NHS
Pan Mersey
Area Prescribing Committee

PAN MERSEY AREA PRESCRIBING COMMITTEE MEETING

Minutes of the Meeting held on Wednesday 1 November 2017 at River Alt Resource Centre, Woolfall Heath Avenue, Huyton, Liverpool. L36 3YE

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	
Colin Brennan	Deputy Clinical Services Manager/Surgical Division Lead Pharmacist, University Hospital Aintree	X	
Dr Ivan Camphor	Mid-Mersey LMC Representative		X
Nicola Cartwright	Head of Medicines Management – St Helens CCG		X
Neil Chilton	Medicine Man Clinical Services Manager – North West Boroughs Healthcare NHS Foundation Trust	X	
Dr Patricia Cunningham	Consultant Acute Physician and Medication Governance Group member, RLBUHT		X
Dr John Edwards	GP, 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	
Andrea Giles	St Helens 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	
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	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	
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	Meds Optimisation Pharmacist – West Lancs CCG	X	
Mike Welsby	Pharmacist – St Helens & Knowsley Teaching Hospitals NHS Trust	X	
Catherine Witter	Medicines Information Pharmacist Southport & Ormskirk Hospital NHS Trust	X	
IN ATTENDANCE			
Helen Dingle	Senior Prescribing Advisor, MLCSU	X	
Kieron Donlon	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	
Susan Maire	Senior Medicines Optimisation Lead,Wirral, MLCSU	X	
Rachael Pugh	Prescribing Advisor - Wirral Medicines Management Team, MLCSU	X	
Graham Reader	Senior Medicines Commissioning Pharmacist, MLCSU	X	

1	**APC/17/65 – Welcome and Apologies for Absence** The Chair welcomed members and accepted apologies from the following: Dr Patricia Cunningham, Paul Skipper, Dr Jamie Hampson, Mark Pilling, Dave Thornton (Colin Brennan attending), Jenny Lunn (Claire Sawers attending), Dr Ivan Camphor, Agatha Munyika, Nicola Cartwright (Andrea Giles attending) and Catherine Harding.	***Action:***
2	**APC/17/66 – Declarations of Interest and Quoracy Check** A quoracy check confirmed that this meeting was quorate. There were no declarations of interest for items on the agenda.	
3	**APC/17/67 – Minutes of the previous meeting and matters arising.** ***17/67/01 – Minutes from the Previous Meeting*** The Minutes were agreed to be an accurate record of the previous meeting on 27 September 2017. (The meeting noted that one minor amendment had been made following a comment received from Dr S McNulty). ***17/67/02 – Matters Arising*** ***APC Annual Report*** DGG presented the Pan Mersey APC Annual Report for 2016-17. There were no questions or comments. **Flu Vaccines** At this time last year the topic was raised at APC, regarding advice about which flu vaccines to order. DGG has been in touch with Public Health England, but the response was that it does not have a 'direction of travel' yet. One GP feels that more people will therefore be ordering quadrivalent vaccines for next year. **Tracking Weekly NICE TAs** NICE started publishing TAs weekly in July and originally it was agreed that AH would bring a report back to the October APC meeting to highlight any issues. As there has only been a relatively small number of TAs published since July that are CCG commissioned, AH proposed that bringing 6 months' of data back to APC in January/February would be preferable as it would provide more data and include the effect of no December APC on the timelines of TAs coming through APC, and highlight any issues due to weekly publication. This proposal was supported and AH will bring a report back to APC by February 2018. **Collagenase clostridium histolyticum NICE TA459** At the last APC meeting it was reported that the expression 'one treatment session', was intended to mean only a single injection could be given per patient, with no further injections	***AH***

