

PAN MERSEY AREA PRESCRIBING COMMITTEE MEETING

**Minutes of the Meeting held on Wednesday 29 March 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
Becky Birchall	Senior Pharmacist, Halton 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	
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	
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 Drug & Therapeutics Committee – 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
Claire Sawers	Meds Optimisation Pharmacist, Warrington CCG	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
Janet Walsh	Medicines Optimisation Pharmacist – West Lancs CCG	X
Mike Welsby	Pharmacist – St Helens & Knowsley Teaching Hospitals NHS Trust	X
IN ATTENDANCE		
Caroline Crouch	Senior Prescribing Advisor, MLCSU	X
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
Dr Clio Smyth	GP, Liverpool CCG	X

	<p><i>patients who are on valproate as the RCPCH felt that the MHRA leaflet is not suitable for children and young people. A generic valproate leaflet is also available as well that does not specifically focus on pregnancy: http://www.medicinesforchildren.org.uk/sodium-valproate-preventing-seizures</i></p>	
4	<p>APC/17/23 – New Medicines</p> <p>17/23/01 – Grey Statement Summary</p> <p><u>Baricitinib</u>: A grey 'holding' statement has been produced. This new oral drug for rheumatoid arthritis will be reviewed when the NICE TA is published (expected September 2017).</p> <p>The Committee approved the above.</p> <p>17/23/02 – Nalmefene extend expiry date</p> <p>The existing statement has expired while the NMSG is undertaking the routine two-yearly review. It has been established that it is necessary to find out more information, in particular around local commissioning arrangements, in order to progress this further so the subgroup is requesting an extension of the expiry date until the end of October 2017. The CCG Heads of Medicines Management have agreed to assist with obtaining the necessary information to inform the review. The Pan Mersey current policy is in line with NICE.</p> <p>The committee approved this extension to the expiry date.</p> <p>17/23/03 – Apremilast for Psoriatic Arthritis (NICE TA433)</p> <p>This is an oral alternative to biologics. AH talked members through the details of the drug and the statement. It is a PBRe drug so will be recharged to CCGs. While less effective than biologics, it provides patient choice for those who want an oral treatment. It is not classed as a biologic and NICE does not make any recommendation where it should be used so there is no clear place for it in the Pan Mersey biologics pathway. It was agreed that the two points under bullet point 3 should be merged into one.</p> <p>This statement was approved, once the above amendment has been made.</p> <p>17/23/04 – Ivermectin for rosacea</p> <p>The NMSG is proposing that Ivermectin is added, as a new non-antibiotic therapy for the treatment of rosacea, to the Pan Mersey formulary. The Cochrane Review concludes that the evidence is high quality. CC talked through the mode of action, position in treatment, cost impact and stakeholder feedback. It is proposed as a second-line topical treatment for moderate to severe rosacea when standard topical treatments have failed (metronidazole 0.75% gel/cream and azelaic acid 15% gel) and gives an alternative option before oral antibiotics.</p> <p>A question was raised about how quickly the course can be repeated because this may have an impact on cost. CC advised that there is no information currently available to guide on frequency of repeating courses and the manufacturer makes no specific recommendation on this; the SPC just states "the treatment course may be repeated".</p> <p>It was also asked whether any comparisons had been done with oral antibiotics, and CC confirmed that she had not found any such trials when reviewing the evidence.</p> <p>This statement, including the second-line positioning of ivermectin, was approved by the APC committee.</p>	
5	<p>APC/17/24 – Formulary and Guidelines</p> <p>17/24/01 – Formulary Chapter 2 update</p> <p>It was confirmed that the argatroban designated RAG is Red, not Grey, as this was ambiguous in the consultation. All stakeholder consultation feedback was addressed by the FGSG. It was confirmed that the questions raised about the RAG status of aspirin in children would be addressed by the paediatric RAG review of amber subcategories by the SCSG shortly. A question was raised about dronedarone and GR informed members that it was previously agreed as shared care by APC (RAG purple) and a shared care framework is under development by SCSG.</p> <p>The APC approved the reviewed chapter.</p>	

