GMMMG Interface Prescribing Subgroup

Minutes

14th January 2016, 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

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

Anna Swift (AS) Medicines Management Pharmacist, Wigan CCG

Dr Heather Procter (JP) General Practitioner, Stockport CCG

Jeanette Tilstone (JT) Medicines Management Lead, Bury CCG

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

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, Jane Bradford, Gary Masterman, Hong Thoong, Rob Elsey, Robert Hirst, Simon Darvill

Declarations of Interest

JF declared a Conflict of Interest regarding Agenda item 3d having recently received payment for attendance in his own time at a recent Advisory Group meeting organised by InTeg Health Limited to discuss the clinical management of gastro-oesophageal reflux disease (GORD). The use/availability of Omeprazole liquid special for some patients (including children) was discussed at this meeting. JF therefore took no part in the discussion or decision by the group for this agenda item.

1) Minutes of the December 2015 Virtual Meeting via email

The minutes were accepted as a true and accurate record.

ACTION: RDTC to publish as final.

2) Matters arising

2a) RAG List Recommendations from September 2015 meeting

The RAG recommendations made at the September 2015 Interface Subgroup were approved at the December 2015 GMMMG meeting. The RAG list on the website has now been updated.

2b) RAG List Recommendations from October 2015 meeting – awaiting GMMMG approval

These are going to the February 2016 meeting of GMMMG for final approval.

2c) RAG List Recommendations from November 2015 meeting

The comments received were circulated to and reviewed by the group.

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	None		To have no status on RAG list as depends on local commissioning arrangements.
2) New Requests from New Therapies Subgroup and Formulary Subgroup			
Vedolizumab	RED		
Ivermectin cream for acne rosacea	GREEN		
3) RAG List Review – products on formulary currently with no RAG status			
Verampamil for Cluster headache	GREEN (following specialist advice)		
Lithium for Cluster headache		✓	
4) Changes to current RAG status			
Carbamazepine and valproate for bipolar disorder	GREEN (following specialist initiation)		Change from AMBER as no SCP in place, and drug itself no different to that when used in epilepsy.
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 February 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 December 2015 meeting

These were circulated to Trusts and CCGs for comment with a deadline for comments of the 31st January 2016. Any comments received will be reviewed by the group at the February 2016 meeting.

2e) Acamprosate GP Information Leaflet
The GP information leaflet for acamprosate to support its Green (in conjunction with specialist service) RAG status was approved at the December 2015 GMMMG meeting and is now available on the website.

2f) Process for GPs accepting individual patients for shared care
A discussion paper and with some draft proposals has been sent out to all Trusts/CCGs for wider consultation before any final recommendations were made to GMMMG. This includes 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. Any comments will be collated for discussion at the February 2016 IPS meeting

2g) Lithium RAG Status for Prophylaxis of Cluster Headache
Been in contact with Dr Zermansky (Consultant Neurologist at SRFT) as to if and how they currently prescribe lithium for this indication. Feeling of the IPS at November 2015 meeting was that it should at least be classified as AMBER.
In summary it appears it is treated as an AMBER drug for this indication and patients are kept under review by specialist but there is no shared care protocol in place to support this.
After discussion the group agreed that lithium should be assigned an AMBER status for this indication, and that the existing SCP for lithium should be updated to include this indication.

ACTION:	**AM to contact Trusts and CCGs with proposed RAG status.** **GM to update existing lithium SCP to include cluster headache as an indication.**

3) Drugs Requiring a Review of RAG status

- Nebulised Amoxicillin – currently no status – after discussion agreed that no RAG status required as this appears from prescribing data to be a local issue in Salford, and as such is local issue for Salford CCG to take up with their local trust. The group also discussed the poor evidence base.
- Atovaquone for pneumocystis pneumonia - currently no status – recommended be classified as GREEN (following specialist advice) with a note to be used when other treatments have failed.
- Nadolol in paediatrics with prolonged QT syndrome - currently no status – agreed to defer a decision has group had questions about when nadolol would be used over propranolol.
- Omeprazole for GORD in paediatrics - currently no status – recommended be classified as GREEN as use included in NICE guidance. Group also felt only omeprazole MUPS tablets should appear on the paediatric RAG list as evidence suggests omeprazole suspension is not as effective.
- Thromboprophylaxis in maternity post-delivery - currently no status – recommended be classified as RED. To amend current RAG entry for LMWH in obstetrics to include both prophylaxis both during and after pregnancy.
- Thromboprophylaxis for high risk patients in lower limb plaster casts - currently no status – recommended be classified as RED. Noted use recommended by College of Emergency Medicine.
- Vortioxetine – currently no status – recommended be classified as GREEN (following specialist initiation). The group felt it should have the same RAG status as Venlafaxine in depression because like venlafaxine it would be a 3rd line option and it is new drug with limited clinical experience in practice.

ACTION:	**AM to contact Trusts and CCGs with proposed RAG status.** **GM to confirm if dose rounding is appropriate for omeprazole MUPS tablets in paediatrics to facilitate dose administration.**

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

- Tapentadol – recommended be changed to GREEN (following specialist advice) as per NTS recommendation from GREEN (following specialist initiation).

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

5) Shared Care Protocols for Approval to go to GMMMG

- Disulfiram

Following comments received an updated draft was presented to the group for discussion. It was approved by the group to go the February 2016 GMMMG meeting for final sign-off.