	allowed at subsequent outpatient appointments. As it was only a verbal response from NICE it was decided that this information should not be included in the policy statement until written confirmation had been received from NICE. After further attempts, PM has still been unable to get any meaningful response from NICE. AH proposed that a formal letter should be sent from the Pan Mersey APC to ask very specific questions in order to get an answer. AH will draft the letter for the APC Chair to sign. This action was agreed.	***AH/ Chair***
4	**APC/17/68 – New Medicines** ***17/68/01 – Grey Statement Summary*** <u>Levonorgestrel 19.5mg IUD (Kyleena)</u>: This was not identified at horizon scanning therefore it will only be looked at if a formal application is received and prioritised for APC review. <u>Patiromer powder for oral suspension</u>: This drug for hyperkalaemia was identified at horizon scanning but not prioritised due to low level of interest. This will be reviewed if a formal application for use is received and prioritised. The Committee approved the grey statements for the above 2 treatments. ***17/68/02 – Tofacitinib (Rheumatoid Arthritis, NICE TA480)*** Prescribing of Tofacitinib is by specialists only, for the treatment of moderate to severe Rheumatoid Arthritis. AH gave a summary of the red statement and ran through the prescribing criteria. NICE do not expect this to have a significant impact on resources. The APC approved the red statement. ***17/68/03 – SGLT-2 inhibitors (combination therapy in Type 2 diabetes)*** This is a review of existing documents, in line with the four NICE TAs. No changes have been made to the recommendations or the RAG ratings; the only change is that everything has been pulled together into one document. It was agreed that in the fourth bullet point on page 1, thiazolidinedione should be changed to pioglitazone. The APC approved this statement. ***17/68/04 – SGLT-2 inhibitors (monotherapy in Type 2 diabetes)*** This is a review of an existing document and no changes have been made other than to update the safety information and bring the format in line with the combination therapy statement. There were no objections and this statement was approved by the APC.	
5	**APC/17/69 – Shared Care** ***17/69/01 – Chapter 4.10*** In response to feedback, Vitamin B Compound Strong and thiamine have been removed from the Chapter (they are already on the formulary in Chapter 9.6.2). The wording about the use of these drugs in alcohol dependence will be retained. Prescribing will vary depending on how the alcohol dependence services are commissioned locally and if feedback is received on how the services are commissioned then this local variation will be recorded on the website. The RAG ratings for the Amber drugs are the minimum ratings based on the characteristics of the drug. It is recognised that there will be some local variation from these recommendations. All drugs to treat acute alcohol withdrawal are Red as this is a short course provided by the specialist service. There was a discussion about the table presented to members; when asked why the table showed any ratings at all when there will be local variation, GR explained that the table shows RAG ratings to demonstrate that the subgroup has followed process and he assured members that this table will not appear on the website. The APC approved the amendments to Chapter 4.10.	
6	**APC/17/70 – Formulary and Guidelines** ***17/70/01 – Guidance for Dental Prescribing in Primary Care guideline*** The purpose of this document is to provide clarification and advice that prescribing for dental	

	conditions should be undertaken by dentists. Consultation feedback was that this is a helpful document for GPs when dealing with requests to prescribe via dental practitioners. It was emphasized that dental products may be recommended to GPs for prescribing by secondary care specialists e.g. oral and maxilla-facial surgery. It was pointed out that non-dental prescribers are not insured to treat dental problems and the guidelines should state that; a sentence to that effect was agreed to include in the guideline as an additional bullet point on page 1. With reference to the bullet points on page 1, it was suggested that, for the purpose of clarity, those sentences beginning with 'Prescribers' should be changed to 'Non-dental prescribers'. There was a discussion about 'out-of-hours' dental services. There was opinion that the NHS should be commissioning adequate out-of-hours dental services and not putting GPs in the position of inappropriate prescribing for dental conditions. Some GPs see approximately one patient a fortnight for this type of need, where the out-of-hours service could not see the patient. RB has raised this with the LDC. GR confirmed that the LDC have been consulted and they agree with this guideline. It was suggested that individual CCGs should send this guideline to GPs with a covering letter reminding them that they are not insured to treat dental conditions. The APC approved the guideline with the above amendments. ***17/70/02 – Paediatric GORD guideline*** This current guideline has been amended; whereas previously PPIs for children less than 12 years old were amber initiated, paediatricians have reconsidered this and proposed that PPIs for under 12s should be amber recommended. Consultation feedback was generally in support. It was agreed to add directions for administration of Gaviscon Infant sachets to breast feeding infants. The APC approved the paediatric guideline with the above amendment. ***17/70/03 – Generic anticonvulsants*** The MHRA in 2013 issued guidance as to which anticonvulsant drugs in epilepsy should be prescribed by brand name or generically, but local specialists did not agree with this and the Pan Mersey Formulary continued to recommend following local practice of brand prescribing, pending national discussions with MHRA. However the MHRA guidance has still not changed so the subgroup had asked the APC whether the Pan Mersey formulary should follow the MHRA guidance. At its June 2017 meeting the APC suggested Cat. 1 and 2 drugs should be prescribed by brand and Cat. 3 generically. On re-consultation stakeholder feedback agreed with the category 1 and 2 proposal. There were conflicting comments from paediatricians regarding the cat. 3 proposal. Neurologists felt uncomfortable with prescribing category 3 drugs generically. Primary Care consultees broadly agreed with the proposal. As a compromise, the FGSG suggested that category 1 and 2 anticonvulsants should be prescribed as brand and category 3 as generic prescribing, except existing patients on Keppra brand of levetiracetam, as this was the product that seemed to raise most concern clinically. The APC was unable to agree a position on category 3 anticonvulsants, and it was agreed to bring back costing information on the options for category 3 drugs to the next meeting for further discussion. ***17/70/04 – Espranor – addition to formulary*** The FGSG asked the APC to approve the addition of buprenorphine 2mg and 8mg oral lyophilisate brand (Espranor) as red to the formulary. It dissolves quickly on the tongue, in 15 seconds, and it is envisaged that it would be used in supervised administration clinics for patients at risk of diversion. This would be second line to generic buprenorphine and as a cheaper alternative to buprenorphine+naloxone (Suboxone) for these patients. Consultation feedback was mixed, with some support for the addition and some disagreement with this. This addition was approved. Each CCG may want to seek assurance that services are using this appropriately prior to accepting the recommendation.	***GR***

