

Minutes

Meeting	Pan Mersey Area Prescribing Committee
Venue	Microsoft Teams online meeting
Date and time	Wednesday 22 September 2021, 2.00-4.00pm

Members	Organisation	Present
AL-JAFFAR, Hannah	Southport and Ormskirk Hospital NHS Trust	Y
ATHERTON, Diane	NHS Wirral CCG	N
AZAR, Mo	Alder Hey Children's NHS Foundation Trust	Y
BARNETT, Rob Dr	Liverpool Local Medical Committee	N
BARTON, Carolyn	NHS Knowsley CCG	Y
CAMPBOR, Ivan	Mid-Mersey Local Medical Committee	N
CARTWRIGHT, Nicola	NHS St Helens CCG	Y
CHARLTON, Marianne	Wirral University Teaching Hospital NHS Foundation Trust	Y
CHILTON, Neil	Mersey Care NHS Foundation Trust	Y
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
FORDE, Claire Dr	NHS Halton CCG	N
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	N
HUNTER, Anna Dr	NHS South Sefton CCG, NHS Southport and Formby CCG	Y
IRVINE, Adam	Cheshire and Merseyside Local Pharmaceutical Committee	Y
ISLAM, Jasmeen	Cheshire and Wirral Partnership NHS FT	Y
JAIN, Adit Dr (Chair)	NHS Knowsley CCG	Y

Members	Organisation	Present
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
McKERRELL, Geraldine	Mersey Care NHS FT, Community Services Division	Y
McNULTY, Sid Dr	St Helens and Knowsley Teaching Hospitals NHS Trust	Y
PARKER, James	Warrington and Halton Hospitals NHS Foundation Trust	N
PHILLIPS, Kathryn	Bridgewater Community Healthcare NHS Foundation Trust	Y
PYE, Laura Dr	NHS St Helens CCG	N
READER, Graham	Midlands and Lancashire Commissioning Support Unit	Y
REID, Lucy	NHS Halton CCG	Y
SKIPPER, Paul	Liverpool University Hospitals NHS Foundation Trust (Royal)	Y
THORNTON, Dave	Liverpool University Hospitals NHS Foundation Trust (Aintree)	Y
WELSBY, Mike	St Helens and Knowsley Teaching Hospitals NHS Trust	Y
Non-voting members		
HALL, Gareth	APC lay member	Y
In attendance		
JAEGER, Emma	Midlands and Lancashire CSU	Y
MARSDEN, Ashley	North West Medicines Information Centre	N
STOREY, Daniel	Liverpool University Hospitals NHS FT (observer)	Y
WILSON, Paula	Midlands and Lancashire Commissioning Support Unit	Y

1	Welcome and apologies	
	The Chair welcomed members. Apologies were accepted from: Susanne Lynch (Jenny Johnston attending), Dr Claire Forde, Ashley Marsden, Dr Laura Pye and Anne Henshaw.	
2	Declarations of interest and quoracy	
	There were no declarations of interest for items on the agenda. A quoracy check confirmed that this meeting was not quorate. <i>Post meeting note: although the meeting progressed on the understanding it was not</i>	

	<i>quorate, it was established after the meeting that quoracy had been achieved and therefore the meeting was in fact quorate.</i>	
3	Minutes of the last meeting	
	The Minutes of the APC meetings on 23 June 2021 and 28 July 2021 were agreed but could not be formally ratified as the meeting was not quorate so they will be brought back to the next meeting.	
4	Matters arising	
4.1	<p>APC Chair</p> <p>There have been no expressions of interest received therefore the following is proposed, for the next 12 months, Peter Johnstone to remain as Vice-Chair, Dr Anna Hunter to remain as Deputy Chair, and Dr Adit Jain to remain as Chair. Members were asked to send any objections by email to Anne Henshaw, by Friday 8 October 2021.</p> <p>It was noted that because of the move from CCGs to ICS from April 2022 and the changes that will occur as a result of that, it may be necessary to revisit the role of APC Chair in April or May next year.</p>	ALL
4.2	<p>Dapagliflozin for symptomatic chronic heart failure with reduced ejection fraction</p> <p>The New Medicines Subgroup is working to develop a treatment algorithm and PIL. They will convene a short-life working group to establish how amber recommended could be implemented safely. AH has asked for comments and volunteers back by close of play today. If anyone has any desire to get involved in that task and finish group, please contact Paula Wilson and Anne Henshaw. The Chair urged GPs to get involved and for Medicines Management teams to encourage their GPs to get involved.</p>	ALL
5	New medicines	
5.1	<p>Ixekizumab for axial spondyloarthritis – NICE TA718</p> <p>NICE TA 718 was published on 21 July 2021 and recommends ixekizumab as an option for treating active ankylosing spondylitis that is not controlled well enough with conventional therapy, or active non-radiographic axial spondyloarthritis with objective signs of inflammation (shown by elevated C-reactive protein or MRI) that is not controlled well enough with non-steroidal anti-inflammatory drugs (NSAIDs), in adults, only if tumour necrosis factor (TNF)-alpha inhibitors are not suitable or do not control the condition well enough and ixekizumab is provided in accordance with the commercial arrangement.</p> <p>NICE does not expect this guidance to have a significant impact on resources because ixekizumab is a further treatment option and is available at a similar price to the current treatment options for psoriatic arthritis.</p> <p>There were no comments or questions raised and the APC agreed to this red statement.</p>	
5.2	<p>Secukinumab for non-radiographic axial spondyloarthritis – NICE TA719</p> <p>NICE TA 719 was published on 21 July 2021 and recommends secukinumab as an option for treating active non-radiographic axial spondyloarthritis with objective signs of inflammation (shown by elevated C-reactive protein or MRI) that is not controlled well</p>	

