

Pan Mersey Area Prescribing Committee

14:00 – 16:00 hours
Wednesday 27 June 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	X
Dr Sid McNulty (Deputy Chair)	Consultant Endocrinologist/Chair Drug & Therapeutics Committee St Helens & Knowsley Teaching Hospitals NHS Trust	X
Anna Atkinson	Deputy Lead Pharmacist Medicines Management, Lancashire Care NHS Foundation Trust	X
Carolyn Barton	Senior Quality and Safety Pharmacist, Knowsley 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
Nigel Cosford	Senior Medicines Management Pharmacist, St Helens CCG	X
Dr Anna Ferguson	GP Clinical Lead – South Sefton 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
Dr Jamie Hampson	GP, Liverpool 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 Lancs CCG	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	X
Geraldine McKerrell	Pharmacist, Mersey Care, Community Services Division	X
Rachael Pugh	Prescribing Advisor, Wirral Medicines Management Team, MLCSU	X
Kathryn Phillips	Pharmacist, Bridgewater Community Healthcare NHS Foundation Trust	X
Lucy Reid	Lead Pharmacist - Halton CCG Locality Medicines Management Team	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
John Williams	Acting Chief Pharmacist, Southport & Ormskirk Hospital NHS Trust	X
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
Dr Stephen McWilliam	Paediatric Clinical Pharmacology Trainee, Alder Hey Children's NHS FT	X
Graham Reader	Senior Medicines Commissioning Pharmacist, MLCSU	X
Hayley Venables	Medicines Management Administrator, MLCSU (Wirral)	X

APC/18/49	Welcome and apologies	Action
	<p>The Chair welcomed Maria Bell, Chief Pharmacist of the Isle of Man Government, and Dr Stephen McWilliam (Paediatric Clinical Pharmacology trainee at Alder Hey), as observers at the meeting.</p> <p>The Chair accepted apologies for the following: David Ainscough (Geraldine McKerrell attending), Dr Shankara Nagaraja, Mike Welsby, Dr Octavia Stevens, Dr Ivan Camphor, Agatha Munyika, Nicola Cartwright (Nigel Cosford attending), Dr Claire Forde and Nicola Baxter (Barry Lloyd attending).</p>	
APC/18/50	Declarations of Interest and Quoracy Check	
	<p>There were no declarations of interest. The meeting was not quorate.</p>	
APC/18/51	Minutes of the previous meeting and matters arising	
	<p>APC/18/51/01 – Minutes from the Previous Meeting The Minutes were agreed to be an accurate record of the previous meeting on 23 May 2018.</p> <p>APC/18/51/02 – Matters Arising Viscose Garments More information has been added to the statement, as requested at a previous APC meeting, regarding advice to practices on quantity and frequency to be prescribed. This is based on feedback from several dermatology clinics. The last sentence in the Prescribing Information box will be made more specific, namely, of 'short time period'. The costing information will also be checked to establish if the life of the garments has been taken into account when naming the two least expensive brands, or if it is just acquisition cost. The statement was approved by the APC with the above minor amendments made.</p> <p>Freestyle Libre – CCG approvals Hospitals confirmed that they are receiving the weekly update of CCG approvals. If practices receive requests for Freestyle Libre from hospitals outside the Pan Mersey area, it was agreed that the same Pan Mersey APC-approved criteria must be applied, and the communication templates used. Hospitals can be directed to the relevant templates and criteria on the Pan Mersey website as there are links to templates on the website, in the formulary and within the statement. It is important that the CCGs continue to ensure that all GPs are aware of the criteria.</p>	GR
APC/18/52	New Medicines	
	<p>APC/18/52/01 – Grey statement summary The committee agreed with the NMSG proposals regarding the following:</p> <ul style="list-style-type: none"> • EVOLOCUMAB subcutaneous injection: This is a licence extension for reducing cardiovascular risk in adults with established atherosclerotic disease; NICE are not looking at the licence extension. It may possibly be looked at by RMOC, but if not, it would have to be put through the full APC process with an evidence review undertaken by NMSG. This potentially affects a large patient population. • FERRIC MALTOL capsules: A grey statement has been produced for the license extension for iron deficiency in adults. It was not identified at horizon scanning so this will only be reviewed if a formal application for use is received and prioritised for in-year review. There is an Amber Initiated statement for iron deficiency anaemia in adults with inflammatory bowel disease. • OSPEMIFENE tablets: For vulvar and vaginal atrophy in post-menopausal women who are not candidates for local vaginal oestrogen therapy. This was not identified at horizon scanning so will only be 	

