

## PAN MERSEY AREA PRESCRIBING COMMITTEE MEETING

**Minutes of the Meeting held on Wednesday 1 March 2017 in  
The Community Room, River Alt Resource Centre,  
Woolfall Heath Avenue, Huyton. L36 3YE**

**Present:**

<b>MEMBERS</b>		<b>Present</b>	<b>Apologies</b>
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	
Dr Neil Mercer	Consultant Anaesthetist/Chair, Medicines Governance Group – Aintree 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	
<b>IN ATTENDANCE</b>			
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	
Dr Jonathon Minns	GP trainee, Knowsley CCG	X	
Graham Reader	Senior Pharmacist – Midlands & Lancs CSU	X	
Dr. Clio Smyth	GP, Liverpool CCG	X	

1	<p><b>APC/17/10 – Welcome and Apologies for Absence</b></p> <p>The Chair welcomed members and accepted the apologies from the following:</p> <p>Dr Tom Kennedy, Matt Harvey, Prof Ashley Baldwin, Nicola Baxter, Agatha Munyika and Gill Gow (Danny Forrest attending).</p>	<b>Action:</b>
2	<p><b>APC/17/11 – 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/17/12 – Minutes of the previous meeting and matters arising.</b></p> <p><b>17/12/01 – Minutes from the Previous Meeting</b></p> <p>The Minutes were agreed to be an accurate record of the previous meeting on 25 January 2017.</p> <p>Dr Camphor sought to review the Denosumab recommendation made in November's meeting. While the committee understood his concerns, Dr. Camphor was reminded that the purpose of the review of minutes was not to revisit previous decisions but to ensure the accuracy of the minutes.</p> <p><b>17/12/02 – Matters Arising</b></p> <p><b>Annual Declaration of Interest Form</b></p> <p>A list of those Committee members who have not yet returned a signed annual declaration of interest form has been collated. Those who were not at the meeting will be contacted and asked to return a completed form.</p> <p><b>Flu Vaccine update</b></p> <p>At the November meeting there was a discussion about which flu vaccine to use. This was discussed at the CCG Leads' meeting and it was agreed there will be no precedent set this year but they would look at this in time for the following winter. GPs urged Leads to look at this in order to give a steer, preferably in the next 3 months, as some GPs order their supply in August.</p>	<p><b>DGG</b></p> <p><b>Leads</b></p>
4	<p><b>APC/17/13 – New Medicines</b></p> <p><b>17/13/01 – Grey Statement Summary</b></p> <p><u>Liraglutide</u>: A grey 'holding' statement has been produced but not uploaded onto the website yet. Originally, the manufacturer said Liraglutide was not currently available to NHS patients, however, an email was received yesterday confirming that the product is available to NHS patients. AH will make further enquiries with the company to establish the correct position and amend the grey statement accordingly then upload to the website. A full review by the NMSG will take place once it is confirmed as available for prescribing on the NHS.</p> <p>The Committee approved the grey position.</p>	

