

Pan Mersey Area Prescribing Committee

14:00 – 16:00 hours
Wednesday 27th March 2019
The Education Centre, Kent Lodge,
Broadgreen Hospital, Thomas Drive, Liverpool, L14 3LB

Minutes

Members	Organisation(s)	Present
Dr Jamie Hampson (Chair)	GP, Liverpool CCG	
Dr Sid McNulty (Deputy Chair)	Consultant Endocrinologist/Chair Drug & Therapeutics Committee St Helens & Knowsley Teaching Hospitals NHS Trust	X
David Ainscough	Pharmacist, Mersey Care, 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
Carolyn Barton	Senior Quality & Safety Pharmacist, Knowsley CCG	X
Nicola Baxter	Head of Medicines Optimisation, West Lancashire CCG	
Barry Lloyd	Pharmacist – West Lancashire CCG	X
Colin Brennan	Deputy Clinical Services Manager/Surgical Division Lead Pharmacist, University Hospital Aintree	X
Dr Ivan Camphor	Mid-Mersey LMC Representative	
Nicola Cartwright	Assistant Director Medicines Management – St Helens CCG	X
Neil Chilton	Medicine Management Clinical Services Manager North West Boroughs Healthcare NHS Foundation Trust	X
Dr Patricia Cunningham	Consultant Acute Physician and Medication Governance Group member, RLBUHT	
Alison Evans	Lead Medicines Management Pharmacist, Wirral University Teaching Hospital NHS FT	
Dr Anna Ferguson	GP Clinical Lead – South Sefton CCG (also representing Southport and Formby CCG)	X
Dr Claire Forde	CCG Governing Body Member, Prescribing Lead – Halton CCG	
Simon Gelder	Chief Pharmacist, St Helens and Knowsley Teaching Hospitals NHS Trust	
Donna Gillespie-Greene (Professional secretary)	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	X
Dr Saket Jalan	GP Prescribing Lead, Wirral CCG	
Peter Johnstone	Prescribing Commissioner – Liverpool CCG	
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	Medicines Management Team Leader South Sefton CCG and Southport & Formby CCG	X
Agatha Munyika	Mersey Care NHS Trust	
Dr Shankara Nagaraja	Consultant Intensivist/Anaesthetist, University Hospital Aintree	
James Parker	Lead Pharmacist – Medicines Optimisation, RLBUHT	
Rachael Pugh	Prescribing Advisor, Wirral Medicines Management Team, MLCSU	X

Sarah Quinn	Head of Medicines Management, Bridgewater Community Healthcare NHS Foundation Trust	
Lucy Reid	Head of Medicines Management – Halton CCG	
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
Dave Thornton	Assistant Clinical Director of Pharmacy, University Hospital Aintree	X
Dr Matthew Van Miert	Consultant Anaesthetist, Wirral University Teaching Hospitals NHS FT	X
Debra Walker	Head of Pharmacy, Alder Hey Children’s NHS Foundation Trust	
Mike Welsby	Pharmacist, St Helens & Knowsley Teaching Hospitals NHS Trust	
Rebecca Winstanley-Jones	Senior Clinical Pharmacist, Wirral University Teaching Hospital NHS FT	X
Catherine Witter	Medicines Information Pharmacist, Southport & Ormskirk Hospital NHS Trust	
Attendees	Organisation(s)	Present
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
Graham Reader	Senior Medicines Commissioning Pharmacist, MLCSU	X

APC/19/10	Welcome and apologies	Action
	The Chair welcomed members and accepted apologies for the following: Dr Shankara Nagaraja, Helen Dingle, Tamsin Moroney, Nick Thayer, Lisa Knight, Alison Evans, Lucy Reid, Dr Ivan Camphor and Catherine Witter.	
APC/19/11	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.	
APC/19/12	Minutes of the previous meeting and matters arising	
	<p><i>APC/19/12/01 – Minutes from the Previous Meeting</i> The Minutes were agreed to be an accurate record of the previous meeting on 30 January 2019. (The APC meeting of 27/02/2019 was cancelled).</p> <p><i>APC/19/12/02 – Matters Arising</i> <i>Riluzole update</i> DT advised there had been no further issues reported by The Walton Centre. For any future issues they will continue to liaise with individual GPs. SL met with i-Merseyside, but they advised there is no IT work-around for primary care clinicians to access Walton Centre blood results, due to the trust having a different IT provider.</p> <p><i>Lay member advert – update</i> DGG was planning to discuss next steps with chair, however, the meeting has been cancelled. One application has been received. JH has stepped down as chair so DGG is unable to discuss with chair until someone takes his place. To be discussed later in the meeting – see AOB.</p> <p><i>Freestyle Libre</i> GR mentioned that an interim review of the current statement and supporting documents went out to consultation after discussion at the January APC meeting. However, this was overtaken by events when NHSE subsequently announced a national funding scheme starting from 1st April 2019 whereby CCGs will be reimbursed for up to 20% of their T1 diabetes patients to receive Freestyle Libre. However, NHSE has widened the criteria for use compared to RMOC criteria, including use for occupational and psychosocial circumstances and, depending on how broadly these are interpreted by specialists, there is concern that this could lead to prescribing levels in excess of 20%, leading to</p>	

