

Minutes

Meeting	Pan Mersey Area Prescribing Committee
Venue	The Education Centre, Kent Lodge, Broadgreen Hospital, Thomas Drive, Liverpool, L14 3LB
Date and time	1400 – 1600 hours on Wednesday 29 January 2020

Attendance		
ATKINSON, Anna	Lancashire and South Cumbria NHS Foundation Trust	N
BARKER, Catrin	Alder Hey Children's NHS Foundation Trust	Y
BARNETT, Rob Dr	Liverpool Local Medical Committee	Y
BARTON, Carolyn	NHS Knowsley CCG	Y
CAMPHOR, Ivan Dr	Mid Mersey Local Medical Committee	N
CARTWRIGHT, Nicola	NHS St Helens CCG	Y
CHILTON, Neil	North West Boroughs Healthcare NHS Foundation Trust	Y
COLLINS, Daniel	Liverpool Women's Hospital NHS Foundation Trust	N
CROSBY, John Dr	Mersey Care NHS Foundation Trust	N
DOYLE, Catherine Dr	NHS Warrington CCG	Y
EVANS, Alison	Wirral University Teaching Hospital NHS Foundation Trust	Y
FITZGERALD, Richard Dr	Liverpool University Hospitals NHS Foundation Trust (Royal)	N
FORDE, Claire Dr	NHS Halton CCG	Y
FORREST, Danny	Liverpool Heart and Chest Hospital NHS Foundation Trust	Y
HAWCUTT, Dan Dr	Alder Hey Children's NHS Foundation Trust	N
HAYES, Nicola	Warrington and Halton Hospitals NHS Foundation Trust	Y
HENSHAW, Anne	Midlands and Lancashire Commissioning Support Unit	Y
HUNTER, Anna Dr	NHS South Sefton CCG, Southport and Formby CCG	Y
ISLAM, Jasmeen	Cheshire and Wirral Partnership NHS Foundation Trust	N
JAEGER, Emma	NHS Wirral CCG	Y
JAIN, Adit Dr	NHS Knowsley CCG	N

Attendance		
JALAN, Saket Dr	NHS Wirral CCG	N
JOHNSTONE, Peter (Chair)	NHS Liverpool CCG	Y
KNIGHT, Lisa	Wirral Community NHS Foundation Trust	N
KNOWLES, Lee	Mersey Care NHS Foundation Trust	N
LLOYD, Barry	NHS West Lancashire CCG	N
LUNN, Jenny	NHS Warrington CCG	Y
LYNCH, Suzanne	NHS South Sefton CCG, NHS Southport and Formby CCG	Y
McNULTY, Sid Dr	St Helens and Knowsley Teaching Hospitals NHS Trust	Y
NAGARAJA, Shankara Dr	Liverpool University Hospitals NHS Foundation Trust (Aintree)	N
PARKER, James	Liverpool University Hospitals NHS Foundation Trust (Royal)	Y
PHILLIPS, Kathryn	Bridgewater Community Healthcare NHS Foundation Trust	Y
REID, Lucy	NHS Halton CCG	Y
SHAIKH, Omar Dr	NHS St Helens CCG	Y
SZYNALSKI, Jackie	Mersey Care NHS Foundation Trust; Community Services Division	Y
THORNTON, Dave	Liverpool University Hospitals NHS Foundation Trust (Aintree)	Y
VAN MIERT, Matthew Dr	Wirral University Teaching Hospitals NHS Foundation Trust	N
WELSBY, Mike	St Helens and Knowsley Teaching Hospitals NHS Trust	Y
WILLIAMS, John	Southport and Ormskirk Hospital NHS Trust	Y
Non-voting		
BELLIS, Jenny	Alder Hey Children's NHS FT (presenting Item 5.1)	Y
DINGLE, Helen	Midlands and Lancashire Commissioning Support Unit	Y
DONLON, Kieron	Midlands and Lancashire Commissioning Support Unit	Y
MCENTEE, Joanne	North West Medicines Information Centre	N
MORONEY, Tamsin	Midlands and Lancashire Commissioning Support Unit	N
READER, Graham	Midlands and Lancashire Commissioning Support Unit	Y
WILSON, Paula	Midlands and Lancashire Commissioning Support Unit	Y

1. Welcome and apologies	Action
The Chair welcomed members and accepted apologies from the following: Anna Atkinson, Dr Ivan Camphor, Dr John Crosby, Dr Ann Cullumbine, Dr Dan Hawcutt, Dr Adit Jain, Barry Lloyd, Joanne McEntee, Dr S V Nagaraja and Dr Matthew Van Miert.	

