

**Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on
Wednesday, 9th October 2019 in the Edith Perry Room, BHNFT**

MEMBERS:

Chris Lawson (Chair)	Head of Medicines Optimisation (Barnsley CCG)
Professor Adewale Adebajo	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
Dr Mehrban Ghani	Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs)
Dr Rebecca Hirst	Palliative Care Consultant (Barnsley Hospice)
Sarah Hudson	Lead Pharmacist (SWYPFT)
Dr Kapil Kapur	Consultant Gastroenterology (BHNFT)
Mike Smith	Chief Pharmacist (BHNFT)

IN ATTENDANCE:

Nicola Brazier	Administration Officer (Barnsley CCG)
Lauren Clarke	Senior Pharmacist, Interface (BHNFT)
Deborah Cooke	Lead Pharmacist (Barnsley CCG)
Joanne Howlett	Medicines Management Pharmacist (Barnsley CCG)
Gillian Turrell	Lead Pharmacist (BHNFT)

APOLOGIES:

Caron Applebee	Lead Pharmacist (Barnsley CCG)
Tom Bisset	Community Pharmacist (LPC)
Dr Jeroen Maters	General Practitioner (LMC)
Dr Abdul Munzar	General Practitioner (LMC)

**ACTION
BY**

APC 19/218 QUORACY

The meeting was quorate. Lauren Clarke was welcomed to the Committee.

APC 19/219 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA

There were no declarations of interest to note.

APC 19/220 DRAFT MINUTES OF THE MEETING HELD ON 11th SEPTEMBER 2019

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

APC 19/221 MATTERS ARISING AND APC ACTION PLAN

19/221.1

BHNFT D1 Audit Report

The Head of Medicines Optimisation advised that the draft D1 Audit Report had been discussed at recent meetings of the Clinical Quality Board and D1 Summit. The Trust was in the process of making significant amendments to the draft report and action plan with positive plans to take forward. The report would be taken through the Trust's internal quality processes and it was expected that the final report would be available for the January 2020 APC meeting.

It was acknowledged that lots of positive developments around discharge processes have been achieved within the Trust since the dataset for the audit was collected and further improvements were

expected to be seen following the introduction and rollout of the new E-form which was due to be signed off by the Task and Finish Group.

It was noted that training videos around discharge prescriptions are used with junior doctors to compliment/support their training induction programme.

19/221.2

Donepezil

The Lead Pharmacist, SWYPFT to follow up with the Memory Team and feedback to the Committee.

SH

19/221.3

NICE TAs July 2019

The Lead Pharmacist, BHNFT confirmed that the following NICE TA **was** applicable for use at BHNFT:-

- TA590 Fluocinolone acetonide intravitreal implant for treating recurrent noninfectious uveitis

19/221.4

NICE TAs August 2019

The Lead Pharmacist, BHNFT confirmed that the following NICE TAs **were** applicable for use at BHNFT:-

- TA596 Risankizumab for treating moderate to severe plaque psoriasis
- TA597 Dapagliflozin with insulin for treating type 1 diabetes

The Lead Pharmacist, BHNFT confirmed that the following NICE TAs **were not** applicable for use at BHNFT:-

- TA592 Cemiplimab for treating metastatic or locally advanced cutaneous squamous cell carcinoma
- TA593 Ribociclib with fulvestrant for treating hormone receptor-positive, HER2-negative, advanced breast cancer
- TA594 Brentuximab vedotin for untreated advanced Hodgkin lymphoma (**terminated appraisal**)
- TA595 Dacomitinib for untreated EGFR mutation-positive non-small-cell lung cancer
- TA598 Olaparib for maintenance treatment of BRCA mutation-positive advanced ovarian, fallopian tube or peritoneal cancer after response to first-line platinum-based chemotherapy

19/221.5

Action Plan – other areas

There were no further areas to discuss but a number of requests were made to defer target dates.

NB

APC 19/222 DIAGNOSING DIABETES GUIDANCE

The updated guidance presented has been subject to consultation and endorsement by specialists in diabetes and endocrinology and has been accepted by the LMC.

It was suggested and agreed that information would be added around gestational diabetes with extra monitoring after child birth.

Subject to the additional information discussed, the Committee approved the guidance.

Agreed action:-

- Additional information to be included around extra monitoring

JH

after child birth.

APC 19/223 NEW PRODUCT APPLICATION LOG

Noted.

APC 19/224 SHARED CARE GUIDELINES / AMBER G SHARED CARE GUIDELINES

There were no guidelines to discuss.

