GMMMG Interface Prescribing Subgroup

Minutes

9th July 2015, 1pm-3pm

Number One Riverside, HMR CCG
Smith Street, Rochdale

Present:

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

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

Dr Jane Bradford (JB) General Practitioner, Bolton CCG

Hong Thoong (HT) Lead Pharmacist, Paediatric Medicine, CMFT

Claire Foster (CF) Medicines Management pharmacist, Central Manchester CCG

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

Robert Elsey (RE) Specialist Pharmacist, Pennine Acute Hospital Trust

Dr Heather Procter (HP) General Practitioner, Stockport CCG

Robert Hirst (RH) Senior Pharmacist, Tameside Foundation Trust

Dr Simon Darvill (SD) Consultant Psychiatrist, Pennine Care NHS Foundation Trust

Jeanette Tilstone (JT) Medicines Management Lead, Bury CCG

Jason Farrow (JF) Medicines Management Pharmacist, Salford CCG

Sarah Harris Deputy Chief Pharmacist, Pennine Care NHS Foundation Trust

Support:

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

Andrew Martin (AM) Strategic Medicines Optimisation Pharmacist, NW CSU

In attendance:

Joan Miller Deputy Director of Pharmacy, Greater Manchester West Mental Health NHS Foundation Trust

Dr Steve Bradshaw Old Age Psychiatry – Lead Consultant, Pennine Care NHS Foundation Trust

Dr Tahira Ellahi Learning Disabilities Psychiatrist, Greater Manchester West Mental Health NHS Foundation Trust

Apologies received: Ben Woodhouse, Gary Masterman, Lesley Smith, David O'Reilly, Anna Swift

Declarations of Interest
No declarations of interest relating to the agenda were raised.

1) Minutes of the meeting on 11th June 2015.

The minutes were accepted as a true and accurate record.

ACTION: RDTC to publish as final.

2) Matters arising

2a) RAG List Recommendations from March (Drugs for alcohol dependence, Chapter 3 and 13 - now GMMMG approval

These were approved by the GMMMG in April 2015. The RAG list on the website has now been updated with the exception of the drugs for alcohol dependence pending outcome of correspondence between GMMMG and providers/public health.

2b) RAG List Recommendations from April meeting (Chapter 1 and 8) – awaiting GMMMG approval

These are going to July 2015 meeting of GMMMG for final approval.

2c) RAG List Recommendations from May meeting

It was agreed to defer discussion on the comments received and a decision on final RAG status recommendation on these drugs until the August 2015 meeting of the IPS to allow for a full discussion of the mental health issues on this month's agenda.

2d) RAG List Recommendations from June meeting

These were circulated to Trusts and CCGs for comment with a deadline for comments of the 5th August 2015. Any comments received will be reviewed by the group at the August 2015 meeting.

2e) Review of Antipsychotics in BPSD

All correspondence and feedback received from Trusts/CCGs on the amended RED RAG rating for antipsychotics in dementia patients was circulated to the group with the agenda. This included a joint letter from all the Old Age Psychiatrists within Greater Manchester expressing their concerns around the change from AMBER to RED in February 2015.

Key points from the correspondence/feedback received were:

- Accept there is a need to prescribe less on grounds of safety but some patients do need.
- Wording on proposed RED RAG status is now too complicated.
- Amber RAG status is also a problem as SCG can't easily be written and definition of 'stable' is complex.
- Some of alternative drugs are RED due to lack of licence.
- Cannot have 'one rule for 3rd sector and one rule for NHS'.
- No system in the Mental Health Trusts to issue repeat prescriptions and carers/ patients would find this unacceptable.
- Need properly commissioned services for non-drug treatments others wise pathways don't work.

The IPS noted that the GMMMG is working on guidance for GPs to give them the confidence to reduce and stop prescribing of antipsychotics for existing patients with dementia without sending patients back into Secondary Care Old Age Psychiatry services.

The IPS noted the existing local shared care guideline between GM West Mental Health Trust and Salford CCG.

Dr Steve Bradshaw presented his views to the group and that of other Old Age Psychiatrists. He also explained the group his current practice for prescribing for this these patients. With regard to numbers of new patients requiring antipsychotics for dementia, since the start of the year he has initiated one or two new patients on antipsychotics.

There was a robust debate and a very high level of agreement that the use of these drugs should be minimised, particularly with regard to duration of treatment. All parties were concerned about the

levels of prescribing, that these levels are almost unchanged in the last 3 years and particularly that the 3 Manchester CCGs [North, South and Central] have levels of prescribing that are much higher than in other CCGs. The only point of disagreement ended up being the provision of prescriptions, particularly on a repeated or continued basis, with GPs worried that drugs given an amber / shared care status suggested long term treatment [minimum 3 months] while Secondary Care Trusts have under-developed mechanisms for provision of prescriptions, especially repeats.