	17/70/05 – Mesalazine statement Mesalazine needs to be prescribed by brand name. The draft statement recommended that currently Octasa brand is interchangeable with, and more cost effective than, Asacol and that switching could be conducted in conjunction with a specialist. Consultation feedback was broadly in agreement with this. There was discussion around the appropriateness of the word "interchangeable" and it was suggested that this should read "Octasa brand currently represents a more cost effective choice and is considered to be equivalent with Asacol brand". It was agreed that FGSG should investigate the possibility of producing switching guidance in the same vein as the quetiapine m/r – i/r statement, and bring this back to APC for further consideration. ***17/70/06 – Hypersalivation guideline*** This was reviewed by the APC in June 2017. At that time the APC felt that it would be appropriate for GPs to initiate amitriptyline, hyoscine, and glycopyrronium, and requested the guideline be amended and re-consulted on. The FGSG additionally agreed that atropine eye drops were also appropriate for green designation and this went for re-consultation. Feedback was largely in agreement. The order of the drugs listed was alphabetical but it was agreed that the order be changed so that amitriptyline and atropine were moved to the bottom of the list of 1st line treatments for adults. The guideline was approved by the APC with these amendments made. ***17/70/07 – Eflornithine cream statement review*** This is a review of an existing statement. The statement has been effective to some degree in that the spend on this drug has decreased from £91,000 to £44,000 per year, although further reduction would be desirable. The APC approved the statement. ***17/70/08 – Minor formulary amendments*** • ***Oxybutynin liquid*** The addition of oxybutynin oral solution 5mg in 5mL was agreed (Green for adults and Amber initiated for paediatrics) to the formulary. This is proposed for ease of paediatric dosing where tablet formulation is not possible. However, it is quite expensive so it should only be used when necessary. • **Memantine orodispersible** The addition of memantine 10mg and 20mg orodispersible tablets (Amber initiated) to formulary section 4.11 was agreed. • **Magnesium glycerophosphate** It was agreed that unlicensed Special magnesium glycerophosphate tablets and capsules 4mmol (97mg Mg) should be replaced by the licensed product (Neomag) in chapter 9.5.1.3, as second line choice after Magnaspartate magnesium aspartate 10mmol sachet. • **Riluzole liquid** The addition of riluzole oral solution 5mg in 1mL to the formulary (as Purple) was agreed, with advice to use only when liquid essential, as it is much more expensive than the tablets. The APC approved these four amendments to the formulary.	***GR***
7	**APC/17/71 – Safety Subgroup** ***17/71/01 – Valproate*** Beyond the previously strengthened warnings, the latest MHRA alert specified that patients be identified. The subgroup document was developed to co-ordinate identification and education of patients between sectors in an attempt to minimise duplication of effort. KD talked the members through the three documents he presented. They have been out for consultation. Much of the feedback was about strengthening and clarifying the content. The checklist is adapted from MHRA with the addition of "I am satisfied that the above named patient is not pregnant" in the first box. There is a leaflet specifically for children and there is simplified information adapted from a document from Liverpool Community Health but there is no eduational material specifically for people with learning difficulties. KD is liaising with North West Boroughs on this and will issue an update when it is made available.	

	There is a piece of work that the subgroup may choose to do around compliance assurance and audit. DH thanked the group for including the Medicines for Children leaflet and advised that Sanofi are planning to add a link to this children's leaflet in the standard patient information leaflet. He had also attended an EMA meeting and the future direction of travel was suggestive of a requirement for an audit trail on how this alert/advice has been managed within organisations. SL advised that in Sefton they are using an EMIS code so the GPs can record that advice has been given. SL agreed to share the code. DH advised that Alder Hey are not using the official checklist for certain patient groups as it is felt to be a poor fit for a patient population for whom pregnancy will not be part of their life plan. For those patients, clinicians are recording in the patient's notes and sending letters out to the families of patients. However, processes are in place for these patients and Alder Hey is complying with the MHRA alert. The APC approved the documents.	***SL***
8	**APC/17/72 – APC Reports** ***17/72/01 – NICE TA Adherence Checklist September 2017*** This checklist was presented to the APC for noting.	
9	**APC/17/73 – Any Other Business** ***17/73/01 – AOB*** None.	
10	**APC/17/74 Date, Time and Venue of the next meeting** Date and time of next APC meeting: Wednesday 29 November 2017 at 2.00-4.00pm Venue: The Education Centre, Kent Lodge, Broadgreen Hospital, Thomas Drive, Liverpool, L14 3LB	

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