# GMMMG Interface Prescribing Subgroup

## Minutes

## 14th April 2016, 1pm-3pm
## Number One Riverside, HMR CCG
## Smith Street, Rochdale

**Present:**

**Dr Richard Darling (RD)** General Practitioner, Heywood, Middleton and Rochdale CCG *(Chair)*

**Lesley Smith (LS)** Chief Pharmacist, Pennine Care NHS Foundation Trust

**Anna Swift (AS)** Medicines Management Pharmacist, Wigan CCG

**Dr Heather Procter (JP)** General Practitioner, Stockport CCG

**Jeanette Tilstone (JT)** Medicines Management Lead, Bury CCG

**Robert Hallworth (RH)** Specialist Cancer Pharmacist, North of England Area Team, NHS England

**Dr Tom Leckie (TL)** Consultant, Pennine Acute Hospital Trust

**Dr Jane Bradford (JB**) General Practitioner, Bolton CCG

**Robert Hirst (RH)** Senior Pharmacist, Tameside Foundation Trust

**Support:**

**Gavin Mankin (GM)** Principal Pharmacist Medicines Management, RDTC *(Professional Secretary)*

**Andrew Martin (AM)** Strategic Medicines Optimisation Pharmacist, Greater Manchester Shared Services (part of NW CSU)

**In attendance:** Barry Robertson, Locality Lead Pharmacist – Wigan and Leigh, 5 Boroughs Partnership NHS Foundation Trust

**Apologies received:** David O'Reilly, Hong Thoong, Jason Farrow, Claire Foster, Robert Elsey, Simon Darvill

**Declarations of Interest**

**1) Minutes of the meeting on 10th March 2016.**

The minutes were accepted as a true and accurate record with the addition of deferred decision for anal irrigation systems.

**ACTION: RDTC to publish as final.**

**2) Matters arising**

**2a) RAG List Recommendations from December 2015 meeting – awaiting GMMMG approval**

The RAG recommendations made at the December 2015 Interface Subgroup were approved at the March 2016 GMMMG meeting. The RAG list on the website has now been updated.

**2b) RAG List Recommendations from January 2016 meeting**

These are going to the April 2016 meeting of GMMMG for final approval.

**2c) RAG List Recommendations from February 2016 meeting**

The comments received were circulated to and reviewed by the group.

After discussion it was agreed that the following RAG rating be the final recommendation of the group:

| Product | Decision | | Notes on Decision |
|---|---|---|---|
| | Status Assigned | Deferred | |
| **1) Requests deferred from previous meetings** | | | |
| Nadolol in paediatrics with prolonged QT syndrome | RED | | Unlicensed in paeds, no dosing info in BNFC and used in a limited nos of patients. |
| **2) New Requests from New Therapies Subgroup and Formulary Subgroup** | | | |
| Ledipasvir | RED | | As per all other Hep C anti-retrovirials |
| Daclatasvir | RED | | As per all other Hep C anti-retrovirials |
| Ombitasvir-paritaprevir-ritonavir | RED | | As per all other Hep C anti-retrovirials |
| Ciclosporin eye drops for keratosis due to dry eye disease | Green (following specialist initiation) | | Licensed product only |
| Elosulfase alfa | RED | | |
| Omega-3-acid ethyl ester for tricglyceridaemia | Green (following specialist initiation) | | FSG recommended moving to grey list for this indication |
| **3) RAG List Review – products on formulary currently with no RAG status** | | | |
| Mycophenolate in interstitial lung disease | AMBER | | UHSM to prepare a shared care protocol |
| **4) Changes to current RAG status** | | | |
| None | | | |
| **5) No Change to Current RAG status** | | | |
| None | | | |
| **6) Miscellaneous Decisions** | | | |
| None | | | |

**ACTION:** **GM to send final recommendation on RAG status of these drugs to the May 2016 meeting of GMMMG for approval.**

**GM to update RAG list and publish on website once approval received from GMMMG**

**2d) RAG List Recommendations from March 2016 meeting**

These were circulated to Trusts and CCGs for comment with a deadline for comments of the 30th April 2016. Any comments received will be reviewed by the group at the May 2016 meeting.

**2e) Domperidone Shared Care Protocol**

The Domperidone Shared Care Protocol was approved at the March 2016 GMMMG meeting and is now available on the website.

**2f) Azathioprine in ILD Shared Care Protocol**

This is going to the April 2016 meeting of GMMMG for final approval.

