



Midlands and Lancashire
Commissioning Support Unit



Pan Mersey
Area Prescribing Committee

Pan Mersey Area Prescribing Committee Annual Report 2020-21

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Pan Mersey Area Prescribing Committee

The Pan Mersey Area Prescribing Committee (APC) was formally established in February 2013 as a vehicle to allow Clinical Commissioning Groups (CCGs) across Merseyside and Warrington to work collaboratively around the commissioning of medicines. NHS Wirral CCG subsequently joined the APC in January 2018. This paper gives an overview of APC activity in the 2020-21 financial year.

The APC involves 28 NHS organisations including CCGs, NHS Trusts and Community Trusts. NHS Midlands and Lancashire Commissioning Support Unit (MLCSU) provides the administration function and expert medicines support to both APC and its subgroups as well as contributing to outputs and managing the stakeholder consultation process. Delivery of outputs is through a shared model, with the most appropriate organisations leading different areas and providing input as required.

MLCSU provides the administration and management of the [Pan Mersey APC website](#), which was redesigned in 2018/19. This includes development and maintenance of the Pan Mersey joint formulary using the NetFormulary platform. In 2020/21, there were 147,879 visits to the APC website with 266,847 page views. There were a further 423,904 visits to the Pan Mersey formulary. User feedback and further development was planned for 2020/21 but was paused due to the Covid-19 pandemic; this is now planned for 2021/22.

Remit

The focus of APC activity has been to make recommendations to CCGs about commissioning of newly launched medicines, or medicines which have gained additional licensed indications. To this end, the new medicines review process was initially developed in Spring 2013 to enable robust assessment of the evidence base for the proposed commissioning of medicines, along with mechanisms to engage with clinicians and commissioners across the whole of the Pan Mersey health economy. The process was designed to take the minimum possible time so as not to introduce delays in decision-making for CCGs, whilst ensuring a robust process was followed, and has been reviewed and refined based on new medicines subgroup experience and stakeholder feedback as the APC and subgroup have developed.

As well as reviewing individual medicines, it was recognised that recommendations on how each medicine should fit into an overall care pathway for a condition would be valuable. As a result, the APC formulary and guidelines subgroup have developed a joint health economy formulary and produce relevant guidelines and pathways for prioritised conditions.

When making commissioning recommendations, the APC also advises CCGs on the appropriate setting for prescribing, for example, specialist only, specialist initiation with ongoing prescribing in general practice, or general practice. This is communicated via the RAG rating, which is allocated according to [set criteria](#) as part of the medicines review process.

Activity

APC activity was paused between March and June 2020 due to the Covid-19 pandemic response. A planned reintroduction of the APC function was agreed with CCGs and Trusts from July 2020, with one hour APC and subgroup meetings until March 2021 and continual review of system capacity for APC. This has inevitably reduced the throughput and activity of both subgroups and APC, but has allowed the system to balance the need for an APC function for high priority matters whilst minimising the staff resource impact of attendance at APC and subgroup meetings. The MLCSU Medicines Management Team has supported

the majority of APC and subgroup outputs during this time to enable member organisations to focus staff resource to the Covid-19 response, recovery, and vaccination programme.

[Appendix 1](#) gives an overview of the reviews undertaken by the new medicines subgroup in 2020-21; 22 new medicines reviews and prescribing policy statements were completed during this period.

[Appendix 2](#) lists the work undertaken on developing guidelines during 2020-21, which includes reviews of 8 statements, 8 guidelines, and 6 formulary amendments by the formulary and guidelines subgroup. In addition to this, the shared care subgroup reviewed 3 prescribing support documents, developed 5 new shared care frameworks, and reviewed 6 existing shared care frameworks, as listed in [appendix 3](#).

The safety subgroup published one guideline and performed five formulary updates ([appendix 4](#)).

The antimicrobial guide review was completed at-scale across Cheshire and Merseyside and was ratified by the APC ([appendix 5](#)).

