Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday 10th June 2015 in the Boardroom at Hillder House

MEMBERS:

Dr M Ghani (Chair)	**Medical Director (Barnsley CCG)**
Mr T Bisset	**Community Pharmacist (LPC)**
Mrs S Hudson	**Lead Pharmacist (SWYPFT)**
Dr K Kapur	**Consultant Gastroenterology**
Ms C Lawson	**Head of Medicines Optimisation (Barnsley CCG)**
Dr A Munzar	**General Practitioner (LMC)**
Mr M Smith	**Chief Pharmacist (BHNFT)**

ATTENDEES:

Mrs C Applebee	**Medicines Management Pharmacist (Barnsley CCG)**
Miss N Brazier	**Administration Officer (Barnsley CCG)**
Ms D Cooke	**Lead Pharmacist (Barnsley CCG)**
Ms A Meer	**Specialist Interface Pharmacist (BHNFT)**
Ms G Turrell	**Lead Pharmacist, Medicines Information (BHNFT)**
Mr R Staniforth	**Lead Pharmacist (Barnsley CCG)**

APOLOGIES:

Dr Chari	**Associate Medical Director (SWYPFT)**
Dr R Jenkins	**Medical Director (BHNFT)**
Ms K Martin	**Deputy Chief Nurse (Barnsley CCG)**
Dr J Maters	**General Practitioner (LMC)**
Dr K Sands	**Associate Medical Director (SWYPFT)**

ACTION

APC 15/95 DECLARATIONS OF INTEREST

No declarations of interest were received.

APC 15/96 MINUTES OF THE PREVIOUS MEETINGS

The minutes of the meeting held on 13th May 2015 were agreed as an accurate record.

APC 15/97 MATTERS ARISING AND APC ACTION PLAN

97.1 Prostate Cancer

The Medicines Management Pharmacist had received feedback from David Smith and Russell Dowde, Specialist Nurse regarding the monitoring of Cyproterone and clarified this in the guideline (6 monthly monitoring). The guideline was taken to and accepted by the LMC.

It wasn't expected that patients would be on Cyproterone long term for prostate cancer but The Chair asked that an action plan be produced to document the plan for moving people from secondary care to primary care. The Head of Medicines Optimisation agreed to follow this up with contracting. **CL**

Action Plan – Other Areas

97.2 Magnesium Supplementation

No response had been received from the renal physicians about producing some guidance following the switch to Magnaspartate sachets at BHNFT but The Lead Pharmacist (BHNFT) had planned to meet with one of the physicians. The Chair noted that Dr Khwaja could be contacted via a dedicated email account where patient queries can be sent and advice provided.

The Lead Pharmacist, Barnsley CCG (DC) noted the inclusion of magnesium aspartate in the May 2015 Horizon Scanning document and was the first licensed preparation as used at BHNFT, which now provides supports for its use.

Post meeting note: *Magnaspartate® is included on the Barnsley Joint Formulary as Green. The traffic light list will be updated to reflect this.*

The Lead Pharmacist (BHNFT) would confirm if the renal physicians were using aspartate or glycerophosphate. It was noted that aspartate was more cost effective in primary and secondary care. **GT**

97.3 Fitness for Purpose

The Head of Medicines Optimisation had received feedback from Barnsley Hospice but was awaiting a reply from BHNFT to complete the communication map.

The Lead Pharmacist (BHNFT) wished to meet with the Head of Medicines Optimisation in order to progress this work to enable the Resource Pack to be publicised. **GT/CL**

It was noted that the "Time Out" event would take place in September 2015 and a date would be confirmed shortly. **NB**

97.4 Dexamethasone

The Lead Pharmacist (BHNFT) had received a response from Dr Vedder and following discussion it was agreed that as Dexamethasone would only be prescribed by the Hospice, Sarah Hudson would liaise with Dr Vedder to produce some Hospice guidelines. These would be brought back to a future meeting. **SH**

97.5 Inflammatory Bowel Disease Shared Care Guideline

The Lead Pharmacist (BHNFT) had updated the guideline with the suggested changes. The Lead Pharmacist, Barnsley CCG (DC) noted that the guideline was received and discussed at the June LMC and it was agreed that after the first year, monitoring would move to 3 monthly monitoring and that following the inclusion of mycophenolate the specialists would undertake the monitoring for the first 12 months.

