of listed drugs, review of external website links, etc. These proposals were approved by the Committee.	
4	**APC/17/04 – New Medicines** ***17/04/01 – Grey Statement Summary*** <u>Ustekinumab injection</u>: A grey 'holding' statement has been produced. This drug for Crohn's disease will be reviewed when the NICE TA is published (expected July 2017). <u>Aflibercept intravitreal injection</u>: A grey 'holding' statement has been produced for this drug for myopic choroidal neovascularisation. It will be reviewed when the NICE TA is published, probably in January 2018. Clinicians at the relevant trusts who expressed an interest in this drug have indicated that they are prepared to await NICE TA publication. The Committee approved the above. ***17/04/02 – Minor update to Dapoxetine statement*** Dapoxetine was the only licensed product to treat premature ejaculation until November 2016 when a topical local anaesthetic preparation was licensed in the UK for this indication. The Pan Mersey statement said Dapoxetine was the only licensed treatment and made reference to 'unlicensed' use of topical local anaesthetic agents. This has now been removed to reflect that there is another licensed product available. No other changes have been made to the statement. The Committee approved the amendment. Prior to the NICE TA statements being presented, PJ posed a question around whether the APC feels a full policy statement is still required every time a NICE TA is published, as NICE TAs are mandatory. Instead a summary report could be brought to APC each month. AH suggested that there might be a case for this for hospital-only PBRe drugs, however where there is GP prescribing involved then AH could see ongoing value to having the additional information that is contained within the full policy statement. This can be particularly important for Amber drugs where it is clarified how long the specialist should retain prescribing and at what point the GP can be approached to take on prescribing. AF confirmed that more and more GPs are referring to the APC website in the first instance rather than other reference sources, so feels that there is definitely value to keeping all the information currently provided in the NICE TA policy statements. It was agreed to continue to provide full policy statements for all NICE TAs in line with current process. ***17/04/03 – Dapagliflozin as triple therapy in Type 2 Diabetes (NICE TA418)*** Previously Dapagliflozin has been looked at by NICE for both monotherapy(TA390) and dual therapy (TA288). NICE TA418 (November 2016) partially updates TA288 and addresses use as triple therapy. TA418 recommends it in a triple therapy regimen as an option only in combination with metformin and a sulfonylurea. Now that all the NICE TAs have been published for all of the 'flozins as combination therapy, NMSG plan to pull all the information into a single 'multi-statement' document but until that work has been done, ask the committee to approve this statement. This Green statement was approved by the APC.	

	17/04/04 – Apremilast in Plaque Psoriasis (NICE TA419) This replaces the Black statement that was produced in line with the previous NICE TA. The manufacturer has now come back with a PAS scheme and NICE has reviewed its recommendation. It has now been RAG rated as a Red drug, for use where patients meet the NICE criteria. Information from a "Direct Healthcare Professional Communication" has been added at the bottom of page 1 containing a warning around suicidal ideation and behaviour being reported from clinical trials and postmarketing experience. The APC Committee approved this red statement. ***17/04/05 – Ticagrelor in ACS & cardiovascular risk reduction (NICE TA420)*** NICE TA420 looks at extended treatment with ticagrelor 60mg twice daily, in combination with low-dose aspirin, following an initial 12 months' treatment at 90mg twice daily in accordance with TA236. DF presented the policy statement and highlighted the key issues and trial data. There had been some confusion over whether extended treatment should be stopped at a maximum of 2 years or 3 years, with conflicting information provided by the manufacturer. AstraZeneca has now confirmed that it is up to 3 years extended treatment with the 60mg dose, and so this will be amended before the statement is uploaded to the website. It was felt likely that extended treatment will be used for new patients going forward and that it is unlikely that retrospective case identification will happen. Patients would be identified at index ACS event as being potentially suitable candidates to go on to extended therapy, then reviewed by cardiology MDT or GPSi cardiology at 12 months to ascertain whether extended therapy is still indicated and the initial supply of 60mg dose supplied by the specialist. AF suggested that the maximum 3 years extended treatment should be made more prominent within the document, which was agreed. After the minor amendments have been made the Amber Initiated statement is approved by members.	
