

PAN MERSEY AREA PRESCRIBING COMMITTEE MEETING

Minutes of the Meeting held on Wednesday 26 July 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	Head of Medicines Management – St Helens CCG		X
Vicki Caton	Pharmacy Clinical Services Manager – Southport & Ormskirk Hospital NHS Trust	X	
Neil Chilton	Medicine Man Clinical Services Manager – North West Boroughs Healthcare NHS Foundation Trust		X
Nigel Cosford	Senior Meds Man Pharmacist, St Helens CCG	X	
Dr Patricia Cunningham	Consultant Acute Physician and Medication Governance Group member, RLBHHT	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
Carol Humphries	North West Boroughs Healthcare NHS FT (attending for Neil Chilton)	X	
Dr Adit Jain	Clinical Lead, Prescribing – Knowsley CCG	X	
Jenny Jones	Principal Pharmacist Meds Management – Warrington & Halton Hospitals NHS FT		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	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	X	
Agatha Munyika	Mersey Care NHS Trust		X
Mark Pilling	Chief Pharmacist & Assistant Director of Primary Care – Knowsley CCG	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 Medicines Commissioning Pharmacist, MLCSU	X	
Joanne McEntee	Senior Medicines Information Pharmacist, North West Medicines Information Centre		X
Graham Reader	Senior Medicines Commissioning Pharmacist, MLCSU		X

1	<p>APC/17/47 – Welcome and Apologies for Absence</p> <p>The Chair welcomed members and accepted apologies from the following: Dr Octavia Stevens, Dr Sid McNulty, Dr Dan Hawcutt, Dr Jamie Hampson, Agatha Munyika, Neil Chilton (Carol Humphries attending), Catrin Barker, Jenny Jones, Catherine Harding, Joanne McEntee, Lucy Reid, Sarah Quinn, Jenny Lunn, Claire Sawers and Graham Reader.</p>	Action:
2	<p>APC/17/48 – Declarations of Interest and Quoracy Check</p> <p>A quoracy check confirmed that this meeting was quorate. There were no declarations of interest for items on the agenda.</p>	
3	<p>APC/17/49 – Minutes of the previous meeting and matters arising.</p> <p>17/49/01 – Minutes from the Previous Meeting</p> <p>The Minutes were agreed to be an accurate record of the previous meeting on 28 June 2017.</p> <p>17/49/02 – Matters Arising</p> <p>Making recommendations when APC meeting is not quorate / APC Policy Update</p> <p>The Pan Mersey APC Policy has been updated. This includes changing ‘Cheshire and Merseyside CSU’ to ‘Midlands and Lancashire CSU’ throughout. A sentence has been added to page 9 about quoracy. The Area Prescribing Committee is a recommendation committee and the CCGs ratify decisions within their organisations and then these approvals are recorded. Following a discussion it was agreed that the minutes from a non-quorate meeting will be noted at the next quorate APC Meeting for approval of the recommendations made.</p> <p>A member suggested that cost should be mentioned in Principle 5 on page 2 as it is included in the considerations, however it has already been included in 2.1 (page 2) and Principle 6 (page 3) so it was agreed that this is sufficient.</p> <p>With reference to membership on page 8, this states only one regional representative from the LMC and a member queried whether that was enough. The committee suggested that this matter is discussed between the three local LMCs outside of the meeting and their proposal regarding LMC membership reported back to the APC for consideration.</p>	
4	<p>APC/17/50 – New Medicines</p> <p>17/50/01 – Grey Statement Summary</p> <p><u>Naltrexone / Bupropion</u>: A grey ‘holding’ statement has been produced for this weight management treatment. This drug will be reviewed when the NICE TA is published (expected 23 August 2017). The Chair suggested that this should be disseminated to GPs. The Committee approved the grey statement.</p> <p>17/50/02 – Non-renewal of expiring NMSG statements (July – Sept 17)</p> <p><u>Aflibercept intravitreal injection for DMO; Dexamethasone intravitreal implant for DMO; Vedolizumab intravenous infusion for Crohn’s Disease</u>: These are red, hospital-only treatments. The NICE TA recommendations for these drugs are now established into clinical practice and therefore there is no additional benefit to retaining the policy statements so it is</p>	

proposed that they will be archived when they expire and a link to the NICE TA retained in the formulary.

