

# Pan Mersey Area Prescribing Committee

14:00 – 16:00 hours  
Wednesday 28 March 2018  
The Education Centre, Kent Lodge,  
Broadgreen Hospital, Thomas Drive, Liverpool, L14 3LB

## Minutes

Members	Organisation(s)	Present
Peter Johnstone (Chair)	Prescribing Commissioner – Liverpool CCG	X
Dr Sid McNulty	Consultant Endocrinologist/Chair Drug & Therapeutics Committee St Helens & Knowsley Teaching Hospitals NHS Trust	
David Ainscough	Pharmacist, Liverpool Community Health	X
Anna Atkinson	Deputy Lead Pharmacist Medicines Management, Lancashire Care NHS Foundation Trust	
Catrin Barker	Chief Pharmacist - Alder Hey Children's NHS Foundation Trust	
Dr Rob Barnett	LMC Representative, Liverpool	X
Nicola Baxter	Head of Medicines Optimisation, West Lancs CCG	
Colin Brennan	Deputy Clinical Services Manager/Surgical Division Lead Pharmacist, University Hospital Aintree	
Dr Ivan Camphor	Mid-Mersey LMC Representative	X
Nicola Cartwright	Head of Medicines Management – St Helens CCG	X
Marianne Charlton	Lead Pharmacist Medicines Management, Wirral University Teaching Hospital NHS Foundation Trust	X
Neil Chilton	Medicine Management Clinical Services Manager North West Boroughs Healthcare NHS Foundation Trust	X
Dr Anna Ferguson	GP Clinical Lead – South Sefton CCG	X
Dr Claire Forde	CCG Governing Body Member, Prescribing Lead – Halton CCG	
Donna Gillespie-Greene	Head of Medicines Commissioning Midlands & Lancashire Commissioning Support Unit	X
Gillian Gow	Chief Pharmacist – Liverpool Heart and Chest FT	
Catherine Harding	Lead Pharmacist, Lancashire Care NHS FT	
Dr Dan Hawcutt	Consultant Paediatrician and Chair of D&T Alder Hey Children's NHS FT	
Dr Adit Jain	Clinical Lead, Prescribing – Knowsley CCG	
Jenny Johnston	Senior Pharmacist, South Sefton CCG and Southport and Formby CCG	X
Jenny Jones	Principal Pharmacist Medicines 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	
Geraldine McKerrell	Pharmacist, Medicines Management Team, Liverpool Community Health	
Paul Mooney	Deputy Chief Pharmacist/Medication Safety Officer, Liverpool Women's NHS Foundation Trust	
Mark Pilling	Chief Pharmacist & Assistant Director of Primary Care, Knowsley CCG	
Rachael Pugh	Prescribing Advisor, Wirral Medicines Management Team, MLCSU	X
Sarah Quinn	Head of Medicines Management, Bridgewater Community Healthcare NHS Foundation Trust	
Lucy Reid	Lead Pharmacist - Halton CCG Locality Medicines Management Team	X



Dr Omar Shaikh	Clinical Lead GP for Medicines Management, St Helens CCG	X
Paul Skipper	Deputy Director of Pharmacy The Royal Liverpool & Broadgreen University Hospitals NHS Trust	X
Dr Octavia Stevens	GP, Southport & Formby CCG	
Dave Thornton	Assistant Clinical Director of Pharmacy, University Hospital Aintree	
Dr Matthew Van Miert	Consultant Anaesthetist, Wirral University Teaching Hospitals NHS FT	X
Mike Welsby	Pharmacist, St Helens & Knowsley Teaching Hospitals NHS Trust	X
John Williams	Acting Chief Pharmacist, Southport & Ormskirk Hospital NHS Trust	X
<b>Attendees</b>	<b>Organisation(s)</b>	<b>Present</b>
Helen Dingle	Senior Prescribing Advisor, MLCSU	X
Anne Henshaw	Senior Medicines Commissioning Pharmacist, MLCSU	
Joanne McEntee	Senior Medicines Information Pharmacist, North West Medicines Information Centre	
Graham Reader	Senior Medicines Commissioning Pharmacist, MLCSU	X