**2g) Oral Atypical Antipsychotics Shared Care Protocol**

This is going to the April 2016 meeting of GMMMG for final approval.

**2h) Azathioprine for IBD in Paediatrics Shared Care Protocol**

The group approved the final draft of the azathioprine in IBD in Paediatrics SCP. It was agreed not to include reference to the unlicensed azathioprine suspension within it as this had not been requested by CMFT and many GPs would not be happy to prescribe an unlicensed special.

| | |
|---|---|
| **ACTION:** | **GM to send Azathioprine for IBD in Paediatrics SCP to May 2016 GMMMG for approval.** |

**2i) Process for GPs Accepting Individual Patients for Shared Care**

Following the discussion at the March 2016 GMMMG on the suggested process for GPs accepting individual patients under shared care arrangements across GMMMG stakeholders the group discussed the following issues that had been raised by the GMMMG:

- The statement requiring specialists to prescribe a minimum of 28 days' supply was raised as needing further feedback and/or discussion. It was noted that currently most acute and mental health trusts only give 7-14 days of supply on discharge for all medicines. It was unclear what happens currently with regards amber drugs and how further supplies are given in order to meet the shared care requirements regarding stabilisation of the patient. Further scoping was required on this point.
- The group agreed that the clinic letter was a good place to include the form of words. There were differing positions around whether GP's should 'opt into' shared care i.e. respond to every shared care request or whether they should simply opt out i.e. only respond to consultants or specialists where there is a problem and therefore won't be accepting shared care for that particular patient. On balance the majority of members felt 'opting out' was a less onerous system and most favoured this approach however there were concerns raised around the GMC wording/advice which states that GP's must 'agree a protocol for treatment' for each patient. This could be interpreted as meaning that GP's must opt into accepting shared care for every patient. The group asked that interface discuss this further.
- There were concerns around not sending a paper copy of the SCP with the clinic letter – the proposal had suggested the sending of a link. The concerns regarding the sending of a link related to the fact that links may change in the future and could point to a different document than the one that was agreed at the time of passing over care. It was agreed that if clinic letters/discharge letters are sent electronically then a PDF copy of the actual SCP could be sent with the letter as well as the link. This PDF copy could then be attached to the patients' electronic notes as a point of reference.

As part of the discussions the group reviewed the relevant guidance from GMC together with examples of what happens elsewhere in the UK.

The group decided after a majority vote (Opt-out=7, Opt-in=3, Abstention=0) that the preferred system would be that of GPs opting out of shared care on an individual patient basis if they were not happy to accept that particular patient under an approved shared care protocol. This was provided that secondary care adopts the proposed wording for shared care drugs in the relevant discharge and outpatient letters to GPs.

The majority of members present agreed with the proposal that letters to GPs should include an electronic link to the SCP on the GMMMG website and that enclosing a paper copy or a PDF copy of the SCP was not necessary.
Members also agreed that the same process should apply to both the initiation of shared care drugs as inpatient and as an outpatient. SCPs make clear that shared care should only be initiated/accepted once the patient is stable regardless of the time this takes, and hence the quantity supplied of secondary care.

The reasons for this recommendation are:

- Need to make the system as easy as possible for both primary and secondary care as practice varies widely at present, and the current acceptance forms that have been included in the GMMMG SCP template for a number of years are largely not use in practice.
- NHS is moving to electronic communication.
- Concerns that the most current PDF version of an SCP would not sent if Trusts did not have process in place for ensuring consultants/medical secretaries only had access to current PDF version, and not an expired version that was stored electronically.
- Secondary care do not have systems in place to check everytime to ensure a GP has responded yes or no to a request. Any such system would have extra resource implications.
- An opt-out system always gives the GP the opportunity to decline an individual request should they so wish.
- Concerns chasing acceptance replies from GPs may cause a breakdown in relationships between primary and secondary care.
- 'opting out' is a less onerous system for both primary and secondary care.
- The group noted there is no current standard or recommended process for GPs to accept patients under shared care arrangements in the UK. Many places to do not have any forms and in those that do completion/return of the forms by both primary and secondary care is variable.

Should this recommendation be accepted by the full GMMMG, the IPS will be grateful to receive detailed examples of where this process status causes particular difficulties following implementation. If the opt-out system is found not work in practice and results in a number of patient safety incidents then it will be reviewed by the group.

The group also noted that this recommendation will require an implementation plan, implementation period, training within both primary and secondary care, and communication throughout primary and secondary care.