2. Declarations of interest and quoracy	
	A quoracy check confirmed that this meeting was not quorate. There were no declarations of interest for items on the agenda.
3. Minutes of the last meeting and matters arising	
3.1	The minutes were agreed to be an accurate record of the previous meeting on 27 November 2019.
3.2	<p>Matters arising</p> <p><u>Rivaroxaban for preventing atherothrombotic events in CAD/PAD – NICE TA607</u></p> <p>In relation to the four actions agreed at the last meeting, the following update was given: A letter was sent to NICE in December raising the concerns of the APC, but no reply has yet been received. The letter was subsequently shared with the CCG Leads so they could raise the concerns with GPs. AH discussed with CSU teams in Lancashire and Midlands; neither have produced any additional supporting information for this NICE TA. Lancashire had noted similar concerns around the NICE costings. Both APCs supported the principle of the concerns raised in the Pan Mersey letter to NICE. CBr had provided an email update advising that internal discussions are taking place with vascular surgeons at Aintree but there is no outcome to report yet. It remains unclear which of the current NICE TAs should be applied to individual patients.</p> <p>It was agreed that AH would contact NICE to chase their response.</p>
	AH
4. New Medicines	
4.1	<p>Grey statement summary</p> <p><u>Nicotine inhaler (Voke®)</u></p> <p>A grey statement has been uploaded on to the website, for use in nicotine dependence. It will be reviewed within 6 months by the FGSG.</p> <p><u>Ranibizumab solution for injection (Lucentis®)</u></p> <p>A grey statement has been produced, for use in diabetic retinopathy. It will be reviewed when the NICE TA is published, date currently to be confirmed.</p>
4.2	<p>Dapagliflozin for type 1 diabetes – update</p> <p>A temporary red statement was approved by APC in October 2019 after the NMSG identified that a pathway needed to be developed in order to support the safe transfer of prescribing to primary care. NICE TA597 states treatment with dapagliflozin should be started and supervised by a consultant physician specialising in endocrinology and diabetes, therefore it would need to be amber retained for this indication once the pathway is agreed. NMSG has developed both the amber retained statement and accompanying pathway as requested, however it was agreed that due process required the pathway to go through full stakeholder consultation before being presented to APC. This could not be completed for the January APC meeting and the NMSG was of the opinion that the statement should not be brought for APC consideration without the pathway, given the two documents support each other. Both documents will be brought to February APC.</p>

4.3	<p>Collagenase clostridium histolyticum – discontinuation</p> <p>This is currently red in the formulary for the treatment of Dupuytren’s contracture (NICE TA459) and black for the treatment of Peyronie’s disease. Xiapex® is being discontinued by the manufacturer and the EU Marketing Authorisation will be withdrawn on 1 March 2020. The APC supported the NMSG proposal that:</p> <ul style="list-style-type: none"> • information about the de-registration will be added to the formulary; • the red position for Dupuytren’s contracture will be retained in the formulary until 1 March 2020; • on 1 March, the formulary will be updated from red to black for Dupuytren’s contracture and the associated Blueteq form will be deactivated; • archive black statement for Peyronie’s disease. 	
4.4	<p>Fluocinolone for phakic diabetic macular oedema – NICE TA 613, black statement</p> <p>The black statement was presented. NICE TA613 does not recommend fluocinolone for treating diabetic macular oedema (DMO) in patients with phakic eyes. There were no comments or questions and the statement was approved.</p>	
4.5	<p>Lusotrombopag for thrombocytopenia in chronic liver disease patients undergoing planned invasive procedures – NICE TA617, red statement</p> <p>The red statement was presented. Lusotrombopag is recommended for prescribing by specialists only. A discussion took place regarding which specialists should be able to prescribe and it was agreed that allowing prescribing by a specialist in gastroenterology would be more appropriate than specifying a specialist in hepatology. The statement was approved subject to this amendment.</p>	
4.6	<p>Brimonidine gel for rosacea – routine review of green statement, for inclusion on static list</p> <p>A routine review of the green statement has been undertaken with no significant changes identified. The statement was approved and will be added to the static list, with no further review unless significant new information becomes available.</p>	
<p>5. Shared Care</p>		
5.1	<p>Warfarin for Children prescribing support information</p> <p>This prescribing support information has been produced to support an established service at Alder Hey. JB talked through the main points raised in the consultation feedback. Concerns were raised about the practicalities of obtaining results of INR testing. GPs will not prescribe without the INR results. RB reported that in Liverpool, results from Alder Hey can go straight through electronically to GP records. This is not the case for other areas within Pan Mersey. After a lengthy discussion about using the yellow book, using mobile phones or getting test results on-line, it was agreed that it is necessary to look at IT solutions that work for the whole of the Pan Mersey footprint. Catrin Barker to talk to Alder Hey IT. SL will try to establish who to approach regarding a system-wide IT solution.</p> <p>A query was raised regarding the prescribing of 5mg tablets and the potential for dosing errors. The majority of GPs have not prescribed this strength for a long time based on an MHRA safety alert, although Alder Hey confirmed they did prescribe the 5mg tablets. It</p>	CB SL

