Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday 14th October 2015 in the Boardroom at Hillder House

MEMBERS:

Mr T Bisset	Community Pharmacist (LPC)
Dr M Ghani (Chair)	Medical Director (Barnsley CCG)
Ms S Hudson	Lead Pharmacist (SWYPFT)
Dr K Kapur (from item 175 to 178)	Consultant Gastroenterology
Ms C Lawson	Head of Medicines Optimisation (Barnsley CCG)
Ms K Martin	Head of Quality for Primary Care (Barnsley CCG)
Dr J Maters	General Practitioner (LMC)
Dr A Munzar	General Practitioner (LMC)
Dr K Sands (from item 15/174.4)	Associate Medical Director (SWYPFT)
Mr M Smith	Chief Pharmacist (BHNFT)
Ms Joy Waldock	Palliative Care Consultant, Barnsley Hospice

ATTENDEES:

Ms C Applebee	Medicines Management Pharmacist (Barnsley CCG)
Ms N Brazier	Administration Officer (Barnsley CCG)
Ms A Meer	Specialist Interface Pharmacist (BHNFT)
Ms G Turrell	Lead Pharmacist, Medicines Information (BHNFT)

APOLOGIES:

Ms D Cooke	Lead Pharmacist (Barnsley CCG)

ACTION

APC 15/173 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 9th September 2015 were agreed as an accurate record.

APC 15/174 MATTERS ARISING AND APC ACTION PLAN

174.1 QIPP (Asacol to Octasa)

Following discussion at the September 2015 meeting where the Lead Pharmacist, BHNFT agreed to obtain feedback from the consultants about queries regarding primary care changing patients over from Asacol to Octasa, it was noted that due to a cancelled meeting and staffing issues, no feedback had been received from the consultants.

The Lead Pharmacist, BHNFT touched again on the general reluctance of consultants to change over stable patients due to bad past experiences but acknowledged that there was no evidence about why this switch should not be implemented as the product was bioequivalent. Committee members present were not aware of any problems or alerts nationally and therefore the Lead Pharmacist, BHNFT agreed to inform the consultants at the MDT meeting on 16th October 2015 that the changes in primary care would go ahead. **GT**

The Chair asked that this decision be communicated to all consultants and IBD nurses to ensure that all involved are aware and that patients **GT**

were appropriately counselled. The Chair asked that consultants contact him directly with any issues, which he would then bring back to the APC.

174.2 NICE TAs (July & August 2015)

The Lead Pharmacist, BHNFT informed the Committee that the last BHNFT Clinical Guidelines and Policy Group meeting had been cancelled and therefore the NICE TAs had not yet been discussed.

Given the 3 month deadline for the July 2015 NICE TA's, it was agreed that the Lead Pharmacist, BHNFT would email the Clinical Guidelines and Policy Group and copy in the Medicines Management Team, Barnsley CCG to confirm if these were applicable. **GT**

174.3 Switching from Quetiapine XL to Standard

The Medicines Management Pharmacist, Barnsley CCG noted that following discussion at the last APC meeting where it was discussed that clinicians at SWYPFT wanted to find out if any other areas were switching from the XL to the standard release, the Lead Pharmacist, Barnsley CCG had emailed out but was awaiting responses.

The Lead Pharmacist, SWYPFT confirmed that this had been discussed at a Drugs & Therapeutic meeting and that as this was a different preparation the clinicians wanted to see if there was any evidence of a switch being done successfully elsewhere.

It was agreed that this would be brought back to the next meeting. **DC**

174.4 Becavizumab (Avastin®) Guidance

The Lead Pharmacist, BHNFT fed back that Becavizumab (Avastin®) was not being used by the Northern Cancer Network.

Action Plan – Other Areas

174.5 Methotrexate Injections (action complete) **NB**

The Chief Pharmacist, BHNFT confirmed that resistance previously encountered around the methotrexate shared care had been addressed and therefore this action was complete and could be removed from the action plan.

174.6 Discharge Letter Audit (change to target date) **NB**

The Lead Pharmacist, BHNFT confirmed that data collection was underway but it was agreed that the report would be presented at the December 2015 meeting.

