

Pan Mersey Area Prescribing Committee

14:00 – 16:00 hours
Wednesday 31 October 2018
The Education Centre, Kent Lodge,
Broadgreen Hospital, Thomas Drive, Liverpool, L14 3LB

Minutes

Members	Organisation(s)	Present
Dr J Hampson - Chair	GP, Liverpool CCG	O
Dr Sid McNulty (Acting Chair)	Consultant Endocrinologist/Chair Drug & Therapeutics Committee St Helens & Knowsley Teaching Hospitals NHS Trust	X
David Ainscough	Pharmacist, Liverpool CCG / Pharmacist, Mersey Care, Liverpool and South Sefton Community Services Division	X
Catrin Barker	Chief Pharmacist, Alder Hey Children's NHS Foundation Trust	X
Dr Rob Barnett	LMC Representative, Liverpool	X
Carolyn Barton	Senior Quality and Safety Pharmacist, Knowsley CCG	X
Dr Ivan Camphor	Mid Mersey LMC Representative	X
Nicola Cartwright	Assistant Director Medicines Management, St Helens CCG	X
Neil Chilton	Medicine Management Clinical Services Manager, North West Boroughs Healthcare, Mental Health Trust	X
Dr Anna Ferguson	GP Lead, South Sefton CCG	X
Danny Forrest	Liverpool Heart and Chest Hospital FT	X
Simon Gelder	Chief Pharmacist, St Helens & Knowsley Teaching Hospitals NHS Trust	X
Donna Gillespie-Greene	Head of Medicines Commissioning Midlands & Lancashire Commissioning Support Unit	X
Dr Dan Hawcutt	Consultant Paediatrician / Chair Drugs & Therapeutics, Alder Hey Children's NHS FT	X
Dr Adit Jain	Clinical Lead, Prescribing – Knowsley CCG	X
Jenny Jones	Principal Pharmacist Medicines Management, Warrington and Halton Hospitals NHS Foundation Trust	X
Barry Lloyd	Pharmacist, West Lancashire CCG	X
Jenny Lunn	Pharmaceutical Adviser & Team Lead, Meds Man, Warrington CCG	X
Susanne Lynch	CCG Lead Medicines Management South Sefton CCG and Southport & Formby CCG	X
Dr Shankara Nagaraja	Consultant Intensivist/Anaesthetist. Associate Medical Director for Clinical Governance, University Hospital Aintree.	X
James Parker	Lead Pharmacist - Medicines Optimisation Royal Liverpool & Broadgreen University Hospitals NHS Trust	X
Kathryn Phillips	Medication Safety Officer, Medicines Management, Bridgewater Community Healthcare NHS Foundation Trust	X
Rachael Pugh	Prescribing Advisor – Wirral Medicines Management Team, MLCSU	X
Lucy Reid	Head of Medicines Management - Halton CCG	X
Dave Thornton	Assistant Clinical Director of Pharmacy, University Hospital Aintree	X
Dr Matthew Van Miert	Consultant Anaesthetist, Wirral University Teaching Hospitals NHS FT	X
Catherine Witter	Pharmacist, Southport & Ormskirk Hospital NHS Trust	X
Attendees	Organisation(s)	Present
Helen Dingle	Senior Prescribing Advisor, MLCSU	X
Kieron Donlon	Senior Prescribing Advisor, MLCSU	X
Joanne McEntee	Senior Medicines Information Pharmacist, North West Medicines Information Centre	X
Tamsin Moroney	Senior Prescribing Advisor, MLCSU	X
Graham Reader	Senior Medicines Commissioning Pharmacist, MLCSU	X