APC/18/21	Welcome and apologies	Action
	The Chair welcomed members and accepted apologies for the following: Susanne Lynch (Jenny Johnston attending), Dr Octavia Stevens, Dr Adit Jain, Dr Claire Forde, Dr Sid McNulty, Dave Thornton, Colin Brennan, Dr Neil Mercer, Catherine Harding, Anna Atkinson, Catrin Barker, Sarah Quinn, Joanne McEntee, Dr S V Nagaraja and Anne Henshaw.	
APC/18/22	Declarations of Interest and Quoracy Check	
	A quoracy check confirmed that this meeting was not quorate. There was one declaration of interest from Mike Welsby for GSK.	
APC/18/23	Minutes of the previous meeting and matters arising	
	<p><b>APC/18/23/01 – Minutes from the Previous Meeting</b> The Minutes were agreed to be an accurate record of the previous meeting on 28 February 2018.</p> <p><b>APC/18/23/02 – Matters Arising</b> <b>Freestyle Libre – (Item Ref APC/18/06/02)</b> A meeting was held last week with trust clinicians and CCG representatives to discuss the detail of the statement if changed to an amber-initiated RAG rating and to produce prescribing support information. An amended statement, a form detailing why the patient meets the criteria and further documents including a patient contract (for the patient to sign) went out today on the March consultation email and it is planned to bring this back to May's APC meeting provided there are no major issues with the consultation feedback.</p> <p><b>Prescribing following a private consultation (Item Ref APC/18/06/07)</b> This was provisionally approved at the APC January 2018 meeting but the committee wanted LMCs to confirm the detail was technically correct. GR received a verbal response from Sefton LMC that they were happy with the documents. Liverpool LMC has made comments that GR will incorporate into the guidance. IC confirmed that Mid-Mersey LMC agree with these comments and have no additional comments. Document to be amended and to be brought back to April meeting to confirm.</p> <p><b>DOAC Monitoring</b> Mid-Mersey LMC requested guidance around DOAC monitoring.</p>	<b>DGG/GR</b>



	<p>There is national guidance in existence, in the form of the UKMi guidelines. After a discussion, it was agreed that the UKMi statement will be considered through the usual process and if all agree then Pan Mersey APC will adopt it. If it is agreed, then a link to the UKMi guidance can be added to the formulary entry and/or statements.</p>	<p><b>DGG/AH</b></p>
<p><b>APC/18/24</b></p>	<p><b>New Medicines</b></p>	
	<p><b><i>APC/18/24/01 – Eluxadoline for IBS, update following MHRA drug safety alert</i></b>  This statement has been updated following an MHRA Drug Safety Update (December 2017). The RAG rating has been changed in line with MHRA recommendations, from Amber Initiated to Amber Retained.</p> <p>Reference was made to the response to Liverpool CCG feedback, however, it was recognised that the committee is unable to add requirements to the clinical eligibility criteria stated in the NICE TA as this is seen as restricting access. A member asked about when a review of the relevant NICE TA might be expected. <u>Post Meeting note</u>: according to the NICE website, the review is due in August 2020.  This updated statement was approved by the APC.</p> <p><b><i>18/24/02 – Tapentadol immediate release for acute pain, statement review (for static list)</i></b>  Feedback comments were in support of the black statement. There were no questions and this statement was approved by the APC.</p> <p><b><i>18/24/03 – Tapentadol prolonged release for chronic pain, statement review (for static list)</i></b>  This is the third review of this amber recommended statement. It has been positioned as second line where oxycodone is not appropriate (so essentially still third line). There is no significant change of evidence that would change its position. There were a number of comments back from consultation, with some consultees requesting that it is made second line, some suggesting that the RAG category should be amber retained and others suggesting red.</p> <p>Some of the hesitancy to prescribe this drug is as a result of a serious untoward incident in a local CCG where a patient came to harm as a consequence of following pain clinic cross-tapering advice with tapentadol pr.</p> <p>There is now a sentence in the statement which specifies that the patient remains the responsibility of the pain consultant until cross-tapering has been completed and the patient stabilised.</p> <p>There was a long discussion around the amber category. The Chair reminded the committee of the definition of Amber initiated and there was a general view that changing the statement from Amber Recommended to Amber Initiated might allay some of the concerns discussed.</p> <p>It was agreed to consult on amber initiated and send out information about the definition of Amber initiated medicines. The statement needs to clarify that cross tapering must occur under the supervision of the consultant and that dose stabilisation needs to be achieved prior to discharging the patient to the GP.</p>	<p><b>JL</b></p>



