



GMMM Interface Prescribing
Subgroup



Minutes

11th August 2016, 1pm-3pm
Room 3&4, Nye Bevan House,
Maclure Road, Rochdale, OL11 1DN

Present:

Anna Swift (AS) Medicines Management Pharmacist, Wigan CCG

Jeanette Tilstone (JT) Medicines Management Lead, Bury CCG

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

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

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

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

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

Roisin McCanney (RM) Senior Pharmacist, Manchester Mental Health & Social Care Trust

Support:

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

In attendance:

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

Bernadette Bennie – Shared Care Pharmacist – Greater Manchester West Mental Health NHS Foundation Trust

Apologies received: Richard Darling, Andrew Martin, Jane Bradford, Tom Leckie, Gary Masterman, Kathryn Griffiths, Jason Farrow

Declarations of Interest

No declarations of interest relating to the agenda were raised.

The group noted that the meeting was not quorate and that any decisions made would need agreement from members not present prior to actions being agreed.

1) Minutes of the meeting on 9th June 2016.

The minutes were accepted as a true and accurate record.

ACTION: RDTCC to publish as final.

2) Matters arising

2a) RAG List Recommendations from March 2016 meeting

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

2b) RAG List Recommendations from April 2016 meeting

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

2c) RAG List Recommendations from May 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			
None			
2) New Requests from New Therapies Subgroup and Formulary Subgroup			
Sacubitril / Valsartan	GREEN (following specialist initiation)		GP information leaflet has been written to support RAG status.
Guanfacine	AMBER		CMFT and Pennine Care to produce an SCP. Same status as all other drugs for ADHD.
Idarucizumab	RED		
3) RAG List Review – products on formulary currently with no RAG status			
None			
4) Changes to current RAG status			
Amiodarone in paediatrics	RED		Changed from AMBER because following consultation on draft SCP GPs were largely unwilling to prescribe it for children.
5) No Change to Current RAG status			
None			
6) Miscellaneous Decisions			
Sucoferric Oxyhydroxide	RED		PBR excluded and NHSE commissioned.
Olanzapine for eating disorders in children and young people	RED		Unlicensed.

**ACTION: GM to send final recommendation on RAG status of these drugs to the September 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 June 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			
None			
2) New Requests from New Therapies Subgroup and Formulary Subgroup			
PCSK-9 Inhibitors (Alirocumab and Evolocumab)	RED		
Macitentan	RED		NHSE commissioned from specialist centres only and tariff excluded.
Metolazone	GREEN (following specialist initiation)		Unlicensed but only for commercial reasons. When it was licensed GPs were happy to prescribe provided under specialist heart failure teams & appropriate follow-up in place.
3) RAG List Review – products on formulary currently with no RAG status			
None			
4) Changes to current RAG status			
Rufinamide	GREEN (following specialist initiation)		Change from RED. No monitoring required so not a shared care drug. Was GREEN (following specialist initiation) prior to Dec 2014.
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 September 2016 meeting of GMMMG for approval.
GM to update RAG list and publish on website once approval received from GMMMG**

2e) Apomorphine Shared Care Protocol

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

2f) Sacubitril / Valsartan GP Information Leaflet

The Sacubitril / Valsartan GP Information Leaflet was approved at the June 2016 GMMMG meeting and is now available on the website.

2g) Goserelin in Breast Cancer Shared Care Protocol

The Goserelin in Breast Cancer Shared Care Protocol was approved at the July 2016 GMMMG meeting and is now available on the website.

2h) Growth Hormone in Paediatrics Shared Care Protocol

The Growth Hormone in Paediatrics Shared Care Protocol was approved at the July 2016 GMMMG meeting and is now available on the website.

2i) Ketamine in Palliative Care Shared Care Protocol

The group again discussed the need for a shared care protocol for ketamine in palliative given that during consultation the view was that at end of life it should be treated as RED as pain needs may be unstable and such patients would be under the management of a hospice/palliative care team. After discussion the group agreed to change the RAG status for ketamine in palliative care from AMBER to RED.

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

3) Drugs Requiring a Review of RAG status

- Flunarizine for headache – currently no status - recommended be classified as RED as not in NICE guidance, unlicensed and not in NW Headache pathway.
- Naltrexone for alcohol dependence – currently RED as recommended in NICE guidance for max 6 months duration. RAG list also stated to remain under specialist community alcohol teams. This is causing some issues as RAG status may not fit with current commissioned pathways of care. Group also noted that NICE recommends be used as part of a package of care – recommended no change at this stage pending confirmation of commissioning/prescribing arrangements for drug & alcohol services with local authorities.
- Naltrexone for opioid dependence – currently status depends on local commissioning arrangements for substance misuse. This is causing some issues as RAG status may not fit with current commissioned pathways of care - recommended no change at this stage pending confirmation of commissioning/prescribing arrangements for drug & alcohol services with local authorities.
- Testosterone injection for delayed puberty in children – currently no status for this indication – recommended be classified as Green (following specialist initiation).

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

AM to contact other non-NHS providers and commissioners of drug & alcohol services in Greater Manchester to scope their prescribing arrangements for naltrexone.

