GMMMG Interface Prescribing Subgroup

Minutes

8th October 2015, 1pm-3pm
Croft Shifa Health Centre, Belfield Road, Rochdale

Present:

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

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

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

Dr Jane Bradford (JB) General Practitioner, Bolton CCG

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

Jason Farrow (JF) Medicines Management Pharmacist, Salford CCG Trust

Anna Swift (AS) Medicines Management Pharmacist, Wigan CCG

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

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

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:

Sandy Bering GM Strategic Lead Commissioner for Mental Health

Apologies received: Hong Thoong, Jeanette Tilstone, Gary Masterman, Heather Proctor, David O'Reilly, Simon Darvill, Robert Hirst, Jane Wilson

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

1) Minutes of the meeting on 10th September 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 were approved by the GMMMG in September 2015. The RAG list on the website has now been updated.

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

These were approved by the GMMMG in September 2015. The RAG list on the website has now been updated.

2c) RAG List Recommendations from July meeting (melatonin & antipsychotics in LD)

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

2d) RAG List Recommendations from August meeting

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

- Apraclonidine eye drops 1% for glaucoma

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			
Amiodarone in paediatrics	AMBER		RCMH to develop an SCP
2) New Requests from New Therapies Subgroup and Formulary Subgroup			
Simbrinza® (Brinzolamide/Brimonidine) eye drops	GREEN		
Secukinumab for moderate to severe plaque psoriasis	RED		To be as used as per NICE TA and NTS recommendation.
Apremilast for moderate to severe chronic plaque psoriasis and active psoriatric arthritis	RED		To be as used as per NICE TA and NTS recommendation.
3) RAG List Review – products on formulary currently with no RAG status			
Amantadine for MS	GREEN (following specialist advice)		
Ezetimibe	GREEN		
Pregabalin for neuropathic pain	GREEN		
Acetazolamide for idiopathic intracranial hypertension	GREEN (following specialist advice)		
Naltrexone for opioid detoxification		✓	
4) Changes to current RAG status			
None			
5) No Change to Current RAG status			
None			
6) Miscellaneous Decisions			
Apraclonidine eye drops 0.5% for glaucoma	GREEN (following specialist initiation)		Unlicensed use
Apraclonidine eye drops 1% for glaucoma	RED		High cost preservative free formulation only licensed for peri-operative use
Colobreathe and TOBI Podhaler for cystic fibrosis	RED		

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

2e) RAG List Recommendations from September meeting

These were circulated to Trusts and CCGs for comment with a deadline for comments of the 31st October 2015. Any comments received will be reviewed by the group at the November 2015 meeting.

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. Unfortunately the BNFc were unable to access their archives to check the evidence base for their recommendation.

The group noted that Pennine Care have reviewed their patients on 10mg dose and are only using the 10mg dose in exceptional cases, and discussing such patients on a case by case with GPs. They are happy to work within the max 6mg dose parameter in the current SCP.

After discussion it was agreed to remove this item from the Interface Prescribing Subgroup agenda, and leave for individual Trusts to take up with New Therapies Subgroup if they so wish to review their max 6mg dose recommendation.

2g) Naltrexone for Opioid Dependence

No responses to request to providers of Drug and Alcohol Services to specify the mechanism for prescribing within their service have been received to date. Naltrexone for opioid dependence therefore continues to have no RAG status until this is clarified.

ACTION:	**AM to ask MHSC for their view on status of naltrexone for opioid dependence.** **AM/Sandy Bering to raise again the issue of how Drug and Alcohol Services currently prescribe for patients under their care with providers.**

2h) CCG Funding Arrangements for SCPs

A round table discussion took place on individual CCG funding arrangements to support GP monitoring/prescribing of shared care drugs. CCGs within Greater Manchester all appear to have a LES in place covering near patient testing, though the exact content/arrangements vary between CCGs.

3) Nalmefene RAG entry and info leaflet for GPs

Following discussion at the September 2015 IPS meeting the updated draft RAG entry for nalmefene was presented to the group for comment together with the draft GP information leaflet to support its RAG status.

