

Minutes

Meeting	Pan Mersey Area Prescribing Committee
Venue	Microsoft Teams online meeting
Date and time	Wednesday 25 May 2022, 2.00-4.00pm

Members	Organisation	Present
ATHERTON, Diane Dr	NHS Wirral CCG	N
AZAR, Mo	Alder Hey Children's NHS Foundation Trust	N
BARK-JONES, Jo	Bridgewater Community Healthcare NHS FT	N
BARTON, Carolyn	NHS Knowsley CCG	Y
BIRCHALL, Becky	NHS Halton CCG	Y
CARTWRIGHT, Nicola	NHS St Helens CCG	Y
CHARLTON, Marianne	Wirral University Teaching Hospital NHS Foundation Trust	Y
CHEUNG, Jimmy	Bridgewater Community Healthcare NHS Foundation Trust	Y
CHILTON, Neil	Mersey Care NHS Foundation Trust	N
CROSBY, John Dr	Mersey Care NHS Foundation Trust	N
DONLON, Kieron	NHS Wirral CCG	Y
DOYLE, Catherine Dr	NHS Warrington CCG	Y
FITZGERALD, Richard Dr	Liverpool University Hospitals NHS Foundation Trust	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	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 Health and Care NHS Foundation Trust	N

Members	Organisation	Present
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	Y
SKIPPER, Paul	Liverpool University Hospitals NHS Foundation Trust (Royal)	Y
THORNTON, Dave	Liverpool University Hospitals NHS Foundation Trust (Aintree)	Y
VAN MIERT, Matthew Dr	Wirral University Teaching Hospital NHS Foundation Trust	N
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	Y
CAMPBOR, Ivan Dr	Mid-Mersey Local Medical Committee	N
CULLUMBINE, Ann Dr	Wirral Local Medical Committee	N
HALL, Gareth	APC lay member	Y
IRVINE, Adam	Cheshire and Merseyside Local Pharmaceutical Committee	Y
In attendance		
CASEY, Kathryn	Liverpool University Hospitals NHS FT (observer)	Y
DINGLE, Helen	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
WILSON, Paula	Midlands and Lancashire Commissioning Support Unit	Y

1 Welcome and apologies

The Chair welcomed members.
Apologies were accepted from Dr David Reade, and Susanne Lynch (Jenny Johnston attending).

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 from a consultant perspective.
3	Minutes of the last meeting
	The Minutes of the APC meeting on 27 April 2022 were agreed to be an accurate record of the meeting but, as this meeting is not quorate, they will be brought to the next meeting for formal ratification.
4	Matters arising
	There were no matters arising.
5	New Medicines
5.1	<p>Grey statement summary – for noting</p> <p>The following grey ‘holding’ statements have been produced for the APC website:</p> <p><u>FINERENONE film-coated tablets (Kerendia®▼) for chronic kidney disease in type 2 diabetes</u>: To be reviewed when the NICE TA is published, currently expected 10 August 2022.</p> <p><u>VEDOLIZUMAB solution for infusion (Entyvio®) for chronic refractory pouchitis after surgery for ulcerative colitis</u>: To be reviewed when the NICE TA is published (date TBC).</p> <p>This was noted by the APC.</p>
5.2	<p>Inclisiran for primary hypercholesterolaemia or mixed dyslipidaemia – statement update</p> <p>The existing inclisiran statement has been updated following publication of the NHS England document 'Summary information on the funding and supply of inclisiran (Leqvio®)' which details changes to the funding mechanism for inclisiran in secondary care. Inclisiran has been added to the PbR excluded drug list from April 2022 and will be reimbursed centrally by NHS England. Prior to this change, the Trust was charged the confidential contract price when ordering stock of inclisiran and did not receive reimbursement.</p> <p>The statement has been revised to include the change in secondary care funding, and wording has been updated around use of inclisiran in the most appropriate setting for the patient, which should assist in removing any perceived barriers around secondary care initiation. However, primary care clinicians would still need to continue the ongoing administration of inclisiran.</p> <p>The update around secondary care funding does not alter the RAG designation as primary care are still expected to carry out the majority of treatment initiation. Consultation feedback from one CCG suggested that the statement should define situations as primary or secondary care. Inclisiran is available to clinicians in both primary and secondary care who wish to initiate it and NMSG felt that defining situations as suggested would be outside the scope of the policy statement. Feedback was also received from Mersey Care</p>

