

Minutes

Meeting	Pan Mersey Area Prescribing Committee
Venue	Microsoft Teams online meeting
Date and time	Wednesday 27 January 2021, 3.00-4.00pm

Members		
AL-JAFFAR, Hannah	Southport and Ormskirk Hospital NHS Trust	Y
ATKINSON, Anna	Lancashire and South Cumbria NHS Foundation Trust	Y
BARKER, Catrin	Alder Hey Children's NHS Foundation Trust	N
BARNETT, Rob Dr	Liverpool Local Medical Committee	Y
BARTON, Carolyn	NHS Knowsley CCG	Y
CAMPBOR, 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
DOYLE, Catherine Dr	NHS Warrington CCG	Y
EVANS, Alison	Wirral University Teaching Hospital NHS Foundation Trust	N
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	N
HAWCUTT, Dan Dr	Alder Hey Children's NHS Foundation Trust	N
HAYES, Nicola	Warrington and Halton Hospitals NHS Foundation Trust	Y
HEBDON, Rob	NHS Wirral CCG	Y
HENSHAW, Anne	Midlands and Lancashire Commissioning Support Unit	Y
HUNTER, Anna Dr	NHS South Sefton CCG, NHS Southport and Formby CCG	N
IRVINE, Adam	Cheshire and Merseyside Local Pharmaceutical Committee	Y

Members		
ISLAM, Jasmeen	Cheshire and Wirral Partnership NHS FT	N
JAEGER, Emma	NHS Wirral CCG	Y
JAIN, Adit Dr	NHS Knowsley CCG	N
JOHNSTONE, Peter (Chair)	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	Y
McNULTY, Sid Dr	St Helens and Knowsley Teaching Hospitals NHS Trust	Y
PHILLIPS, Kathryn	Bridgewater Community Healthcare NHS Foundation Trust	Y
PYE, Laura Dr	NHS St Helens CCG	Y
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)	Y
SZYNALSKI, Jackie	Mersey Care NHS Foundation Trust, Community Services Division	Y
THORNTON, Dave	Liverpool University Hospitals NHS Foundation Trust (Aintree)	Y
VAN MIERT, Matthew Dr	Wirral University Teaching Hospitals NHS Foundation Trust	Y
VINCENT, Marc	Liverpool Heart and Chest Hospital 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
DONLON, Kieron	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 and accepted apologies from the following: Dr Anna Hunter, Dr Hilal Mulla, Catrin Barker, John Williams, Dr Adit Jain and Mike Welsby. AH thanked PJ, on behalf of the Committee, for stepping in to Chair the meeting at short notice.	
2 Declarations of interest and quoracy		
	A quoracy check confirmed that this meeting was not quorate. There were no declarations of interest for items on the agenda.	
3 Minutes of the last meeting		
	GH is the APC lay member and should appear as such, in the non-voting section of the attendance list; this will be amended in the November minutes. Once this amendment has been made, the Minutes were agreed to be an accurate record of the meeting on 25 November 2020.	VZ
4 Matters arising		
4.1	<u>Cyanocobalamin tablets (Orobalin®), cost correction – for noting:</u> An incorrect price was stated on the guideline document presented at the November APC meeting: Cyanocobalamin (Orobalin®) 1mg tablets x 28 cost £9.99, treatment – 2mg twice daily for 8 weeks/ patient = £39.96, maintenance – 1mg daily – annual cost/ patient = £119.88. The correct price is: Cyanocobalamin (Orobalin®) 1mg tablets x 30 costs £9.99, treatment – 2mg twice daily for 8 weeks/ patient = £74.59, maintenance – 1mg daily – annual cost/ patient = £121.55. This was amended prior to uploading the document onto the APC website and highlighted in the APC report that was circulated following the meeting.	
4.2	<u>Management of Chronic Constipation in Adult Patients in Primary Care guideline, addition of naldemedine – for noting:</u> The APC recently approved NICE TA651 Naldemedine for treating opioid-induced constipation, which has been added into the Pan Mersey Management of Chronic Constipation in Adult Patients in Primary Care guideline. This was agreed.	
5 New medicines		
5.1	Grey statement summary The following grey 'holding' statements have been produced for the APC website: <u>FILGOTINIB tablets (Jyseleca®▼)</u> For rheumatoid arthritis. The grey statement will be reviewed when the NICE TA is published (date TBC). <u>GUSELKUMAB injection (Tremfya®▼)</u> For treatment of psoriatic arthritis. The grey statement will be reviewed when the NICE TA is published (date TBC).	

