

# Pan Mersey Area Prescribing Committee

14:00 – 16:00 hours  
Wednesday 24 April 2019  
The Education Centre, Kent Lodge,  
Broadgreen Hospital, Thomas Drive, Liverpool, L14 3LB

## Minutes

Members	Organisation(s)	Present
Dr Sid McNulty (Acting 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
Catrin Barker	Chief Pharmacist - Alder Hey Children's NHS Foundation Trust	X
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
Alison Evans	Lead Medicines Management Pharmacist, Wirral University Teaching Hospital NHS FT	X
Dr Anna Ferguson	GP Clinical Lead – South Sefton CCG (also representing Southport and Formby CCG)	X
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
Paul Gunson	Deputy Head of Medicines Management, Knowsley CCG	X
Dr Adit Jain	Clinical Lead, Prescribing – Knowsley CCG	X
Jenny Jones	Principal Pharmacist Medicines Management Warrington & Halton Hospitals NHS FT	X
Barry Lloyd	Pharmacist – West Lancashire CCG	X
Susanne Lynch	Medicines Management Team Leader South Sefton CCG and Southport & Formby CCG	X
Dr Shankara Nagaraja	Consultant Intensivist/Anaesthetist, University Hospital Aintree	X
James Parker	Lead Pharmacist – Medicines Optimisation, RLBHUHT	X
Kathryn Phillips	Medication Safety Officer, Bridgewater Community Healthcare NHS FT	X
Rachael Pugh	Prescribing Advisor, Wirral Medicines Management Team, MLCSU	X
Lucy Reid	Head of Medicines Management – Halton CCG	X
Claire Sawers	Medicines Optimisation Pharmacist, Warrington CCG	X
Dr Omar Shaikh	Clinical Lead GP for Medicines Management, St Helens CCG	X
Dave Thornton	Assistant Clinical Director of Pharmacy, University Hospital Aintree	X
Mike Welsby	Pharmacist, St Helens & Knowsley Teaching Hospitals NHS Trust	X
Attendees	Organisation(s)	Present
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/19/20	Welcome and apologies	Action
	The Chair welcomed members and accepted apologies for the following: John Williams, Catherine Witter, Anna Atkinson, Jenny Lunn (Claire Sawers attending), Dr Matthew Van Miert, Sarah Rafferty, Nicola Baxter (Barry Lloyd attending), Anne Henshaw and Helen Dingle.	

<b>APC/19/21</b>	<b>Declarations of Interest and Quoracy Check</b>	
	A quoracy check confirmed that this meeting was quorate. There was one declaration of interest from Paul Gunson for item 19/26/03.	
<b>APC/19/22</b>	<b>Minutes of the previous meeting and matters arising</b>	
	<p><b>APC/19/22/01 – Minutes from the Previous Meeting</b> The Minutes were agreed to be an accurate record of the previous meeting on 27 March 2019.</p> <p><b>APC/19/22/02 – Matters Arising</b> <b>Freestyle Libre Meeting - update</b> A letter from the APC Deputy Chair was sent out to invite representatives, financial/commissioning/clinical, from primary and secondary care, to attend a Freestyle Libre meeting. Then a Doodle Poll was circulated to establish the most convenient date for attendees. The favoured date, Wednesday 1 May, will be confirmed tomorrow and for those who are not available on that date the email will ask recipients if they could please send someone in their place.</p> <p><b>APC Chair – update</b> Members were asked if there is any interest. AF volunteered to be Deputy Chair. AF and AJ will talk about the role of Chair, outside the meeting, and will aim to resolve this by the next meeting. Once a decision has been reached DGG will write to the APC committee to ask if anyone has any objections.</p> <p><b>Lay member advert – update</b> DGG can progress this when a new Chairperson has been appointed. She was asked to try to move this forward before the next APC meeting.</p>	<p>DGG</p> <p>DGG</p>
<b>APC/19/23</b>	<b>New Medicines</b>	
	<p><b>APC/19/23/01 – Grey statement summary</b> Grey ‘holding’ statements have been produced for the following: <u>Budesonide orodispersible tablets</u>: For eosinophilic oesophagitis. To be reviewed when NICE TA is published (expected in October 2019). <u>Dapagliflozin tablets</u>: For Type 1 Diabetes Mellitus (in combination with insulin). To be reviewed when the NICE TA is published (expected in August 2019). <u>Fluocinolone intravitreal implant</u>: For non-infectious uveitis. This will be reviewed when the NICE TA is published (no date has been given yet but the ACD was published 01/04/19). <u>Melatonin prolonged-release tablets (Slenyto)</u>: This is for insomnia in children and a full assessment of the evidence will be carried out.</p> <p><b>APC/19/23/02 – Dapoxetine for premature ejaculation (routine review)</b> The review did not uncover any new evidence to warrant making significant changes to the statement. There were some minor amendments made which included updated costs and a warning to avoid grapefruit juice in prior 24 hours. There was no major feedback from consultation. However, one comment was made about restricting prescribing to 3 doses per month. This recommendation was made when the statement was initially reviewed in 2014, as a result of initial stakeholder feedback. NMSG had proposed 4 tablets per month to be equitable with ED drugs. However, as dapoxetine pack size is 3 tablets, it was agreed that it was more practical to prescribe 3 per month. It is the decision of each individual organisation whether they choose to prescribe more than the recommended 3 doses per month (provided that the prescribing and associated</p>	