	<p>A member requested that an entry was made into the Formulary stating that this drug was RED during cross-tapering.</p> <p><b>18/24/04 – Biologic agents in rheumatological conditions, statement reviews (for static list)</b> All 7 biologic drug statements have undergone a routine review and there are no major changes. It is proposed that these are added to static list. These will all still be updated when relevant NICE guidance is published. The APC approved the updated statements and their addition to the static list.</p>	<p><b>GR</b></p>
<p><b>APC/18/25</b></p>	<p><b>Shared Care</b></p>	
	<p><b>18/25/01 – Dementia Drugs – update to prescribing support information</b> An updated document had been circulated ‘for information’ but there was some feedback. This has been addressed and there is now clearer information about contacts for advice and what constitutes ‘deterioration in renal function’.</p> <p>Members raised concerns about follow up of patients once they are discharged. It was noted that work is ongoing to address this issue. This document covers both North West Boroughs and Mersey Care and there are telephone numbers for both services so CCGs have easy access to specialist advice. Enquirers will be directed to the appropriate member of the specialist service.</p> <p>There were concerns about the need for monitoring patients who are taking dementia drugs. This is not specific drug monitoring for adverse effects, it is about routine monitoring of elderly patients and the action to be taken if their renal or hepatic function declines. A member commented that there are no hard and fast rules for the routine monitoring of patients and there needs to be a degree of common sense over who is responsible.</p> <p>Another member queried the advice of stopping donepezil 2-3 weeks before an operation as this does not happen in their trust. They do not want the patient's condition to deteriorate because of stopping their medication. HD to investigate what is happening in the other acute trusts.</p> <p>The highlighted changes to the prescribing support information were approved by the APC.</p> <p><b>18/25/02 – Mepacrine RAG rating and prescribing support information</b> It was proposed that this should be Amber Initiated as no drug monitoring is required for patients taking mepacrine. Feedback for the RAG rating was largely supportive or neutral but there were some reservations as it is a rarely used drug. The Shared Care Subgroup discussed this feedback but still felt that the proposal of Amber Initiated is appropriate. The prescribing support information is to support the existing primary care prescribing and it is not anticipated that this will lead to an increase in prescribing. Members discussed the RAG rating. One CCG still feels it should be Amber Retained due to potential problems when numbers are so low. Members agreed however that the main issue is that the patient's dose is stable before prescribing is transferred and Amber Initiated provides that assurance.</p> <p>The Amber Initiated RAG rating and the prescribing support information were approved by the APC.</p>	<p><b>HD</b></p>



	<p><b>18/25/03 – Amber definitions review</b> The Shared Care Subgroup was asked to review the amber definitions. A summary of the consultation feedback received and the changes made as a result, was given to the meeting.</p> <p>A member referred to a document recently updated by NHSE “Responsibility for prescribing Primary and Secondary/Tertiary Care”. Members were informed that this document was discussed at the CCG Leads Meeting and it was decided that local processes and guidance were working well and therefore Pan Mersey would continue with current practice.</p> <p>The proposed amendments were approved.</p> <p><b>18/25/04 – Mycophenolate and DMD update and amendment to mycophenolate shared care framework</b></p> <ul style="list-style-type: none"> <li>• The wording in the protocol has been updated following the stronger contraception advice for male patients who are taking mycophenolate, which was published in the Drug Safety Update of February 2018.</li> <li>• It is proposed to amend Section 14 of the DMD frameworks for clarification. Previously it said 'where patient care is transferred from one provider to another, a new shared care agreement must be completed'. It is suggested that 'provider' is replaced with 'GP or specialist service'.</li> <li>• St Helens CCG has adapted the DMD frameworks to reflect the monitoring arrangements agreed with St Helen's &amp; Knowsley Teaching Hospitals NHS Trust. These frameworks will be added to the St Helens CCG folder on the Pan Mersey website.</li> </ul> <p>The above actions were approved by the APC.</p> <p><b>18/25/05 – Appendix 2 proposed amendments</b> The proposed amendments/additions to Part 1 of Appendix 2 are highlighted in red on the document. The stakeholder feedback for this amendment was positive. It was noted that the consultant must be responsible for the shared care request. Following concerns expressed in the stakeholder feedback, Part 2 of the appendix is exactly as it was before.</p> <p>A member asked for Appendix 2 to be put on the website as a separate document as it is being overlooked when included in the whole document. It was agreed that this should be discussed outside the meeting.</p> <p>The APC approved the changes.</p>	<b>DGG</b>
<b>APC/18/26</b>	<b>Formulary and Guidelines</b>	
	<p><b>18/26/01 – Viscose garments statement</b> Consultation feedback was reviewed. The subgroup felt the most appropriate RAG designation would be amber recommended following comments from stakeholders, but not green, as NICE guidance suggested these should be commenced by a health care professional who was trained in their use. The original consultation was for an amber initiated designation and a member asked if there should be a re-consultation as amber recommended was now proposed. The FGSG had felt that the change was not significant enough to warrant a re-consultation and APC agreed.</p>	





