

# Minutes

<b>Meeting</b>	<b>Pan Mersey Area Prescribing Committee</b>
<b>Venue</b>	Microsoft Teams online meeting
<b>Date and time</b>	Wednesday 23 September 2020, 2.00-3.30pm

<b>Attendance</b>		
AL-JAFFAR, Hannah	Southport and Ormskirk Hospital NHS Trust	N
ATKINSON, Anna	Lancashire and South Cumbria NHS Foundation Trust	Y
BARKER, Catrin	Alder Hey Children's NHS Foundation Trust	Y
BARNETT, Rob Dr	Liverpool Local Medical Committee	Y
BARTON, Carolyn	NHS Knowsley CCG	Y
CAMPBOR, Ivan Dr	Mid Mersey Local Medical Committee	Y
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	Y
CROUCH, Caroline	Wirral CCG	Y
CULLUMBINE, Ann Dr	Wirral Local Medical Committee	Y
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	N
HENSHAW, Anne	Midlands and Lancashire Commissioning Support Unit	N
HUNTER, Anna Dr	NHS South Sefton CCG, Southport and Formby CCG	Y
IRVINE, Adam	Cheshire and Merseyside Local Pharmaceutical Committee	N

<b>Attendance</b>		
ISLAM, Jasmeen	Cheshire and Wirral Partnership NHS FT	Y
JAEGER, Emma	NHS Wirral CCG	N
JAIN, Adit Dr CHAIR	NHS Knowsley CCG	Y
JALAN, Saket Dr	NHS Wirral CCG	N
JOHNSTON, Jenny	NHS South Sefton CCG, NHS Southport and Formby CCG	Y
JOHNSTONE, Peter	NHS Liverpool CCG	Y
KNIGHT, Lisa	Wirral Community NHS Foundation Trust	N
LLOYD, Barry	NHS West Lancashire CCG	Y
LUNN, Jenny	NHS Warrington CCG	Y
LYNCH, Susanne	NHS South Sefton CCG, NHS Southport and Formby CCG	N
McNULTY, Sid Dr	St Helens and Knowsley Teaching Hospitals NHS Trust	Y
PARKER, James	Liverpool University Hospitals NHS Foundation Trust (Royal)	N
PHILLIPS, Kathryn	Bridgewater Community Healthcare NHS Foundation Trust	Y
RAFFERTY, Sarah	Mersey Care NHS Foundation Trust	N
REID, Lucy	NHS Halton CCG	Y
SHAIKH, Omar Dr	NHS St Helens CCG	Y
SKIPPER, Paul	Liverpool University Hospitals NHS Foundation Trust (Royal)	N
SZYNALSKI, Jackie	Mersey Care NHS Foundation Trust, Community Services Division	Y
THORNTON, Dave	Liverpool University Hospitals NHS Foundation Trust (Aintree)	N
VAN MIERT, Matthew Dr	Wirral University Teaching Hospitals NHS Foundation Trust	Y
WELSBY, Mike	St Helens and Knowsley Teaching Hospitals NHS Trust	N
WILLIAMS, John	Southport and Ormskirk Hospital NHS Trust	Y
<b>Non-voting</b>		
DINGLE, Helen	Midlands and Lancashire Commissioning Support Unit	Y
DONLON, Kieron	Midlands and Lancashire Commissioning Support Unit	Y
HALL, Gareth	Warrington CCG; Halton CCG	Y
MARSDEN, Ashley	North West Medicines Information Centre	Y
MORONEY, Tamsin	Midlands and Lancashire Commissioning Support Unit	Y
READER, Graham	Midlands and Lancashire Commissioning Support Unit	Y
WILSON, Paula	Midlands and Lancashire Commissioning Support Unit	Y

