Midlands and Lancashire Commissioning Support Unit

Pan Mersey Area Prescribing Committee

Pan Mersey Area Prescribing Committee

14:00 – 16:00 hours
Wednesday 23 October 2019
The Education Centre, Kent Lodge,
Broadgreen Hospital, Thomas Drive, Liverpool, L14 3LB

Minutes

Members in Attendance	Organisation(s)
Dr Adit Jain (Chair)	Clinical Lead GP, Knowsley CCG
Dr Anna Hunter (Deputy Chair)	GP Clinical Lead, South Sefton CCG / Southport & Formby CCG
Anna Atkinson	Deputy Lead Pharmacist Medicines Management, Lancashire and South Cumbria NHS Foundation Trust
Catrin Barker	Chief Pharmacist, Alder Hey Children's NHS Foundation Trust
Dr Ivan Camphor	Mid-Mersey LMC Representative
Nicola Cartwright	Assistant Director Medicines Management, St Helens CCG
Dr Catherine Doyle	GP, Warrington CCG
Alison Evans	Lead Medicines Management Pharmacist, Wirral University Teaching Hospital NHS FT
Danny Forrest	Chief Pharmacist, Liverpool Heart and Chest Hospital FT
Paul Gunson	Deputy Head of Medicines Management, Knowsley CCG
Anne Henshaw	Senior Medicines Commissioning Pharmacist, MLCSU
Gregory Hobson	Principle Pharmacist, Warrington and Halton Hospitals NHS FT
Emma Jaeger	Medicines Optimisation Pharmacist, Wirral CCG
Barry Lloyd	Medicines Optimisation Pharmacist, West Lancashire CCG
Jenny Lunn	Pharmaceutical Adviser & Team Lead, Meds Management Warrington CCG
Susanne Lynch	Medicines Management Team Leader, South Sefton CCG and Southport & Formby CCG
Dr Sid McNulty	Consultant Endocrinologist / Chair Drug & Therapeutics Committee, St Helens & Knowsley Teaching Hospitals NHS Trust
Dr Shankara Nagaraja	Consultant Intensivist/Anaesthetist, University Hospital Aintree
Lucy Reid	Head of Medicines Management, Halton CCG
Dr Omar Shaikh	Clinical Lead GP for Medicines Management, St Helens CCG
Paul Skipper	Deputy Director of Pharmacy, The Royal Liverpool & Broadgreen University Hospitals NHS Trust
Jackie Szynalski	Pharmacist, Mersey Care Liverpool and South Sefton Community Services Division.
Dave Thornton	Assistant Clinical Director of Pharmacy, University Hospital Aintree
Dr Matthew Van Miert	Consultant Anaesthetist, Wirral University Teaching Hospitals NHS FT
Mike Welsby	Pharmacist, St Helens & Knowsley Teaching Hospitals NHS Trust
Attendees	**Organisation(s)**
Joanne McEntee	Senior Medicines Information Pharmacist, North West Medicines Information Centre
Tamsin Moroney	Senior Prescribing Advisor, MLCSU
Graham Reader	Senior Medicines Commissioning Pharmacist, MLCSU
Paula Wilson	Head of Medicines Optimisation, MLCSU

