

**Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on  
Wednesday, 13<sup>th</sup> June 2018 in the Boardroom, Hilder House**

**MEMBERS:**

Chris Lawson (Chair)	Head of Medicines Optimisation (Barnsley CCG)
Tom Bisset (from item 114)	Community Pharmacist (LPC)
Alison Evans	Clinical Quality and Development Lead, Public Health Nursing 0-19 Service (BMBC)
Dr Rebecca Hirst	Palliative Care Consultant (Barnsley Hospice)
Dr Kapil Kapur	Consultant Gastroenterology (BHNFT)
Mike Smith	Chief Pharmacist (BHNFT)

**IN ATTENDANCE:**

Caron Applebee	Lead Pharmacist (Barnsley CCG)
Dr Sunil Bhimsaria (for item 114 only)	Consultant Paediatrician (BHNFT)
Nicola Brazier	Administration Officer (Barnsley CCG)
Deborah Cooke	Lead Pharmacist (Barnsley CCG)
Denise Gibson (for item 114 only)	Consultant Nurse, Children's & Young People Diabetes Team (BHNFT)
Joanne Howlett	Medicines Management Pharmacist (Barnsley CCG)
Ruth Lister	Pharmacist (representing Lead Pharmacist) (SWYPFT)
Brendan Walker (for item 113 only)	Clinical Pharmacist (Barnsley CCG)

**APOLOGIES:**

Professor Adewale Adebajo	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
Sarah Hudson	Lead Pharmacist (SWYPFT)
Dr Jeroen Maters	LMC
Dr Abdul Munzar	General Practitioner (LMC)
Umar Patel	Senior Pharmacist - Formulary / Interface (BHNFT)
Gillian Turrell	Lead Pharmacist (BHNFT)

**ACTION  
BY**

**APC 18/108 QUORACY**

The meeting was not quorate and therefore any decisions made would need to be ratified.

**CL/NB**

**APC 18/109 CHAIRMANSHIP**

The Head of Medicines Optimisation informed the Committee that following the announcement that the Medical Director had taken up a secondment opportunity, he had delegated chairmanship of the APC to her in his absence.

**APC 18/110 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA**

There were no declarations of interest to note.

**APC 18/111 DRAFT MINUTES OF THE MEETING HELD ON 9<sup>th</sup> MAY 2018**

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

**Agreed action: -**

- As the meeting was not quorate, the minutes would be circulated to members by email for ratification.

**NB**

**APC 18/112 MATTERS ARISING AND APC ACTION PLAN**

112.1 NICE TA (April 2018)

The Lead Pharmacist, BHNFT had confirmed by email that the following NICE TA's were not applicable for use at BHNFT: -

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

112.2 Humalog Junior Kwikpen®

The Lead Pharmacist, BHFNT had emailed APC members to ask if a new product application was required for the Humalog Junior Kwikpen® when the Kwikpen and cartridges were already on formulary. The device measures in 0.5 unit increments, which is easier for smaller children requiring fine tuning of their insulin doses.

The Committee agreed that this should be added to the formulary and that a new product application was not required.

**JH**

112.3 Gender Dysphoria Guidelines

Following feedback from LMC around the endorsement of the guidelines, it was clarified at the June 2018 LMC meeting that the guidelines have been endorsed by the APC, and were taken to the LMC for information only and not for endorsement. The guidelines produced for GPs who wish to use them to support their management of patients within their scope of practice were accepted by the LMC. These have been hosted on the Barnsley CCG website.

**Agreed action: -**

- As NHS Rotherham CCG maintain the authorship of the guidelines, the Head of Medicines Optimisation would contact NHS Rotherham CCG to ensure that any reference to shared care be removed from the document hosted on their website.

**CL**

112.4 Action Plan – other areas  
Discharge Letter Audit and Warfarin Audit

The Chief Pharmacist, BHNFT informed the Committee that BHNFT have developed a number of proformas to ensure that data is captured accurately at the point of discharge. These have been approved at Director level and are expected to go to the June 2018 Medicines Management Committee for approval.

112.5 South Yorkshire SCG for Treatment of Adults with Recombinant Growth Hormone (r-hGH)

At the March 2018 APC meeting, the Head of Medicines Optimisation presented the Sheffield Shared Care Guideline for the Treatment of Adults with Recombinant Human Growth Hormone (r-hGH) (currently red) to ascertain if the Committee would see any

advantage to falling in line with the Sheffield guidance.

It was agreed that views would be obtained from the BHNFT consultants about possible adoption of these guidelines locally. Specialist views had been sought and as this treatment is managed fully by the Barnsley Endocrinologists, it was felt that Barnsley shared care guidance was not required for the treatment of adults. It was agreed that a link to the Sheffield shared care guideline would be hosted on the BEST website for use by GPs who were asked to prescribe for any of their patients under the Sheffield service.