<b>1</b>	<b>Welcome and apologies</b>
	The Chair welcomed members and accepted apologies from the following: Paul Skipper, Dave Thornton, James Parker, Anne Henshaw, Susanne Lynch (Jenny Johnston attending), Emma Jaeger (Caroline Crouch attending), Adam Irvine and Mike Welsby.
<b>2</b>	<b>Declarations of interest and quoracy</b>
	A quoracy check confirmed that this meeting was quorate. There were no declarations of interest for items on the agenda.
<b>3</b>	<b>Minutes of the last meeting</b>
	The Minutes were agreed to be an accurate record of the meeting on 29 July 2020.
<b>4</b>	<b>Matters arising</b>
4.1	<u>Online APC Meeting – feedback</u> The July meeting was the first Pan Mersey APC meeting to be held online and the Chair asked members for their feedback and any suggestions for improvement to be emailed to Anne Henshaw after the meeting.
4.2	<u>APC Chair – appointment of Chair for next 12 months</u> No expressions of interest have been received. Dr Adit Jain, Dr Anna Hunter and Peter Johnstone have agreed to remain in their existing roles as Chair, Vice Chair and Deputy Chair for the next 12 months. Members were asked if there were any objections to the above remaining in their roles for the next 12 months. No objections were raised and this was agreed. This arrangement will commence from this meeting for 12 months.
4.3	<u>APC voting arrangements</u> The APC October agenda is anticipated to be relatively light and it was suggested this would provide an opportunity for Committee members to trial different technical options for registering approval and voting using MS Teams during this meeting. The MLCSU team is continuing to explore voting options and trial them, making sure that all external users can use the voting options. This was agreed.
<b>5</b>	<b>New medicines</b>
5.1	<b>Grey statement summary</b> Grey ‘holding’ statements have been produced for the APC website for: <u>OMALIZUMAB solution for injection (Xolair®)</u> For use in chronic rhinosinusitis with nasal polyps. It will be reviewed when the NICE TA is published (date currently TBC). <u>FOSTAMATINIB tablets (Tavlesse®▼)</u> For use in chronic immune thrombocytopenia (ITP). It will be reviewed when the NICE TA is published (expected 06 January 2021).
5.2	<b>Eltrombopag for severe aplastic anaemia – routine review at expiry</b>

	<p>This is a routine review at document expiry. Review of this black statement was delayed due to changes in NMSG membership and the Covid-19 situation. A summary of the statement was given to members. It was originally assigned a black RAG rating because the NMSG and the APC could not be assured of clinical effectiveness and cost effectiveness. No new evidence has been produced to change the position from the original review. The evidence suggests a low response rate and many patients remained transfusion-dependent despite being on eltrombopag. There are also significant safety concerns. Stakeholder feedback was discussed, and the Pan Mersey APC position is in line with other local APC positions. NMSG proposes that this is now added to the APC 'static list' and will not be reviewed further unless significant new information or evidence became available. The APC approved the reviewed statement and confirmation was provided that CCG approval positions could be carried over.</p>	
5.3	<p><b>RMOC Free of Charge Scheme policy – for adoption as APC policy</b></p> <p>The Pan Mersey APC FOC scheme policy was used as a reference source by RMOC when developing their advice. However, it was felt that this review by RMOC has resulted in a more comprehensive policy. It was proposed that the RMOC Free of charge advice (January 2020) is to be adopted as local policy for Pan Mersey APC and will supersede the current Pan Mersey APC policy. The consultation feedback received was limited but supportive. A separate form for commissioner sign-off has been developed based on the RMOC Appendix 1 and it will be uploaded to the website for local use. This was approved.</p>	
5.4	<p><b>NMSG statement expiry extension</b></p> <p>A small number of NMSG policy statements have expired and there have been delays in the routine review that have been further exacerbated by the pause of APC activity due to Covid-19. The NMSG proposed that the following statement expiry dates are extended to March 2021:</p> <ol style="list-style-type: none"> <li>1. <u>CANAGLIFLOZIN, DAPAGLIFLOZIN and EMPAGLIFLOZIN as COMBINATION THERAPIES</u>: a multiple prescribing statement. It was noted that there was a typo on the report which stated March 2020 instead of 2021. There has been a delay due to author capacity. NMSG to consider best approach to multiple statements before this review to be added to the static list is undertaken.</li> <li>2. <u>CANAGLIFLOZIN, DAPAGLIFLOZIN and EMPAGLIFLOZIN as MONOTHERAPIES</u>: a multiple prescribing statement. It was noted that there was a typo on the report which stated March 2020 instead of 2021. There has been a delay due to author capacity. NMSG to consider best approach to multiple statements before this review to be added to the static list is undertaken.</li> <li>3. <u>TAPENTADOL prolonged release tablets (Palexia® SR)</u>: Unable to undertake routine review during Covid-19.</li> <li>4. <u>CARIPRAZINE hard capsules (Reagila®▼)</u> for the treatment of schizophrenia in adult patients: The APC had stated a 1-year expiry due to differences of opinion over the RAG rating. Unable to undertake review during Covid-19 and audit data is required for the review.</li> </ol> <p><u>Grey statements</u>: These are routinely issued with a 2-year expiry and then archived at expiry if no in-year application is received. A number of grey statements where the NICE TA has been delayed are now expiring. The subgroup proposes extending these to a 3-year expiry date.</p>	