APC/19/67	Welcome and apologies	Action
	The Chair welcomed members and accepted apologies for the following: Jo Bark-Jones, Nicola Baxter, Neil Chilton, Dr Claire Forde, Dr Dan Hawcutt, Peter Johnstone, Kathryn Phillips, John Williams, Helen Dingle and Kieron Donlon.	
APC/19/68	**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/19/69	**Minutes of the previous meeting and matters arising**	
	APC/19/69/01 – Minutes from the Previous Meeting The Minutes were agreed to be an accurate record of the previous meeting on 25 September 2019. ***APC/19/69/02 – Matters Arising*** ***Items which should not be routinely prescribed in primary care – bath and shower preparations in paediatrics*** Catrin Barker/Dan Hawcutt are still discussing with Bruce Warner, Deputy Chief Pharmaceutical Officer at NHS England, around having paediatric representation on the group. RCPCH (Royal College of Paediatrics and Child Health) Medicines Committee wants to be included, to represent the paediatric population. This item will be closed. ***Declaration of Interest Forms*** An email was sent out last week requesting members to complete a Declaration of Interest form. These forms should be completed annually so members will receive an email each October, to be returned by the end of November. AH will also develop a Declaration of Interest Policy for APC.	***CB*** ***AH***
APC/19/70	**New Medicines**	
	APC/19/70/01 – Grey statement summary <u>Ustekinumab injection for ulcerative colitis</u>: A grey statement has been produced. This will be reviewed when the NICE TA is published (expected March 2020). ***19/70/02 – Dapagliflozin for Type 1 diabetes – NICE TA597, temporary red statement*** The NICE TA was published at the end of August and recommends dapagliflozin with insulin as an option for people with type 1 diabetes when insulin alone does not provide adequate glycaemic control despite optimal insulin therapy. NMSG discussed this in depth in September. NICE stipulates that treatment is started and supervised by a consultant physician specialising in endocrinology and diabetes, therefore NMSG felt this means it would need to be an amber retained rating but there are some safety considerations for use in patients with type 1 diabetes, so the subgroup felt it was not in a position to recommend going straight to amber retained. The subgroup has taken a slightly cautious approach as they thought it would be safer to have a temporary red, to give time to develop a pathway and prescribing support information to enable the safe transfer of prescribing into primary care once patients are stable. A temporary red statement allows the treatment to be made available to patients within the NICE mandatory timescales but provides further time for the additional supporting information to be developed. There was a precedent for this approach with sacubitril/valsartan in 2016. AH went through the details of the statement and the evidence and noted there are a number of MHRA alerts which apply to SGLT2 inhibitors in general. NMSG feels that careful patient selection is important and agrees with NICE that this is best undertaken by a	

	specialist and the patient needs to be counselled and educated on the risk of DKA and what actions they need to take. SMc thought this was overly cautious and suggested amber recommended would be a more appropriate RAG rating. He also felt that specialist diabetologists would not agree with this and raised a concern that the NICE definition of specialist did not include primary care specialists. This concern was acknowledged and NMSG had already noted the restrictive nature of the wording within the NICE TA, which does not allow for amber recommended, it could only be amber retained. There were significant concerns expressed from primary care members; several reported that patients have had the education but did not always remember what to do regarding DKA. IC suggested there may be some primary care prescribers who have specialist interest and would be happy to use it, however other members felt that across Pan Mersey there is a huge difference in levels of service available and that many primary care prescribers would not feel happy to prescribe unless a specialist had initiated and stabilised the patient. There was a discussion about how long this temporary statement would be in place before a permanent position was decided. AH advised that work is already going on in the background to move from the temporary red as soon as possible. Colleagues at Aintree Hospital are currently working on producing a pathway and AH assured the APC that the subgroup will do its best to get this back to APC within 3 months, but that some of the work is outside of the subgroup's control. SMc suggested that it was made clearer on page 1 why this was a temporary red. The APC agreed the red statement, subject to a sentence being added stating "NICE has stipulated that treatment is started and supervised by a consultant physician specialising in endocrinology and diabetes, therefore this has to be red until the appropriate prescribing support information is available". AH will ensure that NMSG are working to a 3-month timescale to bring back an updated policy statement and supporting pathway to APC. ***19/70/03 – Botulinum neurotoxin A (Xeomin) for chronic sialorrhoea – NICE TA605, red statement*** NICE TA605 was published on 9 October 2019. Xeomin is the only brand that is currently licensed for this indication. AH went through the details of the red statement. It was agreed that an additional sentence should be put on page one to say that botulinum toxin brands are not interchangeable. The red statement was agreed, once the proposed sentence has been added. ***19/70/04 – Oral bisphosphonates for osteoporosis – routine review of green statement*** A routine review has been undertaken of this statement and several changes made in line with the update to NICE TA464 (updated in July 2019). Additional information was also added from NOGG guidance regarding treatment duration and reassessment. Following feedback from one CCG, further information from MHRA Drug Safety Update regarding osteonecrosis of the jaw was added to the statement. There were no questions from members and the revised statement was agreed. CCGs confirmed that their approvals can be carried forward from the last document. ***19/70/05 – Sacubitril/Valsartan for heart failure – minor amendment*** The New Medicines Subgroup was advised about a patient in the community whose treatment on Sacubitril/Valsartan was stopped and they were started on ramipril without a wash-out period. It was noted that the statement did not mention a wash-out period for when the treatment was stopped, only when it is started, so a further bullet point has been added to the bottom of page 2 to say there should be a wash-out period of at least 48 hours when stopping sacubitril/valsartan before starting an ACE inhibitor or ARB. The SPC recommends a 36-hour wash-out period but clinical consensus is 48 hours as	***AH***

