

Minutes

Meeting	Pan Mersey Area Prescribing Committee
Venue	Microsoft Teams online meeting
Date and time	Wednesday 25 November 2020, 2.00-4.00pm

Attendance		
AL-JAFFAR, Hannah	Southport and Ormskirk Hospital NHS Trust	Y
ATKINSON, Anna	Lancashire and South Cumbria NHS Foundation Trust	Y
BARKER, Catrin	Alder Hey Children's NHS Foundation Trust	N
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	N
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)	Y
FORDE, Claire Dr	NHS Halton CCG	Y
FORREST, Danny	Liverpool Heart and Chest Hospital NHS Foundation Trust	N
HALL, Gareth	Warrington CCG; Halton CCG	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	Y
HUNTER, Anna Dr	NHS South Sefton CCG, NHS Southport and Formby CCG	Y
IRVINE, Adam	Cheshire and Merseyside Local Pharmaceutical Committee	Y

Attendance		
ISLAM, Jasmeen	Cheshire and Wirral Partnership NHS FT	N
JAEGER, Emma	NHS Wirral CCG	Y
JAIN, Adit Dr (CHAIR)	NHS Knowsley CCG	Y
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
McNULTY, Sid Dr	St Helens and Knowsley Teaching Hospitals NHS Trust	Y
PHILLIPS, Kathryn	Bridgewater Community Healthcare NHS Foundation Trust	Y
RAFFERTY, Sarah	Mersey Care NHS Foundation Trust	N
READE, David Dr	NHS St Helens CCG	N
REID, Lucy	NHS Halton CCG	Y
SKIPPER, Paul	Liverpool University Hospitals NHS Foundation Trust (Royal)	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	Y
VINCENT, Marc	Liverpool Heart and Chest Hospital NHS Foundation Trust	Y
WELSBY, Mike	St Helens and Knowsley Teaching Hospitals NHS Trust	Y
Non-voting		
DINGLE, Helen	Midlands and Lancashire Commissioning Support Unit	Y
MARSDEN, Ashley	North West Medicines Information Centre	Y
READER, Graham	Midlands and Lancashire Commissioning Support Unit	Y

1	Welcome and apologies	
	The Chair welcomed members and accepted apologies from the following: James Parker (Paul Skipper attending), Susanne Lynch (Jenny Johnston attending).	
2	Declarations of interest and quoracy	
	A quoracy check confirmed that this meeting was quorate. There were no declarations of interest for items on the agenda.	

3 Minutes of the last meeting	
	The Minutes were agreed to be an accurate record of the meeting on 21 October 2020.
4 Matters arising	
	None.
5 New medicines	
5.1	<p>Grey statement summary The following grey 'holding' statement has been produced for the APC website:</p> <p><u>DAPAGLIFLOZIN tablets (Forxiga®)</u> For heart failure with reduced ejection fraction. To be reviewed when the NICE TA is published (expected February 2021). A question was raised about how cardiologists will manage the need to counsel patients about the risk of DKA when initiating dapagliflozin. A note will be made, so that it is considered when the NICE TA has been published. It was reported that the latest heart failure studies were in a non-diabetic cohort not just in patients with both diabetes and heart failure.</p> <p>This was approved by the APC.</p>
5.2	<p>Sacubitril/valsartan for chronic heart failure – routine review for inclusion on static list</p> <p>This is a routine review of an existing amber initiated statement. MV went through the key changes made. The definition of 'specialist' has been clarified.</p> <p>The North West Coast Strategic Clinical Network (SCN) supporting documents have also been updated. Stakeholder consultation feedback is largely supportive. The NMSG considered a number of the issues raised to be local implementation and therefore cannot be addressed in an APC document.</p> <p>The APC approved the updated Pan Mersey amber initiated statement, for inclusion on the static list. CCG members confirmed their agreement to the current CCG approvals being carried forward. The APC also confirmed their agreement to the supporting SCN documents being available via the APC website.</p> <p>GH asked about the process of carrying over CCG approvals and whether CCG members present had the delegated authority of the CCG to make this decision. It was confirmed that updated documents would still be taken through the usual CCG ratification process to seek ongoing approval, but that this is an agreed pragmatic approach to avoid previously approved drugs becoming temporarily 'unapproved' whilst awaiting CCG consideration. If the CCG position subsequently changed then they would inform the CSU and the new CCG position would be reflected on the APC website.</p>
6 Shared care	
6.1	<p>ADHD Shared Care Frameworks – routine review</p> <p>A routine review of the existing shared care frameworks for atomoxetine, dexamfetamine, guanfacine, lisdexamfetamine and methylphenidate has been carried out and they have</p>