	was agreed that this prescribing support information will come back to APC when the INR monitoring arrangements have been clarified.	
5.2	<p>Ursodeoxycholic acid prescribing support information</p> <p>This is an amber retained drug for various indications and there are approximately 600 patients prescribed ursodeoxycholic acid across Pan Mersey.</p> <p>This document was developed because these patients should be under the care of a specialist. It covers all the relevant indications under separate headings and aims to provide support for GPs if there are any issues. Feedback was 'no comment' or in agreement. The prescribing support information was approved by the APC.</p>	
5.3	<p>RMOC Shared Care Guidance: Shared Care subgroup response on behalf of APC</p> <p>The RMOC North committee has drafted Shared Care Guidance, which is currently out for national consultation until the end of January. It was circulated on the December consultation email and was also reviewed by the Shared Care subgroup earlier this month. The document included in the agenda is the Shared Care subgroup feedback which, it is proposed, will form the APC response to the RMOC consultation.</p> <p>Main points:</p> <ul style="list-style-type: none"> • Pan Mersey also has Amber categories with different monitoring requirements that don't meet the Pan Mersey criteria for shared care, for example, 3-monthly monitoring will not always be the case. Some of the drugs listed on the last page as suitable for Shared Care are Amber Retained while others are Red in Pan Mersey. • The RMOC document only talks about patients and not parents and carers. • It needs a glossary and some paragraphs and definitions are unclear and need to be re-worded. • More information about adverse drug reactions and black triangle drugs is required. • There are many suggested changes to the appendices and template letters. A lot of the information used in Pan Mersey is not included in the RMOC documents. <p>The APC was asked to adopt this as the formal APC response to the RMOC consultation. It was proposed that any stakeholder feedback received from the APC consultation will also be fed back to RMOC but will not form part of the APC response.</p> <p>RB raised concerns about the wording on page 18 regarding "date for GP to undertake monitoring and treatment must be at least one month from initiation of treatment". There is no mention of the need for the patient to be stabilised on treatment and reviewed by the specialist before the shared care request is submitted. HD agreed that this was a concern and does not follow the wording in the Pan Mersey Definitions and Criteria. This concern will be fed back to RMOC.</p> <p>The APC agreed to adopt the Shared Care Subgroup response as the Pan Mersey APC response to RMOC and supported the proposal for submitting the additional stakeholder feedback to RMOC.</p>	
5.4	<p>ADHD shared care frameworks update and extension to expiry date</p> <p>The five ADHD shared care frameworks were updated and sent out for consultation in November as they had reached their expiry date. Some feedback suggested that, in practice, the monitoring arrangements and communication to the GP differs to that in the frameworks so the subgroup has agreed to adapt them to be suitable for other CCGs as well as for those that already use them.</p>	

	The APC was asked to approve a 6-month extension to the existing frameworks so that they can continue to be used while the extra information is developed. The APC agreed to this extension. The updated shared care frameworks will be brought to May APC.	
6.	Formulary and Guidelines	
6.1	Eflornithine cream – statement review and addition to static list A routine review has been carried out, with no significant changes made. The Pan Mersey spend has been updated and has come down significantly since this statement was first issued. This cream is only licensed for facial hirsutism, but it was agreed to remove the word “facial” to cover any potential off-label use. This statement was approved, subject to this amendment, and will be added to the static list.	
6.2	Formulary Ch.6 review – including merger of Pan Mersey and Wirral formularies The consultation feedback comments received and the subgroup responses to the comments were reviewed. The APC approved all the proposed amendments.	
6.3	Formulary Ch.11 review – including merger of Pan Mersey and Wirral formularies The consultation feedback comments received were highlighted along with the subgroup responses to the comments. The APC approved the suggested amendments. <u>Updated guideline for non-specialist management of dry eye symptoms</u> A routine review of the guideline has been undertaken, with the addition of Thealoz Duo PF eye drops and inclusion of self-care as an option. It was agreed to add a link to the NHSE “Conditions for which over-the-counter items should not routinely be prescribed in primary care” to emphasise the self-care option for this condition. The updated guideline was approved by the APC.	
6.4	Formulary Ch.13 - merger of Pan Mersey and Wirral formularies The consultation feedback comments received and the subgroup responses to the comments were presented. Comments were received about emollients, however the FGSG is currently producing an emollient guideline and these comments would be considered as part of that work. There was a request for reference to self-care information with sunscreens, which has been included. This was approved by the APC.	
6.5	Freestyle Optium blood glucose and ketone testing strips – statement These strips are high cost and not recommended in Pan Mersey guidance for routine use with the Optium Neo meter. Where a patient qualifies for a Freestyle Libre device and is also carbohydrate counting then it seems reasonable to prescribe Freestyle Optium strips (amber recommended) because it prevents the patient having to use 3 separate meters, and costs are comparable to strips used in recommended carbohydrate counting meters. Consultation was broadly in agreement with this statement. The amber recommended statement was approved by the APC.	
6.6	Hydrocortisone injection – RAG designation The FGSG proposes changing the RAG designation of Hydrocortisone injection from green to amber recommended. Patients on oral replacement hydrocortisone occasionally require i.m. injection due to illness and this was not appropriate for a green designation. There was a discussion about secondary care supplying the needles and syringes to patients because they cannot be prescribed on FP10. It was agreed that the	

