NHS
Midlands and Lancashire
Commissioning Support Unit

NHS
Pan Mersey
Area Prescribing Committee

Pan Mersey Area Prescribing Committee

14:00 – 16:00 hours
Wednesday 31 July 2019
The Education Centre, Kent Lodge,
Broadgreen Hospital, Thomas Drive, Liverpool, L14 3LB

Minutes

Members in Attendance	Organisation(s)
Dr Anna Ferguson (Acting Chair)	GP Clinical Lead – South Sefton CCG
Catrin Barker	Chief Pharmacist - Alder Hey Children's NHS Foundation Trust
Dr Rob Barnett	LMC Representative, Liverpool
Carolyn Barton	Senior Quality & Safety Pharmacist, Knowsley CCG
Nigel Cosford	Senior Medicines Management Pharmacist, St Helens CCG
Dr Catherine Doyle	GP, Warrington CCG
Alison Evans	Lead Medicines Management Pharmacist, Wirral University Teaching Hospital NHS FT
Dr Claire Forde	CCG Governing Body Member, Prescribing Lead – Halton CCG
Danny Forrest	Chief Pharmacist, Liverpool Heart and Chest Hospital FT
Donna Gillespie-Greene	Head of Medicines Commissioning Midlands & Lancashire Commissioning Support Unit
Jenny Johnston	Senior Pharmacist, South Sefton CCG / Southport & Formby CCG
Jenny Jones	Principal Pharmacist Medicines Management Warrington & Halton Hospitals NHS FT
Geraldine McKerrell	Pharmacist, Mersey Care, Liverpool and South Sefton Community Services Division
Dr Sid McNulty	Consultant Endocrinologist / Chair Drug & Therapeutics Committee St Helens & Knowsley Teaching Hospitals NHS Trust
Kathryn Phillips	Medication Safety Officer, Bridgewater Community Healthcare NHS FT
Lucy Reid	Head of Medicines Management – Halton CCG
Claire Sawers	Medicines Optimisation Pharmacist, Warrington CCG
Dr Omar Shaikh	Clinical Lead GP for Medicines Management, St Helens CCG
Paul Skipper	Deputy Director of Pharmacy The Royal Liverpool & Broadgreen University Hospitals NHS Trust
Dave Thornton	Assistant Clinical Director of Pharmacy, University Hospital Aintree
Paula Wilson	MLCSU (representing Wirral CCG)
Attendees	**Organisation(s)**
Helen Dingle	Senior Prescribing Advisor, MLCSU
Anne Henshaw	Senior Medicines Commissioning Pharmacist, MLCSU

APC/19/48	Welcome and apologies	Action
	The Chair welcomed members and accepted apologies for the following: Dr Adit Jain, Dr Matthew Van Miert, Jenny Lunn, Rachael Pugh, Mike Welsby, Nicola Cartwright, Barry Lloyd, Nicola Baxter, Dr Ivan Camphor, Dr S Nagaraja, Dr Dan Hawcutt, John Williams, Catherine Witter, Joanne McEntee, Anna Atkinson, Susanne Lynch, Peter Johnstone, Graham Reader, Kieron Donlon.	
APC/19/49	**Declarations of Interest and Quoracy Check**	
	A quoracy check confirmed that this meeting was not quorate. There were no declarations of interest for items on the agenda.	

