

Pan Mersey Area Prescribing Committee

14:00 – 16:00 hours
Wednesday 25th April 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	
Dr Sid McNulty	Consultant Endocrinologist/Chair Drug & Therapeutics Committee St Helens & Knowsley Teaching Hospitals NHS Trust	X
David Ainscough	Pharmacist, Merseycare, Liverpool and South Sefton Community Services Division	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	X
Colin Brennan	Deputy Clinical Services Manager/Surgical Division Lead Pharmacist, University Hospital Aintree	
Dr Ivan Camphor	Mid-Mersey LMC Representative	
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	
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
Catherine Harding	Lead Pharmacist, Lancashire Care NHS FT	
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	
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	
Paul Gunson	Pharmacist, Knowsley CCG	X
Rachael Pugh	Prescribing Advisor, Wirral Medicines Management Team, MLCSU	X
Sarah Quinn	Head of Medicines Management, Bridgewater Community Healthcare	



	NHS Foundation Trust	
Kathryn Phillips	Pharmacist, Bridgewater Community Healthcare NHS Foundation Trust	X
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	
Dr Octavia Stevens	GP, Southport & Formby CCG	
Dave Thornton	Assistant Clinical Director of Pharmacy, University Hospital Aintree	X
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	
Catherine Witter	Pharmacist, Southport & Ormskirk Hospital NHS Trust	X
Dr Jamie Hampson	GP, Liverpool CCG	X
Debra Walker	Head of Pharmacy, Alder Hey Children's NHS Foundation Trust	X
Siu Man Tin	Pharmacist, The Royal Liverpool & Broadgreen University Hospitals NHS Trust	X
Attendees	Organisation(s)	Present
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
Kieron Donlon	Medicines Commissioning Pharmacist, MLCSU	X

APC/18/30	Welcome and apologies	Action
	The Chair welcomed members and accepted apologies for the following: Susanne Lynch (Jenny Johnston attending), Dr Octavia Stevens, Agatha Munyika, Peter Johnstone, Dr. Ivan Camphor, Dr. S. Nagaraja, Dr Anna Ferguson, Anna Atkinson, Sarah Quinn (Kathryn Phillips attending), D. Adit Jain	
APC/18/31	Declarations of Interest and Quoracy Check	
	A quoracy check confirmed that this meeting was not quorate at the start, but was quorate by item APC/18/33/02. There was one declaration of interest from Dave Thornton for non-promotional educational interest in Daiichi Sankyo.	
APC/18/32	Minutes of the previous meeting and matters arising	
	<p>APC/18/32/01 – Minutes from the Previous Meeting The Minutes were agreed to be an accurate record of the previous meeting on 28 March 2018. It was noted that Shared Care Item APC/18/25/05 - Appendix 2 proposed amendments, Formulary and Guidelines item APC/18/26/01 – Viscose Garments, item APC/18/26/02 – Silk garments, and item APC/18/26/05 – Halton palliative care guidelines would need to be added to the matters arising at May's APC.</p> <p>APC/18/32/02 – Matters Arising Dementia drugs (item ref APC/18/25/01) The committee were satisfied with the proposed amendment to remove the recommendation to stop donepezil 2-3 weeks before surgery. This will now be taken back to the Shared Care subgroup.</p> <p>Prescribing following a private consultation (Item ref APC/18/06/07) This document was approved in principle at the January 2018 meeting but the</p>	HD



	<p>committee had requested that LMCs were asked to check technical accuracy. As a result of this a number of minor amendments had been made. There was a discussion about the potential to confuse contractual requirements with best practice but the committee decided that the documentation did not require change on this point at present. There was also a suggested factual change to point 3.5 to clarify that it is patients registered on a GPs own list that the terms of service do not allow to be treated privately. With this minor amendment made the document was approved.</p> <p>DOAC monitoring (Item ref APC/18/23/01- matters arising) The New Medicines subgroup had already considered the UKMi document for recommended monitoring when discussing the consultation feedback for the DOAC documents. A link to the UKMi document will be added to the formulary.</p>	<p>GR</p> <p>AH</p>
APC/18/33	New Medicines	
	<p>APC/18/33/01 – Brodalumab for Psoriasis (NICE TA511) Brodalumab is another biologic treatment option for plaque psoriasis. NICE TA511 recommends use within specific disease severity criteria and continuation criteria. NICE consider that this will be cost neutral once the PAS discount is applied. The Pan Mersey psoriasis pathway has been updated to include brodalumab and is currently out for consultation. It is proposed approval of brodalumab does not provide an additional biologic treatment step but is an additional treatment choice within the 3 existing sequential biologic steps of the pathway. The committee agreed the red policy statement.</p> <p>18/33/02 – DOACs for venous thromboembolism, statement review (for static list) The existing amber initiated statement has been reviewed, for inclusion on the static list. There have been some minor changes to the document, including a nomenclature change from NOACs to DOACs, and updates to incorporate the SPC and price changes. There has also been a license change and the recommended dose beyond 6 months is now rivaroxaban 10mg unless the patient is considered high risk for VTE recurrence. There was a discussion around the stakeholder feedback comment about the discharge summary including the weight of patient. It was concluded that it would be best practice to include patient weight. This is in order to allow primary care clinicians to confirm the dose of the drug and calculate the patient's creatinine clearance using the Cockcroft and Gault equation. The statement was agreed, subject to addition of a good practice recommendation that patient weight should be communicated to the patient's GP.</p> <p>18/33/03 – DOACs for non-valvular atrial fibrillation, statement review (for static list) The existing green statement has been reviewed, for inclusion on the static list. The statement was agreed, subject to addition of a good practice recommendation that patient weight should be communicated to the patient's GP.</p>	<p>DT</p> <p>DT</p>
APC/18/34	Safety	
	<p>18/34/01 – Adrenaline auto-injectors The reference to prefer 25 mm needles for most patients was questioned. The</p>	