	this is more pragmatic. DF explained why there had been a temporary supply problem, but this has now been resolved. AH confirmed that the direct telephone number to Novartis has been shared with the Cheshire and Merseyside LPNs for onward circulation to community pharmacists in case they experience any supply issues. No further changes have been made and this amended amber initiated statement was agreed by the APC. CCGs agreed to their approvals being carried over from the previous version. ***19/70/06 – DOACs for VTE and AF – minor amendment*** The Safety Subgroup asked the NMSG to look at the static documents for DOACs in light of the MHRA Drug Safety Update. There have been a number of reports of treatment failure associated with patients taking rivaroxaban on an empty stomach. Information about this has been added to the Safety box for rivaroxaban on both documents. The advice for tablets to be taken with food is already in the prescribing information, but this has been made bold to highlight it. There are hyperlinks that do not work so these will be checked to make sure they are updated before website upload. The rest of the documents have remained unchanged. These two amended documents were agreed by the APC and CCGs agreed to their approvals being carried over from the previous versions.	
APC/19/71	**Safety Subgroup**	
	19/71/01 – Insulin identification guide – update to existing document This is an update to an existing document. AH went through the main changes that have been made. Only minor points were raised at consultation stage, and the changes made as a result of the comments were to simplify the table titles for clarity, and to annotate which devices can dial half unit increments. For ease of reading, an additional comma will be added to the first sentence under 'One, two, or three insulin injections per day'. The APC agreed this amended document.	
APC/19/72	**Formulary and Guidelines**	
	19/72/01 – Azithromycin – chronic airway conditions, paediatric statement A routine review has been carried out. Very minor changes have been made to the wording and prices have been updated. There were no significant comments in the feedback. The APC agreed to the reviewed statement. ***19/72/02 – Beclometasone MDI – additional brands*** The FGSG proposed the addition of *Soprabec* and *Kelhale* brands of beclomethasone metered dose inhaler to formulary Chapter 3.2. Consultation feedback was generally in agreement. This proposal was agreed by the committee. ***19/72/03 – Co-trimoxazole – RAG designation*** A CCG received a letter from a consultant outside of the Pan Mersey area, querying why co-trimoxazole was amber initiated for short term use in the area. The subgroup therefore looked at the rating again in this case and still felt that it was appropriate, as it was the responsibility of the person requesting sensitivity testing, e.g. sputum sample, to act on the result. It was also the responsibility of that prescriber to initiate treatment where this was required promptly, as requesting a prescription from the GP would take 48 hours. A question was raised about what happens if a primary care prescriber sends a sample for sensitivity testing, and a microbiologist recommends co-trimoxazole. Is the patient expected to try to get their prescription from secondary care as it is amber initiated? It was queried how readily available co-trimoxazole is in community pharmacies to prescribe in primary care, but it was felt it would be same day/next day delivery to the community pharmacy so obtaining it would not be an issue.	