	<p>been updated in accordance with NICE NG87. These frameworks are for adults and for children who attend trusts other than Alder Hey Children's Hospital and Wirral University Teaching Hospital.</p> <p>Consultation feedback has been addressed where possible but much of the feedback relates to implementation issues which the Shared Care subgroup is aware of.</p> <p>The APC approved the updated shared care frameworks. CCG members who had previously signed up to these frameworks, confirmed their agreement to the existing badges being carried over.</p>	
6.2	<p>New ADHD Shared Care Frameworks for children attending Alder Hey Hospital and Wirral Hospital</p> <p>These are five new shared care frameworks for atomoxetine, dexamfetamine, guanfacine, lisdexamfetamine and methylphenidate for children attending Alder Hey and Wirral Hospitals.</p> <p>These reflect alternative monitoring arrangements in which the hospital trust will carry out all the monitoring and communicate the results to the GP after each clinic appointment. Prescribing will be carried out by the GP practice.</p> <p>Consultation feedback has been addressed where possible but some of the feedback relates to implementation issues which the Shared Care subgroup is aware of. IC expressed his frustration with the lack of hospital follow up and his desire for this to be tightened up. This will be followed up outside the meeting. HD reminded members that these frameworks contain clinical information and issues such as that stated above are beyond the scope of the documents. The subgroup is aware that some CCGs are still working towards implementation and that is why some CCGs sign up and some do not. The APC was asked to approve these frameworks for those CCGs who are able to adopt them.</p> <p>The new shared care frameworks were agreed.</p>	
6.3	<p>Proposed amendment to wording in shared care frameworks</p> <p>Following an incident when a shared care lithium patient was not attending the GP practice for monitoring and the GP abruptly ceased prescribing, the Shared Care subgroup was asked to look at the standard wording in Appendix One of the shared care frameworks. Although this request was triggered by a lithium incident, it will apply to all shared care.</p> <p>The subgroup recommends that an extra bullet point is added under the 'Primary Care Responsibilities in Shared Care' heading that says: "Where the GP wishes to withdraw prescribing, for example when the patient fails to attend for monitoring, they need to give sufficient notice for the specialist to be able to review the patient."</p> <p>Some GP members felt that the word "sufficient" is not specific enough. Some suggested 14 days or 21 days but it was agreed that the subgroup should look at what can be achieved, rather than decide a specific timescale. AH suggested looking at the draft RMO Shared Care Guidance to see if they have addressed this problem. There was also a discussion about LMC involvement before the APC meeting stage.</p> <p>It was agreed that the subgroup will look at changing the wording and will bring this back to January APC.</p>	HD

6.4	<p>Proposed expiry extension of Pan Mersey SCSG documents</p> <p>Routine reviews have been delayed due to Covid-19, resulting in some Shared Care documents going out of date and others will go out of date January to April 2021. The proposal is to extend the expiry date by 12 months on all these documents but, if something gets prioritised in the meantime, it will be reviewed sooner. Pan Mersey APC agreed to the requested expiry date extensions.</p>	
<p>7 Formulary and Guidelines</p>		
7.1	<p>Vitamin B12 guideline</p> <p>The proposed guideline promotes self-care for prevention of dietary insufficiency, provides guidance on use of oral administration instead of hydroxocobalamin injection during the Covid-19 pandemic and includes the use of newly licensed cyanocobalamin 1mg tablets (Orobalin®). Consultation feedback has been addressed. It was noted the drug costs of hydroxocobalamin IM were significantly cheaper than cyanocobalamin 1mg tablets, but the actual cost of giving hydroxocobalamin, including booking time, appointment time etc. means its real cost is significantly more than the drug cost alone.</p> <p>The APC agreed the guideline.</p> <p>Post-meeting note: An incorrect price was stated on the guideline document presented at the APC meeting: Cyanocobalamin (Orobalin®) 1mg tablets x 28 cost £9.99, treatment – 2mg twice daily for 8 weeks/ patient = £39.96, maintenance – 1mg daily – annual cost/ patient = £119.88.</p> <p>The correct price is: Cyanocobalamin (Orobalin®) 1mg tablets x 30 costs £9.99, treatment – 2mg twice daily for 8 weeks/ patient = £74.59, maintenance – 1mg daily – annual cost/ patient = £121.55</p>	
7.2	<p>DOAC VTE - RAG designation</p> <p>The FGSG proposed changing the RAG designation of DOACs to treat suspected VTE from amber initiated to green, specifically where initiation by GPs in suspected VTE was part of a locally agreed VTE management pathway (otherwise RAG designation where initiated by hospital/ specialist service would remain amber initiated). This would update clinical practice to follow NICE NG158 published in March 2020; Venous Thromboembolic Disease: Diagnosis, management and thrombophilia testing, which recommends prescribing DOACs for suspected VTE (an off-label indication). Some local VTE pathways now include managing the initial diagnosis of VTE in primary care, where there can be difficulties in arranging low molecular weight heparins in the community for these patients particularly during the COVID-19 pandemic.</p> <p>In addition, it was proposed to temporarily withdraw the Pan Mersey 'Direct oral anticoagulants (DOACs) (previously known as NOACs) for the treatment and prevention of Deep Vein Thrombosis (DVT) and/or Pulmonary Embolism (PE)' statement pending its full review in light of NICE NG158 publication.</p> <p>Consultation feedback has been addressed. There was discussion regarding formulary entry wording for specific CCGs, and it was pointed out that locally agreed VTE management pathways, involving primary-care initiation of DOACs for suspected VTE, were not in place in all localities. It was emphasised that in these localities the RAG</p>	