Dr Sunil Bhimsaria, Paediatric Consultant, BHNFT informed the Committee about prescribing issues as a result of having no local shared care guidance for paediatrics. It was explained that paediatric growth hormone deficient patients are managed by the Sheffield service with the Sheffield specialists seeing patients in Barnsley, who then continue prescribing from Sheffield. It was noted that surrounding areas have their own shared care guidance for primary care to take on prescribing and it was felt that having Barnsley shared care guidance for paediatrics would be more convenient for Barnsley patients.

**Agreed action: -**

- A link to the Sheffield adult growth hormone shared care guideline would be added to the Barnsley CCG website.
- The Lead Pharmacist (CA) and/or Medicines Management Pharmacist, Barnsley CCG to liaise with Dr Bhimsaria to produce draft shared care guidance for growth hormone treatment in children for consideration by the Committee.

CA

CA/JH

**APC 18/113 ASTHMA ALGORITHM**

Brendan Walker, Clinical Pharmacist was in attendance to present the supporting documents. His nil declaration of interest was noted.

The asthma treatment algorithm (enclosure C1) was produced in liaison with the respiratory team to encourage step up and down. It is based on BTS SIGN Guidance and highlights the cost effective 1<sup>st</sup> and 2<sup>nd</sup> line choices.

Enclosures C2 and C3 were intended to be used in conjunction with the asthma treatment algorithm and the products were listed in order of cost effectiveness.

Concern was noted regarding the number of devices listed but following discussion it was concluded that changes would have to be undertaken in a significant number of patients in order to achieve one inhaler across the patch. It was highlighted that different formulary options were required in order to meet the needs of individual patients.

It was agreed that it should be made visibly clearer what the 1<sup>st</sup> line choices were and the presentation would be updated.

**Agreed action: -**

- As the meeting was not quorate, the algorithm would be

DC/BW

brought back to the next meeting with the suggested changes to presentation to highlight the 1<sup>st</sup> line choices.

**APC 18/114 FREESTYLE LIBRE PROTOCOL**

114.1 Freestyle Libre Protocol for Paediatrics

As agreed at the March 2018 APC meeting, the protocol was taken back to the specialists for further consultation with the suggested change to review the patient in 6 months.

Dr Sunil Bhimsaria, Paediatric Consultant and Denise Gibson, Consultant Nurse was in attendance to support this discussion.

*Post meeting note: - declarations of interest were received and accepted by the Chair.*

Following communication by email and phone, a number of suggested changes had been put forward and these were noted: -

- The section 'confirmation of acceptance from GP' would be removed. Assurance was provided to the Committee that GPs would be kept informed via clinic consultation notes.
- Patient to be reviewed by the diabetes specialist team at one month, 3 months and 6 months of use and is assessed on their use of FreeStyle Libre®. The FreeStyle Libre® sensors must be supplied by the specialist team for at least the first 6 months of use pending further review (one month supply on first initiation, followed by two month supply and then a further three months' supply at the 3 monthly review).
- Specialist to notify GP at 6 months by completing required form so that they can start prescribing.
- Proforma to be added in Appendix B for GP notification of device withdrawal.
- The wording around HbA1c level within 'criteria for stopping in children and young people' and 'outcomes monitoring' would be amended to include "...could consider withdrawing the device..."

It was estimated that there could potentially be 10-15 new starters per year.

Supplies would be obtained through the hospital pharmacy and reimbursed by the CCG who would require assurance that the appropriate people have oversight of how its use is being managed.

It was noted that pharmacies and dispensing practices would need to set up an account in advance in order to obtain FreeStyle Libre® stock and the process for ordering the device from the manufacturer would be clarified and details circulated in advance to avoid any delay in obtaining supplies.

Acknowledging the potential financial risk with patients from surrounding areas registering with Barnsley GPs to obtain the device, it was understood that all South Yorkshire & Bassetlaw CCGs are adopting the same approach and it was confirmed that

Barnsley CCG would only pay for patients registered with a Barnsley GP practice.

**Agreed actions: -**

- The above changes discussed would be included and the updated guidance would be circulated to the Committee for final comment and approval.
- The cost of obtaining supplies through hospital pharmacy to be checked.
- Information to be shared with community pharmacies regarding setting up an account to obtain supplies.

CA

CA

CA

114.2

Freestyle Libre (Adults)

The Head of Medicines Optimisation fed back from the LMC that they would prefer the FreeStyle Libre® sensors to be supplied by the specialist team for at least the first 12 months of use before approaching GPs to take on prescribing.