	<p>reviewed if a formal application for use is received and prioritised for in-year review.</p> <ul style="list-style-type: none"> • LOXAPINE inhalation powder: For the rapid control of mild-to-moderate agitation in adult patients with schizophrenia or bipolar disorder. A grey statement has been produced. This was not identified at horizon scanning. It will need to be established if this is hospital only and in-tariff, in which case it is not for APC consideration. <p>APC/18/52/02 – Guselkumab for psoriasis (NICE TA521) A verbal summary of the statement was given to the committee, for use of guselkumab in accordance with NICE TA521. It is not anticipated to have a significant resource impact. Pan Mersey has a psoriasis pathway and this will be updated to include this new TA in due course. The APC approved the red statement.</p> <p>APC/18/52/03 – Tapentadol prolonged-release for chronic pain This is the third time this statement has been brought to the APC. There is no change in evidence. Concerns were raised at the previous APC meeting in March and it was felt that amber recommended would be better changed to amber initiated. The NMSG updated the policy statement to reflect this and the RAG change to amber initiated was consulted on. JL went through the feedback and the subgroup responses.</p> <p>The comment about cross-titration at the bottom of page 1 has been made more succinct.</p> <p>With reference to the second bullet point on page 1, GPs were concerned with the problems surrounding opioid prescribing and would want good communication between the consultant and the GP before they would be happy to pick up prescribing. It is important that the patient has been reviewed at the dose they are on when they are passed to primary care, not reviewed and then the GP asked to titrate immediately. This bullet point will be re-worded to reflect that it is both the patient and the treatment that need to be reviewed and that the prescribing should be passed to the GP at a stable dose.</p> <p>A concern was raised from secondary care that if GPs were unwilling to take on dose titration, then every time the dose needs to be changed it would require a referral back to the consultant and that would have clinic capacity issues for the service. GPs indicated that they would want clear communication on when and how to titrate further, with a maximum dose stated at which point the patient should be referred back to the consultant.</p> <p>One stakeholder feedback comment was from a palliative care consultant, and it was agreed that the policy statement should be changed to allow initiation by chronic pain specialists and palliative care specialists.</p> <p>Dr Hampson informed the meeting that he is setting up an opioid working group and he asked members to email him if they are interested in taking part.</p> <p>DGG will add the opioid working group to the Chiefs and CCG Leads Meeting agenda for a discussion around how best to engage with this group and how the outcomes will be presented to the APC.</p>	<p>ALL</p> <p>DGG</p>
<p>APC/18/53</p>	<p>Antimicrobials</p>	
	<p>APC/18/53/01 – Eye, ear, nose and throat infections KD discussed the feedback he had received: <u>Centor vs FeverPAIN</u> There was some uncertainty about the preferred method. Both have been included for clinician preference. The core message is that one or the other be used.</p>	

	<p><u>Otitis externa</u> The advice to use ciprofloxacin drops off-label could not be generalised as a recommendation because of the need for individual assessment. GR advised there is a licensed product available. KD will update the monograph with the subgroup and bring back to APC.</p> <p><u>Perichondritis</u> In lieu of confirming the likely organism with colleagues at the Royal the monograph will recommend flucloxacillin to cover <i>Staph. aureus</i>. The monograph will be updated when confirmation is received and brought back to the APC for information.</p> <p><u>Sore throat, acute bacterial</u> A request for caution in use of penicillin in infectious mononucleosis was not added. Specialist advice had been received to assure that this was a commonly held but incorrect view.</p> <p><u>Sinusitis, acute</u> A request to clarify the dose of corticosteroid spray was accepted. To be brought back to APC for information.</p>	<p>KD</p> <p>KD</p>
APC/18/54	Safety	
	<p>APC/18/54/01 – Methotrexate safety A verbal summary of the statement was given. It was thought confusing that the statement recommends an absolute contraindication with co-trimoxazole/trimethoprim and then go on to give an exception in paediatric use. KD was asked to remove the exception from the yellow box and add it to the bottom of the page with more detail about the situations when paediatric specialists may consider co-prescription. The APC approved the suggested amendments. Once these have been made it is not necessary to bring the statement back to the APC meeting.</p>	<p>KD</p>
APC/18/55	Formulary and Guidelines	
	<p>APC/18/55/01 – COPD guideline This is based on the GOLD guideline and aims to suggest preferred choice inhalers (other devices remain available in the formulary). A number of consultation comments were about the layout, so this has been improved and simplified. Priority has been given to device continuity throughout the treatment stages. The document is aimed at primary care, and it was suggested there may be some improvements that might be made in future following experience of using the document. The APC approved the guideline.</p> <p>APC/18/55/02 – Brodalumab – sequential biologic psoriasis guideline This updates the current pathway to include brodalumab, with the number of sequential biologic options remaining at three. Consultation feedback received was either in agreement or made no comment. The APC approved this updated guideline.</p> <p>APC/18/55/03 – Paravit capsules Provide vitamin A, D, E and K replacement for patients with malabsorption in CF or other pancreatic insufficiency. It is cost neutral compared to DEKAs, or there are savings if patients are on separate multi-vitamins and Vit E and K. Paravit capsules are not on EMIS yet and CCG Leads will chase EMIS on this matter, to speed up the process. The addition to the formulary was approved by the APC.</p>	
APC/18/56	APC Reports	
	<p>APC/18/56/01 – NICE TA Adherence Checklist May 2018 The checklist has been updated to the end of May 2018 and it was presented to the APC for noting.</p>	

APC/18/57	Any Other Business	
	<p>APC/18/57/01 – APC Policy DGG presented the updated APC Policy. Wirral CCG, Wirral University Teaching Hospital and Cheshire and Wirral Partnership have been added to the membership. A statement regarding APC quoracy has been added. Other amendments include putting the document into the new format, switching from CMCSU to MLCSU, the addition of core principles and adding criteria for looking at devices.</p> <p>APC/18/57/02 – APC Chair Peter Johnstone is taking up a new job function and will be unable to continue as Chair of the APC. The Area Prescribing Committee was asked if any member would like to volunteer. Dr Adit Jain offered to take up the post, but in 12 months' time. After discussion and a request for any objections (while Dr Hampson had left the room) it was agreed that Dr Jamie Hampson would be the new APC Chair with effect from the July meeting.</p> <p>APC/18/57/03 – AOB <u>APC Report:</u> At the February APC meeting a document based on 'NHSE drugs not to be prescribed routinely in primary care' included agreement that omega-3-fatty acids for hypertriglyceridaemia, once daily tadalafil in ED and paracetamol+tramadol combination product are designated black in the eformulary. These were not added to the February APC report at the time. So that CCGs can formally approve these, they will appear on the APC report this month.</p> <p><u>Thanks to Peter Johnstone:</u> On behalf of the APC, DGG formally thanked Peter Johnstone for being the Chair for the last 18 months and for all his support and work on behalf of the committee.</p>	
APC/18/58	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 25 July 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.