Methylalntrexone injection: There has been no expression of interest in this treatment for opioid-induced constipation in patients with chronic pain in the last 2 years, so it is proposed that the grey statement be archived.

The APC approved the above actions.

17/50/03 – Updated NMSG statement review process

The APC recently agreed the process to be followed when policy statements are approaching their review date – whether they will remain live, are added to the static list, or archived. This has now been added to the relevant NMSG 'process' document and the committee were asked to approve this amendment.

The amended 'New Medicines Sub Group Review Process for Review of Existing Policy Statements' was approved by the APC.

17/50/04 – Updated in-year new medicine application form

This is an application form for a new drug or indication that has not been identified at horizon scanning. It is an update of the existing document to make it current and clarify the process and what information is required to be submitted. Minor amendments include: the name of the drug will now appear on the first page; reference has been made on page 1 to the formulary amendment form and a hyperlink included. Agreed to change 'in primary care' to 'to the commissioner' on page 1. It will be a Word document on the website so it can be added to Trusts' medicines policies or downloaded for use.

A suggestion was made that a list is kept of the drugs not prioritised. Alternatively, a grey statement could be written when the drug is not prioritised. AH advised that where a grey statement has already been produced at drug launch, then it is updated as a matter of course if any application is received, and then updated again if not prioritised. Any applications not prioritised are already reported to APC as a matter of course.

MW suggested that when an in-year application is received that a grey statement could be produced advising that an application has been received, as other clinicians may be interested and this would potentially avoid duplicate applications. AH advised that the majority of applications forms are submitted for drugs where there is already a grey statement, in which case the grey statement is updated as a matter of course when an application was received, but agreed that there may be occasional circumstances where there was no grey statement for a drug and that there would be value to producing a grey statement in these circumstances.

The APC agreed that grey statements will be produced for all drugs where an in-year application is received.

The APC agreed to the updated application form.

17/50/05 – Addition of NICE TA implementation timescales to policy statements

The meeting was asked to consider whether the NICE TA implementation timescales and dates should be added to the policy statements. At the moment only the publication date of the NICE TA is included on the statement.

After a discussion, the APC agreed that the date of publication plus 30 days' or 90 days' implementation will be included on the APC Report, but that implementation timescales will not be included on the policy statements themselves.

17/50/06 – Ustekinumab in Crohn's disease (NICE TA456)

A summary of this red statement was given to the committee. NICE TA456 recommends Ustekinumab injection as an option for moderately to severely active Crohn's disease in adults who have had an inadequate response with, lost response to, or were intolerant to either conventional therapy or a TNF-alpha inhibitor or have medical contraindications to such therapies. NICE does not expect this TA to have a significant impact on resources. The APC agreed to this statement.

17/50/07 – Rifaximin for hepatic encephalopathy – statement review

This is a review of an existing policy statement. Following discussion at the NMSG meeting, the subgroup proposed that the policy statement was reviewed, then added to the static list.

