

Minutes of Medicines Commissioning Committee Meeting, Wednesday 21st May 2014 West Offices, York

1. Apologies / Attendance

		FEB	MAR	MAY	JUN	JUL	AUG
Chair & GP Prescribing Lead - VoYCCG	Dr Shaun O'Connell (SO'C)	✓	✓	✓			
Strategic Lead Pharmacist- CSU	Mrs R Ainger (RA)	✓	✓	A			
GP Prescribing Lead – S&RCCG	Dr G Black (GB)	✓	✓	✓			
Principal Pharmacist - Medicines Information	Mrs J.E. Crewe (JEC)	✓	✓	✓			
Senior Innovation & Improvement Manager	Mrs B Case (BC)	A	✓	A			
Consultant Anaesthetist	Dr P Hall (PH)	✓	✓	✓			
Deputy Chair & Consultant Physician	Dr D Humphriss (DH)	A	A	X			
Chief Pharmacist	Mr D Pitkin (DP)	✓	A	X			
Senior Pharmacist - Clinical Effectiveness, CSU	Mrs D Tomlinson (DT)	✓	✓	✓			
Consultant Physician	Dr PE Jennings (PJ)	✓	A	A			
Deputy Chief Pharmacist	Mr S Parkes	A	✓	✓			
Consultant Rheumatologist	Dr M Quinn (MAQ)	✓	A	X			
Management Assistant – VoYCCG	Rachael Murray (RM)	✓	✓	✓			
Team Administrator	Heather McPherson-Lee (HML)			✓			

Where's Elaine Weston and Jill Sykes
Where's Chris Ranson?

Item		Action
1	<p>General business</p> <p>Apologies Rachel Ainger (RA), Nick Land, Paul Jennings, Becky Case</p> <p>Declarations of Conflicts of Interest</p> <p>There were no declarations of interest in relation to the business of the meeting. The latest form to complete on an annual basis was distributed to members. At each meeting the chair will check on any conflicts relevant to that meeting. The chair reported that having taken legal advice on the necessity of recording organisational benefits Vale of York CCG colleagues are trying to establish a mechanism for the committee being made aware of organisational conflicts.</p> <p>Action: Rachel Murray (RM) to collect all outstanding conflict of interest and confidentiality agreement forms</p> <p>Pennie Furneaux to report on progress re organisational conflicts at next meeting</p> <p>Terms of Reference The most recent iteration of the Terms of Reference were circulated with the papers. There were no further comments.</p>	
2	<p>Minutes of last meeting</p> <p>Minutes confirmed as agreed.</p> <p>IFR review process still on-going in the CCG, and should be available in June. Flutter device had no costing, device recommendation has gone to the CCG and a</p>	

	<p>decision was made without knowing the costing, , It was agreed that this device be categorised as amber, specialist initiation of supply, primary care to supply replacement devices, Each flutter device cost £40.50 per unit There was no estimate indicating how many patients may require a device in a year, an estimate will be brought to the next MCC meeting.</p> <p>Action: JC to provide confirmation of patient numbers</p>	
<p>3</p>	<p>Matters arising The terms of references have been recirculated</p> <p>Agreed it would be useful to receive any chairs Action each month</p> <p>RA has provided wording for when Chairs Action is appropriate:</p> <p><i>Chair's Action allows the Chair to take Action on behalf of the Committee on matters which are urgent in terms of patient safety or where harm may otherwise be caused, and cannot wait until the next meeting. The request for Chair's Action should be received by the secretary to the committee. Advice from the medicines management team should be sought to identify any ambiguities or missing information from the request and to ensure that any relevant procedures are followed. Written confirmation e.g. by email should be made of any decision made by Chair's Action. Any Action taken by the Chair must then be reported in the agenda of the following meeting and recorded in the minutes of that meeting.</i></p> <p>This mechanism is provided for the respective CCG Prescribing Leads to facilitate timely decisions about prescribing of medications, for patients and their doctors.</p> <p>SO and GB to provide reciprocal cover for leave.</p> <p>Stuart Parkes offered to respond to the next committee with an outline of the hospital Chair's Actions that might be reported to MCC</p> <p>Action: RA and SP to report each month any Chairs Actions Allow 2 weeks from today to permit any comments to be made If SO'C away GB to cover and vice versa.</p>	
<p>12</p>	<p>Diverted from agenda to fit in Item 12. Leeds and York Mental health Partnership (L&YMHP)</p> <p>Elaine Weston (EW) described the system and processes for managing new drug application within Leeds CCGs and outlined the 3 agreed levels of the amber categorisation, where amber level 3 represents full shared care. EW also outlined the mental health pathways that have been agreed across the Leeds health economy which SOC would like to be shared locally.</p> <p>Action: EW to provide electronic pathways to SO, Dr Louise Barker (CCG Clinical Lead for Mental Health) and Paul Howatson (PH)</p> <p>EW summarised new changes to NICE guidance which means that new patients prescribed 1st episode of antipsychotics, will be prescribed by the hospital consultant for the first year then L&YMHP intend to re-apply to pan Leeds prescribing group to seek agreement of amber status. Antipsychotics within the Leeds and York MHT are all classified as amber level 3, with the exception fo clozapine which is red – hospital only.</p>	