The Lead Pharmacist (BHNFT) agreed to feed this back to the Consultant Gastroenterologist (KK). **GT**

97.6 Discharge Letter Audit – BHNFT Action Plan

Dr Ghani noted that there appeared to have been some confusion

across health communities about the work being undertaking around D1's.

There were two elements to the work. The ongoing issue with D1's not providing information wanted by primary care and within that, the audit undertaken by the medicines management team presented to APC in January 2015 which generated an action for the Trust to go back and provide an action plan for the medicines management quality element.

The APC were aware that there have been various meetings taking place with Dr Harban, Dr Kapur and Chris Hunton at BHNFT about the D1 in totality, and the Head of Medicines Optimisation and the Lead Pharmacist, Barnsley CCG (DC) have joined those discussions over the last couple of months to input into the medicines management element. It was felt that what was required for the medicines management element was clear (3 sections agreed by primary and secondary care: medicines on admission, changes and reasons, and medicines on discharge).

It was noted that all patients in Barnsley have a Summary Care Record (SCR) if they have a GP and information should be up to date, although it was felt that this was not always found to be up to date.

It was noted that there was some work in progress around junior doctors and nursing staff using SCR and The Lead Pharmacist (BHNFT) noted that the Trust were in the process of rolling out training to medics to be able to have access to use SCRs.

The Lead Pharmacist (SWYPFT) confirmed that SWYPFT have an action plan in place to introduce SCRs access across the organisation.

The Community Pharmacist informed the Committee of a pilot scheme for some community pharmacists across the country to have access to SCRs. It was expected that access for South Yorkshire pharmacists would be introduced.

With regards to the D1 as a whole, the Trust were trying to change from 37 points to around 20 points, the national recommendation was 52 points. The Trust plan will go to Membership Council in July 2015 to decide what information they found to be useful.

With regards to the medicines management element, the APC were waiting for the action plan to be produced. The medicines element carries a significant risk and besides the work on D1's that has been done over a period of time, the APC needed a plan on how to address the issues raised in the audit.

The Chief Pharmacist (BHNFT) confirmed that the Medical Director would provide an action plan/written report should the APC require one. It was noted in the January meeting that this would be produced. **RJ/MS**

It was queried if it was appropriate for junior doctors to inform primary care what the patients drugs on admission were as primary care were

the repository of that information in the first place.

The Chair felt there were concerns that if junior doctors did not accurately record and know what drugs a patient was taking on their admission that would have a significant impact on the care they receive throughout their stay.

The Chief Pharmacist (BHNFT) noted that the Medical Director was going to sense check what information was on other D1s from across the patch.

The CCG were raising this issue at the June 2015 Governing Body who would require a plan of action .The Governing Body were concerned about errors occurring and the time it is taking to find out the answers to questions and have tasked the CCG Chief Officer to write to the BNHFT Chief Executive to ask for senior input into this and for this work to pick up pace.

The Chair noted that the plan which was required was to improve the quality of medicines reconciliation and did not include the D1 review work which was being progressed via the CCG Membership Council.

97.7 Shared Care Guideline for Dermatology

The Lead Pharmacist (BHNFT) confirmed that a guideline would be produced and it was agreed that there would be no referrals into primary care until these were approved. The guideline would be brought to the August 2015 meeting. **GT**

97.8 NOACS Traffic Light Classification for DVT and PE

It was agreed that the APC would review the traffic light classification for DVT in PE when the DVT pathway was launched. All 3 drugs were currently red drugs for the treatment of DVT in PE. Apixaban and rivaroxaban are included as a single dose within the DVT pathway so would need to be green for single dose. The APC were asked to agree the classification for continuing prescribing when treatment was initiated in secondary care. It was agreed that this would be Amber G with the decision support aid amended with further information to highlight that the dosing was different (reduced) and state that this was different to AF. **CA**

A shared care guideline was brought to the APC a couple of years ago but the position at that time was that the haematologists did not want to endorse the shared care guideline until BHNFT had produced a supporting treatment algorithm. The Chief Pharmacist noted that the haematology issues were around guidelines on control of bleeding (which they do have) and compliance.

The DVT pathway was due to be launched in September 2015.

97.9 Guidance on unlicensed use of medicines in mental health

Deferred to July meeting. **SH**

ACTION

97.10 Guidelines for the treatment of nausea and vomiting in pregnancy
The guidelines were approved last week at BHNFT and The Lead Pharmacist (BHNFT) agreed to circulate them to APC members by email. **GT**

APC 15/98 FORMULARY REVIEW
A request was made by the Chair to colour code all future formulary reviews presented to the APC to clearly document input from the first and second reviewers.

