GMMMG Interface Prescribing Subgroup

Minutes

12th November 2015, 1pm-3pm
Croft Shifa Health Centre, Belfield Road, Rochdale

Present:

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

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

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

Jason Farrow (JF) Medicines Management Pharmacist, Salford CCG

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

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

Robert Hirst (RH) Senior Pharmacist, Tameside Foundation Trust

Dr Heather Procter (JP) General Practitioner, Stockport CCG

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

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

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: Nil

Apologies received: David O'Reilly, Ben Woodhouse, Jane Bradford, Tom Leckie, Anna Swift, Jeanette Tilstone

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

1) Minutes of the meeting on 8th October 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 July meeting – awaiting GMMMG approval

The RAG entry for the use of melatonin in LD and CAMHS graduates was approved by the GMMMG in October 2015. The RAG list on the website has now been updated.

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

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

2c) RAG List Recommendations from September 2015 meeting

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

- No specific comments received other than CMFT who responded to say they had no issues with recommendations

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			
Naltrexone for opioid detoxification		✓	
2) New Requests from New Therapies Subgroup and Formulary Subgroup			
Naloxegol for opioid induced constipation	Green (following specialist advice)		To be used on advice of palliative care specialist.
Clobazam for epilepsy	Green (following specialist advice)		As per other anticonvulsants and includes use in paediatrics.
Clonazepam for epilepsy	Green (following specialist advice)		As per other anticonvulsants and includes use in paediatrics.
3) RAG List Review – products on formulary currently with no RAG status			
Nalmefene	Green (in conjunction with specialist service) .		As per NICE guidance and see new therapies recommendations. Nalmefene should only be prescribed in conjunction with continuous psychosocial support focused on treatment adherence and reducing alcohol consumption provided by a specialist alcohol service.
4) Changes to current RAG status			
Azathioprine for Interstitial Lung disease	AMBER		Currently Red To be amber for those subtypes of ILD where appropriate to use azathioprine. USHM to develop an SCP.
Azathioprine for idiopathic pulmonary fibrosis	RED		As per NICE.
5) No Change to Current RAG status			
Tapentadol	Green (following specialist initiation)		No change until NTS review place in therapy. IPS felt appropriate that specialist initiated therapy.
6) Miscellaneous Decisions			
None			

ACTION:	**GM to send final recommendation on RAG status of these drugs to the December 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 October 2015 meeting

These were circulated to Trusts and CCGs for comment with a deadline for comments of the 30th November 2015. Any comments received will be reviewed by the group at the December 2015 meeting.

2e) Naltrexone for Opioid Dependence

Very few responses to request to providers of Drug and Alcohol Services to specify the mechanism for prescribing within their service have been received to date. After discussion it was agreed to not assign a RAG status because local commissioning arrangements between CCGs vary, and no issues have arisen with current service provision.

2f) Nalmefene RAG entry and info leaflet for GPs

The RAG entry for Nalmefene and the associated GP information leaflet to support its RAG status is awaiting approval at the November 2015 GMMMG meeting.

2g) Acamprosate GP Information Leaflet

The GP information leaflet for acamprosate to support its Green (in conjunction with specialist service) RAG status was discussed and approved by the group subject to the following changes:

- Add treatment is continued for max 12 months
- Counselling and psychosocial support needs to be provided by the specialist service
- Side-effects should be monitored by the GP.
- Efficacy should be monitored by the specialist service in discussion with GP as necessary.
- If patient starts drinking again the GP should discuss and seek advice from the specialist service

ACTION: GM to send Acamprosate RAG status and associated GP information leaflet to December 2015 GMMMG meeting for approval.

2h) Process for GPs accepting individual patients for shared care

A suggested draft standardised GMMMG process for the transfer of individual patients under shared care arrangements between secondary and primary care for use across Greater Manchester was presented to the group for discussion. This included a suggested standard form of words to be used in the letter from the specialist to the GP requesting shared care for an individual patient.