	<p>enough with non-steroidal anti-inflammatory drugs (NSAIDs) in adults. It is recommended when tumour necrosis factor (TNF)-alpha inhibitors are not suitable or do not control the condition well enough and only if the company provides secukinumab according to the commercial arrangement.</p> <p>NICE does not expect this guidance to have a significant impact on resources because secukinumab is a further treatment option and the overall cost of treatment will be similar to current treatment options. NICE do not think practice will change substantially as a result of this guidance. There were no comments or questions raised and the APC agreed to this red statement.</p>	
5.3	<p>Bimekizumab for psoriasis – NICE TA723</p> <p>NICE TA 723 was published on 01 September 2021 and recommends bimekizumab as an option for treating plaque psoriasis in adults when the disease is severe, as defined by a total Psoriasis Area and Severity Index (PASI) of 10 or more and a Dermatology Life Quality Index (DLQI) of more than 10, the disease has not responded to other systemic treatments, including ciclosporin, methotrexate and phototherapy, or these options are contraindicated or not tolerated and the company provides the drug according to the commercial arrangement.</p> <p>NICE does not expect this guidance to have a significant impact on resources because bimekizumab is a further treatment option and the overall cost of treatment will be similar to current treatment options. There were no comments or questions raised and the APC agreed to this red statement.</p>	
5.4	<p>SGLT-2 inhibitors for type 2 diabetes – routine review at expiry</p> <p><u>Combination therapies:</u> A routine review has been done of the existing green statement at its expiry date and, if agreed by APC, will be put on the Static List. Ertugliflozin as dual or triple therapy has also been incorporated into the multiple prescribing statement. No significant changes have been made to the document. A few minor updates were made, as listed in the accompanying meeting document.</p> <p><u>Monotherapies:</u> Routine review of existing green statement at expiry, for inclusion on the Static List. Ertugliflozin has also been incorporated into the multiple prescribing statement. No significant changes have been made to the document. Only minor updates were made, as listed in the accompanying meeting document.</p> <p>SMc expressed his ongoing concern about the DKA risk, and he felt the MHRA alert should be highlighted on the front page of both statements which was agreed by the group.</p> <p>GH asked why, previously, on the SPC it talked about a risk of cancer, but the revised advice does not. SMc explained that when drugs are in development there may be some early warning of suspected side-effects/risks, e.g. a few cases of cancer identified, and, as new information becomes available with increased use of the drug, the case becomes stronger or weaker, hence the revised advice.</p> <p>The APC approved both green multiple prescribing statements for inclusion on the Static List. Carry over of approvals was also agreed.</p>	