	<p>there are specific clinical circumstances where sodium oxybate may be used in favour of pitolisant, in line with the narcolepsy pathway. Update to statement as use in Adolescents under 19 is commissioned by NHS England and is no longer on an individual funding request (IFR) basis. This will be updated before website upload. The APC approved this statement.</p>	<p>AH</p>
APC/19/14	Safety Subgroup	
	<p>APC/19/14/01 – Emollient fire risk The final draft was presented with consultation feedback. The subgroup decided not to add a warning about fire risk when cooking as the document was intended for healthcare professional use rather than patients. Concerns about warnings on packaging and labelling were addressed by the latest MHRA update which advised that manufacturers will update packaging and labelling to state the risk. The APC approved this statement.</p> <p>APC/19/14/02 – Valproate: safe prescribing and dispensing to girls of any age and women of child bearing potential For noting. The statement was amended to address the unnecessary restriction in paediatric use when a pregnancy prevention programme is not appropriate. Completed by Chair's action in February in response to CCG requests.</p>	
APC/19/15	Shared Care Subgroup	
	<p>APC/19/15/01 – Hydroxychloroquine Prescribing Support Information – updated monitoring guidance The prescribing support information for hydroxychloroquine has been updated to include max. daily dosage reduced to 5mg/kg a day in line with R. Coll. Ophthal. guidance. Details on eye monitoring have been taken out of the GP request letter but it is now much clearer that eye monitoring is the responsibility of secondary care to arrange and carry out. Consultation feedback was in agreement or had been addressed in the document. The APC approved the updated prescribing support information.</p> <p>APC/19/15/02 – Definitions & Criteria for the Categorisation of Medicines in Pan Mersey – review The red and amber drug definitions were amended as it was recognised that although specialist clinicians are commonly situated in a hospital, they may also be within a locally commissioned consultant/GP specialist-led service situated in primary care, and wording was amended to accommodate this. Also reference to a RAG list was removed as the Pan Mersey formulary now indicates RAG designations for drugs rather than the previous separate list. The APC approved the amendments.</p> <p>APC/19/15/03 – Letters to GPs requesting transfer of prescribing – proposed amendment For noting. Amendment to the format for letters that are sent to GPs requesting them to take over prescribing of Amber Retained or Purple Drugs. The Shared Care Subgroup have agreed that the letters should have space to affix the patient addressograph on every page in case pages are accidentally separated.</p>	
APC/19/16	Formulary and Guidelines	
	<p>APC/19/16/01 – Asthma guideline (adult) - review The asthma guideline was revised to be based on the BTS guideline rather than NICE guidance as agreed at a previous APC meeting. Revisions included a reduced number of preferred options of inhaler at each stage as feedback was that the current number was excessive. There were also some layout changes to improve and simplify the guideline. Consultation feedback showed people were happier with basing it on the BTS guidance, and a number of other suggestions had been incorporated. The APC approved the updated guideline.</p>	

APC/19/16/02 – Formulary chapter 3 (Respiratory) - review

Subgroup had carried out a routine review of the chapter at review-by date and it will now replace the Wirral formulary Ch.3 as part of the ongoing process of combining Pan Mersey and Wirral formularies. A table of amendments was produced, listing changes which were relatively minor. Consultation feedback was in agreement or no comment. The APC approved the reviewed chapter.

APC/19/16/03 – Invicorp – formulary addition

The Formulary & Guidelines Subgroup asked the Pan-Mersey APC to approve the addition of Invicorp intracavernosal injection to the formulary. Consultation feedback was in agreement, with one suggestion it could be joint second line with alprostadil intracavernosal injection, rather than only when alprostadil was not suitable. It is marginally more expensive, and subgroup felt it should be a 2nd line option on grounds of cost. However, the APC agreed it could be an equal choice to alprostadil.

