GMMMG Interface Prescribing Subgroup

Minutes

10th September 2015, 1pm-3pm
Dawes Family Practice, HMR CCG
Spotland Road, Rochdale

Present:

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

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

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

Dr Heather Procter (HP) General Practitioner, Stockport CCG

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

Jeanette Tilstone (JT) Medicines Management Lead, Bury CCG

Gary Masterman (GMa) Deputy Chief Pharmacist, Wigan Wrightington and Leigh Foundation Trust

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

Support:

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

In attendance:

Jane Wilson – Chief Pharmacist – Greater Manchester West Mental Health NHS Foundation Trust

Kathryn Griffiths - Strategic Medicines Optimisation Pharmacist, Greater Manchester Shared Services (part of NW CSU)

Apologies received: Claire Foster, Robert Elsey, Robert Hallworth, Jane Bradford, Anna Swift, David O'Reilly, Jason Farrow, Andrew Martin

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

1) Minutes of the meeting on 13th August 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 May meeting – awaiting GMMMG approval

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

2b) RAG List Recommendations from June meeting – awaiting GMMMG approval

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

2c) RAG List Recommendations from July meeting

Comments on the following drugs were received and reviewed by the group:

- Antipsychotics in patients with challenging behavior and learning disabilities – Dept of Health Call to Action circulated with papers. Noted that Trafford where about to undertake an audit of prescribing. Members also did not want to do anything that encouraged over prescribing. It was noted that there is some variance on prescribing arrangements for these patients across Greater Manchester.

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			
None			
2) New Requests from New Therapies Subgroup and Formulary Subgroup			
None			
3) RAG List Review – products on formulary currently with no RAG status			
None			
4) Changes to current RAG status			
Melatonin (Circadin®) for circadian rhythm disorders /insomnia in service users with LD aged 18-55 where behavioural interventions have failed and ongoing treatment in CAMHS graduates where clinically indicated.	AMBER		As per NICE NG11. GMW to produce an appropriate shared care guideline. Change from RED.
Antipsychotics in patients with Challenging Behaviour and Learning Disabilities.		✓	Agreed to defer pending outcome of Trafford audit on use. Do not want to do anything that encourages over-prescribing. Noted that commissioning arrangements in this area are complex. GMW to produce an appropriate shared care guideline.
5) No Change to Current RAG status			
None			
6) Miscellaneous Decisions			
Antipsychotics (Oral) Use in dementia patients.	Red (for new patients only)		*Updated additional wording:* 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.

ACTION:	**GM to send final recommendation on RAG status of these drugs to the October 2015 meeting of GMMMG for approval.** **GM to update RAG list and publish on website once approval received from GMMMG**

2d) RAG List Recommendations from August meeting

These were circulated to Trusts and CCGs for comment with a deadline for comments of the 1st October 2015. Any comments received will be reviewed by the group at the October 2015 meeting.

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

Following their Sept meeting the Formulary Subgroup asked that the DNP list is not merged into the RAG list at the moment because this may cause confusion. It was agreed that this would no longer be progressed by the Interface group

2f) Clarification of 6mg dose of melatonin in paediatric melatonin SCP

Following the August 2015 meeting of the IPS the BNFc have been contacted for the reasoning behind their max 10mg dose recommendation but no response to date as yet been received. Clinicians have been advised to seek consensus across Greater Manchester and to submit a request for NTS to re-consider their 6mg max dose recommendation.

2g) Colobreathe

UHSM have confirmed that would be no issues in Colobreathe and Tobi Podhaler being made RED on the RAG list for cystic fibrosis as per NHSE Commissioning Policy.

2h) Naltrexone for Opioid Dependence

No update was available.

2i) CCG Funding Arrangements for SCPs

No updated was available.

3) Nalmefene Shared Care Protocol – 2nd draft

Comments received from CCGs following circulation of the draft of the shared care protocol for nalmefene suggest that some CCGs are taking a different approach to the proposed AMBER status.

The group felt that nalmefene does not fit easily into the GMMMG RAG classification system and it was noted that local authorities are expecting GPs to prescribe this drug in conjunction with the psychological support commissioned by the local authorities. . After discussion it was agreed to propose that nalmefene be classed as Green (following specialist advice) rather than AMBER, and rather than have a shared care protocol to have a GP information leaflet similar to that for dementia drugs to support this.

ACTION: GM to draft GP information leaflet for nalmefene to October 2015 meeting of Interface Subgroup.

4) Drugs Requiring a Review of RAG status

- Tapentadol - currently Green (following specialist initiation) – recommended no change as specialist input required to assess if appropriate, and pending NTS review of their current recommendation for use.
- Azathioprine for Interstitial Lung Disease - currently RED – recommended be classified as RED for idiopathic pulmonary fibrosis (as per NICE) and AMBER for those conditions which

are subtypes of Interstitial Lung Disease where use is supported by clinical evidence/guidelines. Noted that UHSM have agreed to develop the required shared care protocols.