APC/18/80	Welcome and apologies	Action
	<p>The Chair welcomed members.</p> <p>The Chair accepted apologies for the following: Nicola Baxter (Barry Lloyd attending), Agatha Munyika, Dr Jamie Hampson, Dr Octavia Stevens, Dr Claire Forde, Anna Atkinson and Anne Henshaw.</p>	
APC/18/81	Declarations of Interest and Quoracy Check	
	<p>There were no declarations of interest.</p> <p>The meeting was quorate. There was a discussion about changing the requirements for quoracy; and also about GP representatives of LMCs and the possibility of counting them as part of the quoracy.</p> <p>It was agreed that the Chair will write to all members saying that the APC is having quoracy issues and asking each organisation to look at providing regular representation at meetings, as it affects the work that the APC is trying to do.</p>	Chair
APC/18/82	Minutes of the previous meeting and matters arising	
	<p>APC/18/82/01 – Minutes from the Previous Meeting</p> <p>The Minutes were agreed to be an accurate record of the previous meeting on 26 September 2018.</p> <p>APC/18/82/02 – Matters Arising</p> <p><u>Page 2, APC Lay Members:</u> DGG is updating the Terms of Reference to include Lay Members. So far, advertising for volunteers has been through the CCG Leads. It was suggested that an advert should be posted on the Pan Mersey website. SL will advise the two people who have currently volunteered that they will be contacted by DGG.</p> <p><u>Page 4, Riluzole monitoring:</u> Following the discussion about using the ICE system for monitoring, DT checked with the Walton Centre and they do not use ICE. SL is having ongoing discussions with iMerseyside to look for a solution. To be put on the November agenda.</p> <p><u>Page 5, Rheumatology Pathways:</u> With reference to AOSD, GR has produced a draft written summary to help CCGs decide whether they wish to continue to commission anti-TNFs. Also, GR has produced a draft Rheumatology Pathways costing summary for CCGs. These will both go to the next CCG Medicines Management Leads meeting and are intended to go on the November APC agenda.</p> <p><u>Page 6, Asthma Guideline:</u> The FGSG will re-draft the Asthma Guideline based on BTS guidance as agreed at September APC, then it will go for consultation.</p>	<p>SL/DGG</p> <p>SL/DT VZ</p> <p>GR/VZ</p>
APC/18/83	New Medicines	
	<p>APC/18/83/01 – Grey statement – cannabis-based products for medicinal use</p> <p>This is outside the New Medicines process, which would await the launch of a licensed product, however, there has been a lot of media and patient interest therefore the APC was asked to consider the deviation from process in order to support prescribers who will receive requests to prescribe. The grey statement is very brief because there is not currently much information available, however, the legal classification changes on 1st November 2018, so more information may become available then. The statement will be updated within 6 months of the licensed product launch in the UK and/or publication of the NICE guideline. JJ pointed out that the Horizon Scanning booklet does include a product, which indicates it may be NHSE, and it gives some indications. For paediatrics, DH informed the meeting that there is some good evidence for these products and there is a compassionate supply scheme for CBD-containing products, <u>not</u></p>	

	<p>THC-containing products. It can only be prescribed by doctors on a specialist register.</p> <p>Best practice guidance (BPNA) has just been produced and DH will forward it to DGG. It should be noted that there are different products available in the Netherlands and the States.</p> <p>Members reported that they are fielding questions about this already and suggested that any information is shared as they expect to receive more and more queries.</p> <p>The Walton Centre has asked for more information to be put in the grey statement. It was agreed to publish the statement grey but add more detail in the next few weeks as more information becomes available. DGG to liaise with DH and DT re a more detailed grey statement.</p> <p>APC/18/83/02 – Grey statement – Doxylamine / Pyridoxine This product was launched a few weeks ago for the treatment of nausea and vomiting in pregnancy. The NMSG is doing a review of this drug and it will go through the normal process. The APC agreed to this grey statement.</p>	<p><i>DH</i></p> <p><i>DGG/DH /DT</i></p>
APC/18/84	Antimicrobials	
	<p>APC/18/84/01 – Introductory chapter with consultation feedback No significant changes have been made as a result of consultation feedback. Advice that has been added on this review includes prescribing in pregnancy and considerations for children. Sampling advice from Liverpool Clinical Laboratories has been added, members were asked to let KD know if they want their local sampling guidance included. All typos, omissions, etc., have been corrected. Links to TARGET and NICE Antimicrobial guidelines have been added. The request to add a review of polypharmacy was not included because this is generally felt to be a matter of good practice rather than a specific risk for Clostridium difficile</p> <p>Yesterday, KD received the new UTI chapter which includes diagnosis. Members suggest that the guidance around when to test urine should be included. LR/SL will forward this information to DGG.</p> <p>In the chapter, the term ‘back-up’ has been used but GPs said that they had not heard the term back-up used in this context and they asked for this to be changed to delayed. It was agreed to amend the term in line with NICE, to read “back-up (delayed)”.</p> <p>APC/18/84/02 – Inaugural antimicrobial subgroup Members were asked if they could nominate a representative from their organisation to attend. Although Pan Mersey already has guidelines, the subgroup is being set up to turn things around more quickly in response to what PHE/NICE is producing, thereby keeping Pan Mersey up-to-date. Following the CM AMR meeting the membership is being widened to welcome Cheshire CCGs and do this work at STP level.</p>	<p><i>LR/SL</i></p> <p><i>All</i></p>
APC/18/85	Shared Care	
	<p>APC/18/85/01 – Methotrexate shared care framework – update This framework was sent to consultation ‘for information’ with two minor amendments which were, clarification that prescribing of folic acid should sit with whoever is prescribing the methotrexate, and that methotrexate syringes should be prescribed by brand. Feedback was received on other aspects of the framework and this has now been addressed by the SCSG. HD drew attention to the amendments and additions that have been made (in red font for ease of finding) to the framework.</p>	

