NHS
Pan Mersey
Area Prescribing Committee

PAN MERSEY AREA PRESCRIBING COMMITTEE MEETING

Minutes of the Meeting held on Wednesday 27 January 2016 in The Boardroom, at V7 Building, Kings Business Park, Prescot. L34 1PJ

Present:

MEMBERS		Present	Apologies
Dr Sid McNulty (Chair)	Consultant Endocrinologist/Chair Drug & Therapeutics Committee – St Helens & Knowsley Teaching Hospitals NHS Trust	X	
Peter Johnstone (Deputy Chair)	Prescribing Commissioner – Liverpool CCG	X	
Isam Badhawi	Senior Pharmacist – Liverpool Women's NHS Foundation Trust		X
Catrin Barker	Chief Pharmacist – Alder Hey Children's NHS Foundation Trust	X	
Dr Rob Barnett	LMC Representative, Liverpool		X
Nicola Baxter	Head of Medicines Optimisation – West Lancs CCG		X
Alison Butt (Maureen Hendry attending)	Joint Head of Medicines Management - Liverpool Community Health		X
Nicola Cartwright	Acting Deputy Head of Meds Man, St Helens CCG	X	
Neil Chilton	Deputy Chief Pharmacist, 5 Boroughs Partnership, Mental Health Trust	X	
Dr Catherine Doyle	Clinical Lead Meds Management– Warrington CCG		X
Dr Janice Eldridge	GP Medicines Management Lead – Southport & Formby CCG	X	
Alison Ewing (Paul Skipper attending)	Clinical Director Pharmacy – The Royal Liverpool & Broadgreen University Hospitals NHS Trust		X
Dr Anna Ferguson	GP Clinical Lead – South Sefton CCG	X	
Dr Claire Forde	CCG Governing Body Member, Prescribing Lead – Halton CCG	X	
Simon Gelder (Mike Welsby attending)	Chief Pharmacist – St Helens & Knowsley Teaching Hospitals NHS Trust		X
Margaret Geoghegan (Nicola Cartwright attending)	Head of Medicines Management – St Helens CCG		X
Donna Gillespie-Greene	Deputy Head of Medicines Management – North West Commissioning Support Unit	X	
Gillian Gow	Chief Pharmacist – Liverpool Heart & Chest Hospital NHS FT	X	
Dr Dan Hawcutt	Consultant Paediatrician and Chair of D&T Alder Hey Children's NHS FT		X
Maureen Hendry	Practice pharmacist/Interface support pharmacist, L'pool Community Health (representing Alison Butt)	X	
Dr Aftab Hossain	Clinical Lead, Prescribing – Knowsley CCG		X
Jenny Jones (representing Diane Matthew)	Principal Pharmacist Meds Management – Warrington & Halton Hospitals NHS FT	X	
Dr Tom Kennedy	Consultant at RLBUHT and Chair of D&T		X
Lee Knowles	Chief Pharmacist – Mersey Care NHS Trust	X	
Jenny Lunn	Pharmaceutical Adviser & Team Lead, Medicines Management – Warrington CCG	X	
Susanne Lynch	CCG Lead Medicines Management – South Sefton CCG and Southport & Formby CCG	X	

Diane Matthew	Chief Pharmacist, Warrington & Halton Hospitals NHS Foundation Trust (Jenny Jones attending)		X
Dr Neil Mercer (Dave Thornton attending)	Consultant Anaesthetist/Chair Drug & Therapeutics Committee –Aintree University Hospitals NHS Trust		X
Kath Phillips	Pharmacist – Southport and Ormskirk NHS Trust	X	
Mark Pilling	Interim Head of Medicines Management – Knowsley CCG	X	
Lucy Reid	Lead Pharmacist – Halton CCG Locality Medicines Management Team	X	
Dr Shamim Rose	GP Prescribing Lead & Board Sponsor – Liverpool CCG		X
David Sanchez	Liverpool LPC Representative		X
Paul Skipper	Deputy Director of Pharmacy – The Royal Liverpool & Broadgreen University Hospitals NHS Trust	X	
Dave Thornton	Principal Pharmacist, Clinical Services University Hospital Aintree	X	
Dr Deborah Tree	GP, St Helens CCG	X	
Mike Welsby	Pharmacist, St Helens & Knowsley Hospitals	X	
Dr Julie Whittaker (Dr D Tree attending)	St Helens CCG Governing Body Medicines Management Lead GP		X
Dr David Wilson	LMC Representative, Mid-Mersey LMC		X
IN ATTENDANCE			
Erika Baker	Senior Pharmacist – North West CSU		X
Anne Henshaw	Senior Pharmacist – North West CSU	X	
Agatha Munyika	Mersey Care NHS Trust	X	
Graham Reader	Senior Pharmacist – North West CSU	X	
Helen Stubbs	Senior Pharmacist – North West CSU	X	