LMC were advised that it would be inappropriate for patients to be seen in clinic just for a prescription and therefore 6 months was a happy compromise. LMC accepted that FreeStyle Libre® sensors would be provided for at least the first 6 months of use before approaching GPs to take on prescribing.

**APC 18/115 PROTON PUMP INHIBITORS PATIENT INFORMATION LEAFLET**

The Medicines Management Pharmacist, Barnsley CCG presented the enclosure which has been produced to support the Medicines Optimisation Scheme work in stepping down proton pump inhibitors, which was in line with the guidance approved by the Committee.

There was positive feedback from the Committee and LMC who found the guidance around the risk very useful.

There was a discussion around reducing the use of PPIs by investing some dedicated resource in primary care and it was noted that the clinical pharmacists are reviewing a proportion of patients as part of the Medication Optimisation Scheme this year. Once data is available, there may be an opportunity to upscale the work.

The Committee approved the information leaflet.

**APC 18/116 MANAGEMENT OF DEPRESSION IN PRIMARY CARE**

Information around medication for the management of depression in adults in primary care was presented following a routine update with minor changes.

The following suggestions were made: -

- in the section about dosulepin, the NHS England guidance 'items which should not be routinely prescribed in primary care' should be mentioned and referenced.
- Similar information should be provided about trimipramine

which is also in the NHS England guidance.

- On the algorithm, trimipramine should be included as one of the TCA's **not** to be prescribed.

**Agreed action: -**

- The above suggestions would be fed back to the Lead Pharmacist, SWYPFT and the final guidance would be brought back to the Committee for approval.

JH/SH

**APC 18/117 APC ANNUAL REPORT 2017/18 (FIRST DRAFT)**

The first draft annual report had been circulated for comment. . Following approval at the July APC meeting, the report will be taken to the July Quality & Patient Safety Committee before wider circulation.

**Agreed action: -**

- Feedback to be provided by beginning of July 2018.
- Final draft to be brought back to the next meeting.

ALL  
CL

**APC 18/118 FORMULARY REVIEW PLAN**

The formulary review plan was presented for information. A number of reviews were expected to be presented at the July 2018 meeting.

**APC 18/119 SHARED CARE GUIDELINES/AMBER G SHARED CARE GUIDELINES**

119.1 Shared care guideline approval process

The Head of Medicines Optimisation had received queries from the LMC regarding the process for approving shared care guidelines and as a result, it was agreed that a formal process would be presented at the next APC meeting.

**Agreed actions: -**

- Formal process to be presented at the next meeting
- The Head of Medicines Optimisation to discuss this at the next LMC

DC  
CL

119.2 Demeclocycline Amber Guideline

Following discussion at the last meeting around changing the classification of Demeclocycline Hydrochloride from an Amber-G drug to an Amber shared care drug, the full Amber shared care guideline was presented. The changes were highlighted on the enclosure and comments received by email from the specialist were shared at the meeting.

**Agreed actions: -**

- It was agreed that the guideline would be amended to incorporate some of the specialist's comments.
- The updated guideline would be circulated to the Committee for endorsement, and then taken to the LMC for information.

JH

JH

119.3 Vortioxetine Amber G Guideline

The guideline was presented following a routine update.

Following the removal of the brand name, the Committee approved the guideline.

**Agreed action:-**

- It was agreed that the brand name should be removed.
- The guideline would be sent to the LMC for information.

CA/SH  
JH

**APC 18/120 NEW PRODUCT APPLICATION LOG** – noted.

**APC 18/121 BARNSELYAPCREPORT@NHS.NET FEEDBACK**

121.1 APC Reporting Form

The updated form was presented which now includes a section that captures information around shared learning, logs that clinical teams have been informed and records what has been done on a wider scale if needed. Feedback has already been obtained from those involved in investigating APC reports and the Committee approved the form.

The Community Pharmacist confirmed that the report template would soon be available via PharmOutcomes.

**Agreed action: -**

- As the meeting was not quorate, it was agreed to circulate the form by email for approval.

CA

121.2 APC Reporting June 2018

The reports were received and noted.

Several APC reports had been submitted by the mental health team relating to GP patient records and medication prescribed and supplied via the enhanced team not being included in the GP information. Guidance has been circulated to the Medicines Management Team around adding 'red' or hospital only drugs to patient records and the same processes are to be followed to include drugs supplied to the patient from other organisations.

121.3 Summary of Issues relating to summary care records (2017)

The Lead Pharmacist (CA), Barnsley CCG presented a trend report highlighting a number of issues relating to summary care records which had been identified through a routine review of APC reports.

There was particular concern around smartcards not always being used when issuing prescriptions which therefore means the patient record is not immediately up to date and this issue would be escalated. It was not known if surrounding geographical areas have experienced similar issues.