	<p>Last week, a request was received for the addition of inflammatory arthropathies to the locally agreed off-label indications list. Members were asked if they would agree to this addition. There was a suggestion that off label doses that are above the maximum licensed dose should also be added to this list.</p> <p>The APC agreed to all the proposed amendments to the shared care framework.</p> <p>APC/18/85/02 – DMD shared care frameworks – monitoring update This went out for consultation in July; there was a lot of feedback expressing concern about the suggestion that transfer of prescribing and monitoring to primary care would be after the patient moves to 12-weekly monitoring. The Shared Care subgroup proposed new wording; reversing the existing two sentences and adding several more words (in red in the document) for clarification.</p> <p>DT expressed concern that if there was no agreement then Aintree would be unable to take on new patients because the clinics are at capacity with existing patients. Another member felt that the wording was still not clear enough. After some discussion it was agreed that the monitoring arrangements need to be clarified further and agreed at the next meeting and then it is an issue for CCG commissioners to resolve. Local implementation is not an APC role.</p> <p>The framework will be amended with the proposed new wording. The committee confirmed that this does not need to go out for consultation again, but it should come back to APC next month.</p>	HD
APC/18/86	Formulary and Guidelines	
	<p>APC/18/86/01 – Oxycodone + naloxone (<i>Targinact</i>) statement This is an update of the current amber recommended statement but has been re-designated as black in line with NHSE recommendation that it should not be prescribed routinely. All consultation feedback was in agreement with this proposal and there were a few suggestions about wording changes and format, which have been incorporated.</p> <p>The APC agreed to this RAG change and the updated statement.</p> <p>APC/18/86/02 – Co-proxamol statement NHSE recommend that it should not be prescribed routinely. It is currently non-formulary, and a black statement has been produced to reinforce this. All consultation feedback was in agreement with this proposal and there were a few suggestions about wording changes and format, which have been incorporated.</p> <p>The statement and RAG rating were approved by the APC.</p> <p>APC/18/86/03 – Atropine minims, hypersalivation The guideline on hypersalivation including off-label use of atropine eye drops sub-lingually had been previously agreed. Atropine eye drops multi-dose bottle has increased significantly in price, so it was proposed that the guideline should also contain atropine eye drops unit dose vials as a significantly less expensive formulation. Consultation feedback was broadly in agreement but there were safety concerns raised about the possibility of a patient misunderstanding and administering a whole vial instead of just 2 drops per dose. The subgroup had added a statement that patients should be carefully counselled to only use 2 drops. There was debate over the safety of this, and whether each vial should be discarded after a single use, or whether a vial once opened could remain in use for the remainder of the same day. The committee could not reach a unanimous decision, so a vote was taken. The outcome agreed was that the guideline could contain unit dose vials with patients being counselled on correct use, and that the opened vial could be used throughout the same day in primary</p>	

care (in-patients would have each vial used for a single dose only before discarding as per hospital protocol).

APC/18/86/04 – Restless legs syndrome – RAG designation

The FGSG proposed that the designation of pramipexole, ropinirole, and rotigotine should be changed in the formulary, from amber recommended to green for restless legs syndrome (but to remain amber recommended for Parkinson's disease). Consultation feedback was in agreement. One comment suggested that mention should be made about impulse control disorders and the subgroup suggested adding a hyperlink to the NICE CKS which contains advice about this.

The APC approved the green RAG designation for use in RLS.

APC/18/86/05 – Desmopressin (*Noqdirna*)

The subgroup proposed the addition of *Noqdirna* brand of desmopressin sublingual lyophilisate 25 and 50microgram to the formulary specifically licensed for nocturnal polyuria in >65 years of age. Other formulations are not licensed in this age group. This would appear to be cost neutral overall.