ACTION: GM to send Disulfiram SCP to Feb 2016 GMMMG for final approval

6) Shared Care Protocols for Approval – comments received

- Antipsychotics for challenging behaviours in patients with learning disabilities

This is currently out for comment to all Trusts/CCGs by the end of January 2016. All comments received will be discussed at the February 2016 IPS meeting.

7) Shared Care Protocols – currently out for comment

- Domperidone in paediatrics

CMFT are currently updating draft in light of comments received at November 2015 IPS meeting before it goes out for wider comment.

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

- Azathioprine for IBD in paediatrics

After discussion it was agreed that the content needs to match that of the existing GMMMG SCP for azathioprine for IBD in adults. Also specific reference needs to be made to avoid the use of nasal flu vaccine in this population because it is a live vaccine.

It was agreed to send a copy of the GMMMG SCP for azathioprine for IBD in adults to the authors so that this paediatric version could be re-drafted accordingly.

- Azathioprine for Interstitial Lung Disease

After discussion it was agreed to suggest to authors that this indication be added to the existing GMMMG SCP for azathioprine for IBD in adults. This is because it would easier to have just one SCP for a drug covering all the different indications especially as because the monitoring should not differ between indications.

ACTION:
GM to send a copy of the GMMMG SCP for azathioprine for IBD in adults to the authors so that paediatric version can be re-drafted accordingly to mirror adult version.

GM to suggest to authors that Azathioprine for Interstitial Lung Disease be added as an indication to the existing GMMMG SCP for azathioprine for IBD in adults.

9) Max Dose of Opioids Suitable for Prescribing in Primary Care

The group discussed the evidence base for suggesting a maximum dose of opioids suitable for prescribing in primary care for chronic pain without any specialist input.

The group noted the Opioid Aware publication from Public Health England in December 2015 which recommends a max daily dose of 120mg of morphine or equivalent. This mirrors advice from the British Pain Society.

After discussion it was agreed that was not a RAG list issue but rather that a GMMMG guideline for opioid use was required similar to the neuropathic pain guideline.

ACTION: AM to add development of a GMMMG Guideline for Opioid Use to GM Shared Service Workplan as a high priority.

10) Future Structure of GMMMG and its Subgroups

A verbal overview of the proposed changes to GMMMG and its subgroups was given to the group for information.

11) Shared Care for Typical Antipsychotic Depot Injections

The group were informed about the current development of GM CQUIN for mental health which includes the development of GMMMG SCPs for mental health. The group noted that the CQUIN may or may not be adopted by all Greater Manchester CCGs and that it is still not finalized.

The group wished to highlight that is was and remains the GMMMG recognized forum for the development of shared care protocols across Greater Manchester with the aim of having one SCP to cover all localities within Greater Manchester.

After discussion the group agreed to continue to develop a GMMMG SCP for oral atypical antipsychotics as soon as possible, and to also to try to develop a GMMMG SCP for Typical Antipsychotic Depot Injections.

ACTION:

AM to follow-up GM CQUIN for mental health.

AS to take proposed CQUIN to CCG Medicines Management Leads meeting and email to all CCG Medicines Management Leads to raise awareness.

GM to produce a new draft of GMMMG SCP for oral atypical antipsychotics and send out for comment.

GM to begin a draft of a GMMMG SCP for Typical Antipsychotic Depot Injections.

12) RAG status of Unlicensed Medicines

Over the last 12-15 months, the Interface subgroup has been through all the BNF Chapters which appear in the GMMMG Joint Formulary and assigned a RAG status to almost all drugs in the Formulary where it is likely that a RAG status should be advised. Currently, there are 585 entries on the adult RAG list, although some are multiple entries for the same drug but in different indications.

It is proposed that where there is body of evidence or support from a recognised professional body such as NICE, CKS Choices or a Royal College, then the RAG status of a drug when used at licensed doses albeit in off-licence indications should default to the same RAG status as when used within licensed indications, providing little or no extra monitoring is required and little or no increase in risk to patient safety can be identified.
Exceptions may arise and it is to be remembered that the RAG list is advisory and cannot ever be expected to include every possible use of every drug. GPs and Consultants are encouraged to discuss individual patient circumstances and consider where prescribing is best managed taking into account monitoring requirements, drug interactions, frequency of routine patient visits to the Consultant and the specialist nature of the condition being treated.

It was agreed to adopt this new wording with a couple of suggested amendments for the introduction to the RAG lists for 12 months initially, and then review.

13) Updates from Other Groups

New Therapies Subgroup

Next meeting is in January 2016 – looking at Guanafacine for ADHD, Sacubitril + Valsartam, and Eysma® (new intermittent indication.

Formulary Subgroup

The FSG is currently developing COPD/Asthma pathway, a wound care formulary, and has removed the 80/20 rule from the formulary so it now covers the "majority" of patients

GMMMG

The December 2015 meeting looked at the following:

The Appropriate Use of Psychotropic Medicines for Challenging Behaviour in the Learning Disability (LD) Population of Trafford – results of preliminary audit

GM Proposal for antivirals for influenza

14) AOB

Mycophenolate: new pregnancy-prevention advice for women and men

The group noted the new advice from the MHRA in December 2015, and that all the local SCPs covering mycophenolate already include this in them. There is currently not a GMMMG version of a mycophenolate SCP.

Bolton – Principles for Managing Patients

This presentation was from the Heads of Commissioning meeting shared with the group. It was suggested that it would appropriate for this presentation to be shared at the CCG Medicines Management Leads meeting.

Date of Next Meeting: 11th February 2016, 1pm-3pm, Room 410, Number One Riverside, 3rd Floor, Smith Street, Rochdale, OL16 1XU

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