**Agreed actions: -**

- It was agreed that these concerns would be escalated to the LMC and the CCG Quality Team and an update would be brought back to the next APC meeting.
- Information would be circulated in the Medicines Management Newsletter.

CL

CA

<b>APC 18/122</b>	<b>NEW NICE TECHNOLOGY APPRAISALS – MAY 2018</b> The Lead Pharmacist, BHNFT would advise if the following NICE TA was applicable for use at BHNFT:- <ul style="list-style-type: none"> <li>• TA520 Atezolizumab for treating locally advanced or metastatic non-small-cell lung cancer after chemotherapy</li> </ul>	<b>GT</b>
18/122.1	<u>Feedback from BHNFT Clinical Guidelines and Policy Group</u> There was nothing reported back to the Committee.	
18/122.2	<u>Feedback from SWYPFT NICE Group</u> There was nothing reported back to the Committee.	
<b>APC 18/123</b>	<b>FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS</b>	
18/123.1	<u>Primary Care Quality &amp; Cost Effective Prescribing Group (QCEPG)</u> The group met and signed off the 2017/18 QiPP achievement and the Committee were thanked for their contribution to achieving the target.  The 2018/19 QiPP implementation is in progress.	
18/123.2	<u>BHNFT</u> There was nothing relevant to report to the Committee.	
18/123.3	<u>SWYPFT Drugs &amp; Therapeutics Committee (D&amp;TC)</u> In relation to the MHRA Valproate alert, Ruth Lister, SWYPFT fed back the concerns of the psychiatrists that patients are being referred to them to be reviewed but the GPs were not picking up the contraceptive issue when reviewing patients. It was noted that shared care guidelines are currently being updated and it was agreed that responsibilities needed to be made explicit within the guidance in order to ensure that existing patients are being counselled. The Lead Pharmacist (DC) would also ask Medicines Management Team members to follow up at practice level.  <b>Agreed actions:-</b> <ul style="list-style-type: none"> <li>• The Head of Medicines Optimisation would check with the LMC if GPs are recalling patients on valproate and assessing that contraceptive is in place.</li> <li>• The Lead Pharmacist (DC) would ask Medicines Management Team members to follow up at practice level.</li> </ul>	<p style="text-align: right;"><b>CL</b></p> <p style="text-align: right;"><b>DC</b></p>
<b>APC 18/124</b>	<b>ISSUES FOR ESCALATION TO THE QUALITY &amp; PATIENT SAFETY COMMITTEE (Q&amp;PSC)</b> It was agreed that the FreeStyle Libre® Guidance (paediatric) would be escalated to the Q&PSC.	<b>CL</b>
<b>APC 18/125</b>	<b>HORIZON SCANNING DOCUMENT – MAY 2018</b> The Committee agreed to classify the new products as follows on the traffic light list (TLL): -  <b>Ropivacaine</b> (generic) 2mg/ml solution for administration system (Galen) – <b>PROVISIONAL RED</b> <b>Trastuzumab</b> (biosimilar) 150mg powder for concentrate for solution for infusion (Herzuma®▼, Napp) – <b>PROVISIONAL RED</b> <b>Ezetimibe</b> (generic) 10mg tablets (Concordia International, Zentiva)	<b>JH</b>



**– ALREADY GREEN**

**Gemtuzumab** 5mg powder for concentrate for solution for infusion (Mylotarg<sup>®</sup>▼, Pfizer) – **PROVISIONAL RED**

**Ivabradine** (generic) 5mg and 7.5mg film-coated tablets (Zentiva, Accord) 2.5mg, 5mg and 7.5mg film-coated tablets (Aspire Pharma) - **ALREADY AMBER G**

**Midostaurin** 25 mg soft capsules (Rydapt<sup>®</sup>▼, Novartis) – **PROVISIONAL RED**

**APC 18/126 MHRA DRUG SAFETY UPDATE – VOLUME 11, ISSUE 10, MAY 2018**

Received and noted.

**APC 18/127 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES**

There were no minutes available to share.

**APC 18/128 ANY OTHER BUSINESS**

128.1

Management of Allergic Rhinitis

The updated and simplified guideline was presented which has had input from Dr Atcha, GP Lead for the BEST website.

The Committee were asked for feedback.

**Agreed actions: -**

- It was agreed to check which inhaled steroids should be prescribed by brand in relation to QiPP.
- An alert around using the correct pack sizes would be added to ScriptSwitch.
- As the meeting was not quorate, the guideline would be circulated for approval.

**CA/JH**

**DC**

**JH**

**APC 18/129 DATE AND TIME OF THE NEXT MEETING**

The time and date of the next meeting was confirmed as Wednesday, 11 July 2018 at 12.30 pm in the Edith Perry Room at Barnsley Hospital NHS Foundation Trust.