

**Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on  
Wednesday, 9<sup>th</sup> May 2018 in the Boardroom, Hilder House**

**MEMBERS:**

Dr Mehrban Ghani (Chair)	Medical Director (Barnsley CCG)
Professor Adewale Adebajo	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
Tom Bisset	Community Pharmacist (LPC)
Dr Rebecca Hirst	Palliative Care Consultant (Barnsley Hospice)
Sarah Hudson	Lead Pharmacist (SWYPFT)
Dr Kapil Kapur	Consultant Gastroenterology (BHNFT)
Chris Lawson	Head of Medicines Optimisation (Barnsley CCG)
Dr Abdul Munzar	General Practitioner (LMC)
Mike Smith	Chief Pharmacist (BHNFT)

**IN ATTENDANCE:**

Nicola Brazier	Administration Officer (Barnsley CCG)
Deborah Cooke	Lead Pharmacist (Barnsley CCG)
Joanne Howlett	Medicines Management Pharmacist (Barnsley CCG)
Umar Patel	Senior Pharmacist - Formulary / Interface (BHNFT)
Gillian Turrell	Lead Pharmacist (BHNFT)

**APOLOGIES:**

Caron Applebee	Lead Pharmacist (Barnsley CCG)
Alison Evans	Clinical Quality and Development Lead, Public Health Nursing 0-19 Service (BMBC)
Dr Maters	LMC

**ACTION  
BY**

**APC 18/84 QUORACY**

The meeting was quorate.

**APC 18/85 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA**

There were no declarations of interest to note.

**APC 18/86 DRAFT MINUTES OF THE MEETING HELD ON 11<sup>th</sup> APRIL 2018**

The minutes were accepted as an accurate record of the meeting.

**APC 18/87 MATTERS ARISING AND APC ACTION PLAN**

87.1 NICE TA503 Fulvestrant for untreated locally advanced or metastatic oestrogen receptor positive breast cancer

The clinical reasons for using it at BHNFT are being obtained and the patient notes have been requested.

**Agreed action: -**

- Information would be brought back to inform the Committees decision making as to whether this is to remain on the formulary as a red drug.

**GT**

87.2

Riluzole Shared Care Guideline (Sheffield CCG)

Following a request from Sheffield Teaching Hospitals for Barnsley to adopt the Shared Care Guideline for riluzole (currently red on the Barnsley formulary), further information was required around cost and availability.

The drug tariff price was shared and it was confirmed that there were currently no known supply issues.

It was noted that a link to the guideline is available on the Doncaster & Bassetlaw CCG & Rotherham CCG websites and Rotherham CCG have added an additional note stating that riluzole is for patients under the care of Sheffield neurologists only.

It was agreed that the Committee would adopt the guideline with the stipulation that Primary Care be advised when the next blood tests were due together with the patient's most recent LFTs.

**Agreed action: -**

- The decision that Barnsley would adopt the guideline with the stipulation that Primary Care be advised when the next blood tests were due would be communicated to Sheffield CCG before including the guideline on the Barnsley website.

JH

87.3

NICE TA - March 2018

The Lead Pharmacist, BHNFT confirmed that the following NICE TA was not applicable for use at BHNFT:-

- TA508 Autologous chondrocyte implantation using chondrosphere for treating symptomatic articular cartilage defects of the knee

87.4

Enoxaparin biosimilar compared with dalteparin

The Lead Pharmacist, BHNFT tabled cost comparison data for Inhixa® and dalteparin (Fragmin®). It was noted that Inhixa® was more expensive and less convenient for higher body weight patients and less expensive in lower body weight patients less than 66kg.

There was a discussion around stocking two different low molecular weight heparins but given the potential patient safety risk, there was strong agreement that only one low molecular weight heparin, dalteparin, should continue to be used locally.

87.5

Action Plan

It was noted that the BHNFT D1 Audit and Warfain Audit would be taken to the Task & Finish Group on 10<sup>th</sup> May 2018. An update would be emailed to the APC secretary.

MS/GT

**APC 18/88**

**ORAL GLUCOSE TOLERANCE TEST**

Guidance has been produced to advise GPs on when the oral glucose tolerance test should be used when diagnosing diabetes and this was presented. It was confirmed that the guidance has been shared with diabetes nurses and consultants and their comments have been incorporated.