98.1 Obstetrics, Gynaecology and Urinary Tract Disorders
The Lead Pharmacist, Barnsley CCG (DC) took the Committee through the formulary review and the suggested changes from pages 1 to 6 were highlighted.

- A query was highlighted on page 2 regarding Cilest used within BHNFT but not currently on the formulary and whether this should be added to the formulary as well as Lizinna. Secondary care wished to sense check the cost savings before standardising. Should BHNFT not agree then Lizinna would be added for primary care and Cilest for secondary care. **MS/GT/ DC**

- It was agreed that cerazette would be a grey drug and zelleta would be added to the formulary with cerelle. This would not require patients on cerelle to be changed to zelleta.

- It was agreed to add information with Mirena 'for use by healthcare professionals who have received the appropriate training'. **DC**

All other suggested changes were approved by the Committee.

It was agreed to remove Implanon from the formulary as this had not been available for some time. **DC**

98.2 Nutrition and Blood
The Lead Pharmacist (BHNFT) took the Committee through the formulary review.

- It was agreed that the Iron IM would be changed to Amber G for primary care.

- The formulary would be changed for folic acid for the hospital to stock 400mcg.

- Calcium Resonium would be changed to Amber G.

- NaCl classified as red.

All other suggested changes were approved by the Committee.

A new nutritional supplement equivalent to Ensure plus, "Aymes **DC**

complete", was now available and the Lead Pharmacist, Barnsley CCG (DC) was looking into this to see how the formulations compared and the Lead Pharmacist (BHNFT) agreed to speak with the dieticians about its use. **GT**

APC 15/99 QIPP PLAN

Chris Lawson presented enclosure E which outlined local efficiency savings required in 2015/16 to generate additional contingency, in order to manage financial risk and protect investment and development in local services. To deliver the savings, a CCG QiPP programme, which covers a wide range of areas, was being developed and progressed across the locality.

In respect of the potential to reduce cost and waste, medicines have been identified as an important QiPP area and there are three medicines work streams which will significantly contribute to savings in 2015/16. These include Primary Care Medicines Optimisation Scheme, Additional Primary Care Prescribing QiPP areas and Medicines Related Schemes and Contracts.

Primary care will be approached to implement this as soon as possible and as wide as possible to increase efficiencies.

The Lead Pharmacist, Barnsley CCG (DC) noted that the areas being looked at in Barnsley are in line with national pieces of work being undertaken in other areas.

The Head of Medicines Optimisation drew attention to the tables A and B and it was felt that choosing branded generic products in some areas would generate significant cost savings.

The Community Pharmacist raised his concerns over the availability of products and noted that some suppliers have restrictions on the quantity of drugs they will supply and that some wholesales stock specific drugs not commonly available elsewhere which may again result in problems when prescribing a specific product.

The Head of Medicines Optimisation confirmed that notice would be provided to suppliers to provide assurances that supplies would be available when these medicine changes are progressed in primary care.

The Chief Pharmacist (BHNFT) felt that acute providers would not sign up to all the proposed switches and noted that BNHFT patients are given the generic whilst in hospital and when discharged from hospital.

The Chair highlighted an issue with the changes to different inhaler devices and communication needed to go from GP practices to pharmacies so that pharmacies could undertake a new medicine service review and the patients would receive additional training and follow up.

The Community Pharmacist suggested that LPC and the Medicines

Management Team work together to smooth out any potential problems and possibly generate further savings by looking at alternative strategies. **TB/CL**

99.1 Oxycodone Standard Release

The Lead Pharmacist, Barnsley CCG (DC) reminded the Committee that at the March 2014 meeting, it was agreed as a health community to switch from generic Oxycodone MR and branded Oxycontin® MR to the cost effective brand Longtec®.

It was identified that BHNFT had not switched and the Lead Pharmacist (BHNFT) confirmed that following work around recognition and risk, the Trust had decided to continue using Oxycontin. As it had been identified as a safety risk across the whole health community, this change should have been in place by 1st June 2014 and as a result had caused issues in primary care as patients have been discharged from secondary care on the generic Oxycodone MR or branded Oxycontin® MR.

The Head of Medicines Optimisation noted incident reports of confusion with oxycontin/oxynorm over the last 8 months in BHNFT and SWYPFT.