	The APC was asked to approve these extended expiry dates to avoid potential confusion caused by expired documents on the APC website. The APC agreed to these proposals.	
<b>6</b>	<b>Shared care</b>	
6.1	<p><b>Lithium shared care framework – update to monitoring recommendations</b></p> <p>A summary of the proposed changes to sections 6 and 10 in the framework was given. It was pointed out that ECGs would pick up arrhythmia but would not be used to assess cardiovascular risk. Q-risk would be more appropriate but anyone above the age of about 70 is likely to have a raised Q-risk. Furthermore, if a clinical review for cardiovascular disease is required, who does that sit with?</p> <p>Members were also aware that access to interpreted ECGs is variable across the Pan Mersey CCGs and it was pointed out that this should be commissioned in all areas. The framework needs to clearly state what the standard expectation for ECG is.</p> <p>The relevant information from the lithium SPC was shared and this states that cardiac function should be assessed especially in patients with cardiovascular disease and should be reassessed periodically. Unfortunately, this does not provide clarity. After discussion, it was agreed that the framework needs to be revised again as it is not yet addressing concerns. This will be taken back to the shared care subgroup for further review and consultation.</p>	
6.2	<p><b>Priadel discontinuation</b></p> <p>This was an update on the work being done to prepare for the Priadel discontinuation next April. The North West working group is designing a search strategy and risk stratification tool to identify which patients could be switched in primary care and who would need to be switched by the specialists. There will be patient information leaflets (already drafted and ready for use). The RDTG has compared the bioavailability of the different lithium preparations and Camcolit is closest to Priadel. The recommendation is to switch to Camcolit and generic lithium carbonate 250mg.</p> <p>However, everybody has been asked to put this ‘on hold’ at the moment, pending regional or national guidance. A letter has been sent to Matt Hancock asking him to intervene. The pharma company is refusing to discuss this further. Steps are being taken, in the background, to try to stop the discontinuation of Priadel. There are concerns regarding phlebotomy capacity - labs are already overwhelmed and do not have capacity for these extra lithium levels.</p> <p>APC members were asked if the letter from NHS England should be put on the Pan Mersey formulary. Members felt that as the current message is to do nothing and wait for further advice, it would be better not to do so at present as the letter from NHSE contains some information that has not yet been confirmed and could be quite daunting for some patients. CCGs are advising prescribers to do nothing for the time being.</p> <p>PW will feed all this up to the medicines cell.</p> <p>HD to provide a further update to next month’s APC.</p>	PW HD
6.3	<p><b>Pan Mersey and Covid guidance comparison</b></p> <p>The Pan Mersey website has a coronavirus guidance resource page which hosts guidance for extended monitoring intervals for patients who are taking shared care drugs</p>	