	<p>The cost box has been updated. There was a discussion about the NICE costing template and AH assured the APC that she had clarified the costing data and confirmed that the figures stated in the policy statement were correct.</p> <p>The APC approved the reviewed policy statement and the proposal to add it to the static list.</p>	
5	<p>APC/17/51 – Formulary and Guidelines 17/51/01 – Anti-TNF therapy for mono / oligoarthritis This red statement is about treatment with anti-TNF for inflammatory monoarthritis or oligoarthritis where only one or two joints are affected and the patient would not meet the NICE criteria, which stipulate that 3 or more joints should be affected. The rheumatologists are stating it should be clear that the affected joints must be large ones to be considered for anti-TNF treatment. Patients should have tried and failed all conventional therapy. DGG summarised the details, numbers of patients and costs, for the meeting. Stakeholder feedback received was either ‘in agreement’ or ‘no comment’.</p> <p>There were no questions from members.</p> <p>For the pathway document, a minor word change was agreed in one of the yellow boxes, changing ‘Alternate anti-TNF’ to ‘Alternative anti-TNF’.</p> <p>The APC approved this statement and the accompanying pathway.</p> <p>17/51/02 – Formulary Chapter 11 review (Eye) paediatric review This is part of the ongoing review to include paediatrics in the formulary. The stakeholder feedback received was ‘no comment’ or ‘agreed’. Members had no questions so the APC approved this paediatric review of Chapter 11.</p> <p>17/51/03 – Duoresp – amendment to COPD guideline The COPD Guideline amendment proposed was to replace Symbicort Turbohaler with Duoresp Spiromax – a less expensive alternative. Stakeholder feedback received was ‘no comment’ or in agreement. The Formulary and Guidelines Subgroup is monitoring for the launch of triple therapy inhalers this autumn, at which point the COPD guidelines will be reviewed and the choice of inhalers may be rationalised.</p> <p>The APC approved this amendment.</p>	
6	<p>APC/17/52 – Shared Care 17/52/01 – Apomorphine Prescribing Support Information – for noting There has been a small amendment on page 2 – this has come about because the Walton Centre sometimes want to put patients on higher doses above the maximum licensed dose, where symptoms are not controlled. There are case reports and small trials to support the use of a higher dose. This amendment is to reassure GPs that the use of these doses is appropriate. The consultant will explain that this is an unlicensed dose and obtain informed consent from patients before putting them on an unlicensed dose.</p> <p>One GP expressed concern about prescribing a dose that is unlicensed. Another GP felt that the key was proper communication between the GP and the consultant. It was acknowledged that while some GPs may refuse to prescribe, others are happy to prescribe.</p> <p>Prescribers were advised that if they come across an incident where the patient has not had a discussion with the consultant about the unlicensed dose and given their informed consent, then this must be fed back to the Trust.</p> <p>A member queried the prescribing of domperidone on page 3. It had been previously agreed at APC that this would be prescribed by the specialist but this document does not reflect that amendment. HD agreed to investigate and correct this.</p> <p>The amendment to the supporting information was approved by the APC.</p>	HD
7	<p>APC/17/53 – APC Reports 17/53/01 – NICE TA Adherence Checklist June 2017 This has been updated to include all NICE TAs up to 5 July 2017 and it will be uploaded to the Pan Mersey website.</p> <p>AH will undertake a piece of work around tracking NICE TAs now that they are being published weekly, noting publication date and the date they come to APC. This will be brought back to APC in October.</p>	AH

8	<p>APC/17/54 – Any Other Business 17/54/01 – AOB <u>APC Documents</u> A trust representative asked if the APC agenda documents could be numbered item 1, item 2, etc., when they are sent out to members. The MLCSU are planning to move to Office 365 shortly which means that it will not be necessary to send 3 versions of the agenda out, instead members will be sent a link to all the documents. It was agreed that the CSU will look at numbering all APC meeting documents in the order they appear on the agenda, to assist members.</p> <p><u>Wirral CCG</u> DGG informed members that Wirral CCG has approached the CSU about joining the Pan Mersey APC. The Wirral has one CCG and one hospital trust. The CCG is currently having discussions with Wirral University Teaching Hospital NHS Foundation Trust.</p> <p>With reference to the Pan Mersey formulary, they are planning to incrementally adopt the formulary, that is, at the point when the Wirral statement needs to be updated they will adopt the Pan Mersey statement. DGG will keep the APC informed of progress.</p>	DGG/ VEZ
9	<p>APC/17/55 Date, Time and Venue of the next meeting <u>Date and time of next APC meeting:</u> Wednesday 27 September 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.