It was agreed to circulate the APC minute extract confirming the switch to Longtec®. **NB**

As a result of the issues discussed, the Chief Pharmacist (BHNFT) approved the switch from generic Oxycodone MR and branded Oxycontin® MR to the cost effective brand Longtec® and Sarah Hudson agreed to pick this up for the Hospice. **MS/GT** **SH**

APC 15/100 SIMBRINZA® AND GLAUCOMA ALGORITHM (BRINZOLAMIDE AND BRIMONIDINE EYE DROPS)

The Lead Pharmacist (BHNFT) presented enclosure G and confirmed that this algorithm was for use in Barnsley. It was agreed that the Head of Medicines Optimisation would speak to colleagues in Rotherham to share this information to ensure that junior doctors that work across both Barnsley and Rotherham sites are aware of the algorithm. **CL**

It was agreed that the Lead Pharmacist (BHNFT) would amend the information on Simbrinza which was approved for patients on 4 or more combination drugs. **GT**

Subject to this amendment, the Committee approved the algorithm.

APC 15/101 CURRENT MEDICATION LIST

The Lead Pharmacist, Barnsley CCG (RS) noted that the list had been amended in line with NICE Guidance and that the areas highlighted included additional information to previously shared. This information should be available at point of admission.

The Lead Pharmacist, Barnsley CCG (RS) confirmed that the

stakeholder survey around medicines reconciliation had been sent out to organisations with a 2 week response time. The report would be presented at the July meeting. **RS**

APC 15/102 ANTIMICROBIAL QUALITY PREMIUM AND ANTIMICROBIAL CQUIN

The Quality & Patient Safety Committee had asked the APC to monitor the implementation of the antimicrobial stewardship, to monitor and support its implementation, reporting still to the Quality & Patient Safety Committee in terms of performance monitoring, but we ensure as a Committee that we monitor what work is going on.

The Lead Pharmacist (SWYPFT) noted that this was a KPI for SWYPFT and they were undertaking some work based on the new NICE medicines management antimicrobial stewardship and agreed to share the SWYPFT action plan when available. **SH**

The Head of Medicines Optimisation asked that all providers share some narrative in order to produce a joint report. **ALL**

The Chair noted prescribing of co-amoxiclav is prescribed often from hospital and The Lead Pharmacist (BHNFT) noted that this was 1st line for lots of indications and was in the partnership guidelines with Rotherham. The Lead Pharmacist (BHNFT) was asked to check if this was in line with national guidance. **GT**

It was agreed to share the guidelines with out of hours providers. **CL**

APC 15/103 AUDIT OF WARFARIN DOSE INFORMATION INCLUDED ON BHNFT DISCHARGE LETTERS

The response on behalf of BHNFT Medicines Management Committee was noted. This was re-launched in the Trust in June 2015 and it was agreed that a re-audit would take place in 6 months. . **DC**

APC 15/104 WOUND CARE POLICY 2014-2016

The policy was received with no significant changes and accepted by the Committee.

The Head of Medicines Optimisation raised an issue about the basic formulary dressing packs and tapes and noted that details were not included on the summary information on wound care formulary. It was felt that this information needed to be shared across the locality. **RS**

APC 15/105 NEW PRODUCT APPLICATION LOG

The new product application for Octasa was included on the QIPP report as a medicine change to be immediately recommended. It was therefore agreed that this product would be added to the traffic light list (green classification). **CA**

APC 15/106 BARNSLEYAPCREPORT@NHS.NET FEEDBACK

The report was received and noted by the Committee.

ACTION

APC 15/107 NEW NICE TECHNOLOGY APPRAISALS

107.1 Feedback from BHNFT Clinical Guidelines and Policy Group
It was agreed to look at these at the July meeting.

107.2 Feedback from SWYFT NICE Group
There was nothing to report.

APC 15/108 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

108.1 Primary Care Quality & Cost Effective Prescribing Group
The Head of Medicines Optimisation noted that the meeting focussed on the Medicines Optimisation Scheme.

108.2 BHNFT
The Lead Pharmacist (BHNFT) noted the following areas were discussed: -

- Antibiotic CQUIN for Q4 for last financial year. Next quarter would be reported at the end of this month
- Treatment chart update including actions relating to antimicrobial prescribing
- Fitness for purpose would be circulated electronically.

