Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday 11th February 2015 in the Boardroom at Hillder House

MEMBERS:

Dr M Ghani (Chair)	**Medical Director (Barnsley CCG)**
Ms C Lawson	**Head of Medicines Optimisation (Barnsley CCG)**
Ms K Martin	**Deputy Chief Nurse (Barnsley CCG)**
Mrs S Hudson	**Lead Pharmacist (SWYPFT)**
Dr K Kapur (from 1.15 pm)	**Consultant Gastroenterologist (BHNFT)**
Mr M Smith	**Chief Pharmacist (BHNFT)**
Mr T Bisset	**Community Pharmacist (LPC)**

ATTENDEES:

Mrs C Applebee	**Medicines Management Pharmacist (Barnsley CCG)**
Ms G Smith	**Medicines Information Pharmacist (BHNFT)**
Mr R Staniforth	**Lead Pharmacist (Barnsley CCG)**
Nicola Brazier	**Administration Officer (Barnsley CCG)**
Ms D Cooke	**Lead Pharmacist (Barnsley CCG)**

APOLOGIES:

Dr J Maters	**General Practitioner (LMC)**
Dr R Hirst	**Palliative Care Consultant (Barnsley Hospice)**
Dr R Jenkins	**Medical Director (BHNFT)**
Dr A Munzar	**General Practitioner (LMC)**
Dr R Vedder	**Consultant in Palliative Care (Barnsley Hospice)**

ACTION

APC 15/21 DECLARATIONS OF INTEREST

No declarations of interest were received.

APC 15/22 MINUTES OF THE PREVIOUS MEETINGS

The minutes of the meeting held on 14th January 2015 were agreed as an accurate record.

Actions from the previous meeting were checked and the following feedback was given on outstanding actions: -

15/3.1 Methotrexate Injections

Confirmation of LIFT centre opening times for disposal of the sharps bins had not yet been provided and Richard Staniforth noted that this was due to staffing capacity issues resulting in reception opening times not being known.

ACTION

***Post meeting note**: Richard Staniforth had received confirmation of the LIFT centre opening times but was informed that it would be made clear that patients would need to contact the site before dropping off sharps bins to ensure the centre was staffed to receive them.*

It was identified that Rheumatology were moving patients into primary care before the shared care guideline had been finalised and circulated. Gillian Smith had received email communication which suggested that the service was up and running and agreed to follow this up. **GS**

Chris Lawson raised concern about the activity numbers as originally the number of patients moving into primary care was expected to be approximately 25 across Barnsley. Chris Lawson had been made aware that a practice had received a number of requests and therefore clarification was required to establish if there was to be an increase in numbers. Mike Smith was asked to liaise with Rheumatology to confirm how many patients would be moving into primary care and this information would be brought back to the next meeting. **MS**

15.4 Dexamethasone Injection

Gillian Smith is yet to meet with Dr Vedder to determine which preparation should be used. **GS/RV**

15/13.1 Feedback from BHNFT Clinical Guidelines & Policy Group

It was clarified that TA327 (Dabigatran) had a red drug classification for the treatment and secondary prevent of deep vein thrombosis and pulmonary embolism. It was agreed that the classification would be reviewed when the DVT treatment pathway had been finalised.

Caron Applebee noted that TA324 would not be added to the NICE spreadsheet as this was not medicines related.

APC 15/23 MATTERS ARISING AND APC ACTION PLAN

23.1 Testosterone Shared Care Guideline Re-audit in Primary Care

Richard Staniforth highlighted the post meeting note within the 14th January 2015 minutes which documented that 63 Barnsley patients still required shared care agreements. It was noted that secondary care had been made aware that agreements had not been returned for 20 of these patients for various reasons i.e. not registered at that practice and the Trust would need to establish where these patients were currently registered.

The Committee agreed that the 43 outstanding shared care agreements being requested should be collated by the Medicines Management Team and hand delivered to Endocrinology as previously done. **RS/DC**

On completion of this work, Karen Martin asked Richard Staniforth to **RS**

provide a briefing for her to be able to close the outstanding action for Quality & Performance. Chris Lawson agreed to share an earlier briefing with Richard Staniforth which could be updated. **CL**

23.2 Treatment Algorithm for NOACS

The Committee received enclosures B1 and B2. Given some uncertainty about the intentions for sharing enclosure B2 with the group, it was agreed that Gillian Smith would liaise with Keith Sands and bring this back to the next meeting with information detailing how it differs from our current guidelines and provide any evidence to support a change from what is currently in place. **GS**

Chris Lawson felt that the information previously published was still robust.

23.3 Lipid Management Algorithm

Gillian Smith confirmed that she had made the changes as discussed at the January 2015 meeting. During this meeting, Gillian identified an error on the algorithm, which she would amend. Gillian informed the Committee that she had received positive feedback and confirmed that BHNFT consultants were happy to approve these guidelines.