	<p><u>BARICITINIB film-coated tablets (Olumiant®▼)</u></p> <p>For the treatment of atopic dermatitis. The grey statement will be reviewed when the NICE TA is published (expected March 2021).</p> <p>These were noted and approved by the APC.</p>	
5.2	<p>Galcanezumab for prevention of migraine – NICE TA659</p> <p>AH gave a summary of the red statement, in line with NICE TA659. Galcanezumab is recommended as a treatment option, provided specific criteria are met and the company provides it according to the commercial arrangement. It is for specialist use only.</p> <p>Clarification of the definition of a commercial arrangement for a NICE TA was requested. Pricing in line with a commercial arrangement is sometimes known as Patient Access Scheme (PAS). If the treatment is not found to be cost effective by NICE at the NHS list price, NICE may negotiate a reduced price with the manufacturer and specify as one of the conditions of the TA that the drug must be provided within the commercial arrangement for the treatment to be considered cost effective use of NHS resource. The red statement was approved.</p>	
5.3	<p>Upadacitinib for severe Rheumatoid Arthritis – NICE TA665</p> <p>This is an option for treating severe rheumatoid arthritis in adults meeting the specified criteria. It is a red statement in line with NICE TA665, for specialist use only. The APC approved the red statement.</p>	
5.4	<p>Liraglutide for managing overweight and obesity – NICE TA664</p> <p>A red statement has been produced in accordance with NICE TA664. The TA specifies that liraglutide (Saxenda) is only recommended where it is prescribed in secondary care by a specialist multidisciplinary Tier 3 weight management service and provided in accordance with the commercial arrangement which is only available in secondary care.</p> <p>The only secondary care Tier 3 service in the area is Aintree Hospital and concerns were noted that the TA guidance may inundate Aintree Hospital with referrals from community services and management of patients. However, some community services may be able to access an MDT framework within a secondary care service.</p> <p>There may be an increase in the number of GP referrals to the service as a result of changes in the GP contract regarding the management of obesity. CCG Leads agreed to feed this back as a potential commissioning issue.</p> <p>It was noted that Saxenda is not interchangeable with Victoza, which is licensed for type 2 diabetes. The committee also requested that the dosage of Saxenda should be added for clarity. The APC approved this statement subject to this minor amendment.</p>	
6	Shared care	
6.1	<p>Lithium shared care framework</p> <p>The monitoring guidance has been clarified in sections 6 and 10 of the lithium shared care framework, stating that this applies to arrhythmia, rather than the SPC recommendation of cardiac function in general. HD thanked the GPs who helped with the wording. The APC</p>	

	agreed its approval of the updated framework and CCG representatives confirmed they were happy to carry over the previous approval badges.	
6.2	<p>Gonadorelin analogues prescribing support information</p> <p>This was a routine review of the prescribing support information and letter, and the changes were minor. HD summarised the amendments. Consultation feedback was in agreement, with two constructive suggestions that have been incorporated, including the addition of the frequency of injections and duration of treatment in the letter. The APC approved the updated documents and CCGs agreed to the approvals being carried over.</p>	
6.3	<p>Degarelix prescribing support information</p> <p>HD outlined the amendments made during the routine review of this prescribing support information. Consultation feedback was in agreement. The committee approved the amended prescribing support information and letter, and CCG representatives confirmed their agreement to carrying over existing approvals.</p>	
7 Formulary and Guidelines		
7.1	<p>Semaglutide oral – addition to formulary</p> <p>The proposal to add semaglutide tablets to the formulary as a green drug was discussed. The cost would be the same as the injectable semaglutide. It would need no training to administer it and it may help to reduce hospital outpatient visits. Consultation feedback was in agreement with the proposal. Regarding efficacy, the subgroup was satisfied it is equivalent to other subcutaneous GLP1 receptor agonist injectable forms in terms of HbA1c reduction but had not examined efficacy regarding weight loss. A question was raised as to whether the oral form also increases the risk of developing diabetic retinopathy as this is a known adverse effect of injectable semaglutide. The APC did not approve the proposal to add semaglutide tablets to the formulary and it was agreed that this will be brought to the next APC meeting with additional information on the points raised.</p>	GR
7.2	<p>Cluster headache - home oxygen ordering templates</p> <p>These template documents have been produced to assist GPs in prescribing oxygen correctly in cluster headache, with the intention that they can be incorporated on to EMIS in practices. Oxygen for cluster headache is already green in the formulary and the Headache Pathway and the templates are to assist the correct prescribing of oxygen by GPs, while patients with cluster headache await their outpatient appointment for specialist neurology assessment.</p> <p>Concerns were expressed about GPs prescribing oxygen because, unless they visit the patient's house, they cannot be assured of the safety of doing so. The APC did not approve the templates and it was agreed that this requires further consideration outside of this meeting.</p>	GR
7.3	<p>Flash glucose monitoring statement</p> <p>This statement has been updated to include the additional use for people with learning difficulties using insulin to treat diabetes, in accordance with updated NHS England</p>	