	<p>17/24/02 – Formulary Chapter 8 paediatric review Very few changes have been needed. Stakeholder consultation feedback was either ‘no comment’ or in agreement. The APC approved the reviewed chapter.</p> <p>17/24/03 – Formula Feeds in Cows’ Milk Protein Allergy guideline This is an update of the previous guideline but it has been improved in layout and wording. It has been prepared in collaboration with North West Paediatric Allergy Network but for Pan Mersey some additional practical day-to-day advice has been added in, e.g. quantities, repeat prescribing, etc. All of the stakeholder consultation feedback comments have been addressed. In line with a post-consultation suggestion by the guideline authors, the APC agreed that in section 2.8, lactose rechallenge could take place at 4-8 weeks rather than 2-4 months as stated in draft, based on usual recovery time of secondary lactose intolerance. After a query by an APC member the level of support provided by secondary care for patients with acute onset CMPA was clarified. It was also clarified that a link to the “milk ladder” was included in the document allowing readers to directly access this from the guideline.</p> <p>It was questioned whether the stakeholder consultation email had been received by 5-Boroughs Community Health Services as there were no comments from them. The CSU confirmed that 5 Boroughs Partnership NHS Foundation Trust are included in the consultation email circulation but the CSU cannot influence what happens within each organisation. In this case the consultation email had specifically asked for community dieticians in organisations to be consulted on the guideline. The guideline was approved by the APC.</p> <p>17/24/04 – Clostridium difficile avoidance guideline update Under the subheading ‘Antibiotics’, reference to prophylaxis has been added to the first sentence. There was a discussion about this first sentence and it was agreed to add the wording “or strong suspicion of bacterial infection”.</p> <p>Although the main aim of this guideline is to advise primary care, it is applicable to both primary care and secondary care; therefore it was agreed that the phrase “or local trust guidelines” should be added to the third sentence under ‘Antibiotics’. This was approved by the APC.</p> <p>17/24/05 – Calci D The FGSG proposed adding Calci D (calcium 1000mg, colecalciferol 1000iu chewable tablet) to the formulary as a less expensive option. The subgroup recommend that it should not replace the two products already on the formulary because prescribers are familiar with these and Calci D is a once daily preparation that may not be tolerated by all patients. One member expressed concern about adding another Calcium and Vit D preparation to the formulary because there is a lot of confusion between them, but if this is approved then it may be that the CCG will need to rationalise what products are actually prescribed locally. This was approved by the APC.</p> <p>17/24/06 – Statements – addition to static list The Formulary and Guidelines Subgroup asked the APC to approve the addition of the following 5 statements to the ‘static list’:</p> <ol style="list-style-type: none"> 1. Glucosamine and chondroitin products 2. Adults with Particular Dietary Choices 3. Prednisolone enteric coated tablets 4. Oral Combination Products 5. Antioxidant Supplements for Age Related Macular Degeneration <p>If significant new evidence becomes available then statements will be updated. This was approved by the APC.</p>	
6	<p>APC/17/25 – Prescribing Support Documents</p> <p>17/25/01 – Gonadorelin analogues - prescribing support information</p> <p>These drugs are classified as Amber Retained for prostate cancer, to be used first line before degarelix, and this is the Prescribing Support Information and template letter. This information also covers the gynaecological indications and breast cancer. These additional indications are currently classified as Red but there was a request from one CCG to change to Amber Retained for consistency. In the stakeholder feedback, most CCGs supported this</p>	

	<p>change but one wanted the gynaecological indications to remain Red. The shared care subgroup has discussed this and agreed that the best option would be for the information to remain as it is for adoption by the majority of CCGs but St Helen's CCG would adapt it for use in prostate cancer only and this will be made clear on the Pan Mersey website.</p> <p>JJ commented that this was also Warrington practice and the document gives a confusing message for short courses of treatment. A discussion followed in which it was agreed that the RAG rating is based on the drug and the document is appropriate. HD will add a line to the document to say that the specialist will prescribe the full course of treatment for short courses.</p> <p>The consultation feedback also asked for clarification on missed doses or delayed doses. HD checked with all the manufacturers and she informed the APC of the replies she had received. It was agreed that this will be added to the document for each of the three drugs. A minor amendment will also be made to the letter to the GP.</p> <p>A discussion took place around when the dose should be given 3 monthly , whether this means 84 days or 90 days, as this impacts on the missed/delayed dose information. It was noted that this is not clear from the product SPCs but that in practice a month would normally be assumed to be 28 days so it was agreed that the dosing table would include number of weeks, e.g. 3 months (12 weeks) for clarity.</p> <p>The prescribing support information was approved by the APC Committee after the above minor amendments have been made.</p>	Action: HD
7	<p>APC/17/26 – APC Reports 17/26/01 – NICE TA Adherence Checklist February 2017 This has been updated to include all NICE TAs up to the end of February and it will be uploaded to the Pan Mersey website.</p>	
8	<p>APC/17/27 – Any Other Business 17/27/01 – AOB None.</p>	
9	<p>APC/17/28 Date, Time and Venue of the next meeting <u>Date and time of next APC meeting:</u> Wednesday 26 April 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.