Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday, 8th March 2017 in the Boardroom at Hillder House

MEMBERS:

Dr M Ghani (Chair)	Medical Director (Barnsley CCG)
Mr T Bisset	Community Pharmacist (LPC)
Mr N Heslop	Lead Pharmacist (Barnsley CCG)
Dr R Hirst	Palliative Care Consultant (Barnsley Hospice)
Dr K Kapur	Consultant Gastroenterology (BHNFT)
Ms C Lawson	Head of Medicines Optimisation (Barnsley CCG)
Dr J Maters	General Practitioner (LMC)
Dr A Munzar	General Practitioner (LMC)
Dr K Sands	Clinical Lead (SWYPFT)
Mr M Smith	Chief Pharmacist (BHNFT)

IN ATTENDANCE:

Ms C Applebee	Medicines Management Pharmacist (Barnsley CCG)
Ms N Brazier	Administration Officer (Barnsley CCG)
Mr F Hussain	Lead Pharmacist, Medicines Information & Cardiology (BHNFT)
Dr H Mahdi (for item 44.2)	Respiratory Consultant Physician (BHNFT)
Ms J Pollington (for item 44.2)	Respiratory ANP (BHNFT)
Mr A Stones (for item 47.2)	Consultant Nurse (SWYPFT)

APOLOGIES:

Ms S Hudson	Lead Pharmacist (SWYPFT)
Dr R Jenkins	Medical Director (BHNFT)
Mr U Patel	Acting Formulary/Interface Pharmacist (BHNFT)

ACTION BY AND DEADLINE

APC 17/41 **QUORACY** - the meeting was quorate.

APC 17/42 **DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA**

Declarations of interest were received for those in attendance for items 44.2 and 47.2.

APC 17/43 **MINUTES OF THE MEETING HELD ON 8th FEBRUARY 2017**

APC 17/23.4 should read that …"it was agreed that Ulipristal Acetate (Esmya®) would be classified red until supporting guidance was produced to consider changing the classification to Amber…" **NB**

APC 17/30.1 should read that …"it was agreed that Spiolto® Respimat would be non-formulary until further evidence be presented and discussed at a future APC meeting..." **NB**

Subject to the above changes, the minutes were accepted as an accurate record of the meeting.

APC 17/44 MATTERS ARISING AND APC ACTION PLAN

44.1 Ultipristal Acetate (Esmya®) Amber Guidance

This would be brought back to the April 2017 meeting. **FH**

44.2 LAMA/LABA dry powder inhalers

Following discussions at the February 2017 meeting, members of the respiratory team, BHNFT were invited to attend to consider removing 1 of the 2 dry powder inhalers currently on formulary.

Dr Mahdi and Jacqueline Pollington were in attendance to give their clinical views. Declarations of interest were received from both, and both declared an interest in the companies that produce the inhaler devices being discussed. Both have presented at events sponsored by the companies.

Following lengthy discussions around the devices available to patients, the main areas highlighted by the respiratory representatives were the difficulties with patients using capsules; and a small cohort of patients with COPD needing an evening dose. They wanted both dry powder inhalers to remain on the formulary.

There was reference made to an observational study which showed a high number of critical error rates with patient handling of inhaler devices. It was suggested that the current Barnsley algorithm was confusing and difficult to follow, possibly as a result of the number of choices available and could be simplified.

Following a lengthy discussion and taking into account the views shared around the drugs, different doses and devices and having a choice for patients to suit their abilities, it was agreed that more questions needed answering and more evidence should be presented to the Committee. This should be shared with the Lead Pharmacist, BHNFT prior to this item coming back to the Committee. **NH/FH**

Following discussions, it was agreed that this would be brought back to the Committee in a few months to look at all LABA/LAMA combinations and New Product Applications would be required.

The respiratory team representatives were thanked for attending the meeting.

It was agreed that in relation to the points discussed, evidence must be gathered prior to the meeting and presented clearly to enable the Committee's decision making. It was agreed that Spiolto® Respimat would not be added to the formulary. **NH/FH**

44.3 NICE TA's (January 2017)

Applicable for use at BHNFT: -

- TA427 Pomalidomide for multiple myeloma previously treated with lenalidomide and bortezomib
- TA429 Ibrutinib for previously treated chronic lymphocytic leukaemia and untreated chronic lymphocytic leukaemia

with 17p deletion or TP53 mutation
- TA431 Mepolizumab for treating severe refractory eosinophilic asthma

Not applicable for use at BHNFT: -
- TA428 Pembrolizumab for treating PDL1-positive non-small-cell lung cancer after chemotherapy

Feedback would be provided at the next meeting.
- TA430 Sofosbuvir–velpatasvir for treating chronic hepatitis C **FH**

44.4 Gender Reassignment
New local Shared Care Guidance is being produced, currently being refined and would be brought to the Committee when finalised, with the agreed NHS England guidance. **CL**

Action Plan – Other Areas

44.5 Re-audit of warfarin dose information included on BHNFT discharge letters
It was confirmed that discharges through pharmacy (pharmacy checked) with warfarin will have doses on and there is an assurance process in place to ensure this. However, warfarin discharges that are not seen by the hospital pharmacy team are not included within the assurance process.