	formulary will state these are to be provided by secondary care, although sharps bins can be prescribed on FP10. It was noted some GPs may informally provide syringes and needles. The APC approved the change in RAG designation.	
6.7	Co-trimoxazole – RAG designation Previously the APC agreed co-trimoxazole should be red for both long term use and for short-term use where the specialist had requested sensitivities and decided on co-trimoxazole treatment, but the APC had requested it be amber recommended where a GP provided the original sample for sensitivity testing. This was consulted on and feedback was in agreement. This proposed RAG change was approved by the APC.	
6.8	Ibuprofen + naproxen statement – archive The FGSG proposed to archive the statement on ibuprofen and naproxen (oral formulations) as NICE has updated its Clinical Knowledge summary on ‘NSAIDs – prescribing issues’ and diclofenac now represents only 5% of NSAID prescribing in Pan Mersey. Consultation feedback was in agreement. This was agreed by the APC.	
6.9	Minocycline statement Minocycline has not been included in the formulary for a number of years. However, NHSE lists it amongst “Items which should not routinely be prescribed in primary care: Guidance for CCGs” therefore the subgroup drafted a black statement. The information has been taken from the NHSE document and provides more information about what the alternatives are. Feedback was in agreement with the black statement. The APC approved the statement.	
6.10	Aliskiren statement. Aliskiren has been listed in the formulary as black. However, as NHSE lists it amongst “Items which should not routinely be prescribed in primary care: Guidance for CCGs” the subgroup additionally drafted a black statement. The information has been taken from the NHSE document and provides more information about what the alternatives are. Feedback was in agreement with the black statement. It was approved by APC.	
7.	APC Reports	
7.1	APC Prescribing Report January 2020 – FOR NOTING AH presented the 6-monthly prescribing report, which includes data up to October 2019. Points of note are: <ul style="list-style-type: none"> • Low uptake of Sacubitril / Valsartan (page 2) compared to NICE estimates for 2019/20. • Freestyle Libre prescribing (page 4) has increased significantly since the updated NHSE criteria were issued. • Black drugs (page 7) table shows upward/downward trends for black drugs. AH highlighted the increases that CCGs may wish to look at. 	
7.2	NICE TA Adherence Checklist December 2019 – FOR NOTING Updated to end of December 2019. This will be uploaded on to the APC website.	

7.3	<p>RMOC Update – FOR NOTING</p> <p>AH gave a verbal update to the APC, to highlight recent RMOC publications and what actions have been taken for Pan Mersey.</p> <p>Oral vitamin B supplementation in alcoholism (Nov 2019) – this recommendation does not differ from the Pan Mersey formulary entries for oral vitamin B. It was discussed with the CCG Leads in January and it was agreed to add a link to this document within the formulary.</p> <p>Three RMOC further publications in January. These are currently being considered against the Pan Mersey position. A full update will be provided at February APC:</p> <ul style="list-style-type: none"> • Sequential Use of Biologic Medicines • Standard Principles for Medicines Prior Approval Forms • Free of Charge Medicines Schemes (update) <p>As already discussed under item 5.3 the RMOC Shared Care Guidance is currently out for consultation.</p>	
<p>8. Any other business</p>		
8.1	<p>Ingenol – risk of skin cancer</p> <p>The Committee were asked to consider a temporary black designation for ingenol mebutate (Picato). The results of a recent safety trial showed an increased risk of skin cancer. The European Medicines Agency and the Medicines and Healthcare products Regulatory Agency have both issued guidance that prescribing should stop and alternative treatments be considered. Ingenol is currently green in the Pan Mersey formulary. The Committee agreed to the change in designation to black.</p>	
<p>9. Next meeting</p>		
	<p>Wednesday 26 February 2020 at 14.00 – 16.00 hours</p> <p>The Education Centre, Kent Lodge, Broadgreen Hospital, Thomas Drive, Liverpool, L14 3LB</p>	