The APC approved this formulary addition.

APC/18/86/06 – Buprenorphine 3-day patches

There are several brands that have a duration of 3 days and several brands that have a duration of 4 days. Both are available in the same strengths and the subgroup felt that this would lead to unnecessary confusion, so proposed removing the 3-day patches from the formulary.

The APC approved this amendment to the formulary.

APC/18/86/07 – Levonorgestrel (*Kyleena, Jaydess*) intra-uterine device

Kyleena is a less expensive product per year, licensed for 5 years, whereas *Jaydess* is only licensed for 3 years. The addition to formulary of *Kyleena* and the removal of *Jaydess* was consulted on. Some feedback said patient choice is a very important factor in progestogen intrauterine delivery systems and *Jaydess* should be kept in the formulary. The FGSG therefore proposed the addition of *Kyleena*, alongside *Jaydess*.

The APC approved this addition to formulary.

APC/18/86/08 – Tiotropium in asthma statement

This is a review of the existing statement. It was previously designated amber recommended for asthma but as this therapy is now more established and updated guidance from BTS and NICE no longer recommend specialist initiation, it was proposed its RAG designation could be changed to green. A number of minor updates have also been made. Consultation feedback was in support of the changes. The APC agreed to add the word 'Adult' to the title. The APC approved this green statement once the minor amendment to the title has been made.

APC/18/86/09 – Generalised anxiety disorder guideline

The subgroup carried out a routine review of the statement and only slight wording changes have been made. Some risk factors have been added, definitions and costs have been updated and references updated. It was sent to consultation 'for information only'. The APC agreed to add escitalopram as this is now cost-comparable to citalopram. It was also agreed to add mirtazapine. GR to discuss with NC.

NC/GR

APC/18/86/10 – Midazolam (*Epistatus*)

Currently, *Buccolam* brand is included in the formulary. A request was received to add *Epistatus* as an alternative to *Buccolam* as it has a lower volume and higher viscosity which may mean it is a better option in some patients, although it is only available in higher strength for >10 years of age. Midazolam buccal

	<p>solution should be prescribed by brand name. Consultation feedback was in agreement with one suggestion it should be second line as it is more expensive per dose. However, as it is available as single packs this isn't always the case and there is a history of supply problems with midazolam buccal solution. The formulary entry contains advice to prescribe by brand name to avoid confusion between the two higher strength brands.</p> <p>The APC approved the addition of <i>Epistatus</i> to the formulary.</p> <p>APC/18/86/11 – North West Coast Strategic Clinical Networks – Diabetes guidelines, link from Pan Mersey website – for discussion</p> <p>This guideline has not been through the APC process but currently the formulary has a link to the guideline, as previously agreed by the APC. This has recently been updated to include advice that for people with cardiovascular disease SGLT2 inhibitors or liraglutide with a sulphonylurea (BMI>30) should be first intensification when initial metformin is insufficient. However, this is outside NICE clinical guidance which recommends DPP-4 inhibitors / pioglitazone / sulphonylurea.</p> <p>The Pan Mersey website also contains a hyperlink to the Network Adult Impaired Glucose guideline; this has also been updated and is renamed Non-Diabetic Hyperglycaemia and Diabetes Prevention Programme Guideline.</p> <p>Some CCG Leads expressed concern that they cannot be sure about the governance of the guidance or what consultation had taken place; and they were concerned that it did not go through the D&T committee at St Helens and Knowsley Teaching Hospitals NHS Trust (SG informed the meeting that it went through the Clinical Effectiveness Council).</p> <p>A GP thought there is not much to gain by linking to these guidelines, but it might add confusion. He would not refer to these but would continue to refer to NICE guidance.</p> <p>The committee felt that the problems with the documentation were (1) the governance process for approval is uncertain (2) unknown process for consultation and (3) recommendations differing from NICE. Based on this the APC agreed that the Pan Mersey website should not link to these guidelines and agreed to remove the link to the guidelines from the APC website. The guidance will be available on NW Coast website. DGG is currently attempting to get closer working links with the Network.</p>	
APC/18/87	APC Reports	
	<p>APC/18/87/01 – NICE TA Adherence Checklist September 2018</p> <p>The checklist was presented to the APC for noting. Pan Mersey is in adherence with NICE TA.</p>	
APC/18/88	Any Other Business	
	<p>APC/18/88/01 – AOB</p> <p>None.</p>	
APC/18/89	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 28 November 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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