APC/19/50	**Minutes of the previous meeting and matters arising**	
	APC/19/50/01 – Minutes from the Previous Meeting The Minutes were agreed to be an accurate record of the previous meeting on 26 June 2019. ***APC/19/50/02 – Matters Arising*** ***Cariprazine for schizophrenia – amendment to May APC Minutes*** At the June APC meeting, North West Boroughs suggested some changes to the wording. These amendments were made (see wording in red on page 4). DGG asked if there were any comments or objections from the Committee; there were none and it was agreed that Version 2 of the May APC Minutes will be ratified.	***DGG***
APC/19/51	**New Medicines**	
	APC/19/51/01 – Grey statement summary <u>Fremanezumab solution for injection (for migraine prophylaxis)</u>: A grey statement has been produced and will be reviewed when the NICE TA is published (date TBC). The Walton Centre has confirmed that clinicians are happy to wait for NICE. <u>Melatonin tablets 3mg and oral solution 1mg/ml (for jet-lag)</u>: A review will be undertaken if a formal application for use in jet-lag is received and prioritised. The grey statement recommends not using melatonin for other off-label indications. Use of melatonin for other current indications will be reviewed separately. <u>Galcanezumab</u>: As there is no APC meeting in August, AH reported an additional grey statement for galcanezumab (also for migraine prophylaxis) has been produced and will be reviewed when the NICE TA is published (date TBC). ***19/51/02 – Conjugated oestrogens and bazedoxefine for oestrogen deficiency in postmenopausal women*** A routine review has been carried out and there are no significant changes. There is no new evidence to support changing from the existing black RAG rating. A proposal to put the statement on the static list and carry over the current CCG approvals was agreed. ***19/51/03 – Roflumilast for COPD*** Following the routine review of this expiring statement, there have been no significant changes. Uptake of this treatment has been very low locally. It was agreed to add this amber recommended statement to the static list and carry over the CCG approvals. ***19/51/04 – Opicapone for Parkinson's disease*** No significant changes have resulted from this routine review, there is no new evidence that would support a change in positioning so it remains as amber recommended RAG rating. There are low patient numbers across Pan Mersey (including Wirral), with spend of less than £1,200 per 100,000 in financial year 2018/19. The New Medicines Subgroup proposed adding the statement to the static list and carrying over the current CCG approvals. The APC agreed to this proposal. ***19/51/05 – Safinamide for Parkinson's Disease*** This routine review produced no significant changes and there has been no change in the positioning of safinamide. Patient numbers are low and spend across Pan Mersey CCGs was approximately £1,000 per 100,000 population in	

	financial year 2018/19. The APC agreed that this amber recommended statement will be added to the static list and CCG approvals will be carried over. ***19/51/06 – Rasburicase for severe, refractory tophaceous gout*** A routine review of this black statement revealed no additional evidence, so the black RAG rating is still appropriate for this off-label indication. The APC members agreed for this statement to be added to the static list and for CCG approvals to be carried over. ***19/51/07 – Patiromer for hyperkalaemia*** A grey statement was produced in October 2017. A negative NICE ACD was subsequently published in October 2018 and the grey statement was updated. This is due to expire in October 2019. The NICE TA publication date has remained TBC until recently but is now expected in February 2020 so NMSG proposed extending the expiry date of this grey statement by 6 months. The APC agreed. As this is outside the usual Pan Mersey process, AH asked the committee for their authorisation, if this happens again, for the NMSG to extend the expiry date of the grey statement on the website and then bring to the APC for noting. The committee members agreed to this.	
APC/19/52	**Shared Care Subgroup**	
	19/52/01 – Riluzole Update In September 2018, the Walton Centre asked the APC to consider a proposal to amend the riluzole shared care framework, for patients with amyotrophic lateral sclerosis, to state GPs would carry out blood monitoring in the first three months while the trust continued to prescribe. Members then investigated using the ICE system as a more straightforward method, but this is not an option as the Walton Centre has a different IT provider. Therefore, the Shared Care Subgroup proposes that, as there is no dose titration, the shared care framework could state that both prescribing and monitoring could be requested from the GP after one month. This proposal will be put on the consultation email. No objections were raised, and this was agreed.	
APC/19/53	**Formulary and Guidelines**	
	19/53/01 – Flash glucose monitor – updated statement and template documents A Pan Mersey statement was produced in May 2018, NHSE then published criteria which widened the availability of the technology in March 2019, along with an agreement to reimburse CCGs for 20% of the ongoing costs of flash glucose monitors for 2019/20 and 2020/21. DGG was asked to convene a meeting of interested parties from secondary and primary care to discuss the new criteria. This meeting took place on 1/5/19 and the FGSG has put the outcomes of that meeting together into a revised statement. This went out for consultation and a lot of feedback has been received. SMc asked if Pan Mersey are being discriminatory about people who are not transitioning but who are about that age. DGG responded that the statement was not being discriminatory, as it is simply highlighting that the services to support adolescents transitioning to adult service with psychosocial issues are not available in local acute trusts. Alder Hey has a dedicated team to support these patients. CB raised a concern about a Roche blood glucose meter being discontinued. DGG was not aware of the issue. The APC ratified the Blood Glucose Meter Guideline a few months ago, therefore this could not be revisited at this meeting. In response to a question, it was confirmed that meters are available to support carbohydrate counting on the current guideline.	