The APC also receives monthly reports on newly published NICE technology appraisals (TAs). CCGs are able to use this report to provide assurance that they are complying with the mandatory obligations for NICE TAs. During 2020-21, a total of 11 NICE TAs were reviewed by the new medicines subgroup, with 11 policy statements produced and RAG recommendations made to APC. This work enables CCGs to be kept up to date on new NICE guidance and helps demonstrate compliance with the NICE TA mandatory requirements ([appendix 6](#)).

Developments

Pan Mersey APC constantly strives to develop and improve its processes to ensure they remain responsive and appropriate, and consideration is given to feedback from stakeholders. It has progressed a number of significant initiatives during 2020-21.

- A website that collated national and regional information on Covid-specific medicines issues was developed to improve accessibility to this information, via the Pan Mersey APC website. Maintenance of this website is ongoing.
- The MLCSU Medicines Management Team worked with the North West Cell to produce guidance for primary care organisations in the North West to ensure appropriate and timely access to end of life drugs for patients with Covid-19.
- The MLCSU Medicines Management Team developed proposals, led the discussions, and implemented the phased reintroduction of Pan Mersey APC and its subgroups after the Covid-19 pause, and continue to manage the ongoing return to full APC activity. The APC subgroup workplans were reprioritised to support the phased reintroduction of APC activity and Covid recovery. One hour APC and subgroup meetings were held as appropriate via Microsoft Teams from July 2020 to March 2021. December subgroup meetings were cancelled due to Covid vaccination priorities.
- An APC Lay Person was appointed and joined the APC membership in September 2020. A Public Health APC representative was identified, although is currently not able to attend APC meetings. Work is ongoing to identify a CCG finance APC representative.
- It was identified that there was a need for an APC fast-track process, to be used to progress urgent or Covid-specific medicines advice/recommendations through a robust and agreed process when the full APC process is either unavailable due to system pressures or will not provide a timely enough outcome. An options paper was produced and discussed with the CCG Leads and Chief Pharmacists to establish the preferred approach, then the fast-track process was developed and

agreed at APC in January 2021 so that issues that required timely consideration could be considered whilst ensuring adequate governance and accountability. The updated FreeStyle Libre 2 documents were consulted on via this process in February 2021.

- The APC Conflicts of Interest policy and updated Declarations of Interest form were developed and approved by APC in March 2021.
- The North Regional Medicines Optimisation Committee (RMOC) was established in June 2017. Meetings take place quarterly in Leeds and two APC members are members of the RMOC North committee. RMOC updates are provided to APC members following the meetings and RMOC newsletters are an APC standing agenda item. Local opinion and consultation are sought on draft RMOC documents where appropriate and Pan Mersey APC gives due consideration to all RMOC recommendations to establish if they influence or change the Pan Mersey position. RMOC recommendations that were consulted on and/or considered by APC during 2020/21 include: Free of Charge (FOC) Medicines Schemes, Sequential Use of Biologic Medicines, Hydroxychloroquine retinopathy monitoring, Best Value Biologic – Insulin Glargine Toolkit, Shared Care for Medicines Guidance – A Standard Approach, Buprenorphine Long-acting Injection Guidance.
- Following the publication of the RMOC Advisory Statement ‘Standard Principles for Medicines Prior Approval Forms’ (January 2020), a review of the RMOC advice and comparison of the Mersey Blueteq process was undertaken and brought to APC for consensus decision regarding the proposed actions.
- An MLCSU Medicines Management team member has been actively involved in discussions around the future of RMOC North and which model would best support the needs of NHS North West.
- The MLCSU team continued to lead and co-ordinate collaboration at scale on issues affecting the Antimicrobial Resistance (AMR) agenda. Both parts of the full antimicrobial prescribing guide were finalised and shared for localisation and adoption. A rolling programme of review was implemented.
- Following the Merseyside and Warrington CCG’s decision to discontinue Blueteq, the MLCSU Blueteq Project Lead has worked closely with the MLCSU Information Governance team to develop the appropriate governance required for the close-down of Blueteq and the arrangements for the data at the end of this period. The Data Protection Assurance Checklist has been shared with CCGs for approval purposes. MLCSU will continue to report High Cost Drugs (HCD) queries from the Service Level Agreement Monitoring (SLAM) data flows and new solutions for HCD validation are being explored through the Health and Care Partnership Medicines group.