APC 15/175 DECLARATIONS OF INTEREST

The draft guidelines for standards of business conduct, managing conflicts of interest, and the acceptance of sponsorship, gifts and hospitality were presented to the Committee for discussion.

The draft guidelines had been prepared with Richard Walker, Head of Assurance at Barnsley CCG and it was acknowledged that APC Committee members from other Trusts and organisations do have their own policies but members of the Committee were asked to agree to follow these guidelines when dealing with areas of concern specifically

to APC business to give assurance to our respective organisations that additional safeguards were in place and members were taking accountability and appropriately making declarations. The guidance would also be followed by anyone presenting an application to the Committee.

The Head of Medicines Optimisation noted that from April 2016, the industry will have to nationally publicise what they have funded.

On page, 5 at 3.3.2 …"interests that are relevant and material (whether such interests are those of the individual themselves or of a family member, close friend or other acquaintance of the individual) and which have occurred in the last two years and/or are planned or anticipated in the next 6 months"... It was agreed to change this to 12 months. **CL**

On page 7 at 4.2, it was agreed to remove "in connection with carrying out a role in the APC and insert "by us as individuals in our roles". **CL**

It was agreed that the guideline would be brought back to the next meeting and the group were asked to feed back any comments prior to the next meeting so that a final version could be approved. This would also include the new product application form which would be circulated to the Committee for information and it was agreed that the declaration of interest section would need to have been completed within a month of a new product application coming to the Committee. **ALL** **NB**

APC15/176 SHARED CARE

176.1 SGLT2 inhibitors Amber G

The Medicines Management Pharmacist, Barnsley CCG noted that the original guidance had been updated following the positive NICE TA for Empagliflozin. It was noted that information had been added into the guidance within the background information section following a recent trial which showed positive cardiovascular outcomes for Empagliflozin.

The Associate Medical Director, SWYPFT reminded the Committee of his declaration of interest in this item as he was sponsored to attend the ASD meeting where the company presented the findings from the study. The Chair therefore asked that the Associate Medical Director only comment on the strength of the evidence presented and that he would be excluded from the Committee's decision making.

The Associate Medical Director, SWYPFT noted that over 7,000 patients (older population with type-2 diabetes and existing cardiovascular disease) were involved in the controlled trial (standard care versus treatment with Empagliflozin) where relative risk reduction began after only 3 months of treatment. The Associate Medical Director felt that this should be high on the list to use in this group of patients.

The Head of Medicines Optimisation asked if other companies were planning to undertake similar trails and it was felt that Dapagliflozin was due to report sometime next year.

Looking at the overwhelming evidence presented, the Committee

approved the updated guidance and agreed that we would be recommending and expecting the clinicians in primary and secondary care to use Empagliflozin 1st line as an SGLT2. This would be communicated in the APC memo and the Associate Medical Director at SWYPFT confirmed that the findings had been shared with Trust Endocrinologists. **CA**

176.2 Naloxegol (Moventig®) Amber G information sheet

The Lead Pharmacist, SWYPFT noted that this had been added to the formulary following a positive NICE TA. The Amber G supporting information sheet was presented to the Committee.

It was noted that little use was expected of Naloxegol (Moventig®) and it was agreed that usage would be monitored.

The Committee approved the Amber G supporting information sheet.

176.3 Cabergoline for hyperprolactinaemia Amber-G Information Sheet

The Medicines Management Pharmacist, Barnsley CCG presented the document produced by one of the Medicines Management Team pharmacists, with input from Professor Jones. It was confirmed that Professor Jones and Dr Merza were happy with the guidance which was presented to the Committee for comment.

