GMMMG Greater Manchester Medicines Management Group NHS

FORMULARY AND MANAGED ENTRY SUBGROUP

Minutes of the meeting held on
23rd January 2018
12:30 - 2:30 pm
Pharmacy Dept. CMFT

Present:

Name	Title	Organisation	Jan	Mar	May	July	Sept	Nov	Jan
Elizabeth Arkell (EA)	Medicines Management Lead	UHSM	✓	A	✓	✓	✓	✓	✓
Liz Bailey (LB)	Medicines Optimisation Lead	Stockport CCG	A	✓	A	✓	✓	✓	✓
Dr Pete Budden (PB)	GP Prescribing Lead	Salford CCG *(Chair)*	A	✓	✓	✓	✓	✓	A
Sarah Boulger (SB)	Senior Medicines Information Pharmacist	The Pennine Acute Hospitals NHS Trust	A	A	✓	✓	✓	✓	✓
Dr Paul Chadwick (PC)	Consultant Microbiologist and Chair of Meds Management Committee	SRFT	✓	✓	A	✓	✓	A	✓
Aoidin Cooke (AC) (or Lorna Hand or Vanessa Reid)	Medicines Management and Medicines Information Pharmacist	CMFT	✓	LH ✓	✓	✓	VR ✓	✓ LH	✓ LH
Claire Foster (CF)	Senior Medicines Optimisation Advisor	SM CCG	✓	A	✓	✓	✓	✓	✓
Dr Anne Harrison (AH)	GP Prescribing Lead	Trafford CCG	A	A	✓				
Leigh Lord (LL)	Locality Lead Pharmacist	Trafford CCG	✓	A	✓	A	✓	A	✓
Keith Pearson (KP)	Head of Medicines Management	Heywood Middleton and Rochdale CCG	✓	✓	A	✓	✓	A	✓
Prof Peter Selby (PS)	Consultant Physician	CMFT	✓	✓	✓	A	A	✓	✓
Suzanne Schneider	MI Pharmacist	Bolton FT.	A	A	✓	✓	✓	✓	A

(SS)									
Lindsay Harper (LH)	Director of Pharmacy	SRFT	✓	✓	A	A	✓	✓	✓
Jonathan Peacock (JP)	Deputy Chief Pharmacist	WWL	✓	✓	A	✓	✓	✓	✓
Zoe Trumper (ZT)	Medicines Management	Pharmacist Wigan Borough CCG	✓	A	✓	✓	✓	A	✓
Andrew Martin (AM)	Strategic Medicines Optimisation Pharmacist	GM Shared Service.	✓	✓	✓	✓	✓	✓	✓
Bhavana Reddy (BR)	Head of Prescribing Support	RDTC *(Professional Secretary)*	✓	A	✓	✓	✓	A	
Monica Mason (MM)	Principal Pharmacist Medicines Management	RDTC *(Professional Secretary)*	✓	✓	A	A	✓	✓	✓

1. General Business

1.1 Apologies

Apologies had been received in advance as noted above. LH Chaired the meeting in PBs absence.

Guest specialist in attendance: Dr Leon Au (Opthalmologist CMFT)

1.2 Declarations of Interest:

No declarations of interest were received in advance or made at the meeting.

1.3 Draft minutes (Nov 2017)

The minutes were agreed as accurate record, following an amendment to the Trimbow text page 3.

1.4 Matters Arising

The group considered the updated action log and noted the progress of actions agreed at the November meeting, in particular that the GM wide consultations of all decisions would result in the decision making process being lengthened and so where possible pre-approval would be sought from GMMMG CSB to try and minimise these delays. Query was raised as to the possibility of moving items along outside of meetings by email, MM explained that this was an option but was dependent on members responding to the emails, and highlighted a recent example where a lack of response from members had prevented a decision being carried forward.

2. Medicines Optimisation

2.1 NHSE Low priority drugs guidance

The group considered guidance issued by NHS England on the 30th November listing 18 drugs or drug groups which should not routinely be prescribed in primary care, with an aim to improve the quality of prescribing by reducing and stopping prescribing of drugs which have little clinical value and in some cases, drugs for which safety concerns exist. Of the 18 drugs / drug groups listed, it was noted that 10 are already on the GMMMG Do Not

Prescribe list, 2 were on the Grey List (although the criteria used may require modification to align with the NHSE Recommendation) and 6 had not been considered in GM.