	<p>designation would therefore remain amber initiated. However, it would be possible to add localised information to the formulary should this be requested by CCGs. A suggestion was made to re-examine the situation in 12 months' time and see what changes have occurred in the intervening period. It was noted in Wirral CCG that DOACs for VTE are already designated green.</p> <p>The APC agreed that the RAG designation overall remains amber initiated, but that the suggested wording could be added to the DOAC formulary entries stating that, where there is an agreed local pathway whereby GPs may start DOAC for suspected VTE, this will be designated green.</p> <p>The temporary withdrawal of the Pan Mersey 'Direct oral anticoagulants (DOACs) (previously known as NOACs) for the treatment and prevention of Deep Vein Thrombosis (DVT) and/or Pulmonary Embolism (PE)' statement pending its full review in light of NICE NG158 publication was agreed.</p>	
7.3	<p>Vitamin D guideline</p> <p>It was proposed an additional bullet point be added to the current guideline for Vitamin D deficiency in adults, with information regarding vitamin D supplementation during the Covid-19 pandemic. Two additional references regarding this have also been added. Consultation feedback supported the proposal, with minor changes to wording made where suggested.</p> <p>The APC agreed the amended guideline.</p>	
7.4	<p>Thickeners (Thick & Easy®) - paediatrics</p> <p>It was proposed to add Thick & Easy starch-based thickener to the formulary for use in dysphagia in children, alongside existing options for adults. Consultation feedback was addressed.</p> <p>The APC approved the addition to formulary for use in paediatrics.</p>	
7.5	<p>Proposed expiry extension of Pan Mersey FGSG documents</p> <p>The FGSG presented a list of 15 statements and guidelines that have passed their review-by date, due to the re-prioritisation of work resulting from the Covid-19 pandemic. The subgroup proposed extending their review-by dates until July or December 2021, as major changes to those listed are thought to be unlikely during this time. This would be reviewed on a case-by-case basis should significant developments occur.</p> <p>The APC agreed to this proposal.</p>	
8	APC reports	
8.1	<p>NICE TA Adherence Checklist (October 2020) – for noting</p> <p>Pan Mersey APC is compliant up to the end of October 2020. The report will be uploaded to the APC website.</p>	
8.2	<p>RMOC update</p> <p>RMOC North was due to meet in early December but that has been postponed due to Covid.</p>	

	<p>As reported from their last meeting, RMOC North is undergoing review and seeking to broaden the membership. Dr Adit Jain and Peter Johnstone were approached as Pan Mersey APC Chair and Vice Chair respectively, to see if they want to join RMOC North. AJ does not have the capacity. PJ expressed a preference for AH to continue to represent Pan Mersey APC but, if that is not going to be possible, then he will join the RMOC North membership to ensure Pan Mersey APC is represented. There are some ongoing delays in the RMOC Shared Care Principles and Criteria being signed off by NHSE and AH will keep members updated.</p> <p>Two RMOC documents were recently circulated for comments. Hydroxychloroquine retinopathy monitoring went to SCSG and Long-acting buprenorphine injection for opioid substitution went to FGSG, who submitted comments from a Pan Mersey perspective. The CSU is ensuring that Pan Mersey is participating in RMOC consultations and, if documents need to be go wider than consideration by the appropriate subgroup(s), they will inform the committee.</p>	
9	Any other business	
	None.	
10	Next meeting	
	<p>Wednesday 27 January 2021 at 2.00 – 4.00 pm Online meeting via Microsoft Teams</p> <p>THERE IS NO APC MEETING IN DECEMBER 2020</p>	