1	**APC/16/01 – Welcome and Apologies for Absence** The Chair welcomed members and accepted the apologies of the following: Dr Tom Kennedy, Dr Dan Hawcutt, Adrian Brown (Kath Phillips attending), Prof A Baldwin, Dr J Whittaker (Dr D Tree attending), Nicola Baxter, Dr Catherine Doyle, Dr Neil Mercer (Dave Thornton attending), David Sanchez, Erika Baker and Bridgewater Community Healthcare.	***Action:***
2	**APC/16/02 – Declarations of Interest and Quoracy Check** A quoracy check confirmed that this meeting was not quorate. There were no declarations of interest.	
3	**APC/16/03 – Minutes of the previous meeting and matters arising.** ***16/03/01 – Minutes from the Previous Meeting*** The Minutes were agreed to be an accurate record of the previous meeting on 25 November 2015. ***16/03/02 – Matters Arising*** ***APC Chair Nominations*** Dr McNulty took up the position of Chair in April 2015 for twelve months. He asked for declarations of interest to take over the post of Chair. There had been a suggestion that the next chair should be a GP but the meeting agreed that they would welcome declarations of interest from any member of the APC at the February meeting. ***Dr Eldridge – Last Meeting*** This is the last APC Meeting that Dr Janice Eldridge will be attending and the APC committee thanked her for her contribution and wished her well for the future. ***Omalizumab for chronic spontaneous urticaria*** NICE TA was published in June 2015. NHSE confirmed at the time that they were the	***ALL***

	responsible commissioner, but following further clarification from NICE it has now been confirmed that it is CCG commissioned and funded. A Red statement was produced as soon as this information became available and approved by APC Chair's action. All of the CCGs have now approved this statement and it has been brought to this meeting for formal ratification. A question was raised, around the number of patients currently receiving treatment or eligible for treatment. The original letter to trusts from NHSE had asked for information to be submitted on likely patient numbers, however NHSE do not currently have this information. Trust representatives said they would look into this. CB reported that Alder Hey has looked at this and has nobody eligible. It was agreed not to bring the data back to the next meeting but rather it will be discussed at the next Chiefs and Leads meeting. ***Insulin Prescription Sheet – Letter to Diabetes Network*** A letter has been sent from the Chair to Dr Aftab Ahmed (Cheshire and Merseyside Diabetes Network) but to date a response has not been received. DGG to follow up.	***Trust reps to provide numbers of eligible patients to Chiefs & Leads meeting*** ***DGG***
4	**APC/16/04 – New Medicines** ***16/04/01 – Grey Statement Summary*** Aflibercept: This will be reviewed if an application is received and prioritised. Aviptadil/Phentolamine: This will be reviewed if an application is received and prioritised. Guanfacine: Within 6 months of the launch; NMSG will assess evidence and review drug. Secukinumab (for Psoriatic arthritis): Awaiting NICE TA. Secukinumab (for ankylosing spondylitis): Awaiting NICE TA. Sacubitril/Valsart: Awaiting NICE TA. E-cigarettes: Grey statement being produced; Awaiting further local discussions with Public Health regarding commissioning and funding arrangements. There were no objections to the above grey holding statements. ***16/04/02 – Collagenase for Dupuytren's contracture*** A red statement was produced/approved in May 2013 as a NICE TA was not expected to be published within 12 months and an interim position was needed when collagenase changed from tariff-included to PBRe. This statement was due for review in May 2015 but was delayed because of the production of a NICE FAD and then a FAD2, which is currently under appeal. As a result the policy statement is 8 months out of date and there are still no timescales for the final NICE TA. The NMSG proposed extending the expiry date by 12 months to May 2016 in order to establish publication timescales from NICE. APC members agreed to this extension of the review date. However, if NICE TA not expected by end of May 2016 then the NMSG will need to undertake their own review. ***16/04/03 – Naloxegol for opioid-induced constipation*** A fast turnaround document was produced/approved in line with NICE TA345 in July 2015. Naloxegol was then not launched in the UK until October. Once the product was available it became apparent that some further clarification and prescribing information would be helpful to prescribers. Minor amendments have been made to page 2 but the rest of the statement, including the clinical recommendation, remains unchanged. The NMSG had agreed to upload the amended version onto the website but keep the original expiry date of July 2017 and all CCG approvals. The APC agreed to this course of action. ***16/04/04 – Non-renewal of expiring NMSG statements Jan-March 2016*** Lixisenatide injection / Ranibizumab / Fluocinolone Acetonide / Aflibercept The recommendations for these drugs are now established into local clinical practice and therefore the NMSG do not feel that the statements add any further additional benefit. It is proposed that these statements will not be renewed when they expire but they will be archived. In the formulary entries, links to any relevant NICE TAs will be retained. The APC had no objections to the non-renewal of these statements. ***16/04/05 – Dexamethasone for non-infectious uveitis*** Review of expiring statement, with no changes to clinical recommendation. Previously this was approved by all CCGs. The New Medicines Subgroup propose that this updated statement be uploaded with the CCG approvals. There were no objections to this proposal.	