The group discussed and agreed with the proposal to approve:

1. The additions to the GM DNP list which would ensure exact alignment of the GM and national lists

2. Modifications to our Grey list to ensure exact alignment of the GM and national lists

3. Adoption of National criteria for assessing low value medicines for GM DNP and grey list assessment and classification.

4. The details are circulated to relevant departments within trusts to ensure that recommendations from Secondary Care to Primary Care to prescribe these items are only in line with the exceptional circumstances described in the guidance.

5. Trusts will need to make their own arrangements if Consultants wish patients to have drugs which NHSE has recommended that primary care no longer prescribes

6. Trusts support primary care in deprescribing of these drugs whenever possible.

Action: GMSS to submit these recommendations to the March GMMMG CSB meeting

2.2 NHSE OTC consultation

The group noted that on the 20th December 2017, NHS England issued a consultation on "Conditions for which over the counter items should not routinely be prescribed in primary care", the aim of this work being to improve the quality of prescribing by reducing and stopping prescribing of drugs for minor, self-limiting illnesses thereby freeing up resources for the treatment of chronic and more serious illnesses. The group considered a paper from GMSS that highlighted that of the 35 drugs / drug groups listed, two are included on the basis of low clinical effectiveness and the rest are either a condition that is self-limiting and does not require medical advice or treatment as it will clear up on its own and/or a condition that is a minor illness and is suitable for self-care and treatment with items that can easily be purchased over the counter from a pharmacy. The paper proposed that FMESG and GMMMG approve:

1. The additions to the GM DNP /grey lists which would ensure exact alignment of the GM and national lists

2. Modifications to the Grey list to ensure exact alignment of the GM and national lists

3. The model responses to the Consultation which CCGs may re-badge and submit, with modification based on the outcome of local consultations.

The potential addition of vaginal thrush to the list of conditions suitable for self-care.

A detailed breakdown of the implications of the 35 drugs / drug groups accompanies this paper. It was noted that this guidance was likely to save money on prescribing budget and time from clinical appointments, which can be redirected to urgent cases/ long term condition management resources. However, the potential implications for decommissioning minor ailments and surgery/procedures in pharmacy and GP surgeries should also be considered.

The group considered the consultation questions and proposed answers, there was concern from the group that this work was focussing on reducing prescribing on these agents, but without addressing the real issue which was primary care consultation times. Whilst there may be some saving on asking the patient to buy this treatment rather than receiving it on prescription, these were low cost items and the real issue was the cost of the consultation, and the pressure to provide a consultation in an overstretched system. The group discussed the impact this guidance would have on patients based on their socioeconomic background where they may not be able to afford to buy these treatments, and where there is no minor ailment scheme available through community pharmacies. There was concern that left untreated some of these conditions may pose a risk to wider public health.

Action: The group agreed that their comments be added into this paper and highlighted to GMMMG CSB.

2.3 GM Adjuvant Bisphosphonate Service: Stakeholder briefing

The group noted the stakeholder briefing which had recently been circulated concerning this GM wide service. However it was communicated that at this stage there remained as equality issue as the service had not been as yet been commissioned across the whole of GM. The group also queried the risk involved with administration of the first IV bisphosphonate infusion by the home IV teams. It was agreed that FMESG would await a formal application for GMMMG to consider this service before any further action was taken, as they understood that discussions were ongoing at present.

2.4 GM Diabetes Strategy: Consultation response

The SCN (under the direction of Jon Rouse, Chief Officer at the Greater Manchester (GM) Health & Social Care Partnership) has developed a GM diabetes strategy, with the aim being to improve diabetes care and reduce unwarranted variation. The SCN worked with a network of providers, commissioners, patient representatives and third-sector stakeholders throughout 2017 to devise and consult on the resulting strategy, which the group noted. The lack of formal inclusion of GMMMG in the development of this strategy was noted with concern, and the group FMESG approved the following suggested response to the SCN:

1) The lack of financial case to support this work; FMESG request that a financial case supporting best value is presented.

2) GMMMG FMESG request that the SCN communicate with the GMMMG FMESG to include medicines within this strategy. The group are particularly concerned that none of the current GMMMG positions are included, and that this strategy actually contradicts the position recently issued by GMMMG concerning Flash glucose monitoring (FreeStyle Libre).