	<p>Members asked for further guidance on how long garments should last. Guidance was given on how many washes would be suitable for each garment but additional information on frequency of washing would be helpful. Guidance could be added to the statement under 'Patient Factors'. GR agreed to contact dermatology specialists for some guidance. Document to be amended with appropriate information and to be brought back to April meeting to confirm.</p> <p><b>18/26/02 – Silk garments statement</b> A summary of the black statement was given to the committee and details of the Clothes Trial (April 2017) showing no benefit were outlined. Consultation feedback was mostly in agreement with a black statement and, although some stated a small number of patients may need this product, the subgroup did not feel this justified changing the RAG status from black. Current cost across Pan Mersey is in the region of £130,000. The black statement was approved. There will be a discussion at the next CCG Leads Meeting concerning what is done about existing patients.</p> <p><b>18/26/03 – Budesonide (Budenofalk) foam enema</b> The FGSG proposed the addition of budesonide rectal foam to the formulary. The first choice (Colifoam) is currently unavailable on a long-term basis and budesonide offers a cheaper alternative to the current alternative, prednisolone rectal foam. The subgroup does not normally make formulary changes in response to supply problems but this is a long term issue. Prednisolone will be kept for patients for whom budesonide is not suitable. Feedback was mostly in agreement. The APC approved the addition of budesonide foam enema as a first-choice option to the formulary.</p> <p><b>18/26/04 – Relvar Ellipta inhaler (paediatrics)</b> It was proposed to amend the formulary entry to include use for asthma in children 12 years of age and over but only in those who cannot manage twice daily preferred choice inhalers - amber initiated designation. Feedback was mostly in agreement. The APC approved this amendment.</p> <p><b>18/26/05 – North West Coast Palliative Care guidelines</b> North West Coast Palliative Care Network has updated its Clinical Practice Summary for Palliative Care Symptoms and the FGSG proposed updating the link to this in the formulary (the link on the formulary to the earlier version had been approved previously by the APC).</p> <p>Halton CCG has its own guidelines and is not happy with the North West Coast guidelines. It was decided that LR will send a link to the Halton guidelines to the FGSG and any other CCGs are asked to do likewise if they have guidelines. It may be desirable to combine the two together so it was agreed that the North West Coast guidelines will be left off the website until this has been thought through further by CCG Leads.</p> <p><b>18/26/06 – Rheumatoid arthritis high cost drug pathway – update</b> NICE TA485 (sarilumab) has been incorporated into the existing Pan Mersey pathway. This was approved by the APC.</p>	<p><b>GR</b></p> <p><b>CCG Leads</b></p> <p><b>LR/ CCG Leads</b></p>
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	<p><b>18/26/07 – Finasteride statement review – static list</b> A routine review has been carried out and there is no change from an evidence perspective. The statement is still necessary for reference so the FGSG proposed putting it on the static list. This was approved by the APC.</p> <p><b>18/26/08 – Zafirlukast – discontinuation</b> Zafirlukast tablets have been discontinued so will be removed from the formulary. The APC noted this amendment.</p>	
<b>APC/18/27</b>	<b>APC Reports</b>	
	<p><b>APC/18/27/01 – NICE TA Adherence Checklist February 2018</b> The checklist has been updated to the end of February and it was presented to the APC for noting.</p> <p><b>APC/18/27/02 – RMOC update - Verbal update for information</b> The last RMOC meeting on 28 February, discussed FreeStyle Libre, TB drugs, biosimilars, the Pharmacy Integration Fund and antimicrobial resistance.</p> <p>There is significant work ongoing around the uptake of biosimilars, and how the barriers can be addressed. A big piece of work is in progress with NHSE, doing questionnaires with CCGs and acute trusts, prior to the launch of the first adalimumab biosimilar in the autumn.</p> <p>The Pharmacy Integration Fund was launched last week. There is a lack of clarity around some of the detail e.g. funding for year 2 (50% commitment only from PIF) and the name of the lead CCG for Cheshire and Merseyside STP.</p> <p>There was a further update on antimicrobial resistance strategy.</p> <p>The RMOC minutes will be available on the SPS website once ratified.</p>	
<b>APC/18/28</b>	<b>Any Other Business</b>	
	<p><b>APC/18/28/01 – AOB</b> None.</p>	
<b>APC/18/29</b>	<b>Date, Time and Venue for the next meeting</b>	
	<p><u>Date and time of next APC meeting:</u> The next meeting will be on Wednesday 25 April 2018 at 2.00-4.00pm</p> <p><u>Venue:</u> The Education Centre, Kent Lodge, Broadgreen Hospital, Liverpool, L14 3LB</p>	

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