JW to find out if there is lead commissioner for drug & alcohol services in Greater Manchester.

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

- Sufentanil sublingual (Zalviso®) – recommended be classified as RED as only for hospital use up 72 hours post-op.
- Ceritinib - recommended be classified as RED as per all other chemotherapy drugs.
- Trametinib - recommended be classified as RED as per all other chemotherapy drugs.

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

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

None

6) Shared Care Protocols – comments received

- Hydroxychloroquine in dermatology
- Ciclosporin in dermatology
- Mycophenolate in dermatology
- Azathioprine in dermatology

The group noted that these were the final drafts for approval. The group agreed to recommend approval to GMMMG subject to the following changes:

- Specify that only mycophenolate mofetil should be used not mycophenolic acid

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

7) Shared Care Protocols – 1st draft

Mycophenolate for ILD

The group reviewed the draft of shared care guideline for the use of mycophenolate in ILD. During discussions the following key points were raised:

- Content should mirror Mycophenolate in dermatology SCP where possible

After discussion the group agreed send out to CCGs/Trusts for comment prior to Oct IPS meeting.

ACTION: AM to send out to CCGs/Trusts for comment prior to Oct IPS meeting.

Guanfacine for ADHD

The group reviewed the draft of shared care guideline for the use of Guanfacine in ADHD. During discussions the following key points were raised:

- Section 5 should mirror wording in NTS recommendation for use of Guanfacine

After discussion the group agreed send out to CCGs/Trusts for comment prior to Oct IPS meeting

ACTION: AM to send out to CCGs/Trusts for comment prior to Oct IPS meeting.

8) Shared Care Protocol for Oral 2nd Generation Antipsychotics – minor update

The group approved the following minor amendment to the Shared Care Protocol for Oral 2nd Generation Antipsychotics:

- One of the tests in the Summary is different to the main text namely glucose and Hb1Ac which should be at 3months not 6 months.
- In addition the tables say at 3months then yearly but we should be doing the tests at 12 weeks at 1 year (i.e after starting) and then annual(NICE).

ACTION: GM to update the SCP and add to the website.

9) Shared Care Protocol for Adult ADHD

The group approved a minor amendment to the Shared Care Protocol for Adult ADHD which clarifies exactly which brands and strengths of methylphenidate are available.

ACTION: GM to update the SCP and add to the website.

10) Annual Review of Terms of Reference

The group reviewed and approved the IPS terms of reference for further 12 months with the inclusion of medical devices prescribable on FP10 into its remit. The group noted that the existing GMMMG subgroup structure is currently under review.

ACTION: GM to send to September 2016 GMMMG for approval and then add to the website once approval received.

11) Annual Declarations of Interest

Declarations of Interest forms now due from all members covering the year July 2015 - June 2016 as per GMMMG policy. Members were asked to complete the form and return to the professional secretary as soon as possible.

12) Future Structure of GMMMG and its Subgroups

An update on progress with the changes to GMMMG and its subgroups was given to the group for information.

13) Updates from Other Groups

New Therapies Subgroup

July meeting approved recommendations on Ticagrelor for MI, Lesinuard for gout, safinamide and brivaracetam. Also looked at pregabalin/gabapentin for chronic cough, birch bark extract wound therapy and colchicine for pericarditis.

Formulary Subgroup

The July 2016 meeting approved the update for Chapter 5 and the group is also working on a pathway for anal irrigation.

GMMMG

The July meeting approved a policy of branded prescribing of inhalers, and approved the new wound formulary plus COPD pathway. It is currently looking at the terms of reference and remit for new GMMMG subgroups.

14) AOB

Changes in membership

Hong Thoong informed the group she was moving on to another post outside the area so this would be her last Interface Subgroup meeting. The group thanked her for valuable contribution to the group since its reformation in July 2014.

Antibiotics in Chronic Cough

The group discussed a request to assign a RAG status for the use of co-amoxiclav to manage chronic cough in paediatrics. During discussion it was felt not practical to give it a RED status because patients might be on it for 6 months and the product only has a 7 day expiry. Use of the drug for this indication does have the support of microbiology. The group agreed it did not need to go on the RAG list but good communication between consultant and GP is key, particularly around when to stop therapy.

Gender Dysphoria

Members asked if the national information from NHS England to support the prescribing of drugs for gender dysphoria could be shared and this was agreed.

ACTION : GM to shared national guidance/supporting documents for GPs on prescribing of drugs for gender dysphoria.

Supportive Care

The group noted that nationally there is move away from the term palliative care to supportive care, and that there is a national CQUIN to support this. This is because palliative care does not

necessarily mean imminent end of life. The group agreed that medicines at end of life should generally be managed by the palliative care team/hospice in consultation with the GP if necessary but that supportive care with access to the appropriate drugs can prevent referral/admission to secondary care so GPs should be able to prescribe on advice of specialist. The group felt that a position statement on the prescribing of drugs for supportive care was needed from GMMMG.

ACTION: GM to refer issue to GMMMG.

Date of Next Meeting: 13th October 2016, 1pm-3pm, Room 3&4, Nye Bevan House, Maclure Road, Rochdale, OL11 1DN