APC subgroups

There are four subgroups of Pan Mersey APC: new medicines, formulary and guidelines, shared care, and safety. The new medicines subgroup and the formulary and guidelines subgroup hold meeting every month, the shared care subgroup and the safety subgroup hold meetings every two months. A fifth group of antimicrobial specialists from across Cheshire and Merseyside continued their review of the primary care antimicrobial guide, meeting on alternate months. All subgroup outputs are consulted upon, with consultation feedback considered prior to the outputs being included on the APC agenda for consideration.

Engagement with APC processes and recommendations

The level of engagement with APC processes can be gauged by considering both the attendance at meetings by stakeholder organisations and the proportion of APC recommendations which are subsequently adopted by CCGs. It should be borne in mind that differences may reflect variations in local

service configurations rather than disagreement with APC recommendations. [Appendix 7](#) lists the APC member organisations and shows their attendance at APC meetings, which demonstrates a high degree of engagement with APC meetings. During 2020-21, APC and subgroup meetings were held via Microsoft Teams and attendance remained high despite the pressures of the pandemic.

Anne Henshaw
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Midlands and Lancashire CSU
July 2021

Appendix 1 New medicines subgroup

From April 2020 to March 2021, 22 new medicines reviews and policy statements were produced and taken through the APC process with recommendations to CCGs. The new medicines subgroup is also responsible for reviewing NICE TAs ([appendix 6](#)).

New medicine review	Review type	APC	RAG rating
Dienogest for endometriosis	Temporary (await application)	July 2020	Grey
Romosozumab for osteoporosis in postmenopausal women	Temporary (await NICE)	July 2020	Grey
Brolucizumab for neovascular (wet) age-related macular degeneration	Temporary (await NICE)	July 2020	Grey
Secukinumab for non-radiographic axial spondyloarthritis	Temporary (await NICE)	July 2020	Grey
Ixekizumab for axial spondyloarthritis	Temporary (await NICE)	July 2020	Grey
Omalizumab for chronic rhinosinusitis with nasal polyps	Temporary (await NICE)	September 2020	Grey
Fostamatinib for chronic immune thrombocytopenia (ITP)	Temporary (await NICE)	September 2020	Grey
Eltrombopag for severe aplastic anaemia	Review of existing statement	September 2020	Black
Solriamfetol for excessive daytime sleepiness in narcolepsy	Temporary (await NICE)	October 2020	Grey
Solriamfetol for excessive daytime sleepiness in obstructive sleep apnoea	Temporary (await NICE)	October 2020	Grey
Dapagliflozin for heart failure	Temporary (await NICE)	November 2020	Grey
Sacubitril/valsartan for chronic heart failure	Review of existing statement	November 2020	Amber initiated
Filgotinib for rheumatoid arthritis	Temporary (await NICE)	January 2021	Grey

New medicine review	Review type	APC	RAG rating
Guselkumab for psoriatic arthritis	Temporary (await NICE)	January 2021	Grey
Baricitinib for atopic dermatitis	Temporary (await NICE)	January 2021	Grey
Bempedoic acid for primary hypercholesterolaemia or mixed dyslipidaemia	Temporary (await NICE)	February 2021	Grey
Pridinol for central and peripheral muscle spasms	Temporary (await application)	February 2021	Grey
Upadacitinib for moderate rheumatoid arthritis	Temporary (await NICE)	February 2021	Grey
Avatrombopag for chronic immune thrombocytopenia (ITP)	Temporary (await NICE)	March 2021	Grey
Esketamine for acute short-term treatment of psychiatric emergency due to major depressive disorder	Temporary (await NICE)	March 2021	Grey
Upadacitinib for psoriatic arthritis	Temporary (await NICE)	March 2021	Grey
Upadacitinib for ankylosing spondylitis	Temporary (await NICE)	March 2021	Grey