After discussion it was agreed to propose that nalmefene be classified as “Green in conjunction with specialist service” rather than as Green (following specialist advice) or AMBER

The suggested RAG list entry for nalmefene was agreed as follows:

Drug (proprietary examples)	BNF Chapter	Indications and Rationale	Status	Comments	Responsible commissioner
Nalmefene	4	Alcohol dependence 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.	Green	Green (in conjunction with specialist service)	Public health

The GP information leaflet for nalmefene was discussed and approved by the group.

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

4) Process for GPs accepting individual patients for shared care
A round table discussion took place on how GPs accept individual patients under shared care arrangements.

The following points were raised in the discussion:

- Appears to be no agreed formal process for requesting and GPs accepting patients under shared care arrangements across Greater Manchester.
- It is assumed that the forms for requesting and accepting patients under shared care arrangements as per the approved template for GMMMG shared care protocols are used.
- In practice it appears the forms for requesting and accepting patients under shared care arrangements as per the approved template for GMMMG shared care protocols are not used.
- Different practices in different CCGs.
- Different specialities request shared care in different ways.
- CCGs have tried sending out paper copies of SCPs for each individual patient or directing prescribers to a central website with varying degrees of success.
- IPS members agreed that sending out paper copies of SCPs for each individual patient was not a good use of resources.
- Shared care appears to work on assumption that GP will accept an individual patient under shared care unless they specifically respond on an individual patient basis to decline shared care.
- There is need for something in the individual patient record both in primary and secondary care to show that shared care has been requested and accepted or declined.
- Instead of using forms as per current shared care protocol template for requesting/accepting shared care for individual patients could a standard form of words be used in clinic letter from the specialist to the GP, and could this be standardised across Greater Manchester.

After discussion it was agreed to recommend to GMMMG that:

- Instead of using forms as per current shared care protocol template for requesting/accepting shared care for individual patients a standard form of words be used in the clinic letter from the specialist to the GP, and this should be standardised across Greater Manchester.
- Prescribers should be referred to the GMMMG website to access shared care protocols rather than sending out paper copies for each individual patient. The link to shared care protocol on the website should be included in the letter from the specialist to the GP.
- That the default position be that a patient is accepted under shared care arrangements unless the GP responds to the specialist to specifically decline.

ACTION: AM/GM to draft a standardised GMMMG process for the transfer of individual patients under shared care arrangements between secondary and primary care for use across Greater Manchester. This will include a standard form of words to be used in the letter from the specialist to the GP requesting shared care for an individual patient.

5) Drugs Requiring a Review of RAG status

- Methadone and Buprenorphine for opioid dependence – currently no status – recommended be classified as “status depends on local commissioning arrangements for substance misuse or if GP with specialist interest”. This is because commissioning arrangements vary between CCGs, in some areas the specialist service does the majority of prescribing and in others GPs prescribe.

- Buprenorphine (sublingual) for pain – currently no status – recommended be classified as Green (following specialist advice). This is because the Temgesic® brand is licensed for use in pain but IPS felt need specialist pain team input before its use was considered.
- Retigabine - currently Green (following specialist advice) – recommended be changed to RED at suggestion of SRFT neurologists. This is because of restrictions placed on use following MHRA Drug Safety Update July 2013.
- Tamoxifen and Raloxifene for chemoprevention in women at moderate and high risk of breast cancer – currently no status – recommended by classified as Green (following specialist initiation). This is an unlicensed indication but use supported by NICE for up to 5 years in NICE CG164. The specialist will be responsible for assessing risk, counselling the patient and giving the first 28 days of treatment.

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

6) New Drugs from NTS and Formulary Subgroup requiring a RAG status
None this month.

7) Shared Care Protocols Awaiting Approval at October 2015 GMMMG

- Ethinylestradiol for pubertal induction
- Ciclosporin for paediatric nephrotic syndrome

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

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

- Adult ADHD
- Melatonin in LD aged 18-55 where behavioural interventions have failed and on-going treatment in CAMHS graduates where clinically indicated
- Antipsychotics for challenging behaviours and learning disabilities
- Lithium in adults

These have all now been out to Trusts/CCGs for comment and no comments were received. It was therefore agreed they should to the November 2015 meeting of GMMMG for final approval subject to only minor comments being received with the exception of the Antipsychotics for challenging behaviours and learning disabilities SCP which the IPS agreed required further work.