6	Formulary and Guidelines	
6.1	<p>Melatonin</p> <p>The melatonin amber-initiated statement is intended to cover melatonin use in selected indications in children (and continuation in these indications into adulthood or transition to adult services) and adults. There is a prescribing support statement and a flowchart to position use of melatonin after sleep hygiene, and also after referral to specialist sleep service (where this exists), or other specialist.</p> <p>Jl confirmed that CWP would welcome this and thought the flow chart was really good and very understandable. They have been involved in discussions with Alder Hey and agree there is definitely a need for a sleep service. MW agreed that the flowchart is really useful, but finds that, sometimes, parents come along asking for the licensed treatment and he suggested designating the licensed liquids as black in the formulary. MA confirmed that discussions are taking place between Alder Hey and CCGs about commissioning the sleep service.</p> <p>The APC confirmed their approval of these documents.</p>	
6.2	<p>Stoma Formulary, Merseyside and Region Stoma Service</p> <p>This was developed by the Merseyside and Region Stoma Formulary Review Team. The Formulary then underwent consultation within the Pan Mersey APC process, and Pan Mersey feedback comments were addressed by the Formulary Review Team.</p> <p>The APC agreed to the adoption of the Stoma Formulary.</p>	
6.3	<p>Direct Oral Anticoagulants (DOACs) for the treatment and prevention of DVT and/or PE</p> <p>A minor amendment to the current statement on DOACs in DVT has been made, in bullet point 8 on page 3 – this was missing from the original document. The additional information, in line with NICE NG158, has been included using the exact NICE wording.</p> <p>The APC agreed to this updated statement.</p>	
6.4	<p>Zonisamide 20mg in 1mL suspension</p> <p>The subgroup proposed the addition of zonisamide 20mg in 1mL suspension to section 4.8.1 of the formulary, as Amber Initiated. This is a licensed product, is more cost effective, and more concentrated than the unlicensed special (which Alder Hey has been using up to now), therefore less volume to be given to the child to improve adherence.</p> <p>The APC agreed to this addition to formulary as amber initiated.</p>	
6.5	<p>Ethinylestradiol tablets</p> <p>Most of the strengths listed in the formulary have been discontinued and usage has dropped to almost nothing, so the FGSG proposes that all strengths of ethinylestradiol tablets are removed from the Pan Mersey formulary.</p> <p>The APC agreed to this proposal.</p>	

7 Safety	
7.1	<p>VALPROATE: safe prescribing and dispensing to women and girls</p> <p>This was a routine review at expiry date. While it was re-written for clarification, there were no major content changes. The core message remains the same. More emphasis has been put on the need for at least one specialist review.</p> <p>The APC agreed with this reviewed document and CCGs confirmed that their approvals can be carried over.</p>
7.2	<p>Emergency steroid cards</p> <p>The Safety Subgroup looked at the APC adopting the recent national guidance to replace the expired APC guidance and concluded that there was no value they could add to the national document by developing supplementary guidance. This decision will be kept under review as lessons are learned from local implementation of the national guidance. The small amount of consultation feedback received was supportive.</p> <p>The APC approved the adoption of the national emergency steroid card guidance.</p>
7.3	<p>Paracetamol 1 g effervescent tablets</p> <p>The safety subgroup agreed with the NMSG concerns about the potential for inadvertent overdose. The formulary addition as black is intended to positively discourage use compared to the current passive unlisted non-formulary status.</p> <p>Consultation feedback agreed that this should be added to the formulary as black. The APC confirmed their agreement to this proposal.</p>
8 Shared Care	
8.1	<p>Riluzole</p> <p>This framework has been reviewed at its routine review-by date. No updates have been required and only small amendments to wording made. The APC agreed to this reviewed document.</p>
8.2	<p>Shared Care Frameworks – expiry extension</p> <p>The following shared care frameworks will pass their review-by date in September 2021 and the committee approved an extension of their review-by dates to March 2022 to allow the subgroup to complete its reviews.</p> <ul style="list-style-type: none"> • Azathioprine • Ciclosporin • Leflunomide • Lithium • Mercaptopurine • Methotrexate • Mycophenolate • Penicillamine • Sulfasalazine

9	APC reports	
9.1	<p>NICE TA Adherence Checklist (August 2021) – for noting</p> <p>Pan Mersey APC is compliant up to the end of August 2021. The report will be uploaded to the APC website.</p>	
9.2	<p>RMOC update</p> <p>RMOC North met on 21 September 2021. Their last meeting will be 22 January 2022 and then they will split into RMOC North-East and RMOC North-West. Current work will continue until all 19 pieces of work are agreed and published. The RMOC shared care frameworks are an expected national standard, namely, we can add to it but not remove anything from it.</p>	
10	Any other business	
10.1	<p>APC Meeting dates for 2022-2023</p> <p>A list of APC meeting dates up to and including March 2023 has been included for noting. These fall on the fourth Wednesday of each month except August and December when there are no APC meetings.</p>	
10.2	<p>October 2021 APC Meeting</p> <p>The next meeting will take place on 27 October. There was a discussion about whether this should be moved because it falls during half term week, and it will make quoracy even more difficult to achieve. Schools in some areas have half term on the week before. It was also pointed out that there needed to be sufficient time between subgroup meetings and APC meetings for work to be prepared in time. After consideration of all factors, it was decided to leave the meeting at Wednesday 27 October 2021.</p>	
11	Next meeting	
	<p>Wednesday 27 October 2021 at 2.00pm to 4.00pm</p> <p>Online meeting via Microsoft Teams.</p>	