Appendix 2 Formulary and guidelines subgroup

From April 2020 to March 2021, 8 policy statements, 8 prescribing guidelines, no formulary chapter reviews and 6 formulary amendment recommendations were taken through the APC process and recommended to CCGs.

Policy statements	APC	RAG rating
Out of Area requests position statement	Sept 2020	n/a
Botulinum toxin type A for axillary hyperhidrosis - review	Oct 2020	Red
Botulinum toxin type A for chronic anal fissures - review	Oct 2020	Red
Avoidance of <i>Clostridium difficile</i> infection	Oct 2020	n/a
Silk garments for eczema or atopic dermatitis	Oct 2020	Black
Flash glucose monitoring statement - update	Jan 2021	Amber initiated
Viscose garments	Feb 2021	Amber recommended
Flash Glucose Monitoring statement – update for Freestyle Libre 2	Mar 2021	Amber initiated

Formulary chapter reviews	APC
None	n/a

Guidelines	APC
Inflammatory Bowel Disease Guidelines – minor update to reflect NICE TA633	July 2020
Adult Asthma Guideline – routine review	July 2020
Sunscreens Guideline – routine review	July 2020
Headache pathway - update	July 2020
COPD guideline – routine review	Sept 2020
Sequential use of biologics and high cost medicines	Sept 2020
Vitamin B12 guideline	Nov 2020
Vitamin D guideline - update	Nov 2020

Formulary amendments	APC
6 formulary amendments (e.g. formulation changes, RAG rating changes, additional criteria/ advice)	April 2020 - March 2021

Appendix 3 Shared care subgroup

From April 2020 to March 2021, 3 reviewed prescribing support documents, 5 new shared care frameworks and 6 reviewed shared care frameworks plus an extension to the expiry date of 16 documents were completed through APC with recommendations to CCGs.

Topic	Type of guidance	APC	RAG rating
Denosumab review plus new letter	Prescribing support information	July 2020	Amber initiated
ADHD for children (5 new frameworks)	Shared care frameworks	November 2020	Purple
ADHD review of the 5 existing frameworks	Shared care frameworks	November 2020	Purple
Expiry extension of 12 months for 10 shared care frameworks	Shared care frameworks	November 2020	Purple
Expiry extension of 12 months for 6 prescribing support information documents	Prescribing support information	November 2020	Amber various
Lithium – review to clarify monitoring recommendations	Shared care framework	January 2021	Purple
Gonadorelin analogues	Prescribing support information	January 2021	Amber retained
Degarelix	Prescribing support information	January 2021	Amber retained
Additional bullet point clarifying process if GP requests the specialist to resume responsibility for prescribing	Shared care frameworks	March 2021	Purple

Appendix 4 Safety subgroup

From April 2020 to March 2021 the safety subgroup published one guideline and performed five formulary updates.

Topic	Type of guidance	APC
Opioids: Considerations for safe and effective prescribing in Chronic Pain	Prescribing guidance	February 2021
Switching advice for solid to liquid formulations: lithium, carbamazepine, phenytoin.	Formulary update	Subgroup action Mar 2021
Ibuprofen gel: risk of burns	Formulary update	Subgroup action Nov 2021
Opioid and MAOI interaction	Formulary update	Subgroup action Nov 2021

Appendix 5 Antimicrobial review group

Working at scale, the Cheshire and Merseyside antimicrobial review group completed a review of the full antimicrobial guide.

