

**Minutes of Medicines Commissioning Committee Meeting,
Wednesday 15 October 2014
Severus Room, West Offices, York**

1. Apologies / Attendance

		FEB	MAR	MAY	JUN	JUL	SEP	OCT
Chair & GP Prescribing Lead - VoYCCG	Dr Shaun O'Connell (SO'C)	✓	✓	✓	A	✓	✓	✓
Strategic Lead Pharmacist- CSU	Mrs Rachel Ainger (RA)	✓	✓	A	✓	✓	✓	✓
GP Prescribing Lead – S&RCCG	Dr Greg Black (GB)	✓	✓	✓	✓	✓	✓	✓
Principal Pharmacist - Medicines Information	Mrs Jane Crewe (JEC)	✓	✓	✓	✓	✓	✓	✓
Consultant Anaesthetist	Dr Peter Hall (PH)	✓	✓	✓	✓	A	✓	✓
Deputy Chair & Consultant Physician	Dr David Humphriss (DH)	A	A	X	A	A	A	A
Chief Pharmacist	Mr David Pitkin (DP)	✓	A	X	A	A	A	A
GP Vale of York CCG	Dr William Ovenden			✓	✓	A	A	✓
Senior Pharmacist - Clinical Effectiveness, CSU	Mrs Diane Tomlinson (DT)	✓	✓	✓	✓	✓	✓	✓
Consultant Physician	Dr Paul Jennings (PJ)	✓	A	A	✓	✓	A	A
Deputy Chief Pharmacist	Mr Stuart Parkes (SP)	A	✓	✓	✓	A	✓	✓
Consultant Rheumatologist	Dr Mark Quinn (MAQ)	✓	A	X	A	A	A	A
Chief Pharmacist, Leeds and York Partnership, Mental Health	Ms Elaine Weston			✓	A	A	✓	A
Deputy Chief Pharmacist Tees Esk and Wear Mental Health Trust (TEWV)	Mr Richard Morris (RM)				✓	A	✓	A
Senior Pharmacist	Mr Alex Molyneux -Guest				✓	A	✓	A
Consultant Urologist	Mr Richard Khafagy							✓
Consultant Psychiatrist TEWV	Dr Raul Perez							✓

Item		Action
1	<p>General business</p> <p>Apologies Elaine Weston; Richard Morris; Dr Paul Jennings; Dr David Humphriss</p> <p>Dr Shaun O'Connell chaired the meeting. Mr Khafagy and Dr Perez were welcomed to the meeting.</p> <p>Declarations of Conflicts of Interest None noted</p>	
2	<p>Minutes of last meeting The draft minutes from September meeting to be corrected to reflect that the evidence for</p>	

	<p>ulcerative colitis addition to the ciclosporin SCG needs to be brought back to the committee.</p> <p>Item 3b eflornithine: it was noted that it was not the patient information leaflet but the GP information leaflet that was approved.</p> <p>Item 3c: to record in the minutes that fluoruracil 0.5% & salicylic acid 10% solution was approved as part of this pathway.</p> <p>Item 5a: Lubiprostone - to confirm that the pathway is approved as it stands.</p> <p>Page 7e – A&E leaflet – this has been sent to the NHS Vale of York clinical commissioning group unplanned care lead – Dr Andrew Philips. JEC to contact Andrew Philips (VoY) and Sally Brown (SR). GB suggested that this should be shared with the LMC.</p> <p>Item 17: methotrexate decommissioning – it was noted that the Medicines Management Team is taking responsibility for this.</p> <p>Page numbers to be added to the minutes.</p> <p>Otherwise, the minutes were accepted as an accurate record of the meeting.</p>	JEC – on formulary
3	<p>Matters arising</p> <p>a) Chairperson’s actions to report: nil. Future chair’s action to be sent to RA.</p>	
4	<p>Mental Health medicines commissioning</p> <p>a) Leeds York Mental Health Partnership</p> <p>b) Tees, Esk and Wear Valley Mental Health Trust</p> <p>Managed entry of new drugs – CSU MM team to link in with Richard Morris on this matter. It was noted that it would be useful for shared care lithium documents to be linked to YS formulary.</p>	MM team, RM
5	<p>North Yorkshire and Humber Treatment Advisory Group recommendations – notification of approved items from TAG – for agreement of recommendation by MCC:</p> <p>Outstanding items under consultation will be finalised later this week. Fostair – JEC to send to Dr John White and colleagues, and WO to provide primary care opinion.</p>	JEC. WO to give GP opinion
6	<p>NICE Technology Appraisals (TAs)</p> <p>a) New TAs from NICE since last meeting to note formal commissioning requirements to be formally ratified at SMT/Business Committee:</p> <p>Lenalidomide – commissioned by NHS England.</p>	
7	<p>New submissions (includes new therapies and changes to existing policy positions) and appeals</p> <p>Vesomni appeal: there was discussions regarding the place in therapy; patent expiry later than previously stated. Also this combination product does not need to be taken with food. There were concerns regarding the ability to titrate a combination product and further discussion regarding the doses used in studies. It was agreed that a pathway needs to be developed across primary and secondary care. The MCC did not recommend this drug at present. Pathway development has been led by Dr Mark Pickard , VoY GP who has written LUTs pathway along with Dr Hilmy. It was noted that this pathway has not been considered at MCC and needs to come to this committee for recommendation.</p>	JEC