108.3 SWYPFT NICE Group
Sarah Hudson noted that SWYPFT would be reviewing the treatment card.

APC 15/109 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE

It was agreed to escalate the following to Quality & Patient Safety Committee: - **CL**

- D1 update
- Prescribing QiPP plan

APC 15/110 HORIZON SCANNING DOCUMENT – MAY 2015

A request was made to provide clear information on the traffic light list when indicating a provisional status to a product and it was confirmed that information would be added for clarity.

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

Everolimus, 0.25mg, 0.5mg, and 0.75mg tablets, (Certican®, Novartis Pharmaceuticals UK Ltd) – **PROVISIONAL RED**

Sodium hydrogen carbonate, sodium dihydrogen phosphate Suppositories, (Lecicarbon® C, Aspire Pharma Ltd) - **PROVISIONAL GREEN**

Human insulin, 100IU/ml solution for injection in a vial; 100IU/ml solution for injection in a cartridge, (Insuman Infusat®, Sanofi) – **The Lead Pharmacist, Barnsley CCG (DC) agreed to check the differing strengths and discuss this at the next meeting.** **DC**

Budesonide, 9mg prolonged release tablets, (Cortiment®, Ferring Pharmaceuticals Ltd) – **AMBER G**

Green tea leaves extract, 10% ointment, (Catephen®, Kora Healthcare Ltd) – **PROVISIONAL GREY**

Oritavancin, 400mg powder for concentrate for solution for infusion (Orbactiv®▼, The Medicines Company UK Ltd) - **PROVISIONAL RED**

Magnesium aspartate dehydrate, 243mg powder for oral solution (Magnaspartate®, Kora Healthcare Ltd) – **PROVISIONAL GREEN**

Post meeting note: *Magnaspartate® is included on the Barnsley Joint Formulary as Green. The traffic light list will be updated to reflect this.*

Levonorgestrel, 20 micrograms/24 hours Intrauterine delivery system (Levosert®, Actavis UK Ltd) – **PROVISIONAL GREY**

APC 15/111 MHRA DRUG SAFETY UPDATE – MAY 2015

The Committee received and noted the May 2015 MHRA Drug Safety Update which included advice for medicines users summarised below: -

1. Sofosbuvir with daclatasvir; sofosbuvir and ledipasvir: risks of severe bradycardia and heart block when taken with amiodarone Avoid concomitant use of amiodarone (Cordarone X) with ledipasvir-sofosbuvir (Harvoni▼), and amiodarone with sofosbuvir (Sovaldi▼) and daclatasvir (Daklinza▼), unless other antiarrhythmics cannot be given.

2. Pomalidomide (Imnovid▼): risks of cardiac failure, interstitial lung disease and hepatotoxicity. New monitoring instructions to detect these side effects as soon as possible.

3. Epoetin beta (NeoRecormon): increased risk of retinopathy in preterm infants cannot be excluded. Possible increased risk of retinopathy with epoetin beta in premature infants calls for careful consideration of options for preventing anaemia of prematurity.

BHNFT and SWYPFT representatives confirmed that the safety updates are highlighted across Trusts and to specific areas where appropriate.

APC 15/112 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

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

APC 15/113 ANY OTHER BUSINESS

113.1 The Lead Pharmacist, Barnsley CCG (DC) had emailed the Lead Pharmacist (BHNFT) about bimatoprost 0.03% eye drops being discontinued and noted that we needed to agree as a community whether to move over to 0.01% which was comparable in efficacy and tolerated better. We are currently awaiting confirmation from the ophthalmologists regarding the

ACTION

change but information would be included in the Medicines Management newsletter. **GT/AM**

113.2 The Community Pharmacist asked if patients were aware that some eye drops can be used for 90 days as patients appear to be presenting for monthly supplies. **CL**

113.3 Dr Munzar reported that there had been issues raised at the LMC in respect of requests by physiotherapists, midwives and podiatrists to prescribe controlled drugs such as Tramadol. A discussion took place and it was acknowledged that their prescribing was monitored in Trusts and also in community. There were only two nurse prescribers within the SWYPFT musculoskeletal service. GP's were advised that they could be approached to prescribe however they should report if there was any particular issue identified.

113.4 Duration of APC meeting
It was agreed to discuss whether the future APC meetings should increase to 1 hour 45 minutes.

APC 15/114 DATE AND TIME OF THE NEXT MEETING

Wednesday, 8th July 2015 at 12.30 pm in the Boardroom, Hillder House.