	The statement and template documents were agreed. ***19/53/02 – NHS England guidance: Items which should not be routinely prescribed in primary care – proposed actions*** This is a second list published by NHSE in June and members were asked to note the items in the table and the changes proposed. There was a discussion about two items, amiodarone and bath/shower preparations. LHCH and other trusts are still initiating amiodarone and, with reference to this and the fact that there are some existing patients who are no longer under secondary care, a committee member asked if there is likely to be any objection from GPs and a refusal to prescribe. It is currently Amber Initiated, and although NHSE have categorised amiodarone as shared care, it would better fit our Amber Retained criteria and prescribing support information will be drafted. The Pan Mersey spend is £46,000 per annum. Prescribing data will be provided. Prescribing support information will clarify the process for referring patients back to secondary care and will state that existing patients should remain on amiodarone with consideration of referral back to the specialist. This will go through the usual process and will appear in the consultation email. The biggest challenge on this list for Alder Hey is 'bath and shower preparations for dry and pruritic skin' and CB asked if the NHSE guidance extends across all age groups. A letter was sent from Alder Hey to the Royal College asking them to develop different guidance for paediatrics. CB to send a copy of the letter to DGG and to keep pushing NHSE. OS expressed concern that if parents were left to buy these preparations over the counter, they may not buy these and may not use them. ***19/53/03 – Formulary Chapter 9 review*** A routine review of Chapter 9 (including the Wirral transition to the Pan Mersey formulary) was carried out. There were not many changes and a summary was presented, for noting. AE went through the main points in the consultation feedback. The APC agreed to the reviewed chapter being adopted. ***19/53/04 – Desiccated thyroid, black statement review*** This was a routine review. A literature search identified new information, but this did not support any change to the statement. Links have been updated. The proposal to move this statement to the static list and carry over the CCG approvals, was agreed. There was a brief discussion and it was agreed to make a minor amendment to the first sentence in paragraph 3 on page 1, where it refers to a consultant NHS endocrinologist, so that it is clear that "The consultation where the patient is deemed to require the drug must be undertaken by an NHS consultant in an NHS funded service". As this is a minor amendment for clarity, it was agreed not to send it out for consultation again. ***19/53/05 – Thickeners for dysphagia – formulary choice*** The CCG Leads had suggested that guidance would be helpful, particularly with regard to people in nursing homes. Lancashire had already produced a review document, and this was used as a basis to recommend two first choice thickeners for addition to the formulary. This was sent out for consultation and most feedback was in agreement or 'no comment' although Alder Hey had asked about other thickeners for children. FGSG will look at thickeners for children separately They are only to be prescribed on the recommendation of a speech and language therapist or another appropriate specialist. The APC agreed to the addition of this information to the formulary. ***19/53/06 – Multi-compartment compliance aids – guideline*** The aim of this guideline is to assist prescribers with the identification of patients who will benefit from the provision of a compliance aid.	***HD*** ***CB*** ***GR***