	<p><b>17/13/02 – Updated NMSG Prioritisation Process</b>  The NMSG have an agreed prioritisation process for dealing with in-year applications. Recently there have been a couple of in-year applications submitted which have been as a result of multiple applications to the IFR process. As this is not covered in the process, the subgroup identified the need to amend their process to include this situation. It is proposed that those in-year applications submitted due to a request from the IFR team and where it is known that there are patients waiting for a decision, would be prioritised for a review. On the process flowchart the middle box has been added, stating “Has the business case application been triggered by the IFR process and a known patient is awaiting a treatment funding decision?”</p> <p>This amendment has been brought to APC for approval. The committee approved the revised process. NM expressed thanks on behalf of the committee, and appreciation for the NMSG picking up on this and addressing it.</p> <p><b>17/13/03 – Updated NMSG NICE TA Process</b>  The NMSG NICE TA process was due for review at the end of February 2017. After consideration the NMSG does not feel any amendments are required. Appendix 1 was also reviewed and does not require any changes. A 2 year review for both documents was proposed, although it was acknowledged that they can be reviewed sooner if required. The APC approved these decisions.</p>	
5	<p><b>APC/17/14 – Formulary and Guidelines</b>  <b>17/14/01 – Braltus Zonda (tiotropium inhaler)</b>  Consultation feedback, for addition to the formulary was discussed. Feedback was generally in favour. This is not a replacement for Respimat tiotropium device but is a less expensive alternative to the dry powder Handihaler device. Some feedback suggested removal of the Handihaler device from the formulary and COPD guideline and although this wasn't proposed on the original consultation the FGSG recommended this, given the close similarity of the Zonda device and the cost difference. It recommended prescribing by brand name and that any patients switching device should be given adequate information / training.</p> <p>After discussion the Committee agreed to add Braltus Zonda to the formulary and COPD guideline but to leave Handihaler on the formulary for the time being. It agreed that it is expected that Handihaler would be removed from the formulary in 6 months' time unless specialists provided compelling reasons at that point for its retention and a note should be added to the formulary to this effect, and that Braltus Zonda would be the first-line option from now on. Agreed this will not need to go out for further consultation on this aspect.</p> <p><b>17/14/02 – Trevicta (Paliperidone 3 month injection)</b>  This is a 3-month depot antipsychotic proposed for addition to the formulary. Consultation feedback was in agreement. This is extending the product range as the 1-month version is already included. The bulk of patients will be prescribed this by the mental health services – RAG rating Red as per other depot antipsychotics (there are some historic arrangements in the community where injections are being given by primary care and where this is working well there is a note in formulary allowing this).  The APC approved the addition of Trevicta to the formulary.</p> <p><b>17/14/03 – Sunscreen statement</b>  This statement addresses the prescribing of sunscreens on the NHS under ACBS criteria, clarifying when they can and cannot be prescribed. Consultation feedback has been addressed confirming that ACBS criteria included both photosensitive and photoaggravated dermatoses. The statement recommended sunscreens are not prescribed for patients taking potentially photosensitising drugs unless the patient actually experiences a photosensitivity reaction, and after discussion this principle was agreed by the Committee. It was recognised that in the case of photosensitising chemotherapy this is limited term prescribing and any sunscreens would normally be prescribed by the specialist where necessary.  The APC approved the statement without amendment.</p> <p><b>17/14/04 – Generic anticonvulsants</b>  The MHRA issued advice in 2013 that a number of anticonvulsants may be prescribed generically, but some specific drugs should be prescribed by brand name or named generic manufacturer. At that time local specialists had indicated they wished to recommend brand prescribing for all anticonvulsants and that discussions were taking place on a national basis</p>	GR

