Minutes

Meeting	Pan Mersey Area Prescribing Committee
Venue	Microsoft Teams online meeting
Date and time	Wednesday 27 October 2021, 2.00-4.00pm

Members	Organisation	Present
ATHERTON, Diane	NHS Wirral CCG	N
AZAR, Mo	Alder Hey Children's NHS Foundation Trust	Y
BARTON, Carolyn	NHS Knowsley CCG	Y
CARTWRIGHT, Nicola	NHS St Helens CCG	N
CHILTON, Neil	Mersey Care NHS Foundation Trust	Y
COSFORD, Nigel	NHS St Helens CCG	Y
CROSBY, John Dr	Mersey Care NHS Foundation Trust	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	N
HAWCUTT, Dan Dr	Alder Hey Children's NHS Foundation Trust	N
HENSHAW, Anne	Midlands and Lancashire Commissioning Support Unit	Y
HEBDON, Rob	NHS Wirral CCG	Y
HURLEY, Katherine	Wirral University Teaching Hospital NHS Foundation Trust	Y
JAIN, Adit Dr (Chair)	NHS Knowsley CCG	Y
JOHNSTONE, Peter	NHS Liverpool CCG	Y
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	N
McNULTY, Sid Dr	St Helens and Knowsley Teaching Hospitals NHS Trust	Y
MULLA, Hilal Dr	NHS South Sefton CCG, NHS Southport and Formby CCG	Y

Members	Organisation	Present
PARKER, James	Warrington and Halton Hospitals NHS Foundation Trust	Y
PHILLIPS, Kathryn	Bridgewater Community Healthcare NHS Foundation Trust	Y
READER, Graham	Midlands and Lancashire Commissioning Support Unit	N
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
WALSH, Kay	NHS South Sefton CCG	Y
WELSBY, Mike	St Helens and Knowsley Teaching Hospitals NHS Trust	Y
WILLIAMS, John	Southport and Ormskirk Hospital NHS Trust	Y
Non-voting members		
BARNETT, Rob Dr	Liverpool Local Medical Committee	N
CAMPHOR, Ivan	Mid-Mersey Local Medical Committee	Y
CULLUMBINE, Ann Dr	Wirral Local Medical Committee	Y
HALL, Gareth	APC lay member	N
IRVINE, Adam	Cheshire and Merseyside Local Pharmaceutical Committee	N
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	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: Marianne Charlton and Pam Pauling (Kat Hurley attending), Danny Forrest, Susanne Lynch (Kay Walsh attending), Dr Anna Hunter (Dr Hilal Mulla attending), Adam Irvine, Dr David Reade, Gareth Hall, Geraldine McKerrell, and Graham Reader.	
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 quorate.	

3	**Minutes of the last meeting**	
	The Minutes of the APC meetings on 23 June 2021, 28 July 2021 and 22 September 2021 were agreed and formally ratified as this meeting is quorate. For meetings to be quorate there needs to be 4 CCG GPs and 2 Secondary/Tertiary Care consultants in attendance. AH pointed out that Dr Anna Hunter represents both South Sefton CCG and Southport and Formby CCG and has 2 votes, so the last meeting was in fact quorate, although proceeded believed to be non-quorate. A post-meeting note will be added to the minutes to reflect this. A request was made for future APC agendas to make reference to the number required for quoracy. This was agreed.	AH
4	**Matters arising**	
4.1	**APC Chair – confirmation of appointments** There have been no objections received therefore the following appointments were agreed. For the next 12 months, Dr Adit Jain to remain as Chair, Peter Johnstone to remain as Vice-Chair, and Dr Anna Hunter to remain as Deputy Chair.	
5	**New medicines**	
5.1	**Grey statement summary – for noting** The following 8 grey 'holding' statements have been produced for the APC website: DAPAGLIFLOZIN tablets (Forxiga®) for Chronic kidney disease: Will be reviewed when the NICE TA is published (expected 05 January 2022). EMPAGLIFLOZIN tablets (Jardiance®) for Chronic heart failure with reduced ejection fraction: Will be reviewed when the NICE TA is published (expected 02 February 2022). ESTRADIOL 1mg / PROGESTERONE 100mg capsules (Bijuve®) for Oestrogen deficiency symptoms in postmenopausal women: To be reviewed if a formal application for use is received and prioritised for in-year review. RELUGOLIX 40mg / ESTRADIOL 1mg/ NORETHISTERONE 0.5mg tablets (Ryeqo®▼) for Uterine fibroids: Will be reviewed when the NICE TA is published (expected 22 June 2022). ROXADUSTAT tablets (Evrenzo®▼) for Anaemia associated with CKD: Will be reviewed when the NICE TA is published (expected 02 March 2022). TIRBANIBULIN ointment (Klisyri®▼) for Actinic keratosis: To be reviewed if a formal application for use is received and prioritised for in-year review. TRALOKINUMAB solution for injection (Adtralza®▼) for atopic dermatitis: Will be reviewed when the NICE TA is published (currently TBC). UPADACITINIB prolonged-release tablets (RINVOQ®▼) for atopic dermatitis: Will be reviewed when the NICE TA is published (currently TBC) The above was noted and approved by the APC.	
5.2	**Inclisiran for primary hypercholesterolaemia or mixed dyslipidaemia – NICE TA733** NICE TA733 was published on 6 October 2021 and recommends inclisiran as an option for treating primary hypercholesterolaemia (heterozygous familial and non-familial) or	

