Minutes

Meeting	**Pan Mersey Area Prescribing Committee**
Venue	Microsoft Teams online meeting
Date and time	Wednesday 24 March 2021, 2.00-3.00pm

Members		
AL-JAFFAR, Hannah	Southport and Ormskirk Hospital NHS Trust	Y
ATHERTON, Diane	NHS Wirral CCG	Y
ATKINSON, Anna	Lancashire and South Cumbria NHS Foundation Trust	N
BARKER, Catrin	Alder Hey Children's NHS Foundation Trust	N
BARNETT, Rob Dr	Liverpool Local Medical Committee	Y
BARTON, Carolyn	NHS Knowsley CCG	Y
BRENNAN, Colin	Liverpool University Hospitals NHS Foundation Trust (Aintree)	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	N
COLLINS, Daniel	Liverpool Women's Hospital NHS Foundation Trust	N
CROSBY, John Dr	Mersey Care NHS Foundation Trust	Y
CULLUMBINE, Ann Dr	Wirral Local Medical Committee	Y
DONLON, Kieron	NHS Wirral CCG	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
HENSHAW, Anne	Midlands and Lancashire Commissioning Support Unit	Y
HUNTER, Anna Dr	NHS South Sefton CCG, NHS Southport and Formby CCG	N

Members		
IRVINE, Adam	Cheshire and Merseyside Local Pharmaceutical Committee	Y
ISLAM, Jasmeen	Cheshire and Wirral Partnership NHS FT	N
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	N
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	N
PAULING, Pamela	Wirral University Teaching Hospital NHS Foundation Trust	Y
PHILLIPS, Kathryn	Bridgewater Community Healthcare NHS Foundation Trust	Y
PYE, Laura Dr	NHS St Helens CCG	N
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)	N
STIRTON, Charlotte	Warrington and Halton Hospitals NHS Foundation Trust	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	N
WELSBY, Mike	St Helens and Knowsley Teaching Hospitals NHS Trust	N
Non-voting members		
HALL, Gareth	APC lay member	Y
In attendance		
DINGLE, Helen	Midlands and Lancashire Commissioning Support Unit	Y
JAEGER, Emma	Midlands and Lancashire Commissioning Support Unit	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
VINCENT, Marc	Liverpool Heart and Chest Hospital NHS Foundation Trust	Y

1	**Welcome and apologies**	
	The Chair welcomed members and accepted apologies from the following: Susanne Lynch (Jenny Johnston attending), Anna Atkinson, Dave Thornton (Colin Brennan attending), Dr Sid McNulty, Mike Welsby and Barry Lloyd.	
2	**Declarations of interest and quoracy**	
	A quoracy check confirmed that this meeting was not quorate. There was one declaration of interest from Danny Forrest for item 5.3 on the agenda.	
3	**Minutes of the last meeting**	
	The Minutes were agreed to be an accurate record of the APC meeting on 24 February 2021.	
4	**Matters arising**	
	None.	
5	**New medicines**	
5.1	**Grey statement summary** The following grey 'holding' statements have been produced for the APC website: <u>AVATROMBOPAG (Doptelet®▼) tablets</u> For chronic immune thrombocytopenia (ITP). The grey statement will be reviewed when the NICE TA is published (date TBC). <u>ESKETAMINE (Spravato®▼) nasal spray</u> For acute short-term treatment of psychiatric emergency due to Major Depressive Disorder. The grey statement will be reviewed when the NICE TA is published (date TBC). <u>UPADACITINIB prolonged-release tablets (RINVOQ®▼)</u> For the treatment of psoriatic arthritis. The grey statement will be reviewed when the NICE TA is published (expected 26 August 2021). <u>UPADACITINIB prolonged-release tablets (RINVOQ®▼)</u> For the treatment of ankylosing spondylitis. The grey statement will be reviewed when the NICE TA is published (date TBC). These were noted and approved by the APC.	
5.2	**Baricitinib for atopic dermatitis – NICE TA681** A red statement has been produced in line with NICE TA681. TM summarised the details of the statement. This is a PbRE (tariff-excluded) high cost drug and is for specialist prescribing only. Costing information was taken from the NICE resource impact template. No questions were raised, and the APC approved the red statement.	