	<p>It was confirmed that shared care guidelines for L&YMHP are already linked to the York and Scarborough net formulary.</p> <p>EW described issues with Leeds anti-psychotic depots in that historically few patients were discharged from the hospital contrary to national recommendation that they should be referred back to the community/GP.</p> <p>EW outlined a novel approach to administration of paliperidone delivered by community pharmacists which was a pilot study with support from Janssen (Pharmaceutical company) in its early stages at present.</p> <p>Homecare for mental health – EW confirmed 3 pts receiving clozapine from a homecare provider. Consultants would like these patients to be repatriated , consultants to flag with EW if there are any problems arising with these patients.</p> <p>Action</p> <ul style="list-style-type: none"> • Mental health treatments approved by the PAN Leeds Group will then be tabled at MCC for discussion • Paul Howatson and the GP lead for mental health lead need to understand pathways to replicate locally. <p><i>EW left the meeting.</i></p>	
4	<p>North Yorkshire and Humber Treatment Advisory Group (TAG) recommendations – update on CCG agreed/outstanding decisions</p> <p>Picato Gel, A new pathway for actinic keratosis has been drafted by Vale of York CCG.</p> <p><i>SO has sent, Christina Williams and GPs with interest in dermatology, waiting for comments from them for the next meeting to sign off.</i></p> <p>Alogliptin The views of the Vale of York CCG diabetes service redesign team were sought in light of the negative opinion from Scottish Medicines Consortium. Diane Tomlinson (DT) advised they , feel not necessary to commission alogliptin. This should pave the way for the diabetes formulary to be concluded and tabled for the next MCC. GB confirmed SRCCG recommendation not to commission alogliptin.</p> <p>Additionally, as indicated at the last meeting, lixisenatide and other agents in their class was raised with the diabetes redesign team where the choice of agents (1st line and beyond) was agreed as per the email correspondence which was consistent with the original Drug & Therapeutics Committee application.</p> <p>DT to work with John Haigh to bring diabetes formulary to next MCC meeting, Zoely a new combined oral contraceptive TAG recommendation to not routinely commission were agreed by both Vale of York and Scarborough & Ryedale CCG having taken in to account all the comments received from providers. The rationale was discussed noting that there wereno clear advantages over already available products which represented better overall value to the NHS.</p> <p>Fluticasone furoate/vilanterol (Relvar) – for asthma TAG recommendation not to routinely commission agreed by both Vale of York CCG and Scarborough and Ryedale CCGson basis of safety concerns highlighted to date, in the documentation presented which included practical concernsabout it having high confusingly being blue (the colour of many relievers) and the limited shelf life once opened.</p>	

	<p>Fluticasone furoate/vilanterol (Relvar) – for COPD TAG recommendation not to routinely commission agreed by both Vale of York CCG and Scarborough and Ryedale CCGs on the basis of safety concerns highlighted to date. Remarks from clinicians reported that combination inhalers tend to be overused already so adding another drug into the system did not appear the solution.</p> <p>Action CCG recommendations to be forwarded to CCG SMTs for ratification</p>	
5	<p>NICE Technology Appraisals</p> <p>Embedded Excel spread sheet not operable, advised link is working.</p> <p>It was reported that there are NICE TA's for ophthalmology treatments still outstanding though it was believed some discussion had taken place at the Contract Management Boards (CMBs) for each CCG. It was noted that CMB for Scarborough and Ryedale CCG is now joint with East Riding. Vale of York and associates operate to a separate CMB This reflects the two different contract arrangements in place with York Hospitals Teaching Hospital.</p> <p>Action Send reminder to contracting and finance colleagues to liaise with ophthalmology directorate manager.</p> <p>NICE clinical guidelines A summary of key changes as a result of newly published NICE clinical guidelines (CG172, 173 and 175) had been sent to York hospital pharmacists for review. It was reported John Hampton is working on the prostate cancer guidance and will report back to the next MCC allowing implementation of any agreed changes to formulary as necessary.</p> <p>Action Admin to rectify document link not working with links to all original clinical guidance on electronic agenda</p> <p>Teriflunomide monitoring arrangements A summary circulated with the agenda reported that the numbers of patients being initiated on teriflunomide was small but required fortnightly blood tests. At present it is estimated from the summary that 60% of the blood monitoring will be done in hospital with 40% assigned to primary care. The report provides data for year one, the regime beyond this time was not known with consultants stating it was hard to define and would be individualised to the patient. Both Vale of York CCG and Scarborough & Ryedale CCG approved primary care monitoring for this drug with review in 12 months. CCGs to consider how phlebotomy is carried out, noting GP monitoring issues with other hospital prescribed drugs..</p> <p>Action Teriflunomide monitoring was supported but CCGs need to consider management of future requests and laboratory and phlebotomy costs.</p>	
6	<p>New submission (include new therapies and changes to existing policy positions)</p> <p>Flutter device Addressed above.</p>	