	<p>Community Services which was not included on the feedback document. It suggested amending the wording slightly to “optimised” rather than “maximised” in the first sentence under Implementation Notes (page 3) – there were no objections from members so the amendment to be made post-APC. Mersey Care had also suggested removing the wording “prior to referral to secondary care”, however this was left in as it was not felt necessary to remove it.</p> <p>A concern was raised regarding the ongoing cost of inclisiran if access arrangements are reviewed and potentially withdrawn, and that it may no longer be accepted for NHS use if the price increases. It was confirmed that currently the requirement for inclisiran to be provided in accordance with the commercial arrangement is part of the NICE TA criteria. Therefore, if the pricing scheme was withdrawn by the company, then it may lose NICE approval when the TA is reviewed in 2 years’ time, if the NICE cost-effectiveness threshold is not met. In this situation, patients who are already established on treatment would continue to receive inclisiran regardless of costs.</p> <p>A discussion was had regarding funding for NICE TAs. There is a legal obligation for funding to be available for NICE TAs and the responsibility for funding in the future will sit with the ICS. It was suggested that NHSE may continue to fund inclisiran as a high cost drug if costs were to increase.</p> <p>TM acknowledged the potential issues around future funding when the TA is reviewed but advised members that this has already been approved by APC and has been brought back as a minor update to the existing statement to reflect the changes to secondary care funding.</p> <p>The APC approved the amended green statement and the carrying over of existing CCG approvals.</p>	TM
5.3	<p>Narcolepsy pathway – review of Aintree University Hospital Sleep Service pathway and statements for pitolisant, sodium oxybate and solriamfetol</p> <p><u>Aintree University Hospital Sleep Service Narcolepsy Pathway</u></p> <p>This is a routine review at document expiry. The pathway has been updated to include solriamfetol as a third line option and the positioning of pitolisant and sodium oxybate have been updated accordingly. Information regarding the use of agents in women of childbearing potential has been added from the SPC and a statement has been added regarding the requirement for effective contraception. One CCG submitted feedback that a stronger approach to the teratogenic risk should be provided and a requirement for a pregnancy prevention plan (PPP) should be in place. As there is no formal requirement for a PPP for any of the pathway drugs, NMSG felt it would set a precedent to stipulate a PPP for all drugs requiring effective contraception, therefore did not add a requirement for a PPP to the pathway.</p> <p>A discussion was had regarding use of methylphenidate in pregnancy. It was noted that the sentence on page 2 saying “Methylphenidate should not be used in pregnancy...” had been crossed out, however there is a risk in the early stages of pregnancy. TM clarified that NMSG decided to remove all pregnancy and breast-feeding recommendations from individual drugs in the pathway and add a statement that it is the responsibility of the specialist to consider these factors. As recommendations can vary between the BNF and SPC, it would be the responsibility of the specialist to consult the various reference</p>	