The Committee approved the guidelines and were happy for them to be issued subject to the correction of the typographical error identified. **GS**

Gillian Smith noted that she had met with the Lipid Management Specialist at Sheffield who informed her that Sheffield were currently updating their Lipid Management Guidelines.

23.4 Inflammatory Bowel Disease Shared Care Guideline

Gillian Smith noted that the Committee had discussed this guideline at the December 2014 meeting which now included mycophenolate following a request to include it.

Dr Ghani commented on the monitoring information for mycophenolate (monthly for 1st year) which appeared to be more intense than other typically used drugs (3 monthly monitoring).

As no GPs were present at the meeting for comment, it was agreed that the guideline would go to the LMC to obtain primary care comment. **DC**
To inform discussion at the LMC, it was agreed that Gillian Smith would provide information on the expected number of patients. **GS**

Clarification was required around the frequency of monitoring after the first year and Gillian Smith agreed to confirm this with Dr Kapur. **GS**

Chris Lawson noted that since the introduction of the Shared Care Scheme, practices appear to have taken up a greater lead to ensure that agreements are in place The Committee discussed the process for obtaining an updated agreement when a patient changed practice and it was agreed that a generic form would be produced. It was agreed that it was the responsibility of the new practice to ensure that another shared care agreement was in place. **CA**

ACTION

23.5 NICE TA325 (Nalmefene for reducing alcohol consumption in people with alcohol dependence)

Sarah Hudson provided a brief overview of the current service arrangements. SWYPFT provide some aspects of the service (including prescribing) and Phoenix Futures provide other aspects such as counselling. At the moment there was an option to refer patients to Phoenix Futures for psychosocial counselling for alcohol use for a maximum of 6 sessions which is commissioned and funded. However there is no ability within the service to prescribe as this aspect of the service sits within the SWYPFT model.

A discussion took place about possible options and Sarah Hudson agreed to continue working on this to ensure the right pathway was in place. **SH**

Caron Applebee informed the Committee of an issue relating to the counselling of a patient and agreed to send the details to Dr Ghani and Sarah Hudson. It was agreed that prescribing data would be checked and Chris Lawson agreed to raise this with the other Heads of Medicines Management to see how the introduction of nalmefene was being managed across South Yorkshire. **CA** **DC**

The Committee agreed to classify nalmefene (TA325) for reducing alcohol consumption in people with alcohol dependence as an Amber-G drug and it was agreed that a supporting information sheet would also be produced. **SH**

23.6 Action plan – other areas

23.6.1 Fitness for purpose

Chris Lawson thanked colleagues for their responses to populate the communication plan and noted that no response had yet been received from BHNFT and Barnsley Hospice. Once these responses were received and the communication plan was complete, this would help the discussion on how to improve communication across the Barnsley locality. **MS/GS/ RV**

Chris Lawson informed the Committee that a Time Out session would be arranged to take place in April 2015 and information would be emailed out shortly. **CL**

23.6.2 Diclofenac use within BHNFT

Gillian Smith referred to quarter 3 data and noted that there had been a slight increase in the usage of diclofenac. It was acknowledged that there were situations when it was appropriate to use diclofenac but it appeared that obstetrics and gynaecology were continuing to prescribe significant quantities. It was agreed that this issue should be escalated to Dr Richard Jenkins, Medical Director, BHNFT and Dr Ghani would discuss this with him when they next meet. Dr Ghani asked Gillian Smith to provide him with data from obstetrics and gynaecology to help support this discussion. **MG** **GS**

23.6.3 Eclipse Live

Chris Lawson confirmed that the Communications Team were taking this forward and an article would be published soon.

APC 15/24 USE OF AMBER DRUGS FOR INDICATIONS WHICH FALL OUTSIDE OF THE SHARED CARE GUIDELINE

Sarah Hudson brought some concerns to the meeting regarding the prescribing of antipsychotics for indications which fall outside the license and are therefore outside of the shared care guideline.

Deborah Cooke referred to guidance on common off label uses of drugs used in mental health which had previously been endorsed by the Committee and accepted in principle by the LMC. It was noted that practices have also received requests to prescribe for other unlicensed indications which were not included in this guidance. Feedback received by the Medicines Management Team suggests that some practices may be more willing to pick up the prescribing if the indication is included on the list.

Sarah Hudson noted that the list had been removed from the SWYPFT policy due to the expanding drug list and the growing number of services that SWYPFT dealt with including non-mental health services. The drug list had been replaced with a statement stating that if the unlicensed use of a drug was supported by national guidance such as NICE, BNF or Royal College guidance then it was approved by the Trust.