5	**APC/17/05 – Formulary and Guidelines** ***17/05/01 – Overactive bladder guideline (update)*** The FGSG considered that this guideline is still required so it has been updated. A description of the minor amendments was made and stakeholder feedback has been addressed. The updated guideline was approved by the Committee. ***17/05/02 – Ascorbic acid statement*** This is a new statement. The FGSG could find no clinical evidence to support the practice of prescribing ascorbic acid with iron supplements to increase effectiveness of oral iron and therefore produced a black statement. There was some stakeholder support for this use of ascorbic acid but in view of the lack of evidence FGSG could not support this. Current Pan-Mersey expenditure on ascorbic acid is significant (£476,000 annually). The black statement was approved by the Committee. ***17/05/03 – Asthma – paediatric guidelines*** This guideline has been developed to be consistent with the recent 2016 British Asthma Guideline update. It is divided into 2 sections - less than 5 years old and for 5 years old and over patients. It emphasises MDI + spacer is the usual preferred inhaler option and lists most cost-effective licensed choices at the severity stages. Consultation feedback was in support, with only a few minor amendments suggested and these have been made. NICE are planning an asthma guideline later in the year covering children, adolescents and adults. The guideline was approved by the Committee. ***17/05/04 – Naproxen, ibuprofen statement (update)*** This statement has been updated as the Formulary and Guidelines Subgroup felt that it is still relevant. Some information on paediatrics has been added in response to consultation feedback that CVD risk is less of an issue in paediatrics. This was approved by the Committee. ***17/05/05 – Peripheral spondyloarthropathy*** This business case was brought by rheumatologists from Trusts across Pan Mersey to incorporate peripheral spondyloarthropathy into the current Pan Mersey Psoriatic Arthritis pathway.	

	This cohort of spondyloarthropathy patients is not included in NICE guidance for other spondyloarthropathies – ankylosing spondylitis / non-radiographic spondyloarthropathy and psoriatic arthritis. The RCT evidence specifically for peripheral spondyloarthropathy is limited to one study of adalimumab, and FGSG recommended that ustekinumab was not included in the pathway for this indication due to relative lack of evidence compared to a TNF. The evidence set out in the business case was summarised, together with the costing information. A CCG Lead asked for a breakdown of numbers per CCG and GR will try to find out this information.	***GR***
	This business case, with the addition of peripheral spondyloarthropathy patients to the Pan Mersey Psoriatic Arthritis pathway (except ustekinumab), was approved by the Committee.	
	17/05/06 – Fentanyl patch statement (update) This is a routine update of an existing statement. The only changes are that prices have been updated and one brand has been added. It went for consultation 'for information only'. It was agreed to highlight additional information on application technique to ensure patients apply different brands securely. It was also queried whether information on dose equivalence between fentanyl patches and other opioids could be included, and it was felt this was best incorporated into the opioid patch safety statement review (although noted different conversions exist). The statement was approved by the Committee.	
	17/05/07 – Colecalciferol statement (update) Minor amendments made to this statement to include *Stexerol* D3 brand and some of the references have been updated. It went for consultation 'for information only'. This statement was approved by the APC members.	
	17/05/08 – Blood glucose meter guideline update This guideline is not due for a full update until GMMMG updates its BG Meter Evaluation, due in autumn 2017, as per previously agreed process. However an exisiting first choice meter on the Pan Mersey guideline (Glucomen Areo) is now available in a version that also measures blood ketones (Glucomen Areo 2K) and given the latest NICE guidance recommending blood ketone monitoring for Type 1 diabetes the FGSG felt it was significant to include this version. It has been independently shown that the BG meter component is the same as the Glucomen Areo meter and it complies with the current ISO standard. The cost of the blood glucose strips for another combined BG and ketone meter, the GlucoRx HCT and Ketone Meter (currently listed as an alternative option for ketone monitoring), has reduced from £13.95 per 50 strips to £9.95. However, unlike Glucomen Areo 2K, the GlucoRx HCT and Ketone Meter does not use a blood glucose strip (GlucoRx HCT Glucose) that is already a first choice testing strip, and GMMMG Evaluation has not assessed whether it has independent evidence of ISO compliance so it does not necessarily meet the other criteria to be a first choice meter. This will be reassessed within the GMMMG Evaluation later this year. This went for consultation 'for information only'.	