	<p>cost is retained within that service) but on transfer to GP, ongoing prescribing is expected to be restricted to 3 tablets per month.</p> <p>Treatment should be reviewed by the specialist at least every 6 months.</p> <p>As the APC has previously amended the definition of 'specialist clinician' to include GP specialists in primary care, it was agreed to change the wording in the amber box on page 1 to reflect this.</p> <p>The APC approved this statement with the above addition. The CCG badges of approval will be carried over to this reviewed statement. It was noted that Warrington CCG still do not approve this statement.</p>	
<b>APC/19/24</b>	<b>Safety Subgroup</b>	
	<p><b><i>APC/19/24/01 – OPIOIDS, safe prescribing</i></b></p> <p>The final draft was presented with consultation feedback. This document combines two previous statements. The subgroup agreed with all the feedback received and it has been incorporated into the statement.</p> <p><u>Independent checking of calculations or conversions</u></p> <p>Not a legal obligation but good practice. May be impracticable especially in primary care. Self-check may be all that is available. The committee agreed the recommendation should be amended to suggest as best practice.</p> <p><u>Brand prescribing with generic name</u></p> <p>The committee questioned the practicality of specifying a brand and including the generic name when prescribing. There have been adverse prescribing events where the duplicate prescriptions have been written for the same drug as a brand and a generic. It was suggested that a pharmacy note can be added to primary care electronic prescriptions to specify the generic name. There is a CDLIN meeting tomorrow. The CDAO will be asked for a view on the need to include brand and generic descriptions.</p> <p><b><i>APC/19/24/02 – SUMMARY CARE RECORD: minimising harm from missing data</i></b></p> <p>The final draft was presented, along with consultation feedback. Although a good idea, maintaining drugs prescribed elsewhere was thought unworkable. Some practices employ pharmacists to specifically take care of medicines reconciliation but have no extra resource to implement the advice. There was understanding of the purpose of the document, however, in view of the potential extra workload and subsequent burden of responsibility, the committee asked if it could be worded in such a way so that it might be better received. For re-authoring and re-consultation.</p>	<p><b>GG</b></p> <p><b>AF/KD</b></p>
<b>APC/19/25</b>	<b>Antimicrobials Subgroup</b>	
	<p><b><i>APC/19/25/01 – Skin infections</i></b></p> <p>The document was presented following a second consultation looking specifically at acne and chickenpox/shingles.</p> <p>Feedback from St Helens CCG had not been incorporated but was agreed to be amended and consisted of some typographical errors.</p> <p>12-week referral to specialist for acne treatment was discussed. Although in line with NICE guidance it was not usual practice in primary care. In view of the shortage of dermatology clinic appointments locally, it was agreed to change wording to "consider referral".</p> <p>Doxycycline had not been considered by the review group for rosacea as it was a low, anti-inflammatory dose and not an antimicrobial dose.</p> <p>The preferred treatment for chickenpox and shingles was valaciclovir.</p> <p>Historically second line, valaciclovir is now much less expensive. It was the preferred virologist choice because of the benefits to compliance.</p> <p>The committee agreed with the guidance once the changes had been made.</p>	<b>KD</b>