The following points were raised in the discussion:

- Those present liked the following suggested wording for requesting shared care:

In my opinion this patient is stable and suitable for treatment with *[insert drug name]* for the treatment of *[insert indication]*

This drug has been deemed as appropriate for shared care by the Greater Manchester Medicines Management Group. A copy of the approved shared care protocol for this drug can be found on the GMMMG website at http://gmmmg.nhs.uk/html/gmmmg_app_scgs.php

The patient fulfils criteria for shared care and I am therefore requesting your agreement to participate in shared care.Where preliminary tests are set out in the shared care protocol I have carried these out and results are below.

I confirm I have explained to the patient: the risks and benefits of treatment, the baseline tests conducted the need for monitoring, how monitoring will be arranged, and the roles of the consultant / nurse specialist, GP and the patient in shared care. I confirm the patient has understood and is satisfied with this shared care arrangement at this time.

Treatment was started on *[insert date started] [insert dose].*

If you are in agreement, please undertake monitoring and treatment from *[insert date]*
NB: date must be at least 1 month from initiation of treatment.

If you are unable to agree to the sharing of care and initiation of the suggested medication, please make this known to the Consultant within 14 days, stating the nature of your concern, using the form provided on the GMMMG website.

- IPS members present felt that sending out paper copies of SCPs for each individual patient was not a good use of resources and instead GPs/Consultant should be directed to the GMMMG website to access this information.
- GPs may refuse to accept prescribing responsibility for an AMBER drug if they have valid reasons and following discussion with the Consultant.
- Concerns were expressed on the suggested default position being that a patient is automatically accepted by the GP under shared care arrangements unless the GP responds to the specialist to specifically decline. Concerns included:
    - Not appropriate for high risk drugs
    - Not appropriate for high risk patients e.g. children
    - Dangers that consultant assumes care has been transferred when it has not for whatever reason and patient care suffers as a result

  Some felt the GP should always respond to say yes or no to accepting patients under shared care.
  It was agreed to that this issue required wider consultation to inform the discussion before any final recommendation could be made.

After discussion it was agreed to send an updated paper and its draft proposals out to all Trusts/CCGs for wider consultation before any final recommendations were made to GMMMG.

ACTION:	**AM/GM to update paper on draft standardised GMMMG process for the transfer of individual patients under shared care arrangements between secondary and primary care for use across Greater Manchester to go out to all Trusts/CCGs for wider consultation. This will include a suggested standard form of words to be used in the letter from the specialist to the GP requesting shared care for an individual patient.**

3) Drugs Requiring a Review of RAG status

- 1st Generation (typical) antipsychotics – currently no status – after discussion agreed not include on RAG at this stage due to ongoing commissioning issues in Mental Health.
- Lithium for Cluster headache - currently no status – decision deferred pending seeking clarification from Neurologists at SRFT as to if and how they currently prescribe lithium for this indication. Feeling of the group was it should at least be classified as AMBER.
- Verapamil for Cluster headache - currently no status – recommended be classified GREEN (following specialist advice) as it is the drug of choice for this indication, and use is recommended by BNF and NICE CKS as suitable for use/initiation in primary care.

ACTION:	**AM to contact Trusts and CCGs with proposed RAG status.** **GM to contact Neurologists at SRFT to seek their views on a RAG status for Lithium for cluster headache.**

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

- Vedolizumab – recommended be classified as RED as per all other monoclonal antibodies
- Ivermectin (Soonatra®) cream – recommended be classified as GREEN for the treatment of acne rosacea.

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

5) Shared Care Protocols Awaiting Approval at November 2015 GMMMG

- Riluzole
- Adult ADHD
- Melatonin in LD and on-going treatment in CAMHS graduates
- Lithium in adults

The comments received on these shared care protocols from the October 2015 IPS meeting have been incorporated and the final versions submitted to the November 2015 GMMMG meeting for final approval.

6) Shared Care Protocols for Approval – final versions for GMMMG – currently out for comment

Disulfiram
This is currently out for comment to all Trusts/CCGs by the end of November 2015.