Mepacrine

This treatment is unlicensed, it is listed on the joint netformulary but its position is not clear. DT had received 2 enquiries for separate indications (sarcoidosis, SLE) with proposed cost of £1,000/month and formal position with CCGs need to be addressed. JEC/SP to liaise with dermatology colleagues to identify local views, a new product request to be completed to permit formal consideration at MCC.

Triptorelin for prostate cancer

A new product request form has been completed and circulated with the agenda for triptorelin requesting addition to the formulary for prostate cancer. Position to date, triptorelin formally not commissioned.

The Committee were supportive though commented that the request for place in therapy, isn't described clearly enough, expected this agent would be first line option within its therapeutic class as lowest cost agent offering no clinical disadvantage over other current options. Both Vale of York CCG and Scarborough and Ryedale CCG agreed to recommend commissioning of this agent as 1st line for new patients when indicated for prostate cancer, local classification, amber – specialist recommendation to primary care.

It was expected that initially a one month injection would be prescribed followed by the three monthly injection then the 6 monthly injection as patients would prefer to have fewer injections. Goserelin would be commissioned as 2nd line option, leuprorelin remained not commissioned despite noting prescribing in primary care.. It was agreed formal shared care was not required for either goserelin or triptorelin. The two communications from the specialist to primary care need to be updated to reflect the updated choices.

ACTIONS

- Recommendation to commission triptorelin 1st line for prostate cancer to be received by CCG SMT's
- Correspondence from the specialist to GPs to be updated and agreed- June meeting

Promixin for bronchiectasis

A new product request form had been circulated outlining the evidence and the proposed local use for this inhaled antibiotic in this unlicensed indication. The formal position on generic inhaled antibiotics needs to be formalised and is currently being reviewed in order to standardise care across York & Scarborough Trust. The committee noted from the application that Promixin delivered by the INeb device is attractive compared with conventional systems and felt that patient numbers were likely to exceed that proposed. Having assessed the evidence, both Vale of York CCG and Scarborough and Ryedale CCG concluded that the evidence was not sufficiently robust to support the use of Promixin at this time. A separate application to NHS England had been submitted for Cystic Fibrosis and the outcome of this was awaited.

ACTION

- Recommendation not to commission Promixin for bronchiectasis to be received by CCG SMT's

8	<p>Local pathways or guidelines (new or revised) COPD pathway – Vale of York CCG have collaboratively developed the pathway with local clinicians. Public Health advice had been sought regarding the content of the pathway and the pathway was locally supported.</p> <p>Overactive bladder pathway Vale of York CCG undertook further changes to the pathway and sought views from local clinicians. Comments were included in the latest draft and the pathway for Vale of York CCG was agreed. Scarborough and Ryedale CCG were in agreement in principle but require ratification of the updated pathway.</p> <p>ACTION <i>Dr White to confirm if this is final version of the COPD pathway. Also Stacey to check on this.</i></p>	
	<p>The meeting was drawn to a close with the agreement that remaining items would be tabled for the next meeting. Matters which needed to be addressed were as follows:</p> <p>Home care arrangements: SP updated CCGs on the issues and the safety alert issued regarding Home care providers. ACTION: SP to draft an article for the newsletter for SO and GB.</p> <p>Metformin sachets discontinuation: Metformin sachets have been discontinued by the manufacturer leaving options limited but include the oral solution. Changing patients from sachets to oral solution will generate a cost pressure to CCGs as indicated.</p>	
	<p>Date of next meeting: Wednesday 18 June, 10am-12pm, Green Room (SO15), West Offices, York</p>	