	The issue around community pharmacists not receiving reimbursement for this service was raised, and it was agreed to discuss further outside of the meeting. DGG suggested that this is something that should perhaps be taken to the LPN, or it may be a good idea to lobby the NHSE. This document will not solve the problem but at least now there is a reference document. DGG will take this item to the next Chiefs and CCG Leads meeting in September, to discuss how this can be moved forward. The APC agreed to approve this document but that there is more work to be done. ***19/53/07 – Pethidine tablets and injection – formulary amendments*** A proposal to remove pethidine tablets 50mg from the formulary and add pethidine injection 50mg and 100mg to the formulary was agreed. The basis for this decision is that there is very limited usage of tablets in secondary and primary care, but the injection is used in secondary care.	***DGG***
APC/19/54	**Safety Subgroup**	
	19/54/01 – Summary Care Record: minimising harm from missing data This came to the APC originally in April, but concerns were raised around the implied burden of responsibility for GP practices. AF had assisted with rewording the document and the key changes were around acknowledging that, whilst primary care is currently the only setting that SCR can be altered, all clinicians involved in patient care have a responsibility to ensure that GPs are equipped with the necessary information to allow timely update of SCR. It was suggested that the wording in the title box should be changed from 'to ensure' to 'in ensuring' to better reflect the situation. In the third bullet point on page 1, patients' should be changed to patient's. The statement was agreed, subject to those minor amendments being made.	
APC/19/55	**APC Reports**	
	APC/19/55/01 – APC Prescribing Report July 2019 The report has been updated to include March 2019 prescribing data. AH talked through the figures. ***APC/19/55/02 – NICE TA adherence checklist July 2019 – for noting*** This has been updated to the end of June. ***APC/19/55/03 – RMOC update*** AH and Dr Van Miert attended the RMOC North meeting at the end of June and there were a few items of note: <u>RMOC operating model</u>: this has been updated and 'new medicines' now sit outside of RMOC remit. AH and other RMOC members have raised concerns about this decision as they feel there is work that can be done at a regional level to avoid duplication. The concerns have been acknowledged and AH will keep the APC informed of any update. <u>Shared Care work programme</u>: The CSU collaborative is supporting RMOC work to look at practical support and addressing national issues for shared care. <u>Low priority prescribing</u>: The proposals from FGSG have already been discussed on the agenda.	
APC/19/56	**Any Other Business**	
	APC/19/56/01 – Risankizumab for psoriasis – NICE Fast Track TA There is a NICE Fast Track TA expected to be published on 21 August. The APC does not have an August meeting and approval at the September meeting would be 35 days after publication. AH advised that, although Fast Track TAs have a 30-day implementation period, the APC stance has always been that the 90-day implementation period is the statutory requirement and has previously	

	agreed to continue to work to this. However, some organisations may strive to achieve the 30-day implementation outside of the APC process. Virtual approval has been tried in the past, but it was unsuccessful. AH asked if it would be acceptable for her to send out an email with all the relevant information to the CCG Leads and Chief Pharmacists when the TA is published, saying this is the situation and you may wish take this through your organisation's internal processes. The full policy statement would then follow through the APC process in due course. The view at the Royal Liverpool is that there is a desire to try to put it through in 30 days. DT felt they would not be able to turn it around at Aintree in that time, which was echoed by a number of other organisations. For this particular Fast Track TA, it was agreed that there was no unmet clinical need that warranted consideration. The APC agreed to continue to work to the statutory 90-day implementation for all NICE TAs, and that there was no requirement to do anything in addition to the usual APC process.	
APC/19/57	**Date, Time and Venue for the next meeting**	
	THERE IS NO MEETING IN AUGUST 2019 Date and time of next APC meeting: The next meeting will be on Wednesday 25 September 2019 at 2.00-4.00pm Venue: The Education Centre, Kent Lodge, Broadgreen Hospital, Liverpool, L14 3LB	

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