The Committee approved the guidance.

**Agreed action: -**

- It was agreed that the Lead Pharmacist, BHNFT would check that midwives are aware of the guidance, and are using the tolerance test.

GT

**APC 18/89 CO-AMOXICLAV USAGE IN SECONDARY CARE**

In relation to the Committees concerns around the use of co-amoxiclav in both respiratory outpatients and A&E; and non-adherence to guidance, usage data continues to be presented to monitor if prescribing is appropriate.

The Define usage data presented shows: -

- An overall trend of higher usage over the winter months, and winter 2017-18 saw exceptional winter pressures when compared to previous years.
- Usage spiked in May 2017 due to a shortage of IV co-amoxiclav, hence the Microbiologists were promoting the use of oral co-amoxiclav where appropriate.
- We continue to have several other antibiotic shortages which are impacting on co-amoxiclav usage.

High prescribing of co-amoxiclav in these departments continues, however the Committee were informed that BHNFT have appointed an Antimicrobial Stewardship Lead Pharmacist and these concerns would be picked up as a priority in that role to bring a change in practice to ensure adherence to the Antimicrobial Prescribing Guidelines.

**Agreed actions:-**

- A progress update would be brought back to the Committee in 4 months
- Usage data to be reported back to the Committee in April/May 2019, including data from neighbouring hospitals for a comparison.

GT

GT

**APC 18/90 APC TIME OUT EVALUATION**

A summary of feedback was presented from the two activity sessions and suggestions/improvements had been received via the evaluation forms which could be taken forward to future sessions, possibly annual Time Out Sessions.

Following feedback around the 'spider map' task, it was agreed that the 'spider map' would be circulated by email to all that attended in order for individual maps to be completed. These results would be shared with the Committee.

It was confirmed that the APC Annual Report would be presented at the June 2018 APC meeting prior to going to the Quality & Patient Safety Committee; and evaluation from the Time Out Session would be incorporated.

It was felt that an action plan should be presented at the next meeting capturing any identified actions/gaps from the table top discussions.

**Agreed actions: -**

- Spider map to be circulated for individuals to complete and return.
- Development/improvement areas identified would be presented in an action plan in order to improve the scores from the APC Fitness for Purpose exercise undertaken to identify the APC's strengths and weaknesses.

**NB**

**CL**

**APC 18/91 TERMS OF REFERENCE**

A number of membership developments were discussed at the Time Out Session, including having Public Health and Lay Member representation. There was discussion around increasing organisational representation to allow deputies to attend when required to improve meeting quoracy and avoid delaying business of the Committee. It was agreed that development time would be required for deputies.

Subject to a small amendment (membership role duplicated), the Committee approved the terms of reference.

**APC 18/92 GUIDELINES FOR THE PRESCRIBING OF GLUTEN FREE (GF) FOODS**

Following approval of the proposed changes at the April 2018 meeting, the final guideline was presented. It was agreed to classify the gluten free products within the traffic light classification to make it clear that the bread and mixes are green but other gluten free products are grey.

It was agreed that the section of the guidance around carrying out blood tests would be updated to state if they were required yearly or optional/not routinely required.

**Agreed action: -**

Blood test information to be updated to ensure that tests are carried out yearly for:-

- Coeliac serology to help assess adherence to a GF diet
- Full blood count and ferritin — to screen for anaemia
- Vitamin D, B12, red cell folate, and serum calcium — to assess for deficiency

The following blood tests are not routinely undertaken as part of the annual review unless clinical circumstances dictate otherwise:-

- Electrolytes - to assess for Addison's disease
- Thyroid function tests - to screen for autoimmune thyroiditis
- Liver function tests - to screen for autoimmune hepatitis

Subject to the above change, the Committee approved the guidelines.

**DC**

**APC 18/93 FEBUXOSTAT PRESCRIBING GUIDELINES**

Following the MSK formulary review, the guidelines had been updated. The Committee approved the guidelines.

**Agreed action:-**

- Primary Care prescribing data would be obtained and any actions identified would be dealt with by the Clinical Pharmacists in GP practices.