8	<p>Other medicines issues (local and/or national) including pathways/guidelines</p> <p>a) Low molecular weight heparin (LMWH) proposal: there was discussion regarding the evidence for fixed prophylactic vs treatment doses in oncology patients and whether choice of anticoagulant agents should offered. Advice to be sought by hospital pharmacy colleagues from oncologists. Further discussion about the management of LMWH prophylaxis in lower limb injury led to agreement that WO would review this document and work with Lynn Ridley to agree a way forward. Travel prophylaxis to be taken out.</p> <p>b) Antimicrobial guidelines working group for North Yorkshire: it was noted that Dr Simon Padfield had written to the NY and Airedale Wharfedale Craven CCGs regarding a collaborative approach to revising these guidelines. Agreement was sought from all to produce a further version to cover the 5 CCGs. It was suggested that emergency care involvement was needed to ensure consistency in antimicrobial treatment in A&E settings and address antimicrobials in diverticulitis, ENT, dental and ophthalmology.</p> <p>c) Nortriptylline in IBS - deferred</p> <p>d) Red/black drugs – discussion re management of existing patients: there was discussion regarding how to manage situations where a drug was in use but did not have a formal commissioning position. Targinact is an example of a black drug that is currently in use. It was considered that a submission to MCC was required for this drug.</p> <p>e) Update - Anticoagulation choices in non-valvular atrial fibrillation: amendments have been made to this document in line with recent NICE guidance. It was suggested that a link be made to relevant guidance on cardioversion.</p> <p>f) Drug Formulary Medal Rankings: there was some discussion regarding these documents in terms of how they linked with existing formulary positions. It was considered that these should be a stand alone snapshot of what to prescribe and therefore reflective of the formulary. There were specific comments made about the hypnotics guidance and the suggestion that melatonin (black drug)needed to be included for this clinical indication. It was also noted that British Association of Psychopharmacology guidance on use of hypnotics suggests greater flexibility on duration of prescribing.</p>	<p>JC, DT, WO</p> <p>JEC</p> <p>DT</p> <p>RA</p>
9	<p>Shared care guidelines</p> <p>a) Ciclosporin - gastrointestinal use – Agreed additional indication of ulcerative colitis to SCG. Action: to bring back to committee when amended.</p> <p>b) Cinacalcet – for final approval. This document was approved.</p>	<p>JEC to update SCG</p>
10	<p>Formulary items</p> <p>Epilepsy chapter – it was requested that cost effectiveness saving data for “green” MHRA drugs to be identified. It was agreed that formulary changes should be made accordingly as a result of this review.</p> <p>The meeting was drawn to a close at this point</p>	<p>DT</p>

11	Monitoring / reporting – not discussed Scarborough and Ryedale CCG Red and Black drugs Vale of York CCG Red and Black drugs Baseline data Apr to Mar 14 Baseline data Apr to Jun 14	
12	Medicines safety – nil of note to report – not discussed	
13	Horizon scanning, NICE Guidance and NICE Bites - nil	
14	Patient and clinical communications - nil	
15	AOB Nil	
Date of next meeting: Wednesday 19 November, 10am-12pm, West Offices, Station Rise, York, YO1 6GA		