

MEDICINES COMMISSION

MINUTES OF THE MEETING HELD ON 3 SEPTEMBER 2004 AT MARKET TOWERS, 1 NINE ELMS LANE, LONDON SW8 5NQ

Present

Professor Parveen Kumar (Chairman)
Dr Jeffrey Aronson (Vice Chairman)
Dr Lydia Brown
Professor Joe Collier
Professor Gabrielle Hawksworth
Professor Veronica James
Professor Ronald Jones
Dr Christine McCartney
Dr Agnes McKnight
Mr Graeme Millar
Professor Gordon Murray
Professor Peter Noyce
Mr Cliff Prior
Professor James Ritter
Dr Harriet Scorer
Professor Herbert Sewell
Mr Bob Stevenson
Professor Cameron Swift

Apologies

Dr Susan Bews
Professor Peter Day
Professor Edzard Ernst
Professor Stuart Pocock
Professor Philip Routledge
Professor Roger Walker
Dr Elizabeth Williamson

Secretariat

Dr June Raine
Mrs Sue Jones (Secretary)
Mrs Lavinia OBrien (Dep Sec)
Mrs Yvonne Muhammad (Ass Sec)

Legal Adviser

Mr Simon Rogers

MHRA

Dr Nigel Baber*
Dr Julia Dunne*
Miss Maggie Jackman*
Dr Bridget Jennings*
Ms Amanda Lawrence*
Mr Jeremy Mean*
Mr Richard Woodfield*

Invited Presenter

Dr Jeremy Metters*

**present for part of meeting only*

1. ANNOUNCEMENTS

1.1 The Chairman welcomed Commissioners to the meeting and reminded those present that the business and proceedings of the Commission were confidential and not

for disclosure to persons or organisations outside. She also reminded members to declare any interests, whether personal or non-personal (specific or non-specific) in any products or companies concerned with the day's papers.

1.2 The Chairman announced that members whose term of office was due to expire at the end of December 2004 should have received a letter from Professor Kent Woods (on behalf of Ministers), inviting them to accept re-appointment to serve for up to a further 12 months pending the introduction of the new advisory body structure. The only exception was for those members (there were two) who had already served for more than 10 years. The MHRA would be making representations to the Commissioner for Public Appointments to approve any extension of these appointments.

1.3 The Chairman announced that Lord Warner had written a letter to her thanking the Commission for its Annual Report for 2003 and for its continued hard work during 2003.

2. APOLOGIES FOR ABSENCE

2.1 Apologies for absence had been received from the Commissioners indicated above. In addition, apologies were received from Mr Roy Alder and Mr John FitzGerald, both members of the Secretariat.

3. MINUTES OF PREVIOUS MEETING

3.1 The minutes of the meeting held on 7th May 2004 were agreed with minor amendments to Paragraphs 6.3.1, 7.3.1 and 8.4. The minutes were signed by the Chairman.

4. MATTERS ARISING

4.1 Para 4.3 - The Commission asked for an update on the MHRA's work relating to naming policies.

4.2 Para 5.3 - Review of the Advisory Body Structure – an oral update was on the agenda for this meeting.

4.3 Para 6.1.1 - Proposals relating to implementation of the medicines regulation elements of the 2001 review had been issued (MLX 309) by the Medicines and Healthcare products Regulatory Agency (MHRA) at the end of July for public consultation.

4.4 Para 7.3 - The Commission was advised that negotiations were taking place to secure leases for co-locating the MHRA devices staff along with medicines staff in Market Towers with a view to completing the project in Spring 2005.

4.5 Para 8.2 - Dr Williamson had advised the Secretariat that she would now

not be taking up the post in Australia and would be able to continue on the Medicines Commission.

5. PAPERS

5.1 Report of an Independent Review of Access to the Yellow Card Scheme

5.1.1 Dr Jeremy Metters, Chairman of the steering committee of the review, presented a summary of the findings of the report. MHRA reported that the report had been published on 4th May (the 40th anniversary of the introduction of the Yellow Card Scheme) when a 12-week consultation period began.

5.1.2 The recommendations of the review were summarised and the Commission was invited to advise on specific questions raised:

5.1.2.1 The Commission endorsed the regular publication of “non-identifiable” aggregated Yellow Card data on the MHRA website. It was concerned that the data should be truly anonymised. Commissioners identified other bodies (e.g. the Common Services Agency in Scotland) who regularly published data and from whom lessons could be learned. It was suggested that publication twice yearly might be appropriate and it should be presented in a pro-active way with an eye on regulatory questions and media interest. It would need to be carefully handled and clear guidance on data interpretation provided.

5.1.2.2 The Commission agreed that Yellow Card data requests should be reviewed in order to provide safeguards for releasing the data. It debated the need for a two tier approach, i.e. an independent (of MHRA) scientific/expert committee followed by a Main Research Ethics Committee (Main REC), mainly given the heavy workloads already faced by Main RECs. If the two-tier approach was to be introduced, the Commission suggested that the application form be standardised so that the applicant would only need to complete a single application and if possible one specific Main REC should review all requests for access to Yellow Card data.