A BHNFT retrospective audit for January 2017 is underway and it was being considered whether to produce a point prevalence monthly report to provide assurance.

The Chief Pharmacist, BHNFT to update the Committee next month regarding the suggested point of prevalence monthly report which would be brought to the Committee. **MS**

44.6 Discharge letter audit – BHNFT action plan
The plan would be brought to the next meeting to look at re-audit timeframes. **CL**

44.7 Discharge letter audit – primary care
Deferred to April 2017

44.8 Management of Osteoporosis and Fragility Fracture Risk
The prescribing of Binosto® has been monitored and prescribing was found to be low. It was agreed that this would be removed from the action plan. **NB**

44.9 Co-amoxiclav Secondary Care Guidance
It was confirmed that an audit of co-amoxiclav prescribing would be undertaken at BHNFT and the audit standards/template would be shared with Barnsley Hospice who would be undertaking a similar audit. This item was deferred to May 2017. **FH**

APC 17/45 UPDATED TICAGRELOR GUIDANCE
Updated following NICE Guidance released in December 2016. This has been circulated to cardiologists but no comments have yet been received. The Clinical Lead, SWYPFT volunteered to take

this to the March 2017 Cardiology Steering Group for comment. **KS**

APC 17/46 HYPERTENSION GUIDELINES – INDAPAMIDE AND HYPOKALEMIA

Concerns were raised at an LMC meeting about the risk of hypokalaemia in patients prescribed indapamide. A summary of key points was received at the meeting to inform discussions. The tabled report provides some reassurance that the risk of hypokalaemia is no greater with indapamide than other diuretics.

This will be included within the LMC newsletter. **CA**

APC 17/47 SHARED CARE GUIDELINES

47.1 Testosterone Shared Care Guideline

This was deferred, awaiting comment from Professor Jones.

The Chair noted that the volume of prescribing of testosterone replacement therapy across Barnsley was higher than other areas and queried if there was any data to identify if this was improving outcomes.

47.2 Dementia Shared Care Guideline

Following discussion at a recent meeting, Andrew Stones, Consultant Nurse, SWYPFT was in attendance to advise the Committee of updates made to the guideline to include information on patients who are discharged from the service. A nil declaration of interest was noted.

Assurance was required by the Committee around patients, once stable being discharged back to primary care. It was confirmed that patients would only be discharged into primary care when the service have agreed stability and efficacy.

It was confirmed that systems were in place and these patients can be referred back to specialists through rapid access clinics. Dementia advisers also make contact with every patient which may trigger referral back into the service.

Agreed actions: -

- Details of the support network available would be documented in the guideline. **AS**
- A list of dementia advisers to be provided to the CCG. **AS**
- Practices should know who their dementia advisor is with their responsibilities documented in the guideline. **AS**
- The relevant dementia adviser should be named when submitting a shared care guideline; and the CCG would like to see this. **AS**
- Details to be documented in the guideline around when a dementia adviser would refer a patient back into the service **AS**
- Andrew Stones and the Community Pharmacist to discuss a communication pathway. **TB/AS**

Subject to the above suggested changes and a couple of minor points highlighted, the Committee approved the guideline. Once the changes have been actioned, the guideline will be sent to LMC **CA**

for approval.

47.3 Ivabradine Shared Care Guideline
The guideline was presented, noting the change for titration by primary care as appropriate. It was suggested that the process should include the heart failure nurses to titrate patients. The Clinical Lead, SWYPFT volunteered to take this to the March 2017 Cardiology Steering Group for comment. **KS**

APC 17/48 NEW PRODUCT APPLICATION LOG
It was queried if the application logged (102) was to be considered by the Committee as it was believed that the applicant had now left the Trust.

Post meeting note: it was confirmed that the applicant remains with the Trust and would like to proceed with the NPA for Xailin HA.

APC 17/49 TERMS OF REFERENCE
The Head of Medicines Optimisation attended a stakeholder event, the Regional Medicines Optimisation Committee (RMOC) Workshop in February 2017 and it was expected that details regarding future RMOC arrangements would be issued in April 2017 and the Head of Medicines Optimisation would update if/when received. **CL**

The Terms of Reference were presented and it was noted that a new section 9 had been added.

The Committee approved the Terms of Reference and these would be taken to the Quality & Patient Safety Committee. **MG/CL**

APC 17/50 BARNSLEYAPCREPORT@NHS.NET FEEDBACK
Enclosure J was received and noted.