The Associated Medical Director for SWYPFT noted that in terms of the indication, hyperprolactinaemic disorders, it was felt this could be used to treat other conditions and the Medicines Management Pharmacist agreed to check regarding licences for these. Under the contraindications, problems previously raised in 2007 in regard to fibrosis of valves didn't apply to doses used in hyperprolactinaemia and therefore was not something in which would need to be considered for these patients. **CA**

Subject to the amendments suggested by the Associate Medical Director, SWYPFT, the Committee approved the amber G information sheet. **CA**

APC15/177 DEXAMETHASONE INJECTIONS

The Palliative Care Consultant, Barnsley Hospice presented the guidance prepared by Rachel Vedder and Ruth Lister. Within the guidance, a simple table has been produced to support the dosage adjustments for both strengths when switching from oral preparation to injectable.

The guidance was welcomed and approved by the Committee.

APC15/178 IMPLEMENTATION OF ANTIMICROBIAL STEWARDSHIP

The Head of Medicines Optimisation reminded the Committee that a discussion took place at the June 2015 APC meeting around Antimicrobial Stewardship with the APC being asked by the Quality & Patient Safety Committee to oversee the implementation of the antimicrobial stewardship, to monitor and support its implementation. Enclosure I was a summary of the information submitted by providers and the work underway in primary care in terms of targets and quality

premium and summarising the work being undertaken.

The Quality Premium (QP) for improving antibiotic prescribing has been split into three individual targets with each being attributed a percentage of the QP value. The antibiotic prescribing QP accounts for 10% of the total QP value. The three targets are as follows:

1) Reduction in the number of antibiotics prescribed in primary care by 1% or greater. (worth 50% of the QP)

2) Number of co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of selected antibiotics prescribed in primary care to be reduced by 10% from each CCG's 2013/14 value, or to be below the 2013/14 median proportion for English CCGs (11.3%), whichever represents the smallest reduction for the CCG. (worth 30% of the QP)

3) Secondary care providers with 10% or more of their activity being commissioned by the relevant CCG have validated their total antibiotic prescribing data as certified by PHE. (worth 20% of the QP)

Looking at the reports attached, primary care was on track to meet had its target but the final measure would be taken over the whole year ending march 2016. Secondary care had met their target in terms of validation.

The Head of Medicines Optimisation noted that she was to make some amendments to parts of the report including the conclusion. The final report would then be presented to the Quality & Patient Safety Committee as a summary from the APC.

The Chair commented on the graphs produced and asked what mechanisms were in place to encourage practices to change their prescribing behaviours. The Head of Medicines Optimisation noted that initially the Medicines Management Team were feeding back the findings to practices to undertake some actions to change prescribing behaviours. Should a practice resist undertaking changes then this would be escalated within the organisation via the Medical Director and NHS England. It was agreed that there need to be a plan in place to address such issues.

It was agreed that the report findings would be highlighted at the BEST event on 21 October 2015 and it was noted that CQC would be very interested in this information and may ask for it which may result in CQC visits to practices.

APC15/179 NOACS FOR THE TREATMENT AND PREVENTION OF DVT AND PE

The Medicines Management Pharmacist, Barnsley CCG presented the Amber G summary sheet for comment. It was noted that comments had been received from BHNFT anticoagulant pharmacists around renal function monitoring and annual review of thrombotic risk versus bleeding risk. It was agreed that the Medicines Management

ACTION

Pharmacist would go back to the anticoagulant pharmacists to find out what tool can be used in primary care to assess the thrombotic risk. **CA**

Dr Maters raised issues regarding INR star monitoring and it was agreed that this would be picked up outside of the meeting by the Head of Quality for Primary Care (Barnsley CCG). **KM**

APC15/180 GLP-1 AGONISTS (EXENATIDE AND LIRAGLUTIDE) TRAFFIC LIGHT CLASSIFICATIONS

The Associate Medical Director, SWYPFT made a request to change the classification of Exenatide and Liraglutide from amber G to green. Following discussion to ensure that practices were fully trained to initiate/administer this, it was agreed that the diabetes nurses would deliver training to practices and training dates would be arranged and communicated to practices. Once a training plan had been agreed to be delivered to practice nurses across Barnsley, the Committee would be happy to approve the classification change from amber G to green, however until the plan was in place then the classification would remain as Amber G **KS**

APC15/181 TRANSGENDER PRESCRIBING

The Head of Medicines Optimisation informed the Committee that it had come to the CCG's attention that there were currently patients being discharged from NHS England commissioned specialist clinics for primary care management which raised challenges for primary care practices.. It was noted that an informal discussion had been arranged between specialist clinics, NHS England and Head of Medicines Management across South Yorkshire on 16 October 2015 to discuss the issues about the nationally commissioned service to ensure that a robust process was in place for patients being discharged from the specialist clinics.