It was agreed that the list of unlicensed indications would be updated and information on the supporting evidence base would also be incorporated into the guidance. This would be brought back to a future APC meeting and taken to the LMC to obtain primary care comment. **SH**

APC 15/25 AUDIT OF WARFARIN DOSE INFORMATION INCLUDED ON BHNFT DISCHARGE LETTERS

Deborah Cooke noted that primary care clinicians have previously expressed their concerns regarding the lack of warfarin dose information included on some of the discharge letters received from BHNFT. Following discussion in the June 2014 Area Prescribing Committee meeting, the Committee tasked the CCG Medicines Management Team with undertaking a review of the warfarin dose information included on a sample of discharge letters received in primary care. It was agreed that the review would be undertaken in the third quarter of 2014-15 to ascertain whether the anticoagulant checklist introduced by BHNFT earlier on in the year had addressed these concerns.

A sample of BHNFT discharge letters received in primary care were reviewed by members of the Medicines Management Team in November and December 2014. Discharge letters which had warfarin listed in the 'To Take Out/Home' (TTO) section of the discharge letter were included in the review along with discharge letters for patients who were known to be taking warfarin prior to admission.

Deborah Cooke noted that 66 discharge letters were reviewed from 17 GP practices and the findings were presented in the 4 tables in Enclosure F.

Deborah Cooke noted that some of the issues would be picked up with the outcomes of the discharge letter audit but felt that focus was needed on those with missing information i.e. as per chart.

Gillian Smith asked Deborah Cooke to provide details for the 5 patients taking warfarin prior to admission in order to check their D1s and find out who verified them. It was agreed that Gillian Smith and Mike Smith would bring back an action plan to this Committee. **DC** **GS/MS**

APC 15/26 NEW PRODUCT APPLICATIONS

26.1 Gaviscon® Advance suspension and chewable tablets

Mr M Nussbaumer, Consultant Otolaryngologist and Juliet Swain, Clinical Lead Speech & Language Therapy at BHNFT were in attendance and were invited to highlight any key points to the Committee to support their application for this product.

Juliet Swain felt that in terms of treatment of laryngopharyngeal reflux (LPR) the product worked well as it provided a greater physical raft to prevent reflux, although acknowledged that the evidence base was for a small number patients. Juliet noted that the composition was different to other products and that within one of the studies documented within the independent review it was shown to make a significant difference when used for treating the LPR condition.

Mr Nussbaumer informed the Committee that ENT UK recommend using Gaviscon Advance for mild laryngeal peptic disease as this was the only licenced preparation but acknowledged that the evidence base was not very good.

It was estimated that Mr Nussbaumer would see approximately 20 new LPR patients every month and in response to a query Juliet confirmed that LPR was the only condition that the Speech and Language therapists would recommend using Gaviscon Advance for.

Following discussion, Dr Ghani summarised the evidence. It was noted that Gaviscon Advance was on the formulary for use by ENT in Rotherham and Doncaster but not in Sheffield and the Committee felt that their reasons for accepting/ rejecting this product should be obtained to help inform the decision of this Committee. It was agreed that Chris Lawson would liaise with the Heads of Medicines Management in those areas and feed back to the next meeting. **CL**

The decision was deferred to the next meeting.

It was agreed that Gillian Smith would feed back this decision to Mr Nussbaumer and Juliet Swain and request that they do not ask GPs to prescribe it until a final decision has been made. **GS**

26.2 Nepafenac (Nevanac®▼)

Gillian Smith advised that Mr Hassan did not wish to pursue this application and would also like to remove his application for Bromfenac eye drops (Yellox®). These products would be removed from the log. **NB**

26.3 Timolol Eye Gel (Tiopex®▼)

Gillian Smith advised that this product would reduce systemic effects from beta blockers which occasionally still occur in heart failure and asthma patients.

The Committee approved the preservative free product for use in patients with heart failure or asthma and in patients who require a preservative free preparation.

There was some uncertainty as to whether this would involve switching any other patients and Gillian Smith agreed to clarify this with Mr Hassan. **GS**

This product was given a green drug classification.

APC 15/27 NEW PRODUCT APPLICATIONS - UPDATED LOG

Further to the new product applications considered and discussed today, one product is yet to come to Committee for consideration. Gillian Smith hoped to bring this to the March 2015 meeting.

APC 15/28 BARNSLEYAPCREPORT@NHS.NET FEEDBACK FOR INFORMATION AND COMMENT

The Committee noted the paper which provided details of four reports received.

Richard Staniforth reported issues identified with bicalutamide, cyproterone and ondansetron not included on the report.