5.3	**Dapagliflozin for symptomatic chronic heart failure with reduced ejection fraction – NICE TA679** An amber initiated statement has been produced in line with NICE TA679. MV presented the statement. Prescribing and monitoring of dapagliflozin must be retained by the heart failure specialist until the patient's heart failure regimen and, for patients who also have diabetes, their diabetes regimen, are considered stable before prescribing is transferred to primary care. For patients with heart failure and diabetes, close multidisciplinary working between teams responsible for heart failure and diabetes care is required. The definition of 'heart failure specialist' used has previously been agreed by the APC for the sacubitril valsartan statement. NICE states that dapagliflozin added on to optimised standard care is less costly and at least equally effective as optimised sacubitril valsartan. No questions were raised and the APC approved the amber initiated statement.	
5.4	**Filgotinib for moderate to severe rheumatoid arthritis - NICE TA676** A red statement has been produced in line with NICE TA676. TM summarised the details of the statement. This is a PbRE (tariff-excluded) high cost drug and is for specialist prescribing only. Costing information was taken from the NICE resource impact template estimate, however localised costings will be provided on the APC report. No questions were raised, and the APC approved the red statement.	
6	**Formulary and Guidelines**	
6.1	**Flash Glucose Monitoring statement – update for Freestyle Libre 2** Information about the Freestyle Libre upgrade to Freestyle Libre 2 has been added to the Flash Glucose Monitoring statement and to the supporting template letters, to reflect that all newly started users are being commenced on Freestyle Libre 2. The proposal at consultation was that the switching of existing patients using Freestyle Libre to Freestyle Libre 2 should be carried out by diabetes specialists. However, there was significant feedback from secondary care providers that they lacked capacity to do this for all current users, and that GPs could appropriately make the change for existing users. The subgroup felt that re-consultation would be required when it produced prescribing support information for any proposal to include GP switching of current Freestyle Libre users to Freestyel Libre 2. Therefore, after discussion with CCG Medicines Management Leads it was proposed that reference to switching existing users should be removed from the updated statement at present, pending the development and consultation on documentation to support switching existing Freestyle Libre patients to Freestyle Libre 2 by GPs as well as specialists. It was felt necessary to include Freestyle Libre 2 in an updated statement now to reflect that new users must be initiated on this, and to add Freestyle Libre 2 to the formulary. This was approved by the APC.	

6.2	• **Summary of National Guidance for Lipid Management for Primary and Secondary Prevention of CVD** • **Statin Intolerance Pathway** The NHSE Accelerated Access Collaborative produced these two documents for use nationally. Local consultation proposed to add links to them from the APC website. There was no significant disagreement, but some suggestions (layout and wording) for improvements were provided which will be passed on to authors for any future updates. The FGSG requested members' endorsement of the enclosed guidelines and the addition of links to the documents on the APC website. This was approved by the APC.	
6.3	**Infliximab – subcutaneous** During the summer last year, when APC activity was suspended, all CCGs agreed to commission the use of infliximab subcutaneous formulation. In order to formalise this, the subgroup requested APC approval for the addition of infliximab 120mg subcutaneous injection to formulary sections 1.5.3, 10.1.13 and 13.5.3, designation red. This was approved by the APC.	
6.4	**Vedolizumab – subcutaneous** During the summer last year when APC was suspended, all CCGs agreed to commission the use of vedolizumab subcutaneous formulation. In order to formalise this, the subgroup requested approval to add vedolizumab 108mg subcutaneous injection to formulary section 1.5.3, designation red. This was approved by the APC.	
7	**Shared Care**	
7.1	**Shared Care Frameworks – amendment** 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 for Primary Care Responsibilities in Appendix One of the shared care frameworks. This was originally discussed at the November APC meeting and the subgroup was asked to propose a reasonable timeframe within which the GP would request that the specialist resumed prescribing. Looking at what other areas around the UK did, most do not stipulate a time period, but one area stipulated 14 days. 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 the specialist team a minimum of 14 days' notice of their need to resume responsibility for prescribing".* (Previously suggested wording had been: "Where the GP … they need to give sufficient notice for the specialist to be able to review the patient".) There was discussion about this amendment, including concerns that the patient could be lost in the system because the GP has no assurance from secondary care to acknowledge that the GP has given 14 days' notice. It was therefore felt that the specialist should be required to acknowledge this notice. When writing to secondary care colleagues, one GP found that a reply is not generally received within 14 days, this means that the GP is expected to continue prescribing until	HD

	receiving a reply; so, it was suggested adding a time frame to receive the specialist's acknowledgement. 28 days was suggested, but then, if there is any slippage this risked the period dragging on for too long, so 14 days would be more reasonable and should be achievable. The proposed wording was amended as follows: *"Where the GP wishes to withdraw prescribing, for example when the patient fails to attend for monitoring, they need to give the specialist team a minimum of 14 days' notice of their need to resume responsibility for prescribing. The specialist is required to acknowledge this request within the 14-day time period."* The committee decided that the Shared Care Subgroup should seek the opinion of secondary care clinicians to try to reach a mutually acceptable agreement. In the meantime, the APC approved the proposed wording, until further work has been done to reach an agreement with specialists. HD to report back with progress in the May meeting.	
8	**APC reports**	
8.1	**APC Conflicts of Interest policy** The Pan Mersey APC Conflicts of Interest policy has been developed to include both conflicts of interest, and gifts and hospitality. The policy is based on the principles within the NHSE document Managing Conflicts of Interest: Revised Statutory Guidance for CCGs (2017), but proportional to a recommending committee and relevant to APC business. The Declarations of Interest form has been updated to be consistent with the policy. The APC approved these documents. It is noted that annual declarations of interest were not requested in November 2020, as per usual annual process due to Covid pressures. It is proposed that annual declarations of interest will be requested in April each year in future. Any in-year changes should be reported by completing an updated form.	
8.2	**NICE TA Adherence Checklist (February 2021) – for noting** Pan Mersey APC is compliant up to the end of February 2021. The report will be uploaded to the APC website.	
9	**Any other business**	
9.1	**AOB** None.	
10	**Next meeting**	
	Wednesday 28 April 2021 at 2.00 to 3.00 pm. Online meeting via Microsoft Teams	