The Associate Medical Director, SWYPFT felt that patients were followed up regularly in the specialist service and noted that the national guidance asks that GPs take up the routine prescribing under the guidance of the specialist service. It was noted that shared care would be discussed at the meeting on 16 October 2015.

It was agreed that the Committee would await feedback from the Head of Medicines Optimisation following the regional meeting to ensure that there was a process in place to provide assurance to patients that when they are transferred from specialist clinics into primary care that they will be managed in the same way by all practices. **CL**

APC15/182 XAILIN®

Following the Ophthalmology formulary review discussions at the last meeting, the Medicines Management Pharmacist, Barnsley CCG presented a summary of costs and ingredients for each Xailin® preparation that the Committee were asked to consider adding to the guidelines/formulary. It was agreed that a summary of the potential cost savings would be brought back to the next meeting. **CA**

APC15/183 FORMULARY REVIEW

The Medicines Management Pharmacist, Barnsley CCG provided an

update on the formulary review schedule noting that we were currently behind on the initial schedule. It was confirmed that 7 out of the 15 sections had been reviewed with a number due to be presented at the November 2015 meeting.

The Lead Pharmacist, BHNFT noted that she and the Lead Pharmacist, Barnsley CCG had agreed a revised timeframe for the remaining sections and it was felt that the remaining sections would be completed by the end of January 2016. Assurance was given to the Chair by the Lead Pharmacist, BHNFT and the Chief Pharmacist, BHNFT that the remaining reviews would be given the required time to complete by January 2016. It was agreed that any change from this timeframe would be communicated to the Chair prior to the APC meeting. **GS/MS**

APC15/184 NEW PRODUCT APPLICATION LOG

A new product application for Alprostadil cream (Vitaros®) was awaiting signatures before being presented to the Committee. Declarations of interest to be completed.

APC 15/185 BARNSLEYAPCREPORT@NHS.NET FEEDBACK

The report was received and noted by the Committee.

APC 15/186 NEW NICE TECHNOLOGY APPRAISALS – SEPTEMBER 2015

Feedback from BHNFT Clinical Guidelines and Policy Group

The BHNFT Clinical Guidelines and Policy Group had not yet met and therefore the NICE TAs had not yet been discussed. **GT/MS**

Feedback from SWYPFT NICE Group

The Lead Pharmacist, SWYPFT noted that the SWYPFT NICE Group had agreed that Edoxaban was applicable for use.

APC 15/187 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

187.1 Primary Care Quality & Cost Effective Prescribing Group

The Head of Medicines Optimisation fed back that the group had discussed a Primary Care Practice Prescribing & Quality Award and also QiPP monitoring and reporting ; around how primary care practices were progressing with implementing recommended QiPP changes.

187.2 BHNFT

The Chief Pharmacist, BHNFT informed the Committee:-

BHNFT were in the process of setting up a Home Care Committee that would provide assurance to the Trust around the delivery of care into a patient's home. The Home Care Committee would report to the Trust Committee with relevant updates provided to the APC.

There had been a delay in implementing the Electronic Discharge Letters in Maternity and Day Surgery as these departments wished to use Lorenzo D1. This should go live from 1 November 2015.