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

Antipsychotics for challenging behaviours in patients with learning disabilities
After discussion it was agreed to circulate draft of this shared care protocol to Trust/CCGs via email for comment. These comments will then be collated and a final draft produced.
Comments received from IPS members included:

- Should 1st generation antipsychotics be considered 1st line?
- Should an attempt be made to withdraw antipsychotics before patient is transferred under shared care?
- How often should patients be reviewed? 6-12 weeks may not be appropriate in all patients i.e. long-term patients.
- At some point in pathway a decision needs to be made if the patient should continue on Antipsychotics for challenging behaviours long-term.
- Need to rule out all other causes for challenging behaviours first before starting antipsychotics.

ACTION: AM to circulate draft of Antipsychotics for challenging behaviours in patients with learning disabilities SCP to Trust/CCGs via email for comment

8) Progress with GMMMG versions of Shared Care Protocols as of November 2015

A spreadsheet detailing progress on developing GMMMG versions of Share Care Protocols for all the AMBER drugs was shared with the group for information.

The group was asked to suggest authors for shared care protocols were not author is currently identified.

The group also discussed the need for a shared care protocol for carbamazepine and valproate in bipolar disorder. After discussion it was agreed to recommend changing the current RAG status for carbamazepine and valproate in bipolar disorder from AMBER to Green (following specialist initiation). This is because the actual drugs themselves are no different to when used to manage epilepsy. It was noted these patients would still remain under review by mental health teams.

ACTION:	**AM to contact Trusts and CCGs with proposed updated RAG status for Carbamazepine and Valproate in bipolar disorder.** **GM to draft an SCP for oral antipsychotics based on versions that currently exist in Greater Manchester.**

9) Current Workplan

Circulated for information

10) Updates from Other Groups

New Therapies Subgroup

Next meeting is on 17.11.15 looking at Tapentadol re-review, Qutenza patches, Alirocumab, Evolocumab and re-review of Dulaglutide/GLP-1s.

Formulary Subgroup

The FSG is currently developing COPD/Asthma pathway.

GMMMG

The Oct 2015 meeting reviewed the current Gluten-free policy agreed with no changes. The future structure of the GMMMG and its subgroups is being reviewed currently.

11) AOB

GP funding for monitoring

The issue of current funding to GPs not covering the costs of all the monitoring required for shared care protocols was raised. It was agreed that this was not in the remit of the Interface Subgroup and GPs were advised to discuss and negotiate with their CCGs to seek extra funding where required. It was noted this has already occurred in some CCGs.

Tamoxifen and Raloxifene for chemoprevention in women at moderate and high risk of breast cancer

It was agreed to fast-track this updated RAG status to the November 2015 GMMMG for approval because it already being used in practice and this has caused some issues for continuity of patient care.

ACTION:	**GM to send final recommendation on RAG status of these drugs to the November 2015 meeting of GMMMG for approval.**

Opiates – max dose in primary care

It was agreed to discuss if there should be a max dose for the opiates in primary care at the next meeting of the Interface Subgroup.

ACTION:	**GM to review the evidence for a max dose of opiates in primary care for Dec 2015 IPS Meeting.**

Nebulised Amoxicillin for COPD

It was agreed to review the RAG status of nebulised amoxicillin in COPD at the next meeting of the Interface Subgroup.

ACTION:	**GM to review the evidence for a RAG entry for amoxicillin in COPD for Dec 2015 IPS Meeting.**

Atovaquone for Pneumocystis pneumonia prophylaxis

It was agreed to review the RAG status of Atovaquone for Pneumocystis pneumonia prophylaxis at the next meeting of the Interface Subgroup.

ACTION:	**GM to review the evidence for a RAG entry for Atovaquone for Pneumocystis pneumonia prophylaxis for Dec 2015 IPS Meeting.**

Next meeting

It was agreed that the group would not meet face to face in December 2015 due to lack of agenda items for a full meeting. Instead there would be virtual meeting via email w/b 7th December 2015 to discuss any matters arising/urgent matters.

Date of Next Meeting: 14th January 2016, 1pm-3pm, Croft Shifa Health Centre, Belfield Road, Rochdale, OL16 2UP

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