**ACTION: GM/AM to send final recommendation back to May 2016 GMMMG for approval.**

**3) Drugs Requiring a Review of RAG status**

- Mepacrine – recommended be classified as RED as it fits the criteria for a RED drug. Noted it is unlicensed in both EU and USA, not included in BNF and no SPC is available.

**ACTION: AM to contact Trusts and CCGs with proposed RAG status.**

**4) New Drugs from NTS and Formulary Subgroup requiring a RAG status**

- Dymista® - recommended be classified as GREEN.

**ACTION: AM to contact Trusts and CCGs with proposed RAG status.**

**5) Shared Care Protocols – drafts currently out for comment to CCGs/Trusts**

- Apomorphine

This is currently out for comment to all Trusts/CCGs by the end of April 2016. All comments received will be discussed at the May 2016 IPS meeting.
The group agreed that the SRFT version be hosted on the Local Shared Care pages of the GMMMG website in the interim until an approved GMMMG version is available.

**6) Shared Care Protocols – comments received**

Typical antipsychotics depot injections
The group noted that this was the final draft for approval. The group discussed the comments received from CCGs/Trusts. The group agreed to recommend approval to GMMMG once the changes suggested by GMW had been made, and the wording around when to refer for a raised prolactin level was clarified with endocrinologists/mental health specialists.

**ACTION: GM to make changes as above and then send to May 2016 GMMMG for approval.**

Amiodarone in paediatrics
The group noted that this was the final draft for approval. The group discussed the comments received from CCGs which all reflected GPs reluctance to prescribe amiodarone to children and concerns about separating responsibility for monitoring from that of prescribing. The group agreed to defer further discussion until the May 2016 meeting of the IPS when the representative from CMFT/RMCH could be present.

**ACTION: GM to ask HT to attend May 2016 meeting or send a deputy so that an informed discussion can take place.**

**7) Shared Care Protocols – 1st draft**

- Goserelin in breast cancer

This group agreed to send this out for comments all Trusts/CCGs with comments due by the end of May 2016. All comments received will be discussed at the June 2016 IPS meeting.
The need for clarification of inclusion of use in preserving fertility in EBC was discussed, and suggested changes were made to the Adjunctive Treatment section – including the removal of treatment of menopausal symptoms and the addition of tamoxifen/chemo.

**ACTION: AM to send draft of goserelin in breast cancer SCP out to CCGs/Trusts for comment.**

**8) Methylphenidate SCP – use of methylphenidate XL in combination with methylphenidate IR**

The group discussed a request to modify the current methylphenidate SCP to include the following statement:
"For 8 hourly release preparations, in certain circumstances, it may be necessary to give an additional afternoon/top up dose of an immediate release preparation"
This statement was included in the previous CMFT SCP but not the Pennine Care version.
After discussion the group felt it needed to understand the evidence behind the request from CMFT as the SPC's for the 8 hourly preparations were not clear, and seem to suggest that if a top-dose is required to may be more appropriate to switch the patient to BD dosing product or a longer acting OD product rather than an 8-hourly OD dosing product. This is why Pennine Care clinicians do not follow this practice.

**ACTION: GM to ask HT to attend May 2016 meeting or send a deputy so that an informed discussion can take place.**

**9) Nebulised Colistimethate for non-CF patients SCP**

The group agreed that the SRFT version be hosted on the Local Shared Care pages of the GMMMG website in the interim until an approved GMMMG version is available.

**10) Progress with GMMMG versions of SCPs as of April 2016**

Circulated for information.

**11) Current Workplan**

Circulated for information.

**12) Updates from Other Groups**

**New Therapies Subgroup**

The March 2016 meeting reviewed Idarucizumab (reversal agent for dabigatran), Etanercept biosimilar, Sufentanil s/l tablets for post-operative pain, lurasidone (re-review) and vitamin D (re-review).

**Formulary Subgroup**

The FSG is currently developing COPD/Asthma pathway, and a Pain pathway.

**GMMMG**

The March 2016 meeting received the results of the Trafford audit of antipsychotics in patients with learning disabilities.

**13) AOB**

Hydroxychloroquine RAG status for dermatology indications

The group agreed to recommend that hydroxychloroquine be assigned an AMBER RAG status when used for dermatological indication as per all the other DMARDs in dermatology. The group noted SRFT have agreed to develop an SCP to support this.

***Date of Next Meeting: 12th May 2016, 1pm-3pm, Room 410, Number One Riverside, 4th Floor, Smith Street, Rochdale, OL16 1XU***

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