The Lead Pharmacist, BHNFT informed the Committee that due to supply problems with Bactroban, it was noted that Octenisan nasal gel had been added to the formulary as a 2nd line alternative for nasal decolonisation of MRSA. It was agreed that this would be included in the newsletter for primary care. **CA/CL**

187.3 SWYPFT Drugs & Therapeutics Committee
There was nothing to report.

APC 15/188 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE

It was agreed to escalate Antimicrobial Stewardship to the Quality & Patient Safety Committee. **CL**

APC 15/189 HORIZON SCANNING DOCUMENT – SEPTEMBER 2015

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

Ethinylestradiol/ drospirenone 0.02 mg/3 mg film-coated tablets (Eloine®, Bayer) - **PROVISIONAL GREY**
Gliclazide 30 mg & 60 mg modified-release tablets (Vamju®, Amdipharm Mercury) – **ALREADY ON THE FORMULARY**
Methotrexate 25 mg/mL solution for injection in pre-filled syringe (Hameln Pharmaceuticals) - **ALREADY ON THE FORMULARY**
Carbocisteine 750 mg/10 mL sugar-free oral solution in sachet (Intrapharm Laboratories - **ALREADY ON THE FORMULARY**
Diclofenac sodium 140 mg medicated plaster (Voltarol® Medicated Plaster, Novartis) - **PROVISIONAL GREY**
Netupitant/palonosetron 300 mg/0.5 mg hard capsules (Akynzeo®▼, Chugai Pharma) - **PROVISIONAL RED**
Rasagiline (generic) 1 mg tablets (Rasagiline 1 mg Caduceus Pharma, Actavis) – **ALREADY ON THE FORMULARY**
Atazanavir/cobicistat 300 mg/150 mg (Evotaz®▼, BMS) - **PROVISIONAL RED**
Human alpha$_1$-proteinase inhibitor 1,000 mg powder and solvent for solution for infusion (Respreeza®▼, CSL Behring) - **PROVISIONAL RED**

APC 15/190 MHRA DRUG SAFETY UPDATE – SEPTEMBER 2015

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

1 Proton pump inhibitors: very low risk of subacute cutaneous lupus erythematosus. Proton pump inhibitors (PPIs) are associated with very infrequent cases of subacute cutaneous lupus erythematosus (SCLE), a non-scarring dermatosis that can develop in sun-exposed areas.

2 Download the Yellow Card mobile app to report suspected adverse drug reactions. On 14 July 2015, the Yellow Card mobile app was launched. Use it to report suspected reactions and receive up to date information on your medicines of interest.

3 Pseudoephedrine and ephedrine: update on managing risk of misuse. Implementation of measures to regulate sales, together with the additional voluntary actions overseen by the pharmacy profession, has made an important contribution to managing the risk of misuse of pseudoephedrine and ephedrine in the UK.

APC 15/191 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

The minutes from NHS Sheffield CCG (18th June 2015), NHS Rotherham CCG (18th July 2015) and NHS Doncaster & Bassetlaw CCG (27th August 2015) Area Prescribing Committee meetings were received and noted.

APC 15/192 ANY OTHER BUSINESS

192.1 Proposed 2016 APC Meeting

It was agreed to check that the dates didn't clash with the BEST events. *Post meeting note: 2 of the proposed meeting dates did clash with BEST and a revised 2016 meeting date schedule would be circulated to APC members.* **NB**

192.2 Amiodarone Protocol

LMC members informed the Committee that LMC had received a report from the coroner about having an Amiodarone protocol in place. The Head of Medicines Optimisation felt that we should have one in place locally but acknowledged the wider issue identified as a result of this. It was noted that we may have a number of Amber and Amber G medicines that pre-date the Committees obligation for new product applications. It was reported that the Medicines Management Pharmacist, Barnsley CCG was in the process of identifying any other medicines that we may have risks with. A shared care guideline (amber G) would be presented at a future meeting, using the Sheffield guideline shared with the team. **CA**

192.3 Hyperemesis Gravidarum Guidelines

The Head of Medicines Optimisation noted that LMC had requested further information regarding the length of treatment with antiemetic's and the relative safety. The Medicines Management Pharmacist agreed to update this. **CA**

192.4 ADHD Shared Care Guideline

The Lead Pharmacist, SWYPFT noted that the current shared care guideline for ADHD specifically mentioned products and following the availability of a new branded generic, the Committee were asked if the guidance could be updated to include this product (Matoride XL). The Committee were happy for this to be added to the guideline. **SH**

APC 15/193 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 11th November 2015 at 12.30 pm in the Boardroom, Hillder House.