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

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

- Naloxegol for opioid induced constipation - recommended be classified as Green (following specialist advice) to be used on advice of palliative care as per NICE TA.
- Clobazam for epilepsy – recommended be classified Green (following specialist advice) as per all the other anticonvulsants.
- Clonazepam for epilepsy – recommended be classified Green (following specialist advice) as per all the other anticonvulsants.

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

6) Shared Care Protocols Awaiting Approval at Sept 2015 GMMMG

- Mercaptopurine and Azathioprine for Inflammatory bowel disease
- 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

These have all now been out to Trusts/CCGs for comment and no comments were received. It was therefore agreed they should to the September 2015 meeting of GMMMG for final approval.

- Azathioprine for the treatment of chronic inflammatory bowel disease (unlicensed use) in paediatric patients

It was agreed that this SCP required further work before it could go to GMMMG for approval because of the comments received from CCGs.

7) Shared Care Protocols for Approval – final versions for GMMMG

<u>Ethinylestradiol for pubertal induction</u>

The group noted that this was the final draft for approval. The group discussed the comments received from CCGs and agreed that cost of the drug should not be the deciding factor on whether a drug is shared care or not, and noted that GPs were already prescribing ethinylestradiol for this indication prior to the development by CMFT of this shared care protocol. The group agreed to recommend approval to GMMMG:

ACTION: GM to send to October 2015 GMMMG for approval.

<u>Ciclosporin for paediatric nephrotic syndrome</u>

The group noted that this was the final draft for approval. The group agreed to recommend approval to GMMMG once the following changes had been made:

- GP assurance that monitoring is undertaken by specialists on a 3 monthly basis and results communicated to primary care.

The group also noted the following:

- Shared care protocol is using a licensed preparation “off-label”.
- Can be prescribed by a specialist or paediatrician with specialist interest in nephrology

- There are currently 50 patients across the North-West region receiving this drug for this indication.

ACTION: GM/HT to make changes as above and then send to October 2015 GMMMG for approval.

8) Shared Care Protocols – drafts to go out to CCG/Trusts for comment

It was agreed to circulate 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 October 2015 IPS meeting.

- Riluzole – need to add renal function to contra-indications and confirm if 3 monthly review by specialist service does in fact take place.
- Adult ADHD – noted that GPs should not be expected to dose titrate but this may vary depending on local commissioning arrangements. CAMHS graduates will not need dose titration. Also need to ensure Cheshire and Wirral Partnership NHS Foundation Trust in consultation as they provide some adult services within Greater Manchester.
- Melatonin in LD aged 18-55 where behavioural interventions have failed and on-going treatment in CAMHS graduates where clinically indicated – agreed that CAMHS graduates should be included in the title and list of indications. Also agreed to add information on use of melatonin in patients with swallowing difficulties.
- Antipsychotics for challenging behaviours and learning disabilities
- Lithium in adults – it was agreed that lithium levels should be monitored 3 monthly for all patients to avoid confusion and that GPs should inform specialists of all results of lithium monitoring. Also agreed to ask CCGs for the commissioning arrangements for lithium within their CCG to include as an appendix.

ACTION: AM to circulate drafts of these Shared Care Protocols to Trust/CCGs via email for comment.
AM to ask CCGs for details of the commissioning arrangements for lithium within their CCG to include in Lithium SCP as an appendix.
GM to confirm with SRFT arrangements for 3 monthly review of riluzole by specialist team.

General discussion also took place on the mechanism by which GPs accept individual patients under shared care arrangements. It was agreed to add this as an agenda item for the October meeting of the group.

ACTION: AM/GM to contact CCGs to confirm the mechanism by which GPs accept individual patients under shared care arrangements within their locality.

9) SCPs to archive as of September 2015

It was agreed that the expired SCPs and those superseded by a change in RAG status should be moved to the archive section of the GMMMG website.

ACTION: GM to move items to the archive section of website.

10) Addition of GM Strategic Lead Commissioner for Mental Health to Interface Prescribing Subgroup Membership

The group discussed the addition of the GM Strategic Lead Commissioner for Mental Health to Interface Prescribing Subgroup Membership. The IPS felt it was more appropriate for them to attend the quarterly mental health focus meeting of GMMMG, as no other commissioners sit on IPS, and GMMMG is the most appropriate forum for commissioners to be represented at. The

group also felt that the IPS now had good mental health representation and that the Mental Health Chief Pharmacists were a good link to commissioners on mental health issues that were discussed at the IPS.

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

Following their Sept 2015 meeting the NTS is preparing recommendations on anal irrigation treatments, insulin glargine biosimilars, topical ivermectin, and gabapentin gel.

Formulary Subgroup

The group continues to review the formulary content of Chapter 4.

GMMMG

The next meeting of the GMMMG is next week.

12) AOB

Rheumatology DMARD SCPs – extending review date

The IPS discussed and agreed that was appropriate to extend the expiry of the existing DMARD shared care guidelines until 2016 when new updated monitoring guidance for DMARDs is expected from the British Society of Rheumatology. The website will be annotated to this effect.

ACTION: GM to annotate the website to this effect

Date of Next Meeting: 8th October 2015, 1pm-3pm, Croft Shifa Health Centre, Belfield Road, Rochdale, OL16 2UP

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