5.1.2.3 There was some discussion about whether a reporter should be paid for any additional work arising from researchers. The Commission thought it might be an incentive for reporters to undertake the additional work which might not otherwise be done because of heavy workloads, but did not wish it to compromise the neutrality of the reporter.

5.1.2.4 The Commission discussed how the scheme could be strengthened further by, for example, introducing specific focus points for reporters from time to time - e.g. targeting specific medicines for a short period (a month or so) and asking reporters to look proactively and report any reactions not already listed in SPCs. The Commission also highlighted that it was important that the scheme be adequately funded and staffed by those who were highly skilled and well trained. The MHRA should also engage with the public and use language that the public would readily understand.

5.1.2.5 On the question of extending the Regional Monitoring Centres (RMCs)

the Commission agreed that, if evaluation of the effectiveness of the current RMCs was supportive, consideration should be given to how best to achieve the same result in areas not currently covered.

5.1.3 The Commission thanked Dr Metters for his report on Access to the Yellow Card Scheme and for attending the meeting to present his recommendations.

5.2 Consultation on proposals for the reform of the regulation of unlicensed herbal medicines made up to meet the needs of individual patients

5.2.1 The MHRA updated the Commission on progress following the recent public consultation exercise about the reform of the regulation of unlicensed herbal medicines made up to meet the needs of individual patients. The MHRA was undertaking some further work on one aspect of the proposals and would seek advice from the Commission on these proposals at a later date.

5.2.2 Key elements of the consultation included:

5.2.2.1 Use of the more potent herbs should be restricted to herbal practitioners on the proposed statutory register;

5.2.2.2 Registered herbal practitioners should follow a code of practice (akin to that used by registered pharmacists);

5.2.2.3 Good Manufacturing Practice (GMP) should apply to partially processed ingredients used by herbal practitioners to make up remedies;

5.2.2.4 Registered herbal practitioners should be permitted to commission a third party (holding a “Specials” Manufacturer’s Licence) to make up remedies;

5.2.2.5 Systematic labelling requirements should apply.

5.2.3 The consultation letter also sought views on:

5.2.3.1 Whether the regulations for unlicensed herbal medicines should be extended to at least some non-herbal ingredients used in some systems of traditional medicines, subject to suitable safeguards on safety and quality and identification of practical ways of defining such permissible ingredients;

5.2.3.2 What the regulatory position should be for those complementary medicine practitioners of various kinds, who currently use Section 12(1) of the Medicines Act to make up unlicensed herbal remedies following a one-to-one consultation. These would be unlikely to join the proposed statutory register;

5.2.3.3 What arrangements should apply when other healthcare professionals, already subject to statutory regulation, want to use Section 12(1).

5.2.4 MHRA reported that, from the responses to the consultation, the most contentious issue related to whether those not on the statutory register should be allowed to continue to operate under Section 12(1). The Agency was considering this issue further.

5.2.5 The Department of Health aimed to be in a position to consult on draft legislation relating to the statutory regulation of the herbal medicines profession during the first half of 2005. The Agency would seek the Commission’s advice on the package of proposals

before then.

5.2.6 The Commission welcomed the progress being made on this issue and had the opportunity to ask some questions including the likely requirements for eligibility for registering as a herbalist, the safety profile of western herbal medicines compared with traditional Chinese and Ayurvedic medicines, and the numbers of practitioners. The Commission welcomed the opportunity to advise on the final package of proposals in due course.

5.3 Benefit:harm balance of hyoscine butylbromide

5.3.1 Professor Jones declared a lapsed (over 5 years) non-personal non-specific interest in Boehringer Ingelheim.

5.3.2 The MHRA updated the Commission on the outcome of the Committee on Safety of Medicine's (CSM) review of the benefit:harm balance of hyoscine butylbromide formulations. The CSM had considered the evidence available and had concluded that the benefit:harm balance of hyoscine butylbromide in its licensed indications was favourable.

5.3.3 The Commission noted the outcome of the review but remained concerned about the interpretation of efficacy in this particular case. The Commission accepted that this was an older product and that standards of evidence had changed over the years. It also accepted that there was evidence of efficacy over placebo. The Commission remained concerned about the marketing of drugs for which there was a lack of robust evidence of efficacy and asked the MHRA for a review.

6. Update from Chairman

6.1 Challenge and Opportunity on the Critical Path to New Medical Technologies

6.1.1 The Chairman circulated an information paper for discussion entitled "Challenge and Opportunity on the Critical Path to New Medical Technologies", produced by the Food and Drug Administration (FDA) in the United States. The paper outlined the ways in which the FDA was looking to facilitate the interface between academic departments and pharmaceutical industries, pointing to the need for investment in physiology and pharmacology. The Commission asked for information on what was being done in the UK. The Agency replied that it was difficult for the MHRA to get into such a position in the UK, but that work was being undertaken at the European Medicines Agency. One of the Commissioners also reported that a document looking at the issues of drug development (rather than discovery) was shortly to be issued by the academic medical scientific bodies and that this would be copied to Commissioners for information, once it was available.