	16/04/06 – Vortioxetine for depression Treatment for major depressive episodes in adults. NICE TA published in November 2015. AM summarised the details of the statement, in line with NICE recommendations. There were no questions from the committee and the statement was agreed. ***16/04/07 – Apremilast for plaque psoriasis 16/04/08 – Apremilast for psoriatic arthritis*** NICE TA368 and NICE TA372 were published in November 2015 and December 2015 respectively. NICE do not recommend the use of this drug for either indication. Any patients already receiving treatment under the Manufacturer's Free of Charge scheme must continue to be funded by either the manufacturer or the provider Trust and CCGs will not fund these patients, in accordance with the Pan Mersey Policy on Use of Manufacturers' Free of Charge Medicines Schemes. Both statements were agreed by the APC. ***16/04/09 – Ciclosporin eye drops for dry eye*** This statement has been produced in accordance with NICE TA369, published in December 2015. Ciclosporin eye drops are already used locally, but products are unlicensed. This is the first licensed product. NMSG rated it as 'Amber Initiated' because it would be started by ophthalmic services but there is nothing specific to the drug which would require ongoing monitoring. Although NICE anticipate an overall reduction in drug costs, within Pan Mersey prescribing of unlicensed ciclosporin eye preparations is retained within the provider Trust so there will be a shift of prescribing costs to primary care now there is a licensed product available. Patients will be reviewed at their next clinic appointment and changed to the licensed product where appropriate. The statement was agreed.	
5	**APC/16/05 – Formulary and Guidelines** ***16/05/01 – Anti-TNF in planned conception in inflammatory arthritis – updated policy*** This was an update of the existing Pan Mersey policy to incorporate the updates to the Cheshire & Merseyside Subfertility policy. It has been for consultation and, as a result of feedback, it was proposed the maximum treatment period be extended from 6 months to 12 months (and then after that if treatment still required IFR application would be followed as previously). Biosimilar versions of aTNF have also been added. The policy update was agreed by the Committee. ***16/05/02 – Pharmacological Management of Gout Guideline*** This was an update of the existing Pan Mersey guideline that addresses management of acute and chronic gout in primary and secondary care. It was agreed to include the RAG ratings of individual medicines in the guideline and also to add a link to the formulary section for each drug. NSAIDs were agreed to be listed in order of preference rather than alphabetically. The guideline was agreed following the above amendments. ***16/05/03 – Prucalopride in males*** Prucalopride was approved for women by NICE TA previously but it has recently become licensed for males as well, and it was proposed that this use be added to the formulary also. Consultation responses, where provided, were all in agreement with the proposal. It was noted there will be an increased cost in the drug but the original NICE TA estimated a £75,000 per 100,000 population saving overall taking account of resulting changes to referrals, investigations and other treatments. The FGSG presume there will be a similar impact with males. The addition of use in males to the formulary was agreed. ***16/05/04 – Chapter 9 formulary review*** The FGSG has carried out the routine 2-yearly update of the chapter. A table of proposed changes was presented. The draft contains paediatric information and Amber categories have been updated to include the sub-categories of Amber. It was noted for phosphate binding agents, haemodialysis patients would almost certainly be retained by services but because of the condition not because of the drugs which are therefore Amber initiated. (Interim Commissioning arrangements mean that prescribing for new patients remains with the provider until repatriation arrangements have been finalised with NHS England as previously agreed). There was a discussion about whether copper supplements post-bariatric surgery should be amber retained because of the lack of experience of GPs in this	