28.1 Bicalutamide and Cyproterone

It was noted that whilst both drugs were included on the amber drug list, there was no local prescribing guidance currently available. It was agreed that bicalutamide and cyproterone would be incorporated into the prostate cancer Amber-G guideline. **CA**

28.2 Ondansetron

This was an issue raised by the LMC about increased recommendations for its use in pregnancy and questions were raised about whether this was appropriate to use. The Medicines Management Team had responded to the LMC but Richard Staniforth asked if we should consider providing firmer guidance.

Chris Lawson noted that TOXBASE® recommend what is safe to use and position ondansetron as 2nd/3rd line as there were some reports of cleft palate in the first trimester, where as other agents had no reports.

Dr Ghani suggested that guidance be obtained from the Obstetricians detailing what they recommend as 1st, 2nd and 3rd line options. **GS**
Gillian Smith noted that they would generally use promethazine or

cycline 1st line but Chris Lawson noted that requests were being received for Ondansetron to be used 1st line. Gillian Smith asked if further information could be provided to ascertain where the requests were coming from, however no further information on these requests was available.

Chris Lawson noted that TOXBASE have issued guidance on 1st/2nd and 3rd line which should be shared and noted that nationally there was a move to try and get people to use TOXBASE in order to identify what exposure medicines have had through pregnancy and feed the information in through the site.

It was agreed that the guidelines would come back to this meeting and would be shared with primary care for clarity. **GS**

APC 15/29 NEW NICE TECHNOLOGY APPRAISALS

It was noted that there were no new NICE technology appraisals to consider.

29.1 Feedback from BHNFT Clinical Guidelines and Policy Group

Gillian Smith noted that there was nothing to report from the BHNFT Clinical Guidelines and Policy Group.

Gillian Smith agreed to email Caron Applebee with BHNFT's decision for TA323 (Erythropoiesis-stimulating agents (epoetin and darbepoetin) for treating anaemia in people with cancer having chemotherapy (including review of TA142). **GS**

Post meeting note: *Gillian Smith confirmed that TA323 is not applicable to BHNFT. Barnsley patients prescribed these drugs will be under the care of Weston Park.*

29.2 Feedback from SWYPFT NICE Group

Sarah Hudson noted nothing to report from this virtual group.

APC 15/30 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

30.1 Quality & Cost Effective Prescribing Group

Chris Lawson fed back on discussions around Epilepsy Shared Care Guidelines and confirmed that 28 out of the 36 practices had signed up and training was currently being arranged and delivered by the Medicines Management Team. Chris noted that it all appeared to be working well.

The group reviewed Nexium® branded prescribing and reported growth in Nexium® prescribing. Dr Kapur felt that there was no need to use branded Nexium® in preference to generic esomeprazole and it was agreed that this would be followed up in primary care. **CL**

Chris Lawson noted that Lipitor® (branded) prescribing appears to be stable and low in terms of the proportion prescribed.

30.2 BHNFT

Mike Smith confirmed that no meeting had taken place.

ACTION

30.3 SWYPFT Drug and Therapeutics Committee

Sarah Hudson informed the Committee that some of the CCGs in West Yorkshire are moving to a branded generic quetiapine XL preparation. Sarah Hudson noted that whilst SWYPFT support their decision there are currently no plans to make the same change internally.

Tom Bisset highlighted the Department of Health guidance on switching to branded generics.

Sarah Hudson reported that there had been some new evidence that patients on antipsychotics are more at risk of pneumonia and Sarah asked if this information should be shared with GPs and community pharmacists. It was agreed that Sarah Hudson would circulate the risk alert to the Committee and this would be shared with GPs and community pharmacists. **SH**

APC 15/31 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE

The Committee would take a progress report on the Testosterone audit to the Quality & Patient Safety Committee. **CAL/RS**

APC 15/32 HORIZON SCANNING DOCUMENT – JANUARY 2015

The Committee agreed to classify the new products as follows: -

Aclidinium/formoterol, 340 micrograms/12 micrograms inhalation powder (Duaklir® Genuair®▼, Almirall) – **PROVISIONAL GREY**

Sucroferric oxyhydroxide, 500 mg chewable tablets (Velphoro®▼, Fresenius Medical Care) – **PROVISIONAL RED**

Colecalciferol, 20,000 IU capsules (Aviticol®, Colonis Pharma) – **PROVISIONAL GREY**

APC 15/33 MHRA DRUG SAFETY UPDATE – JANUARY 2015

The drug safety update published on 22 January 2015 was noted.

APC 15/34 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

The minutes from NHS Rotherham CCG, NHS Sheffield CCG and NHS Doncaster & Bassetlaw CCG Area Prescribing Committee meetings were received and noted.

APC 15/35 ANY OTHER BUSINESS

No further issues were raised.

APC 15/36 DATE AND TIME OF THE NEXT MEETING

Wednesday, 11 March 2015 at 12.30 pm in the Boardroom, Hillder House