APC/19/16/04 – Preferred choice DOAC

The Formulary & Guidelines Subgroup asked the Pan Mersey APC to approve the wording in the DOAC section of the formulary stating, in absence of clinical preference the least costly DOAC for stroke prevention in AF, currently edoxaban, should be used. It was agreed “least costly” was a preferable term to “lowest acquisition cost”. This was approved by the APC.

APC/19/16/05 – Alkindi – formulary addition

Currently the unlicensed special hydrocortisone liquid is on formulary and it was proposed Alkindi granules to be added, as a licensed alternative. Specialists want to keep the unlicensed special on formulary for occasional patients needing very small dose increments where Alkindi is not suitable. Alkindi is more expensive but the precedent is to use licensed formulations instead of specials. Consultation feedback was in agreement. The APC approved this.

APC/19/16/06 – Lactase statement – review

The lactase drops statement was reviewed at routine review-by date. It remains designated black with no significant amendments required. The APC approved this statement.

APC/19/16/07 – Ascorbic acid statement – review

The ascorbic acid statement remains as designated black but has been amended to state all indications other than treatment or prevention of scurvy are designated black, and not just for co-administration with oral iron. The APC approved this statement.

APC/19/16/08 – Naproxen/ibuprofen statement – review

The green statement recommends the prescribing of ibuprofen and naproxen as the NSAIDs of choice. There has been an update to costs and usage figures, but otherwise minimal changes made. The APC approved this statement.

APC/19/16/09 – Paediatric chronic pain guideline – review, lidocaine plaster

The current guideline includes lidocaine plaster. The subgroup has updated the this to include wording so that use in paediatrics is analogous to the restricted criteria on use of lidocaine plaster as agreed in the recently APC-approved lidocaine plaster statement. The APC approved the updated guideline.

APC/19/16/10 – Drugs, medically assisted conception – RAG designation

Following a suggestion from a CCG for clarification, it was proposed that a general statement was to be added to the formulary designating any drug used for medically assisted reproduction as red, even if the drug is designated otherwise for alternative indications. The APC approved this.

	<p>APC/19/16/11 – Calcium carbonate 750mg + colecalciferol 200 units caplets – addition to formulary Proposed additional formulation of lower strength caplet that can be swallowed and not chewed for patients who are unable to chew alternative preparations. The APC approved this.</p> <p>APC/19/16/12 – Formulary Chapter 12 (Ear, Nose & Throat) – review This chapter was reviewed at its regular review-by date, and also is to replace the Wirral formulary Ch.12 as part of the ongoing process of combining Pan Mersey and Wirral formularies. The number of combined steroid + antibiotic ear drop preparations was reduced and choice rationalised, antibiotic ear drops options changed to be in line with current Pan Mersey antibiotic guidelines, and changes as to which steroid nasal sprays are 1st line and 2nd line options. Consultation feedback was largely in agreement and a number of other comments have been incorporated into the review. The APC approved this.</p> <p>APC/19/16/13 – Insulin – amber-initiated criteria Clarification of amber-initiated criteria for insulin was proposed, as insulin dose is never stable in the conventional sense as required in standard criteria, leading to local differences in when GPs should be requested to take on prescribing. Wording is intended to provide flexibility for local implementation depending on different service organisation but expands on the standard criteria to give general criteria which should be complied with before GPs are requested to prescribe. A significant amount of feedback expressed concern that criteria could result in prescribing remaining with specialist for excessive period, but amendments have been made to the wording which, in the opinion of the subgroup, address this. The APC approved the criteria, with minor grammatical corrections.</p>	
APC/19/17	APC Reports	
	<p>APC/19/17/01 – NICE TA Adherence Checklist February 2019 For noting. Completed to end of February and will be available on the website.</p> <p>APC/19/17/02 – RMOC update The February 2019 RMOC newsletter was included for noting. AH provided a brief verbal update on current and ongoing RMOC workstreams relevant to APC. Work is ongoing to develop a CCG form for providers to register their use of Free of Charge/Compassionate Use schemes, similar to that used by NHSE. DT advised that NHSE has informed him that NHSE want forms completed for all use of these schemes, not just for NHSE-commissioned drugs.</p>	
APC/19/18	Any Other Business	
	<p>APC/19/18/01 – AOB <u>New Chairperson</u> – Expressions of interest for a new chairperson for APC were requested as JH has stepped down. Peter Johnstone has offered to return to the chair role.</p>	All
APC/19/19	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 24 April 2019 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.