Agreed actions: -

- Following discussion around medicines reconciliation issues following discharge/admission to/from hospital, it was agreed that if there were less than 10 cases, full details of each APC report would be brought to the April 2017 meeting in a separate paper. **NH**
- The NICE standard recommended timeframe for updating summary care records would be checked. **NH**
- As agreed at the December 2016 meeting, APC Reporting trend information would also be presented at the April 2017 meeting. **NH**

APC 17/51 NEW NICE TECHNOLOGY APPRAISALS – FEBRUARY 2017
51.1 Feedback from BHNFT Clinical Guidelines and Policy Group
TA433 Apremilast for treating active psoriatic arthritis is applicable for use at BHNFT (red classification) is applicable for use at BHNFT

Agreed actions: -

- Feedback to be provided at the next meeting on the applicable use at BHNFT of TA432 Everolimus for advanced **FH**

renal cell carcinoma after previous treatment

51.2 Feedback from SWYPFT NICE Group

Agreed actions: -

- Feedback to be provided at the next meeting on the applicable use of the February 2017 NICE TA's listed above. **SH**

APC 17/52 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

52.1 Primary Care Quality & Cost Effective Prescribing Group

No meeting had taken place.

52.2 BHNFT

The Chief Pharmacist, BHNFT suggested that an action log from future meetings could be shared with the APC. He fed back from the January and February 2017 meetings, noting that the medication reconciliation dashboard was up and running, and BHNFT were looking at the feasibility of prescribing CD's on discharge on the ICE platform and the process was currently being refined. A progress update would be fed back to the APC. **MS**

52.3 SWYPFT Drugs & Therapeutics Committee (D&TC)

No update provided.

APC 17/53 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)

The approved Terms of Reference and the high prescribing of Testosterone to be escalated to the Q&PSC. **MG/CL**

APC 17/54 HORIZON SCANNING DOCUMENT – FEBRUARY 2017

The Committee agreed to classify the new products as follows on the traffic light list (TLL): - **CA**

Imatinib (generic) 100 mg and 400 mg film-coated tablets (Multiple brands: Actavis, Dr Reddy's, Intrapharm, Sandoz) (Nibix®, Rivopharm) – **RED**
Glycopyrronium 320 micrograms/mL oral solution (Sialanar®, Proveca) – **PROVISIONAL RED**
Valganciclovir (generic) 450 mg film-coated tablets (Valganciclovir, Accord) - **RED**
Saxagliptin/ dapagliflozin 5 mg/10 mg film-coated tablets (Qtern®▼, AstraZeneca UK) – **NON-FORMULARY**

Agreed action:-

- The Medicines Management Pharmacist, Barnsley CCG to check how many new prescriptions have been issued this year for each SGLT2 inhibitor. **CA**

Tenofovir alafenamide 25 mg film-coated tablets (Vemlidy®▼, Gilead Sciences) - **RED**
Buprenorphine 2 mg and 8 mg oral lyophilisate (Espranor®, Martindale Pharma) - **RED**
Pregabalin 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg, 225 mg & 300 mg hard capsules (Axalid®, Kent Pharmaceuticals) - **GREEN**
Methylphenidate 18 mg, 27 mg, 36 mg & 54 mg prolonged-

release tablets (Delmosart®, Actavis) - **AMBER**
Etoricoxib (generic) 30 mg, 60 mg & 90 mg film-coated tablets (Etoricoxib, Aurobindo Pharma – Milpharm) - **GREEN**

APC 17/55 MHRA DRUG SAFETY UPDATE – FEBRUARY 2017

The Committee received and noted the February 2017 MHRA Drug Safety Update.

Agreed action: -

- The Medicines Management Pharmacist, Barnsley CCG to check with the Palliative Care Consultant (Barnsley Hospice) if there is an alternative to Hyoscine butylbromide.

***Post meeting note**: the Palliative Care Consultant, Barnsley Hospice provided the following advice with respect to the use of hyoscine butylbromide in palliative care patients with underlying cardiac disease.*

- *When used at the end of life then the risks are likely to be outweighed by the symptom benefit and the drug can be used.*

- *When used prior to the end of life, in patients with underlying cardiac disease, the risk versus benefit must be considered and discussed with the patient where relevant.*

APC 17/56 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

The minutes from NHS Sheffield CCG (19th January 2017) and NHS Doncaster & Bassetlaw CCG (26th January 2017) were received and noted.

APC 17/57 ANY OTHER BUSINESS

57.1 <u>Dressings</u>

The Head of Medications Optimisation introduced changes which were being implemented by the Wound Care Group. The changes involved introduction of Cliniderm dressings which were more cost effective.

APC 17/58 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 5th April 2017 at 12.30 pm in the Boardroom, Hillder House.