	<p>sources and make a prescribing decision. The individual prescribing statements still include the pregnancy and breast-feeding recommendations from the product SPC.</p> <p><u>Pitolisant for narcolepsy</u></p> <p>This is a routine review of the existing Red statement at expiry. There is no significant new evidence and minor revisions are in accordance with the SPC. Pitolisant is now positioned as fourth line, as NICE have recommended solriamfetol as third line treatment. Reference to the responder programme has been removed as the corresponding programme for sodium oxybate is now obsolete.</p> <p><u>Sodium oxybate for narcolepsy</u></p> <p>This is a routine review of the existing Red statement at expiry. There is no significant new evidence and minor revisions are in accordance with the SPC. Sodium oxybate is now positioned as fifth line treatment. Reference to the UCB Pharma Xyrem responder programme has been removed as sodium oxybate is now available as a generic product, which is used at LUHFT.</p> <p><u>Solriamfetol for narcolepsy</u></p> <p>This is an update to the existing Red NICE TA statement which links to the updated sleep service pathway and describes where solriamfetol will be used within the pathway. This is a minor revision which was not sent for consultation.</p> <p>The APC approved the pathway and statements. CCG members agreed for their existing approvals to be carried over. It was pointed out that West Lancashire CCG had not approved the narcolepsy pathway. BL agreed to take this back to the CCG for further discussion.</p>	BL
5.4	<p>Expiry extension of New Medicines Subgroup documents</p> <p>The NMSG proposed that the expiry date of the Grey statements for ospemifene and prasterone should be brought in line and extended by 6 months, to December 2022, to allow additional time to undertake the New Medicine Assessments which are both currently in progress.</p> <p>NMSG proposed that the expiry date of the Red statements for eltrombopag and romiplostim are extended by 6 months, from April 2022 to October 2022, to allow time for NHS England to review the interim clinical commissioning policy, which was due for review in April 2022.</p> <p>The APC approved extending the expiry dates of the four documents.</p>	
<p>6 Formulary and Guidelines</p>		
6.1	<p>Mesalazine preparations</p> <p>The subgroup proposed the addition of mesalazine (Octasa®) 1g suppositories and mesalazine (Salofalk®) 1g/ application foam enema to formulary section 1.5.1 as amber initiated, and removal of mesalazine (Asacol®) 250mg suppositories and mesalazine (Asacol®) 1g/ application foam enema because these products have been discontinued. Consultation feedback was supportive of these proposals.</p> <p>The APC approved the above formulary amendments.</p>	

6.2	<p>Rosuvastatin</p> <p>The FGSG proposed the removal of the Pan Mersey statement on rosuvastatin tablets.</p> <p>The current Pan Mersey statement does not recommend the routine prescribing of rosuvastatin tablets. It recommends that patients currently prescribed rosuvastatin should have their treatment reviewed and, where appropriate, be switched to a NICE approved statin or a statin with a lower acquisition cost.</p> <p>However, rosuvastatin is now comparable in cost to atorvastatin. National guidance now states rosuvastatin may be used as an alternative to atorvastatin if compatible with other drug therapy.</p> <p>The APC approved the removal of the statement from the website.</p>	
7 Shared Care		
7.1	<p>Nitrazepam for children prescribing support information</p> <p>This was a routine review of the existing prescribing support information. A dose cap has been added for children aged up to one year.</p> <p>The consultation feedback was straightforward. One CCG felt patients needed to be able to contact the trust directly and wanted specific instructions to be supplied to the practice. The subgroup response addresses these concerns and provides reassurance. Further feedback asked what would happen if the patient was not reviewed within 4-6 months as stated in the document. The response states that patients can contact the epilepsy specialist nurses at any time and that patients experiencing adverse effects will be seen promptly.</p> <p>There were no questions and the APC approved this updated document. CCG members confirmed that the existing CCG approvals may be carried over.</p>	
7.2	<p>Glyceryl trinitrate patches for children prescribing support information</p> <p>This was a routine review of the existing prescribing support information. Minor changes have been made to clarify that this is off-label use, to say that alternative brands can be used if the preferred brand is not available, action to be taken if the patient does not tolerate GTN, and a full treatment plan being provided to the GP.</p> <p>The consultation feedback was straightforward. One CCG felt patients needed to be able to contact the trust directly and wanted specific instructions to be supplied to the practice. The subgroup response addresses these concerns and provides reassurance.</p> <p>The APC approved the updated prescribing support information. Members confirmed that the existing CCG approvals can be carried over.</p>	
7.3	<p>Gonadorelin analogues prescribing support information – for noting</p> <p>The shared care subgroup became aware that the gonadorelin analogues prescribing support information did not make any reference to the CMAGIC document that was approved at APC last year.</p>	