	mixed dyslipidaemia as an adjunct to diet in adults only if certain criteria are met and it is provided according to the commercial arrangement. Inclisiran is not a PbRE (tariff-excluded) high cost drug and as NHS England (NHSE) intend for this to be provided within primary care, a green statement has been produced. There is a central funding arrangement from NHSE to the manufacturer to support primary care prescribing. The cost to the CCG and primary care prescribing budget will be the Drug Tariff price. A separate payment will be made to the manufacturer from a central NHS budget for the difference between the commercial agreement price and the drug tariff price. Although inclisiran will be provided in primary care, trusts can also initiate it. Trusts will be charged the confidential commercial agreement price. A query was received about the wording of the statement with regards to LDL-cholesterol. TM confirmed that the wording on the statement was taken directly from the NICE TA. There was a lot of concern expressed about how this would be managed in primary care. This is the first accelerated access drug where NHSE have specified that implementation should be within 30 days of publication of the NICE FAD. However, CCG Leads did not feel that there was enough time for this to be implemented safely. A discussion was had regarding implementation, although it was noted that implementation of the TA is outside the remit of the APC. The statutory responsibility of the APC is to make the drug available within 30 days, should a clinician and patient agree together that they wish to use it. Inclisiran is a new technology and although NHSE have issued a Medicines Optimisation pack, no plan has been provided as to how to implement it. NHSE have specified that inclisiran should be provided in primary care and, as it requires administration by a healthcare professional, it will also require additional resource. IC raised concerns from Mid-Mersey LMC regarding the additional capacity required for non-core work and that this should be resourced and financed appropriately, otherwise it puts undue pressure on GPs. Other GPs also shared these concerns. Secondary care members also raised concerns because they do not see how this is going to work in practice. There is already a commissioned specialist lipid service which would have been well placed to manage these patients. When asked about local engagement and consultation with LMCs, AH confirmed that the APC consultation process does not include consultation for NICE TAs as these are mandatory, and also timescales would not allow for this. MLCSU and CCG Heads of Medicines Management had no prior warning regarding this TA and the NHSE directives regarding implementation timescales. It was noted that other areas of the country are also experiencing difficulties regarding implementation of this TA and it may be helpful to seek out what those areas are doing about this. It was also suggested that the best way of feeding back concerns to NICE or NHSE should be explored; AH to discuss further with Chief Pharmacists and CCG Lead Pharmacists. The APC approved the green statement by a majority consensus, but it should be noted that there are parties who have appreciable concerns around implementation and resource requirements.	AH