Topic	Type of guidance	APC
Upper respiratory, lower respiratory, urinary, meningitis, gastrointestinal, and dental infections	Review and harmonisation of existing stakeholder guidance.	September 2020
Genital, skin, and eye infections.	Review and harmonisation of existing stakeholder guidance.	February 2021

Appendix 6 NICE technology appraisals

NICE paused its NICE TA programme from March to May 2020 to focus on developing Covid-specific guidance in response to the national pandemic. From July 2020 to March 2021, 11 policy statements for CCG-commissioned NICE TAs were produced by the new medicines subgroup and taken through APC with recommendations to CCGs.

Technology appraisal title	APC	RAG rating
TA626: Avatrombopag for treating thrombocytopenia in people with chronic liver disease needing a planned invasive procedure	July 2020	Red
TA631: Fremanezumab for preventing migraine	July 2020	Red
TA633: Ustekinumab for treating moderately to severely active ulcerative colitis	July 2020	Red
TA651: Naldemedine for treating opioid-induced constipation	October 2020	Green
TA659: Galcanezumab for preventing migraine	January 2021	Red
TA664: Liraglutide for managing overweight and obesity	January 2021	Red
TA665: Upadacitinib for treating severe rheumatoid arthritis	January 2021	Red
TA679: Brolucizumab for treating wet age-related macular degeneration	February 2021	Red
TA676: Filgotinib for treating moderate to severe rheumatoid arthritis	March 2021	Red
TA679: Dapagliflozin for treating chronic heart failure with reduced ejection fraction	March 2021	Amber initiated
TA681: Baricitinib for treating moderate to severe atopic dermatitis	March 2021	Red

For NICE TAs where CCGs are not the responsible commissioner, a hyperlink to the NICE TA is added to the appropriate section of the Pan Mersey joint formulary.

A monthly overview of all NICE TAs is produced by the MLCSU hub team and noted at each APC meeting to provide assurance around compliance with NICE TA statutory requirements.

Appendix 7 Attendance at APC meetings

7 APC meetings were held during 2020-21.

Organisation	Meetings attended
Aintree University Hospitals NHS Foundation Trust (Liverpool University Hospitals Foundation Trust from October 2019)	6
Bridgewater Community Healthcare NHS Foundation Trust [†]	7
Alder Hey Children's NHS Foundation Trust*	4
Liverpool Women's NHS Foundation Trust*	0
Liverpool Heart and Chest Hospital NHS Foundation Trust*	3
Royal Liverpool and Broadgreen Hospitals NHS Trust (Liverpool University Hospitals Foundation Trust from October 2019)	5
Mersey Care NHS Foundation Trust*	4
Mersey Care Liverpool and South Sefton Community Services Division [†]	7
North West Boroughs Healthcare NHS Foundation Trust*	6
Southport and Ormskirk NHS Hospital NHS Trust	6
St Helens and Knowsley Teaching Hospitals NHS Trust	6
Warrington and Halton Hospitals NHS Foundation Trust	4
Wirral University Teaching Hospital NHS Foundation Trust	6
NHS Halton CCG	7
NHS Knowsley CCG	7
NHS Liverpool CCG	4
NHS Southport and Formby CCG	7
NHS South Sefton CCG	7
NHS St Helens CCG	7
NHS Warrington CCG	7
NHS West Lancashire CCG	4
NHS Wirral CCG	7

Organisation	Meetings attended
Lancashire and South Cumbria NHS Foundation Trust [†]	5
Cheshire and Wirral Partnership NHS Foundation Trust [*]	1
Liverpool Local Medical Committee	5
Mid Mersey Local Medical Committee	2
Wirral Local Medical Committee	7
Cheshire and Merseyside Local Pharmaceutical Committee	5

^{*}Specialist Trusts and [†]Community providers are only required to attend APC meetings when there are relevant agenda items.