ACTION: GM to send to November 2015 GMMMG for approval.
GM to re-draft Antipsychotics for challenging behaviours and learning disabilities SCP for discussion at November 2015 IPS meeting.

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

- Lithium in paediatrics – after discussion it was agreed that this should no longer be classified as AMBER and that a shared care protocol was no longer required. This is because the existing shared care protocol is not used and Pennine Care in reality treats lithium in paediatrics as a RED drug. GPs also stated that they would not be comfortable prescribing lithium for a child. It was agreed to recommend that lithium in paediatrics be reclassified as RED. This change had the support of Peninne Care the authors of the existing shared care protocol.
- Acamprosate – after discussion it was agreed that this should no longer be classified as AMBER and that a shared care protocol was no longer required. This is because there are

no special monitoring requirements with acamprosate necessitating shared care. It was agreed acamprosate should have the same RAG status as nalmefene (Green in conjunction with specialist service) together with a GP information leaflet to support prescribing by GPs.

- Disulfiram – NICE is clear that disulfiram needs to be initiated by a specialist and the drug requires monitoring, hence it is suitable for AMBER status. 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 updated as necessary for approval at the December 2015 IPS meeting.

ACTION: AM to circulate draft of Disulfiram SCP to Trust/CCGs via email for comment by end of November 2015.
GM to draft GP information leaflet for Acamprosate and circulate for comment prior to approval at December 2015 IPS meeting.

10) Shared Care Protocols for DMARDs from Virgin Care Oldham Dermatology Secondary Care Service

The group discussed the Shared Care Protocols for DMARDs in Dermatology from Virgin Care Oldham Dermatology Secondary Care Service for use in Oldham CCG and was ask to recommend their approval to GMMMG.

Currently there are no shared care protocols covering the use of DMARDs in Dermatology in Greater Manchester but the IPS had identified these as being required when reviewing Chapter 13 of the RAG list.

The IPS noted that these shared care protocols are still to go through the governance/approval structures within Oldham CCG itself.

After discussion the group felt it could not recommend approval of these shared care protocols to GMMMG even just for local use in Oldham CCG because:

- GMMMG no longer approves or hosts on its website SCPs developed by and intended for use in individual CCGs. But Oldham CCG are free to develop their own local SCP to cover their specific need and host it on their own website.
- IPS members felt these SCPs were not currently fit for purpose and raised a number concerns about their content.

ACTION:
AM to feed back to Oldham CCG

GM to develop a GMMMG version of DMARD SCPs for dermatology with all stakeholders across Greater Manchester.

11) Updates from Other Groups

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

Chapter 4 going to October 2015 GMMMG for approval.

The FSG is currently developing COPD/Asthma pathway.

GMMMG

Updated IPS terms of reference, processes for RAG/SCP reviews, and SCP Approval Checklist approved at Sept 2015 meeting of GMMMG.

12) AOB

Obinutuzumab – RAG status required

This a new drug recently approved for use by NICE and it currently has no RAG status. Recommended be classified as RED as per all other chemotherapy drugs.

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

Metformin for Polycystic Ovarian Syndrome – review of RAG status

Currently classified as Green. After discussion it was agreed to recommend a change in RAG status to Green(following specialist advice) because of the guidance from NICE CKS and the RCOG that metformin in PCOS should only be initiated on the advice of a specialist.

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

First Generation (Typical) Oral Antipsychotics – review of RAG status

The group has been asked to clarify the RAG status of the first generation oral antipsychotics as they do no currently appear on the RAG list and in fact never have been included on the RAG list. It was agreed to table this as an agenda item at the November 2015 IPS meeting.

ACTION: GM to add to the agenda for Nov 2015 IPS meeting.

Date of Next Meeting: 12th November 2015, 1pm-3pm, Croft Shifa Health Centre, Belfield Road, Rochdale, OL16 2UP

.