	The Committee approved the addition of the Glucomen Areo 2K version as a first choice meter for patients requiring blood ketone monitoring.	
	17/05/09 – Lactase drops statement This is an update of an existing statement which is still considered valuable by FGSG because the usage is still fairly significant. The references have been updated. Consultation feedback was in support of the statement with a layout suggestion which has been adopted. The updated statement was approved by the Committree.	
	17/05/10 – Diabetes guidelines The Mersey Adult Diabetes Guidelines were out of date and had been removed from the Pan Mersey website. Professor Kevin Hardy has updated the guidelines and they were sent out for consultation.	
	One GP did not think that GPs would refer to this set of guidelines. Another GP was concerned that there were a few minor errors and it was agreed that she would give this list to DGG for passing back to the author.	***AF/ DGG***

	The Chair asked if anyone had any objections to these guidelines going on to the Pan Mersey website because it infers that the APC endorse the guidelines. There were no objections so they will be put on the website. ***17/05/11 – Minor formulary amendments*** Glycopyrronium liquid: There is now a licensed product so the FGSG requested approval to add glycopyrronium bromide 1mg/5ml oral solution to section 13.12 of the formulary as a red drug in place of the unlicensed Special. Bisphosphonate therapy review: There is new NICE guidance NG56 about reviewing bisphosphonate therapy for osteoporosis after 3 years treatment, and the FGSG requested approval to add a statement about this to section 6.6.2 of the formulary. The Committee approved both of these amendments.	
6	**APC/17/06 – Shared Care** **17/06/01 – Denosumab Prescribing Support information** Denosumab was approved by NICE in October 2010. It is a straightforward subcutaneous injection that can be administered by practice nurses. There are no serious safety concerns and the side effects of osteonecrosis of the jaw and atypical fracture of the femur are similar in incidence to the bisphosphonates. It is important to check calcium levels prior to each dose and if the patient does have hypocalacaemia, the dose would be withheld and the patient referred back to the specialist. Hospital trusts have agreed to do the first 2 doses; this means the patients will be followed up prior to second dose. Consultation feedback was largely supportive and minor amendments were agreed by the shared care subgroup. The document was approved by the APC Committee. **17/06/02 – Formulary Amber Review Chapter 13 Skin** This chapter had good input from secondary care and the stakeholder feedback was discussed and taken on board by the shared care subgroup. As a consequence there were two further updates to the chapter. The off label indication for imiquimod has been changed from melanoma to lentigo maligna and the RAG rating from tacrolimus in orabase has been changed from Amber Initiated to Red. There were no questions and the APC approved the review of Chapter 13.	
7	**APC/17/07 – APC Reports** ***17/07/01 – NICE TA Adherence Checklist December 2016*** This has been updated to include all NICE TAs up to end of December. AH brought to the attention of members that NICE TAs are no longer always published on the 4th Wednesday of the month, which could potentially pose problems in those months where no APC meeting is held. AH proposed to monitor the situation and report back to the APC if it is felt that this is causing any issues for getting NICE TAs through the APC process within the agreed timescales.	
8	**APC/17/08 – Any Other Business** ***17/08/01 – AOB*** None.	
9	**APC/17/09 Date, Time and Venue of the next meeting** Date and time of next APC meeting: Wednesday 1 March 2017 at 2.00-4.00pm Venue: The Community Room, River Alt Resource Centre, Woolfall Heath Avenue, Huyton. L36 3YE	

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.