APC/19/26	Formulary and Guidelines	
	<p><b>APC/19/26/01 – Insulin glargine (Semglee brand)</b>  The FGSG proposed the addition to the formulary of biosimilar insulin glargine <i>Semglee</i> 100 units/ml solution for injection in a pre-filled pen, rated amber initiated; along with a note to recommend prescribing by specific product/brand. This proposal was included on consultation 'for information'. The APC confirmed its agreement.</p> <p><b>APC/19/26/02 – Off-label prescribing, formulary wording</b>  When a drug is included in the formulary it is for its licensed indications, and specifically approved off-label indications. In order to give clarity about off-label use of drugs (both for paediatrics and for adults) the subgroup proposed adding general information at the head of each formulary chapter which was included on consultation 'for information'. GR went through the wording and the APC agreed to the proposal.</p> <p><b>APC/19/26/03 – Gliptin statement (updated)</b>  This is a routine review of an existing statement with minimal changes required, which was included on consultation 'for information'. This reviewed statement was agreed by the APC.</p> <p><b>APC/19/26/04 – Paediatric over-active bladder guideline (updated)</b>  GR talked through the minor changes made, agreed with Alder Hey hospital. This was included on consultation 'for information'. The APC agreed this amended guideline.</p> <p><b>APC/19/26/05 – Formulary Chapter 1 – reviewed</b>  This review was carried out to merge the Wirral and the Pan Mersey formularies. RP went through the proposed changes, the comments received, and the actions taken.  The APC agreed to the proposed revised chapter.</p> <p><b>APC/19/26/06 – Vit B Co Strong – black designation</b>  This was a proposal to designate Vit B Co Strong as black as it is no longer recommended in management of alcohol dependence, but with a red sub-classification to cover its use for up to 10 days only for patients at risk of re-feeding syndrome. CS went through the consultation feedback received. After a discussion, the APC agreed to change Vitamin B Co Strong tablets to black in the formulary but to designate the 10-day course for re-feeding syndrome as green.</p> <p><b>APC/19/26/07 – Dosulepin black statement</b>  This statement results from the NHSE recommendations on drugs that should not routinely be prescribed in primary care. It is not in the formulary. Consultation feedback was either in agreement or 'no comment', except for one comment raising the issue of symptom relapse where dosulepin is stopped or switched to an alternative. This feedback was discussed by the subgroup but felt this was implicit in any amendment or treatment of depression.  The APC agreed the statement.</p> <p><b>APC/19/26/08 – Trimipramine black statement</b>  This statement results from the NHSE recommendations on drugs that should not routinely be prescribed in primary care. It is not in the formulary. Consultation feedback was 'no comment' or in agreement. There were no questions or objections raised by APC members and this statement was agreed.</p>	

<b>APC/19/27</b>	<b>APC Reports</b>	
	<b>APC/19/27/01 – NICE TA Adherence Checklist March 2019</b> For noting. Completed to end of March and will be available on the website.	
<b>APC/19/28</b>	<b>Any Other Business</b>	
	<b>APC/19/28/01 – Free of charge scheme – updated policy</b> RMOC has produced a broader statement than this one. The commissioner must be notified (required by NHSE). This will be taken to the CCG Leads' meeting for noting. The recommendation is not to use Free-of-Charge schemes. <b>APC/19/28/02 – Valproate Safety</b> CB informed members that there is a new MHRA form for Valproate Safety. It is mandatory. KD has circulated it.	
<b>APC/19/29</b>	<b>Date, Time and Venue for the next meeting</b>	
	<u>Date and time of next APC meeting:</u> The next meeting will be on Wednesday 22 May 2019 at 2.00-4.00pm <u>Venue:</u> The Education Centre, Kent Lodge, Broadgreen Hospital, Liverpool, L14 3LB	

***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.***