	area, and this was agreed. It was confirmed oral selenium is to be amber initiated The Chapter 9 update was agreed with this information included. ***16/05/05 – Minor formulary amendments*** • ***Mebeverine m/r –*** It used to be an expensive option but this is no longer the case so it was proposed to add it to the formulary. • ***Prednisolone e/c statement –*** A sentence about dosing regarding 2.5mg tablets on page 2 has been deleted, now that uncoated 2.5mg tablets are available. • ***"Camcolit" name change –*** The 250mg tablets have changed name to Lithium Carbonate Essential Pharma 250mg (the 400mg strength name remains unchanged). It is important to prescribe lithium by brand name so the FGSG have changed the formulary already as a safety precaution. The above amendments were agreed. ***16/05/06 – Non-renewal of statements*** Antiplatelet agents for the prevention of occlusive vascular events: It is now accepted practice so there is no need for a statement. Alendronic acid + risedronate sodium: The Pan Mersey has a statement on oral combination products which covers this statement regarding combinations with calcium and vit D so this statement is no longer needed. Rabeprazole: It is not actually a formulary choice but is now no more expensive than generic PPIs and so a black statement is no longer justified. The Pan Mersey APC agreed to the non-renewal of the above statements, so they will now be archived. ***16/05/07 – Biologics inJuvenile Idiopathic Arthritis red statement*** NICE issued TA373 in December 2015 covering biologic treatment for polyarticular JIA which, in children's rheumatology services, is commissioned by NHSE (outside remit of APC). The FGSG felt an APC statement is needed because some children progress to adulthood still on biologic treatment, or there may be a diagnosis as a child and the patient does not need treatment with a biologic agent until they become an adult and in this case treatment is commissioned by CCGs where it is carried out in adult rheumatology services. Therefore CCGs would need to approve the statement to comply with NICE TA373. The statement also includes reference to TA238 issued in 2011 that recommends tocilizumab in systemic JIA to clarify the same applied. In the recent past there has remained confusion as to whether CCGs would fund in these circumstances due to the choice of wording in previous NICE guidance on JIA, leading to IFRs. Therefore the statement should clarify this. It was suggested adding "in adult and paediatric services" to the statement title box and, with this amendment, the statement was agreed.	
6	**APC/16/06 – Shared Care** ***16/06/01 – DMARD Shared Care protocol between Warrington & Halton Hospitals and Halton and Warrington CCGs only*** This policy has been developed for use in Warrington and Halton in the absence of any existing documentation. It has been out for consultation only in Warrington and Halton CCGs and has been agreed locally. It has been brought to the Committee so it can be made available on the APC website. A question was raised about why St Helens CCG had not been included in the consultation because they have patients who go to Warrington Hospital. Warrington and Halton had not wanted to delay this piece of work but agreed that it was an oversight. JJ and JL will liaise with NC and this protocol can be circulated by NC in St Helens. In the meantime, it was agreed that the document should go on the Pan Mersey website.	
7	**APC/16/07 – Any Other Business** ***16/07/01 – AOB*** Nominations for Chair: Members were reminded to submit their nominations before the next meeting. Venue: It was agreed that the new parking arrangements at the V7 Building were	***ALL***

	problematic. Various alternative venues were discussed and DGG will investigate these and report back to members shortly. Diabetes NICE Bites: NICE Bites summarising Type 1 and 2 Diabetes in adults, adolescents and children are now available. The FGSG is currently consulting on whether these can replace the outdated Adult Diabetes Management Guidelines on the Pan Mersey website. The Chair questioned whether NICE Bites should be superceding local Pan Mersey guidelines which are being updated. The Formulary and Guidelines subgroup were concerned that the guidelines on the website were out of date, and were unclear on the progress of the update and whether the resulting guideline had been done with the involvement of the C&M Strategic Diabetes Clinical Network and represented the Network's guidance. Professor Hardy is presenting at a CSU event on 9th February and it was agreed to clarify these issues with him and report back to the APC.	***DGG*** ***DGG***
8	**APC/16/08 Date, Time and Venue of the next meeting** The next APC meeting will be on Wednesday 24 February 2016 at 1.30 **– 3**.30pm. Venue: To be confirmed.	

The agenda and minutes of this meeting may be made available to public and persons outside of The Pan Mersey Area Prescribing Committee Health Community in order to comply with requests made under the Freedom of Information Act 2000.