	After discussion, it was proposed to designate it red for long-term use and for short-term use where the hospital clinician has requested the sample as, in practice, the hospital should issue the full course of treatment if it is short-term use to ensure the patient receives prompt initiation of therapy. However, it would be amber recommended for short-term use where the sample had been initially requested by a GP, who would then receive advice from a specialist with the recommendation for prescribing. The APC agreed that this proposed change should be sent out for consultation. ***19/72/04 – Formulary Chapter 10 review incl. merger with Wirral formulary*** A full review of Chapter 10 has been conducted, along with merging the Pan Mersey and the Wirral formularies. AE gave a summary of proposed changes. This was agreed by the APC. ***19/72/05 – Formulary Chapter 4 review – merger with Wirral formulary*** A review has been done to merge the Wirral and Pan Mersey formularies for Chapter 4. There were no objections to the proposed changes that went out for consultation. Information has been added to say fentanyl transdermal patches should be prescribed by brand. There were no questions or comments from members and the APC agreed to the changes. ***19/72/06 – Calcipotriol-betamethasone foam (Enstilar) – update statement*** A routine review has been carried out. No significant changes were made apart from updating the prices. Consultation feedback was either in agreement or no comment. The APC agreed that this will now be added to the static list. ***19/72/07 – DOAC dosing in renal impairment – link to SPS document*** The subgroup was proposing to include a link in the formulary to the North West Coast statement on DOAC doses for patients with renal impairment. However, there was disagreement regarding use of ideal or actual body weight in calculation of GFR when this was sent out for consultation. Therefore, the subgroup proposed linking to the Specialist Pharmacy Service (SPS) document "DOACs in Renal Impairment: Practice Guide to Dosing Issues" which provides general background information which should be helpful for prescribers as a general information resource. Some CCGs are developing their own local guidance. MHRA guidance only goes as far as saying GFR should be calculated and eGFR should not be used. LR advised that the Mid-Mersey CCGs are currently looking at this and producing a short position statement; LR will share that when it is ready. In the meantime, the APC agreed that the link to the SPS document should be added to the formulary. ***19/72/08 – Headache pathway, adults – updated guideline*** A previous version of this Regional network pathway has been approved in Pan Mersey. Aspirin treatment in suspected temporal arteritis has been added, and wording about sodium valproate has been amended in line with current recommendations for use in women of child-bearing age. This amended pathway was agreed by the APC.	***GR*** ***LR***
APC/19/73	**APC Reports**	
	APC/19/73/01 – NICE TA Adherence Checklist September 2019 – for noting The NICE TA adherence checklist has been updated to the end of September 2019 and was presented for noting. ***APC/19/73/02 – RMOC Update – for noting*** AH and MVM attended the national RMOC members day in London on 8th October. AH went through the changes within the updated RMOC operating model. Discussions are currently ongoing as to whether RMOC North splits to North West and North East, in line with the new NHS England & Improvement 7	

	regions, or remains as a single committee. Linking to STP and ICS is key and RMOC membership needs to reflect this. Key changes within the operating model are that new medicines will no longer sit within RMOC remit, although RMOCs may have a role in assessing where medicines fit within pathways of care. The main focus is on medicines optimisation and regional oversight of implementing the national medicines optimisation priorities. There will be the opportunity for local priorities to be discussed as well. RMOC outputs are advisory but there is an expectation that both commissioners and providers of NHS healthcare have regard to implement RMOC advice. Therefore, it is expected that RMOC outputs and recommendations are a standing agenda item for all APCs.	
APC/19/74	**Any Other Business**	
	APC/19/74/01 – <u>Ranitidine</u> CB raised the issue of ranitidine liquid being unavailable, which has now extended to all ranitidine formulations. Alder Hey has had several patients referred back to them to obtain supplies of ranitidine liquid, which is not necessarily appropriate, and has further depleted their small amount of stock. CB asked what advice has been provided in primary care as Alder Hey has developed some advice and recommends considering deprescribing rather than just automatically changing to a proton pump inhibitor. AJ advised that Knowsley CCG has issued local guidance developed by their medicines management team, which is around reviewing the patient and deprescribing where appropriate. Warrington CCG has also sent guidance out to its GPs. CB has sent the Alder Hey advice to GR, who confirmed that this has been circulated to all CCG Leads.	
APC/19/75	**Date, Time and Venue for the next meeting**	
	<u>Date and time of next APC meeting</u>: The next meeting will be on Wednesday 27 November 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.