	<p>To correct this, the wording has been amended in the first paragraph of the document to say 'For those areas with patients attending CMAGIC, please see the separate prescribing support information that is specific to that service'.</p> <p>It was confirmed that Amber retained does not prevent individual GPs who feel they have the competency to prescribe these drugs from doing so but it allows those GPs who do not feel able to prescribe, not to prescribe, and for this reason RB and AJ confirmed they were happy with the RAG designation.</p> <p>AHu raised a concern about the sentence in the first paragraph that states 'These medicines are also Red where there is a locally commissioned gender incongruence service' and felt that it does not give a clear picture of the situation around the locally commissioned gender incongruence service and CMAGIC. There was a discussion about amending the wording and also about whether to remove the sentence totally. It was decided to take the document away and, in consultation with AHu, the shared care subgroup would reword the first paragraph then bring back to APC.</p>	HD/ AHu
8 APC reports		
	<p>NICE TA Adherence Checklist (April 2022) – for noting</p> <p>Pan Mersey APC is compliant up to the end of April 2022. The report will be uploaded to the APC website.</p>	
9 APC and the ICS		
	<p>AH advised the meeting that as CCGs are in the close-down phase, it has been identified that there is a need to review the existing APC arrangements, for Pan Mersey APC and Cheshire APG. The CCG Medicines Leads approached the MLCSU to see how we might support this work. A two-stage approach was suggested (1) carry out a scoping and engagement exercise about merging to a single APC, and (2) look at development and implementation of the agreed future APC function.</p> <p>The first stage has been approved and needs to progress rapidly. All stakeholders will shortly receive a communication inviting them to participate in the engagement process on the proposed model of one APC across the Cheshire and Merseyside ICS footprint. This will be an opportunity to understand what needs to happen and for key stakeholders to be able to offer opinions on what has and hasn't worked well within the existing APCs, along with what individuals might want to see within the new single Cheshire and Mersey APC function. The outcome of this engagement exercise will be reported back to the ICS Board to consider a future model for strategic medicines decision making.</p> <p>Two webinars are being held, on Thursday 16th June at 1-2pm and Tuesday 21st June at 4-5pm. Both webinars are the same and all APC members are invited and actively encouraged to register to attend one of these events so that members' views can be formally captured as part of this engagement exercise. MLCSU will circulate the invitation after the APC meeting.</p> <p>For now, the current two APCs will continue to run in their existing formats. Conversations are underway to look at how the Cheshire and Mersey APCs can work together informally in the interim until formal arrangements have been made for implementing a single APC. At this point we do not know what the ICS will want in terms of timescales for moving</p>	AH ALL

	<p>towards a single C&M APC, but this initial engagement is just the beginning of the process.</p> <p>A question was raised around how decisions will be made regarding medicines in the ICS. AH advised that, as of 1st July, any APC recommendations will have to be ratified by the ICS. At this point in time, it is not known whether it will be a single ICS decision or whether it will be down to decisions at Place. While there is a need for one Cheshire and Merseyside commissioning organisation, RB was concerned that the ability for Places to say no to anything disappears.</p> <p>The move to ICS was discussed at Warrington CCG this morning and GH fed back to APC attendees, just how much the CCG valued the work of Pan Mersey APC. Whilst we want to keep the best of what we have here and the best in Cheshire there are still gaps and GH wondered how widely the engagement invitation will be circulated and if third party organisations will be included. PJ advised that the medicines leads are responsible for circulating the invitation widely across all networks and that this is an excellent opportunity to get involvement from more than the existing membership. PJ agreed that they need to make sure that Non-Execs get sight of this too.</p> <p>PW advised the committee that the purpose of the engagement exercise is to capture all these issues, so that they can be included in the final report and considered by the ICS Board. There will also be a feedback form circulated after the engagement events. All APC members are therefore encouraged to attend one of the webinars so that their views can be captured.</p>	
10	Any other business	
	None.	
11	Next meeting	
	<p>Wednesday 22 June 2022 at 2.00 – 4.00 pm</p> <p>Online meeting via Microsoft Teams.</p>	