Some members of the IPS felt the use of these drugs for this indication did not fit the criteria for shared care because prescribing should generally only be short-term i.e. 6 to 12 weeks, and that GPs make not have the necessary level of knowledge to prescribe safely in this area.

With regard to specific points raised regarding the risks of simultaneous prescribing from primary care and specialist services, and any associated implications for compliances aids, the GPs pointed out that patients may already receive other drugs such as immunosuppressants from hospitals and that GP clinical systems have mechanisms for recording medication provided from other such sources. The IPS also strongly recommends that residential or nursing homes take all responsibility for ordering of their residents' medications and that this should not be undertaken by community pharmacies.

The IPS acknowledged that reference to "atypicials" in the RAG rating for this indication was confusing and not necessary, as the RAG rating should apply to all antipsychotics in dementia patients.

The group decided that the RED status with the additional wording would not be changed but that it would review this decision in one year. It was emphasized that this applies to new patients only.

The additional wording was agreed as follows:

Antipsychotics (Oral)

Use in dementia patients. Local commissioning arrangements may vary and in some localities this remains an amber drug so please check with your CCG.

Prescribing of antipsychotics in dementia is expected to be short term. In exceptional circumstances, longer term prescribing may be required [which would be outside of the product licence for any drugs which have a marketing authorisation for such use]. In these situations, there should still be regular review with the aim of reducing or stopping, and the best methods of ensuring continuity of supply should be negotiated between all healthcare professionals involved in that patient's care.

This would still allow for local commissioning arrangements to vary and in some localities for the drugs to remain amber, and reflects the advisory nature of the RAG list and it is hoped that GPs would be flexible to prescribe in exceptional circumstances.

This recommendation will still need to be ratified by GMMMG which is working on guidance for GPs to give them the confidence to reduce and stop such prescribing without sending patients back into Secondary Care Old Age Psychiatry services. Should this decision be accepted by the full GMMMG, the IPS would be grateful to receive detailed examples of where this status causes particular difficulties. The IPS will also emphasise that there is no substitute for direct communication between parties to resolve any difficulties in individual patient circumstances.

The IPS will also encourage dialogue between Mental Health Trusts and Commissioners about the ramifications of this decision.

It was noted that the decision of the group was not unanimous.

ACTION:

AM to draft a response to the Old Age Psychiatrists for approval by the IPS Chair.

GM to send recommendation to August 2015 GMMMG meeting for ratification together with a summary of discussions today.

2f) Inclusion on Grey/DNP List Drugs on RAG List

Currently on hold pending the updated list/format of the Do Not Prescribe List from the formulary subgroup.

2g) Amiodarone in paediatrics

Item deferred until the August 2015 meeting of the IPS pending a response from Alder Hey.

3) Interface Processes for Consultation on RAG List and Shared Care Protocols

Item deferred until the August 2015 meeting of the IPS due to time constraints.

4) Apraclonidine Eye Drops

Item deferred until the August 2015 meeting of the IPS due to time constraints.

5) NICE guideline of Challenging Behaviour and Learning Disabilities – implications regarding medication & RAG status

The IPS discussed the NICE guideline NG11 'Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges' published in May 2015. This may have some implications for the current RED status for antipsychotics in this therapeutic area assigned by IPS at Dec 2014 /Jan 2015 meeting and approved by GMMMG in February 2015.

There seems to be a suggestion in this new guideline that antipsychotics could have what IPS would term an amber RAG status – see 1.8.7.

1.8.7 When prescribing is transferred to primary or community care, or between services, the specialist should give clear guidance to the practitioner responsible for continued prescribing about:

- which behaviours to target
- monitoring of beneficial and side effects
- taking the lowest effective dose
- how long the medication should be taken for
- plans for stopping the medication.

Dr Tahira Ellahi explained to the group that is routine to use antipsychotics off-license in this group of patients supported by the Maudsley and Frith prescribing guidelines, and that medication is just one component of a package of care. Current practice is for the consultant to initiate and stabilise therapy before communicating with the GP with regarding to longer term prescribing which some GPs are happy to undertake and others not. How often the consultant reviews the patients is based on the individual patient.

After discussion the group agreed that it was appropriate to reclassify the use of antipsychotics in patients with Challenging Behaviour and Learning Disabilities from RED to AMBER because of this new NICE guidance.

The IPS also discussed the proposal form for changes to the Red/Amber/Green specialist medicines list received for Melatonin (Circadin ®) for circadian rhythm disorders /insomnia in service users with LD aged 18-55 where behavioural interventions have failed and on-going treatment in CAMHS graduates where clinically indicated.