	recommendations. Consultation feedback was in agreement. The APC approved this update.	
7.4	<p>Document expiry extensions – for noting</p> <p>GR presented a list of FGSG documents that will pass their review-by date in the next 6 months. It was proposed that their review-by dates are extended until December 2021, as major changes are thought to be unlikely in the meantime. This could be reviewed on a case-by-case basis should significant developments occur with any documents. This proposal was agreed by the APC.</p>	
8	Safety	
8.1	<p>Request for extension and withdrawal of expired guidance</p> <p>The committee was requested to approve an extension to the expiry date of Pan Mersey guidance on the safe use of adrenaline autoinjectors, from January 2021 to July 2021. In prioritising their work, the safety subgroup agreed that this was not a high priority for update. There are ongoing supply chain problems, and their view was that the advice has not changed in any significant respect. The APC agreed to this expiry extension.</p> <p>The committee were requested to approve temporary withdrawal of their guidance on when to issue a steroid treatment card. The 2017 review was delayed in anticipation of an updated steroid treatment card. With its eventual publication in August 2020 the latest alert has generated uncertainty about the best way to identify people who need the new steroid card. The subgroup decided there may not be enough clear information yet and will review the situation in March 2021.</p> <p>The committee did not support the temporary withdrawal of this guidance and agreed that keeping the existing recommendations was preferable to having none at all. National guidance is expected before the deadline for implementation in May. The APC document will be retained and reviewed as a priority, as soon as further information becomes available on how to identify patients who require the new style of steroid card.</p>	
9	APC reports	
9.1	<p>NICE TA Adherence Checklist (December 2020) – for noting</p> <p>Pan Mersey APC is compliant up to the end of December 2020. The report will be uploaded to the APC website.</p>	
9.2	<p>APC fast-track process</p> <p>When the APC was reintroduced after the pause due to the initial phase of Covid-19, it was identified that there needs to be a reduced APC function maintained, and a way to address urgent local decision-making issues, whilst the local system is experiencing periods of considerable pressure. The CCG Leads requested a fast-track process be developed to facilitate this whilst ensuring adequate governance and accountability.</p> <p>The proposed fast-track process has already been circulated to organisations. All CCGs have approved the process, except for St Helens CCG. Knowsley CCG approved in principle but had some implementation issues to work through. NC confirmed that St Helens CCG has now approved the fast-track process. This would only be used instead of</p>	

	<p>the normal APC process, on a case-by-case basis, if system pressures or urgency required the fast-track process to be adopted.</p> <p>The APC approved the fast-track process.</p>	
10	Any other business	
10.1	<p>List of APC Meetings April 2021 to March 2022 – for noting</p> <p>Formerly the APC met on the last Wednesday of each month (except August and December), with occasional meeting date changes to avoid school holidays. However, this has caused problems for some committee members due to meeting clashes with other regular meetings. From April 2021, the APC will meet regularly on the fourth Wednesday of each month, except for August and December when no APC meeting is held. The APC agreed with this proposal.</p>	
10.2	<p>AOB</p> <p>None.</p>	
11	Next meeting	
	<p>Wednesday 24 February 2021 at 2.00 – 3.00 pm</p> <p>Online meeting via Microsoft Teams</p>	