	<p>nearest available product is 23 mm. The Green Book was used as the reference and is further qualified by recent SPC changes stating the potential for misadministration.</p> <p>The committee agreed this statement.</p>	
APC/18/35	Shared Care	
	<p>APC/18/35/01 – LMWH prescribing support information</p> <p>The low molecular weight heparins still had the old Amber RAG rating on the formulary so, after much investigation, the Shared Care Subgroup agreed that Amber Retained would work across all the services and drafted this prescribing support information accordingly. The proposal is for the specialist service to initiate treatment, supply the first 4 weeks of treatment and carry out the initial monitoring of platelets and renal function. A small number of these patients would require ongoing monitoring and this would remain with the specialist team.</p> <p>A question was raised around the recommendation that no monitoring was required in prophylaxis of clotting in pregnancy. A member stated that haematologists now did not recommend the monitoring of platelets with LMWH. The committee asked for this to be confirmed, but was happy to agree the prescribing support information. HD to look into monitoring recommendations.</p> <p>APC/18/35/02 – Dapsone shared care framework</p> <p>A RAG rating of Purple was agreed at APC in January 2017 as part of the Chapter 13 Amber review. This is the shared care framework to support this RAG rating. There are approximately 70 patients in primary care and a further 120 patients in secondary care. This framework will not alter the current distribution of patients; it is purely to support GPs with prescribing for the 70 patients that are already in primary care. The primary care prescribing is spread across all the CCGs, ranging from 5 to 21 patients. The consultation feedback was mixed with several CCGs and one hospital trust feeding back that it should be Red due to low patient numbers and unfamiliarity by GPs. However, as the majority of the CCG feedback indicated that they would accept shared care, the subgroup agreed to keep the Purple designation. Other feedback comments have been incorporated into the document.</p> <p>There was some discussion around the RAG rating, and how existing patients would be managed. It was decided that for the purpose of pragmatism, existing patients being prescribed in secondary care could effectively be considered Red, but new patients and patients currently prescribed dapsone in primary care would be considered to be categorised as Purple shared care which was the agreed category for dapsone. The framework was agreed, subject to minor amendments.</p>	HD
APC/18/37	Formulary and Guidelines	
	<p>APC/18/37/01- VisuXL eye drops</p> <p>Proposed formulary addition as amber recommended for severe dry eye in Sjogren's syndrome, chronic keratitis was approved.</p> <p>There was discussion on how it was decided by subgroups whether minor formulary amendments were included in the consultation process for consultation or were sufficiently minor to just be for noting. It was agreed this should be discussed at the May CCG Leads meeting to see if this needed more clarification.</p> <p>APC/18/37/02 – Calcium and vitamin D preparations – generic listing</p> <p>Removal of specific brands listed under the various formulary formulations in</p>	GR



	the formulary was agreed by the APC.	
APC/18/38	APC Reports	
	APC/18/38/01 – NICE TA Adherence Checklist March 2018 The checklist has been updated to the end of March and it was presented to the APC for noting.	
APC/18/39	Any Other Business	
	<p>APC/18/39/01 – Freestyle Libre GP implementation resource The chair requested this additional paper to be added as AOB This document has been produced to support GPs to refer only patients who meet the criteria for Freestyle Libre to the specialist services, and was tabled for information and comment.</p> <p>A clarification of the prescribing responsibility during the 6 month trial was requested. The first sensor will be prescribed by the specialist service, but the following supply during the 6 month trial will be prescribed by the GP.</p> <p>It was suggested that the information was circulated to the APC consultation group with a short deadline for comment. The document will be included with other documents when Freestyle Libre is considered again by the APC at a future meeting</p> <p>APC/18/39/02 – Ulipristal for Fibroids The amber retained statement for ulipristal was suspended in February 2018 due to the MHRA safety alert concerning liver damage. This suggested that no new patients should be initiated on the drug and that no new courses of the drug should be started for patients who have had previous treatment. It was highlighted by a CCG that the formulary still has ulipristal as Amber retained and this should be amended to black to give a more clear recommendation that it should not be used awaiting the outcome of the safety review. The committee agreed with this change.</p>	<p>GR</p> <p>GR</p> <p>AH</p>
APC/18/10	Date, Time and Venue for the next meeting	
	<p><u>Date and time of next APC meeting:</u> The next meeting will be on Wednesday 23rd May 2018 at 2.00-4.00pm</p> <p><u>Venue:</u> The Education Centre, Kent Lodge, Broadgreen Hospital, Liverpool, 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.