5.3	**Lanreotide for angioectasia – draft policy statement following in-year application for use** An in-year application was received from LUHFT for lanreotide for transfusion-dependent GI blood loss secondary to recurrent GI bleeding from angioectasia. Lanreotide is a tariff-excluded PbRE drug for use by specialists only and will be used off-label for GI bleeding due to angioectasia which cannot be managed by endoscopic treatment. Feedback was received at consultation to suggest that this should be tertiary centre use only. NMSG reviewed this and felt that secondary care use would be appropriate. Wording has been added to clarify that this is for specialist use after the appropriate investigations have been undertaken and all other treatment options have been exhausted. No questions were raised, and the APC approved this red statement.	
5.4	**Evolocumab for cardiovascular risk reduction - routine review at expiry, for inclusion on static list** A routine review was carried out. There was no new evidence to warrant a change to the black RAG status and a cohort for this treatment has not yet been identified, for this extended indication where evolocumab could be considered to be cost-effective. Therefore, NMSG proposes that it is added to the static list. There are no significant changes to the document, minor updates include costs and the removal of dosage adjustments in renal impairment as per SPC. This document was sent for consultation for information only and no comments were received. The APC approved this black statement for inclusion on the static list, and to carry forward existing CCG approvals.	
6	**Formulary and Guidelines**	
6.1	**Opioids and gabapentinoids for chronic pain in adults - review** This was a routine review of the existing guideline which includes recommendations in NICE NG193 (Chronic pain [primary and secondary] in over 16s: assessment of all chronic pain and management of chronic primary pain) and a recent Drug Safety update. Most of the consultation feedback was in agreement. There was a suggestion to include the Pan Mersey safety guidance, "Opioids: considerations for safe and effective prescribing in Chronic Pain" and this has been added to the end of the safety section on page 3. A suggestion to include the number needed to treat for gabapentinoids has been added to page 1. The maximum dose of 120mg morphine equivalent has been left in as it comes from the Faculty of Pain Medicine guidance. Feedback from secondary care stakeholders about the management of patients with chronic pain has been noted but is beyond the scope of this guideline. SMc queried whether the right questions are being asked in the consultation and wondered if a response saying "this is beyond the scope of this guideline" might cause people to become disengaged with the consultation process. MW suggested the feedback about acupuncture could be "the one course is as per NICE guidance", rather than "It is outside the scope". It is the responsibility of each organisation's representative to feed back the subgroup response to commentators in their organisation; but some organisations do not	

	have representatives on all subgroups. The APC approved the updated guideline. It was agreed to carry over the existing CCG approvals.	
6.2	**Soluble insulin RAG change** This is a proposal to change the RAG designation from Black (Red for inpatients) to Amber Initiated for Human sequence (short-acting, soluble insulin, Actrapid®, Humulin S®, Insuman Rapid®) insulin. HD went through the details of the proposal. Consultation feedback was in agreement, except Wirral hospital's feedback which stated they would never use the older short acting insulins in preference to rapid acting insulins in older patients / dementia patients whose eating is unpredictable, as general feeling is they are more hazardous not less. There was a discussion about the treatment proposed and a secondary care member will forward a summary of the discussion to JP and CD, to take back to the clinicians at Warrington Hospital who submitted the proposal, for further clarification/investigation.	
6.3	**Document expiry extension** The FGSG presented a list of documents that will pass their review-by date in the next 3 months and proposed an extension to their review-by date until June 2022, as major changes are thought to be unlikely. This would be reviewed on a case-by-case basis should significant developments occur. The APC confirmed their agreement to extending the expiry date of the listed documents to June 2022.	
7	**Safety**	
7.1	**METHOTREXATE: safe prescribing and dispensing** A routine review of the document was carried out at its expiry date. It was comprehensively re-written and should be considered, by the APC, as a new document. The core safety messages remain unchanged. Consultation feedback was minimal but supportive. Two recommendations for amendment were accepted. PJ drew attention to the statement in the document that co-prescribing of methotrexate with co-trimoxazole is contraindicated. Most methotrexate SPCs do not say this, and the BNF does not list this as a contraindication, so it would be more accurate to say that co-prescribing should be avoided. This wording will be amended before the document is uploaded to the website. The committee approved the updated safety recommendations for methotrexate prescribing subject to the agreed change being made.	HD
8	**APC reports**	
8.1	**NICE TA Adherence Checklist (September 2021) – for noting** Pan Mersey APC is compliant up to the end of September 2021. The report will be uploaded to the APC website.	
8.2	**RMOC update** The RMOC working group is working through the list of drugs that were agreed to require a shared care framework. Once this part of the RMOC shared care workstream has been	

	completed it will be paused for a while. AH is expecting a maximum of another two consultations.	
9	**Any other business**	
	None.	
10	**Next meeting**	
	Wednesday 24 November 2021 at 2.00pm to 4.00pm Online meeting via Microsoft Teams.	