7. Oral updates

7.1. Health Select Committee

7.1.1 The Commission was informed about the current work of the Parliamentary Health Select Committee, looking at the influence of the pharmaceutical industry in relation to health policy, research, prescribing practice and patient use. Dr Scorer and Professor Collier were formal advisers to the committee. In particular, the inquiry would focus on the impact of the industry on drug innovation, the conduct of medical research, the provision of drug information and promotion, professional and patient education, regulatory review of drug safety and efficacy and product evaluation, including assessments of value for money. The inquiry had been launched in mid June and organisations and individuals had been invited to submit a short memorandum by the middle of August. Hearings were due to begin in mid-September. The MHRA was included in this review and had submitted its memorandum. It would be published by the Inquiry, along with all other evidence, in due course.

7.1.2 Commissioners expressed their surprise that the Medicines Commission had not been invited to submit evidence to the Select Committee. They considered whether they should submit a memorandum, even though the date for submission had passed. It was agreed that the Chairman would attend the first open meeting of the Select Committee the following week and then consider sending written comments from the Commission.

7.2 Implementation of the 2001 Review

7.2.1 A copy of the consultation letter (MLX 309 - MC 04/17) had been circulated to Commissioners for information. It set out proposals for implementation of the outcomes of the 2001 review of European medicines regulation in relation to human medicines. It was proposed that three provisions would be implemented early, with the remainder by 30th October 2005. The three provisions proposed for early implementation were:

7.2.1.1 One year's data protection for test or trial results used for "switching" the legal status of a product;

7.2.1.2 Obligation on marketing authorisation applicants to ensure that patient information leaflets reflect the results of consultation with target patient groups - often referred to as "User testing";

7.2.1.3 Reinforcing the Marketing Authorisation holder's obligation to inform MHRA of any new information that impacts on the benefits and risk of the medicine.

7.3 Review of the medicines advisory body structure

7.3.1 MHRA reported that the public consultation period ended on 17th May. A total of 91 responses had been received from the 4500 letters issued. The consultation had also been posted on the Agency's web site. The replies would be made public in due course. The main themes from the replies included:

7.3.1.1 The recognition that there was a need to update to reflect the European regulatory system;

- 7.3.1.2 There was general agreement to retain the CSM acronym as it was recognised, but some views suggested that a re-launch was needed;
- 7.3.1.3 The proposed size of the new Commission was too small and should be expanded (to around 16 members);
- 7.3.1.4 The introduction of new Therapy Advisory Groups (TAGs) was agreed but the structure needed further work;
- 7.3.1.5 There was concern about changing the status of the Advisory Board on the Registration of Homoeopathic Products (ABRH) from a Section 4 Committee to a TAG;
- 7.3.1.6 There were a lot of comments but no consensus about the issue of competing interests of members of the new Commission;
- 7.3.1.7 There was concern about lack of representation from the industry but the conflicting interests issue would preclude this;
- 7.3.1.8 More work was needed on the process for appeals;
- 7.3.1.9 A new patient panel was broadly supported.

7.3.2 MHRA reported that Lord Warner had asked Harry Cayton (the Government's "Patient's Tsar") to undertake an independent review of the responses to the consultation, particularly in order to address the lay/patient representative's issue. It was hoped that the new structure would be in place by the Autumn of 2005. The MHRA would report further developments once they were available.

7.4 Paediatric Medicines

7.4.1 MHRA reported that the MHRA/Department of Health paediatric strategy had been announced by Lord Warner on 17th August. It had arisen from a common concern at the lack of real progress in developing suitable medicines for children and getting them authorised. The strategy, available on the MHRA's web site, has three main strands:

- 7.4.1.1 Paediatric research - the aim being to establish the correct infrastructure and capacity to carry out high quality studies in the UK (DH in the lead);
- 7.4.1.2 Regulatory actions that can be undertaken within the current legal framework (e.g. certain licensing fee waivers are being considered);
- 7.4.1.3 Information for health professionals and patients/carers to inform decision making when off-label and unlicensed use in children is unavoidable.

7.4.2 Progress was being made under each of these areas. A number of information papers were circulated for further detail on the strategy. The Commission welcomed the strategy and looked forward to receiving further updates in due course.

7.5 The Shipman Inquiry

7.5.1 Papers had been circulated as background information. The MHRA reported that Lord Warner had laid the fourth report from the Shipman Inquiry before Parliament on 15th July 2004. The Government was in the process of co-ordinating a response and was due to present it later this year. The Commission was concerned that the veterinary input had been ignored particularly as vets use pethidine regularly and therefore should not be

excluded from the guidance. The Chairman agreed that Professor Jones should make contact with the Inquiry team on behalf of the Commission to emphasise the issue.

7.6 Update from Veterinary Medicines Directorate

7.6.1 In the Veterinary Co-ordinator's absence, an update paper had been tabled giving background to the progress on implementing the 2001 review and recommendations from the Marsh and Competition Commission Reports.

8. Date of Next Meeting

8.1 It was agreed that the Commission meeting in November would start at 1pm (with lunch available at 12) on Thursday 4th and continue into Friday (5th November) morning (with an earlier than usual start on Friday). The Commissioners were reminded that the Annual Dinner would be held on the evening of Thursday 4th November.