	<p>with MHRA to reverse their recommendation, and this was agreed as the interim position in the formulary. However it is now apparent these discussions have not resulted in a change to MHRA advice. It was proposed that the previous local position be removed from the formulary and be replaced by a link to the MHRA advice.</p> <p>The Walton Centre was reported to still recommend brand prescribing and not agree with MHRA advice. There was discussion on the merits of following local expert opinion versus national guidance. It was also raised that there are commonly difficulties in primary care in maintaining patients on the same brand / generic as they go out of stock resulting in time-consuming decisions on what alternatives to prescribe, so following MHRA advice for drugs where this was possible would minimise this problem. Across Pan-Mersey most prescribing is generic, sometimes where it should be by brand e.g. carbamazepine (but noted much use of this is not in epilepsy), but that sodium valproate is mostly prescribed by brand when MHRA advice is this is unnecessary.</p> <p>In view of the uncertainty it was agreed it will be necessary for this issue to go out for consultation. The consultation should not only ask for opinion but also for evidence. This will be added to the next consultation by FGSG.</p>	<b>GR</b>
6	<p><b>APC/17/15 – Shared Care</b> <b>17/15/01 – Degarelix Prescribing Support information</b></p> <p>Degarelix has been previously classified as Amber Retained at APC so Prescribing Support Information was brought to this meeting to back that up. HD explained that the first two doses will be administered by secondary care and the patient will be followed up before the second dose to assess ongoing need for treatment. Prostate specific antigen will be monitored at secondary care appointments. The consultation feedback was very straightforward and has been incorporated. There had been a request for clarity about liver function monitoring and the guidance now recommends that only patients with known or suspected hepatic disorder would be monitored and this would be the same as for any other patient with hepatic impairment. There is a patient information letter which could be adopted by the Trusts but the dosing would need to be changed. This is information for GPs.</p> <p>A GP pointed out that the template letter has a blank next to “Dose of ...”; it was suggested this should not be left blank as it should always be 80mg. HD will make the amendment.</p> <p>This Prescribing Support Information was approved by the APC.</p> <p><b>17/15/02 – Formulary Chapter 10 review and Amber category review</b></p> <p>This chapter has been reviewed by both the Formulary and Guidelines and the Shared Care subgroups. For Formulary and Guidelines, it is the regular chapter review and for Shared Care it is the reclassification of the Amber drugs. HD discussed a summary of the consultation feedback. The feedback about monitoring of disease modifying drugs will be taken into account when the shared care frameworks are finalised. These are currently under development and awaiting publication of the BSR monitoring guidance.</p> <p>The topical NSAIDs have been reviewed by the Formulary and Guidelines subgroup. Although consultation feedback expressed concern that the addition of topical diclofenac second line would send mixed messages about prescribing, FGSG felt it should remain as there is significant prescribing and a Cochrane review provides evidence of greater effectiveness.</p> <p>A CCG Lead raised the issue around tizanidine in the SCSG Amber drugs review, stating that it should be Amber Retained rather than Amber Initiated. Doses prescribed are low so there is no need for ECG monitoring and other monitoring requirements would be detailed in the clinic letter but there are only one or two patients/cases so GPs do not have the expertise. It was agreed that this should be made Amber Retained.</p> <p>The Chapter 10 review was approved with the minor amendment above.</p>	<b>HD</b>
7	<p><b>APC/17/16 – Safety</b> <b>17/16/01 – Medicines Safety Assurance Tool</b></p> <p>This Medicines Safety Assurance Tool is produced monthly by MLCSU hub team as a resource to collate safety alerts into one document. It provides organisations with a method</p>	

	<p>of recording actions that have been taken as a result of safety alerts. MLCSU also endeavours to collate local safety issues in order to share learning across the health economy. An updated spreadsheet is taken to the Safety Subgroup meetings at which all CCGs and Trusts are invited to have a representative.</p> <p>It was suggested that the document would be brought to APC if the subgroup considers that further action is required.</p> <p>A GP asked what impact this has on GP practices. This is not changing the requirement for GPs to action safety alerts. This aims to be a support and assurance document and not used as a method of monitoring compliance. One CCG reported that several of their practices have been criticised by CQC when they said that they relied on Medicines Management Team support on safety issues. In another CCG, the practice managers keep electronic copies of their actions. The general opinion was that ultimately it is the responsibility of the GP as an independent contractor to record action taken to respond to safety alerts and that the MSAT provides one method of undertaking this.</p>	
8	<p><b>APC/17/17 – APC Reports</b>  <b>17/17/01 – NICE TA Adherence Checklist January 2017</b>  The updated NICE TA Adherence Checklist for January 2017 was presented to the APC for noting.</p>	
9	<p><b>APC/17/18 – Any Other Business</b>  <b>17/18/01 – Subgroup Member Activity and Attendance</b>  In response to a request from the APC, DGG produced two documents for members' consideration. The documents list what support is given to the subgroups from each organisation, both in terms of attendance and work undertaken.</p> <p><b>17/18/02 – AOB</b>  Dr Hawcutt informed the committee that the Royal College of Paediatrics have now produced a child friendly version of the patient information leaflet (PiL) for sodium valproate in women of child-bearing age. He will send a copy of the PiL for information.</p>	<b>DH</b>
10	<p><b>APC/17/19 Date, Time and Venue of the next meeting</b>  <u>Date and time of next APC meeting:</u> Wednesday 29 March 2017 at 2.00-4.00pm  <u>Venue:</u> The 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.***