3) The FMESG requests that the strategy cross references the GMMMG Formulary and associated guidance

Action: MM to seek Chairs approval from GMMMG CSB and submit this response to the SCN

3. Formulary

3.1 Chapter 11 review: Specialist feedback following Nov comments

Mr Leon Au specialist ophthalmologist at CMFT was welcomed to the meeting to discuss further the reasoning behind the proposed RAG status for products within chapter 11 of the formulary. Mr Au explained that antimicrobials for corneal ulcers would require longer term treatment and that this would require a supply from primary care to save the patient having to return to secondary care. The group responded that in many instances this would result in a request to a GP to undertake unlicensed prescribing, and it would be more appropriate for secondary care to provide the patient with a sufficient supply form the onset. It was noted that some of these supplies actually originate from secondary care out of hours services, but the group queried whether the additional supply could then be given from the follow-up clinic. The group commented that a GP could only prescribe within their competency, and that a request from a specialist to a GP to prescribe could only be accommodated when the GP felt competent to do so, as the prescribing responsibility rested with the prescriber.

This led to a discussion on the principles of RAG and its role in the safety and appropriateness of prescribing. There was clarification on the criteria used to assign a drug a red status e.g. unlicensed use, specialist conditions, monitoring requirements. Comments were made as to whether the majority of GPs would have the competence and training in ophthalmology to recognise response to treatment, the issue of antimicrobial resistance and communications between the specialist and the GP. The following changes to chapter 11 were proposed and would be opened for a period of GM wide consultation:

- Addition of Aprokam® as a red drug to chapter 11 of the formulary for use during cataract surgery as per NICE NG77. Rationale - availability of a licensed product to replace an unlicensed product
- Anastrazole for chemoprevention to be assigned a green specialist initiation status
- Gavciclovir eye ointment – RAG status to be changed from red to green specialist initiation
- Dexamethasone and FML eye drops – RAG status to change from red to amber (pending a SCP being developed)
- 1% apraclonidine to be classed as a RED drug, 0.5% apraclonidine to be classed as a green drug.

Mr Au thanked the group for inviting him to partake in this discussion and explained how useful it had been, particularly in highlighting the issues from a primary care perspective.

Action: MM to open these proposed changes for GM wide consultation and then CSB approval

New Drugs Reviews

3.2 Pitolisant recommendation – first draft

A draft GMMMG recommendation for the use of pitolisant in narcolepsy was presented to the group for approval, based on the discussions and comments received from the attending specialist. The group agreed that this draft could now be sent for further GM specialist comment and a these comments would come back to the March meeting, where commissioning and financial implications would be discussed for submission to CSB.

Action: MM to gather comments from GM specialists, following which the issues of commissioning and financial implication would be discussed at the March meeting.

Formulary and RAG Amendments

3.3 Formulary Amendments

The group considered the formulary amendments paper and agreed that the formulary would be updated to reflect TA489 to TA496, TA494 (naltrexone-bupropion for managing overweight and obesity) will be reflected in the DNP list. Links to NICE guidance and MHRA warnings will be reflected in the formulary. It was agreed that liraglutide for obesity will be added to the DNP list (following the updated recommendation at the last meeting), and anastrazole will be given a “green specialist initiation” listing on the RAG list in line with NICE CG164. The group approved an application for the licensed intracameral cefuroxime preparation to be added to the formulary, post GM consultation.

Action: MM to open these proposed amendments for GM wide consultation

3.4 RAG Assessment

Naltrexone to prevent relapse in opioid and alcohol- dependent patients: Request to amend amber to green spec initiation.

The group agreed that the item should remain red/amber primarily due to NICE guidance that states it should only be administered under adequate supervision/as part of a programme of supportive care, there is a requirement for a comprehensive medical assessment, and the need to remain under supervision. However, in light of the fact that the group were unable to consult with the MHT at the meeting it was agreed that this item would remain open until MHT opinion is heard.

Action: MM to contact MHT to rearrange meeting attendance to discuss this issue.

4. Horizon scanning and work plan

The RDTC monthly horizon scanning documents from December and January were provided to the group. In addition AM asked that the RDTC scope diclectin for morning sickness, rivaroxaban for CV event reduction and semaglutide for future consideration. It was noted that the NICE dementia guidance and NICE wAMD guidance had been issued. The work plan will be updated following the meeting and provided to GMMMG CSB.

Action: MM to request scoping of the above items from the RDTC, and update the workplan

5. AOB

Nothing raised

The next meeting will be held on 27th March 2018 12.30-2.30pm, CMFT