This indication has been identified as a gap in the current RAG list, as the current GMMMG shared care protocols only covers use up to the age of 18yrs old. Use of melatonin in patients with Challenging Behaviour and Learning Disabilities is also supported by the new NICE Guideline NG11.

After discussion the group agreed to approve the change request and assign Melatonin (Circadin®) an AMBER status for circadian rhythm disorders /insomnia in service users with LD aged 18-55 where behavioural interventions have failed and on-going treatment in CAMHS graduates where clinically indicated.

ACTION:

AM to contact Trusts and CCGs with proposed RAG status for Antipsychotics in patients with Challenging Behaviour and Learning Disabilities.

AM to contact Trusts and CCGs with proposed RAG status for Melatonin (Circadin®) for circadian rhythm disorders /insomnia in service users with LD aged 18-55 where behavioural interventions have failed and on-going treatment in CAMHS graduates where clinically indicated.

GM to work with GMW to finalise shared care guidelines for the use of antipsychotics in patients with Challenging Behaviour and Learning Disabilities.

GM to work with GMW to finalise shared care guidelines for the use of Melatonin (Circadin®) for circadian rhythm disorders /insomnia in service users with LD aged 18-55 where behavioural interventions have failed and on-going treatment in CAMHS graduates where clinically indicated.

6) Drugs Requiring a Review of RAG status

Item deferred until the August 2015 meeting of the IPS due to time constraints.

- Amantadine for MS
- Ezetimibe
- Pregabalin for neuropathic pain
- Acetazolamide for idiopathic intracranial hypertension

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

Item deferred until the August 2015 meeting of the IPS due to time constraints.

- Simbrinza® (Brinzolamide/Brimonidine) eye drops
- Secukinumab for moderate to severe plaque psoriasis
- Apremilast for moderate to severe chronic plaque psoriasis and psoriatic arthritis

8) Shared Care Protocols for Approval

Due to time constraints no discussion took place. But was agreed via Chairman's Action to circulate final drafts of each of following shared care protocols to Trust/CCGs via email for comment. These comments will then be collated and a final draft updated as necessary for approval at August 2015 IPS meeting.

- Mercaptopurine and Azathioprine for Inflammatory bowel disease
- Azathioprine for the treatment of chronic inflammatory bowel disease (unlicensed use) in paediatric patients
- SSRIs in children and adolescents for OCD & BDD
- SSRIs in children and adolescents for depression
- SSRIs in children and adolescents for anxiety
- Antipsychotics for schizophrenia in children & adolescents
- Antipsychotics for OCD in children & adolescents
- Antipsychotics for Bipolar in children & adolescents
- Ethinylestradiol for pubertal induction

ACTION: AM to circulate drafts of these Shared Care Protocols to Trust/CCGs via email for comment.

9) Nalmefene Shared Care Protocol – 2nd draft

Item deferred until the August 2015 meeting of the IPS due to time constraints.

10) Clarification of 6mg dose of melatonin in melatonin SCP

Item deferred until the August 2015 meeting of the IPS as no representative from Wigan, Wrightington and Leigh Foundation Trust present.

11) Updates from other groups

Due to time constraints no verbal update was given but update included in the minutes for information.

New Therapies Subgroup

The NTS have changed their meeting to alternate months and their next meeting will be in July 2015. NTS will be reviewing Vortioxetine, Ivermectin, Xultrophy® and the local COPD pathway.

Formulary Subgroup

The group is to review the formulary content of Chapter 4 in July/August 2015. Work continues on reviewing the DNP list.

GMMMG

The June meeting of GMMMG approved the Denosumab SCP, the updated template for GMMMG SCPs, and the RAG recommendations for Chapter 3 & 13. GMMMG also approved an updated Probiotics statement.

17) AOB

Cancer Supportive Care Tariff

Nationally the Cancer Supportive Care Tariff did not get taken forward by NHS England due to problems with the price of dexamethasone. But each hub is currently working on their own regional version which should be in place for September 2015. The Cancer Supportive Care Tariff will cover the costs of supportive care associated with each cycle of chemotherapy (e.g. LMWH, antiemetics).

The Christie & General Non-compliance with Principles of RAG

Members were asked to feed back any problems and examples to Robert Hallworth so that he can take them up with The Christie.

Interface Prescribing Subgroup Appeals Procedure

After discussion it was agreed to update the Terms of Reference of the group at the August 2015 meeting to include more robust procedures for the handling of appeals against RAG decisions that have been taken, and specifics on how such appeals will be discussed by the group. It was suggested that decision on the appeal needs to be to be unanimous or via a specific mechanism re voting/consensus to make a final decision

Date of Next Meeting: 13th August 2015, 1pm-3pm Room G10, HMR CCG, Number One Riverside, Smith St. Rochdale OL16 1XU

.