**DC**

**APC 18/94 LINEZOLID PRESCRIBING GUIDELINES**

Following the Infection formulary review, the updated information sheet was presented with tracked changes.

The Committee approved the guidance.

*Post meeting note: - Minor change made to the interactions section of the guidance: avoid use with or within **two** weeks of stopping an MAOI. Typographical error also corrected.*

**APC 18/95 ORLISTAT PRESCRIBING AND MEDICATION REVIEW GUIDE**

This document was intended for use in Primary Care as a guide on the appropriate use of orlistat.

It was noted that patients would be reviewed as part of the 2018/19 Medicines Optimisation Scheme. Practice level data would be shared with the Medical Director for information.

**DC**

Subject to the removal of the brand name, the Committee approved the guidance.

**DC**

**APC 18/96 FORMULARY REVIEW PLAN**

The formulary review plan was presented for information.

**APC 18/97 SHARED CARE GUIDELINES/AMBER G SHARED CARE GUIDELINES**

97.1 GLP-1 Agonists Amber G Shared Care Guideline

The final guideline was presented to the Committee which now includes information around the cardiovascular benefit quoted from SIGN 154.

The Committee approved the guideline. It was agreed that GLP-1 agonist primary care data would be reviewed after 3 months as a means of assessing the impact of the updated guidance. It was also agreed that any new prescribing identified which was not in line with the guidance should be fed back to the individual prescriber.

**Agreed actions: -**

- The Lead Pharmacist (DC), Barnsley CCG to obtain Primary Care GLP-1 agonist prescribing data in 3 months' time.

**DC**

97.2 Demeclocycline Hydrochloride Amber G Shared Care Guideline

Following numerous attempts to seek advice from specialists on the guideline, in particular the specialist's responsibilities, no response had been received.

The guideline was produced due to clinical risk being identified via Barnsley APC Reporting and as we were not able to obtain any response from specialists, this would be escalated to the Medical Director at BHNFT.

There was discussion around whether Demeclocycline Hydrochloride should be classified as an amber shared care drug rather than an Amber-G drug. It was agreed that further information would be obtained and presented to the Committee in order to inform the decision making process to ensure safe prescribing in Primary Care following initiation in Secondary Care.

It was agreed that the interaction information around penicillin would be checked and updated accordingly.

**Agreed actions: -**

- The Chair would write to the Medical Director, BHNFT to escalate that no specialist response has been received despite numerous attempts to seek advice. **MG**
- Prescribing data from Primary and Secondary Care to be obtained and recommendations regarding the classification to be brought back to the Committee **DC/UP**
- Caution information around penicillin interaction would be checked and updated accordingly. **JH/GT**

**APC 18/98 NEW PRODUCT APPLICATION LOG – noted.**

**APC 18/99 BARNSELYAPCREPORT@NHS.NET FEEDBACK**  
The reports were received, discussed and noted.

**APC 18/100 NEW NICE TECHNOLOGY APPRAISALS – APRIL 2018**  
The Lead Pharmacist, BHNFT confirmed that the following NICE TA was applicable for use at BHNFT:-

- TA518 Tocilizumab for treating giant cell arteritis

The Lead Pharmacist, BHNFT would advise if the following NICE TAs were applicable for use at BHNFT:- **GT**

- TA517 Avelumab for treating metastatic Merkel cell carcinoma
- TA519 Pembrolizumab for treating locally advanced or metastatic urothelial carcinoma after platinum-containing chemotherapy

18/100.1 Feedback from BHNFT Clinical Guidelines and Policy Group  
There was nothing relevant to report back to the Committee.

18/100.2 Feedback from SWYPFT NICE Group  
The group discussed their process for reviewing NICE TAs applicable to the Trust and reviewing baseline assessments.

**APC 18/101 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS**  
18/101.1 Primary Care Quality & Cost Effective Prescribing Group (QCEPG)  
There was nothing relevant to report back to the Committee.