	<p>to reduce the need to attend the surgery. This guidance has been developed by the MLCSU medicines management team, the Regional Drug and Therapeutics Committee (RDTTC) and the Specialist Pharmacy Service (SPS). The document in the agenda compares the coronavirus monitoring guidance with the Pan Mersey guidance.</p> <p>Some recommendations for shared care drugs are for extended monitoring intervals and others are for 2-week delays if patients are self-isolating.</p> <p>This document was discussed at the shared care subgroup meeting earlier this month. Subgroup members reported that the guidance continued to be useful, particularly now that cases of coronavirus are rising again. It was agreed that the coronavirus monitoring guidance should remain in place for the time being. The shared care subgroup will review this periodically and, eventually, Pan Mersey will revert to standard guidance. It has been brought to APC for noting.</p> <p>Not everyone was aware of this Covid-19 guidance and some felt that something this useful should be broadcast. Emails stating what was on the website and what had been recently added were sent out weekly during the early months of the pandemic. It was agreed that a further information email should be sent out.</p>	HD
<b>7 Formulary and Guidelines</b>		
7.1	<p><b>COPD guideline</b></p> <p>This is an updated COPD guideline, based on the latest NICE guidance. GR summarised the changes, and confirmed that consultation feedback had been addressed. The APC approved the updated guideline.</p>	
7.2	<p><b>Out of Area requests position statement</b></p> <p>This position statement is based on a document in use in the Lancashire area. It gives guidance to GPs on how to respond to a prescribing request from specialists outside of Pan Mersey area where the request does not fit Pan Mersey criteria. The subgroup felt this fulfils an unmet need as to how to deal with requests for such items.</p> <p>A question was asked about how this might be policed to ensure drugs cost remain with the appropriate person. If GPs have a request they can raise this with their CCG Medicines Management team, using this document to highlight that this is the route, and if this results in the wider issue being resolved then this will address the financial aspects in the future, if not that specific case at that time. The APC approved the position statement.</p>	
7.3	<p><b>Sequential use of biologics and high cost medicines</b></p> <p>Minor wording changes (highlighted in yellow for members' attention) have been made to high cost drugs pathways in rheumatology and psoriasis concerning sequential use of biologics and high cost drugs, with the intention of removing any potential ambiguity that the pathways contradict the RMOCC statement on sequential use of these agents. There is no change to the substance of each of the pathways or costs, it is purely to avoid any perceived contradiction to RMOCC. Minor issues were resolved during consultation.</p> <p>With reference to the psoriasis guideline, it was agreed that the sentence at the bottom of page 1 concerning IFR panel referral is to be removed. Once this has been done, the APC approved the amended pathways.</p>	GR

<b>8</b>	<b>Antimicrobials</b>	
8.1	<p>The antimicrobial guidance was generally well-received at consultation. KD summarised the comments he received.</p> <p>There had been a discussion about dental infections. GPs would not be expected to treat people with suspected dental infections. However, guidance should be available if a clinician deems it necessary to provide treatment.</p> <p>Pan Mersey GPs expressed their concern that GPs are not insured or trained to treat dental problems. There is a dental access provision across Cheshire and Merseyside so there is no need for the GP to prescribe. After a discussion it was agreed that the opening paragraph should make it clear that doctors are not licensed or indemnified to treat dental conditions. This statement should be kept with the treatment tables on the following page. KD will email to APC members with the suggested new wording, and they should confirm their approval or otherwise by return email. If ratified by the APC, this guidance will then go for publication.</p>	KD All
<b>9</b>	<b>APC reports</b>	
9.1	<p><b>NICE TA Adherence Checklist (August 2020) – for noting</b></p> <p>Pan Mersey APC is compliant up to the end of August 2020. This report will be uploaded to the website.</p>	
9.2	<p><b>RMOC update</b></p> <p><u>Future direction for RMOC</u>: Discussions are continuing for RMOC North to be split into RMOC North West and RMOC North East. RMOC North is meeting in October so AH will bring an update to next month's meeting.</p> <p><u>PCSK9 inhibitor Blueteq forms</u>: RMOC are looking to standardise Blueteq forms for PCSK9 inhibitors (alirocumab and evolocumab) for treating primary hypercholesterolaemia and mixed dyslipidaemia. RMOC have provided a template Blueteq form for the CCGs who use Blueteq. There have been forms on the Mersey Blueteq system since 2017 for these. The RMOC template form includes some criteria which are not part of NICE TA393 and NICE TA394, so the template forms have not been adopted as yet. A regional call for standardisation of forms is being set up and it was proposed that the template forms should be discussed further on this.</p>	AH
<b>10</b>	<b>Any other business</b>	
	None.	
<b>11</b>	<b>Next meeting</b>	
	<p>Wednesday 21 October 2020 at 2.00 – 4.00 pm</p> <p>Online meeting via Microsoft Teams</p>	