18/101.2	<p><u>BHNFT</u> It was noted that the Medicines Management Committee was going through a process of change and therefore its membership and terms of reference were currently being reviewed. The APC would be kept informed of any significant change.</p>	
18/101.3	<p><u>SWYPFT Drugs &amp; Therapeutics Committee (D&amp;TC)</u> The Committee discussed their ongoing cost savings plan and the recent drug safety alert around valproate guidance. The Lead Pharmacist informed the Committee that SWYPFT were setting up a Task and Finish Group to follow the guidance and apply the actions issued. It was noted that a number of shared care guidelines would need to be updated accordingly and the Lead Pharmacist confirmed that she was updating the mood stabiliser guideline. It had been confirmed that Sheffield CCG were updating the collaborative Epilepsy Shared Care Guideline.</p>	SH
<b>APC 18/102</b>	<p><b>ISSUES FOR ESCALATION TO THE QUALITY &amp; PATIENT SAFETY COMMITTEE (Q&amp;PSC)</b> It was agreed that the following would be escalated to the Q&amp;PSC: -</p> <ul style="list-style-type: none"> <li>• Valproate Guidance</li> <li>• Co-amoxiclav (new appointment at BHNFT)</li> <li>• Terms of Reference</li> </ul>	MG/CL
<b>APC 18/103</b>	<p><b>HORIZON SCANNING DOCUMENT – APRIL 2018</b> The Committee agreed to classify the new products as follows on the traffic light list (TLL): -</p> <p><b>Bimatoprost</b> 0.3mg/mL eye drops, solution (Eyreida<sup>®</sup>, Aspire Pharma) – <b>PROVISIONAL GREEN</b>  <b>Trastuzumab</b> (biosimilar) 150mg powder for concentrate for solution for infusion (Ontruzant<sup>®</sup>▼, Merck Sharp &amp; Dohme) – <b>PROVISIONAL RED</b>  <b>Memantine</b> Initiation Pack (Valios<sup>®</sup>, Dr Reddy's Laboratories) – <b>PROVISIONAL GREY</b>  <b>Paracetamol</b> 1000 mg soluble tablets (Accord Healthcare) – <b>PROVISIONAL GREY</b>  <b>Teduglutide</b> 1.25 mg powder and solvent for solution for injection (Revestive<sup>®</sup>▼ Shire Pharmaceuticals) – <b>ALREADY PROVISIONAL RED</b>  <b>Ivabradine</b> (generic) 5mg and 7.5mg film-coated tablets (Zentiva) (Actavis) – <b>ALREADY AMBER G</b> – generic now available  <b>Tocilizumab</b> 162 mg solution for injection in pre-filled pen (RoActemra<sup>®</sup>, Roche) – <b>ALREADY RED</b></p>	JH
<b>APC 18/104</b>	<p><b>MHRA DRUG SAFETY UPDATE – VOLUME 11, ISSUE 9, APRIL 2018</b> Received and noted with particular attention drawn to the alert around valproate.</p>	
<b>APC 18/105</b>	<p><b>SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES</b> The minutes from NHS Rotherham Medicines Optimisation Group (1<sup>st</sup> November and 6<sup>th</sup> December 2017), NHS Doncaster &amp; Bassetlaw CCG (22<sup>nd</sup> February and 29<sup>th</sup> March 2018) and NHS</p>	

Sheffield CCG (15<sup>th</sup> March 2018) were received and noted.

**APC 18/106 ANY OTHER BUSINESS**

106.1

***Post meeting note: - email received following the meeting***

*The Lead Pharmacist, BHFNT had been asked by the Children's Diabetes Nurse specialist if the Humalog Junior Kwikpen® could be stocked as it measures in 0.5 unit increments, which is easier for smaller children requiring fine tuning of their insulin doses. There is a refillable pen available for use with the cartridges which also measures in 0.5 unit increments, however it is much heavier than the prefilled pens and a bit unwieldy for smaller children to learn to self-administer.*

*The Committee were asked to advise if a new product application was required for the Junior Kwikpen when the Kwikpen and cartridges are on formulary.*

**APC 18/107 DATE AND TIME OF THE NEXT MEETING**

The time and date of the next meeting was confirmed as Wednesday, 13<sup>th</sup> June 2018 at 12.30 pm in the Edith Perry Room at Barnsley Hospital NHS Foundation Trust.

ADOPTED