APC 19/225 FORMULARY REVIEW PLAN

19/225.1 Formulary Review Plan 2018/19

Following the review of Chapter 14 today, the 2018/19 plan was complete. The 2019/20 plan would be brought to future meetings.

19/225.2 Chapter 14: Immunology & Vaccines

The formulary review was presented with minimal changes. Changes include updating links; changes to vaccine schedules and specifying which travel vaccines are and are not available on the NHS. The changes were approved by the Committee.

There was a discussion around the funding of the hepatitis B vaccine for occupational health purposes for those working in the care industry and to avoid continuing confusion, clarity would be sought on the national position.

Agreed action: -

- Clarity would be obtained around the funding of the Hepatitis B vaccine for care workers.

GT/DC

***Post meeting note:** There is no obligation for a practice to provide occupational health services to patients as this is the responsibility of the employer. A practice may choose to enter into a private contract with an employer or medical school to provide this service to a group of employees or a single employee. The practice would also need to consider the nature of any occupational health service.*

A practice may refer patients who work as self-employed care or healthcare workers to another practice where the occupational health care could be offered as a private service. Alternatively a practice may provide the vaccine as an NHS service and claim the cost of the vaccine. A practice cannot charge their own NHS patient for the occupational health service or for providing the vaccine.

APC 19/226 BARNSELY APC REPORTING OCTOBER 2019

The report was received and noted.

BAPC19/10/01 was discussed and it was noted that some work with lidocaine patches has started in primary care but this would be followed up and progressed further.

DC

The Lead Pharmacist, BHNFT provided feedback from the Sub Group meeting noting that over the last few months the number of APC reports being submitted had reduced. It was noted that a higher number of queries are being received in BHNFT pharmacy which was resolving issues more efficiently but as these are not always being

captured as APC reports, the sub group are not able to monitor the trends. This is going to be highlighted with the clinical pharmacists and community pharmacists to ensure that APC reports are submitted.

The Sub Group would continue to capture trends but if the APC reporting mechanism was not capturing a lot of the data, this would be reviewed to see if it was still fit for purpose.

APC 19/227 NEW NICE TECHNOLOGY APPRAISALS (SEPTEMBER 2019)

The Lead Pharmacist, BHNFT confirmed that the following NICE TA **was** applicable for use at BHNFT:-

- TA599 Sodium zirconium cyclosilicate for treating hyperkalaemia

The Lead Pharmacist, BHNFT confirmed that the following NICE TAs **were not** applicable for use at BHNFT:-

- TA600 Pembrolizumab with carboplatin and paclitaxel for untreated metastatic squamous non-small-cell lung cancer
- TA601 Bezlotoxumab for preventing recurrent Clostridium difficile infection (**terminated appraisal**)
- TA602 Pomalidomide with bortezomib and dexamethasone for treating relapsed or refractory multiple myeloma (**terminated appraisal**)
- TA603 Lenalidomide with bortezomib and dexamethasone for untreated multiple myeloma (**terminated appraisal**)
- TA565 (updated from March 2019) Benralizumab for treating severe eosinophilic asthma

19/227.1 Feedback from BHNFT Clinical Guidelines and Policy Group
There was nothing significant to report.

19/227.2 Feedback from SWYPFT NICE Group
There was nothing significant to report.

APC19/228 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

19/228.1 Primary Care Quality & Cost Effective Prescribing Group

19/228.1.1 Anticoagulation

The group discussed key issues around anticoagulation. The Head of Medicines Optimisation recently attended the Local Clinical Senate and gave a presentation around issues in primary care, and compliance associated with DOACs and associated monitoring; and issues with dosing.

The Head of Medicines Optimisation was to also present at a future BHNFT VTE Committee meeting and it was agreed that she would meet with the Lead Pharmacist, BHNFT and the anticoagulation lead to work on the guidance being developed and provide a joint presentation to the VTE Committee.

The Lead Pharmacist, BHNFT advised that a number of other secondary care Trusts in the region were switching to edoxaban as a first line DOAC and the Trust were currently looking into the possible

use of edoxaban which was thought to be more cost effective in secondary care. If changed, this would need to be worked into the guidance which was in the process of being updated.

- 19/228.1.2 QIPP Delivery
It was fed back that there has been significant growth in primary care prescribing including growth in items in certain areas. The detail was being analysed.
- 19/228.2 BHNFT
There was nothing significant to report.
- 19/228.3 SWYPFT Drug and Therapeutics Committee
The Lead Pharmacist advised that cost growth was discussed noting that some of this was associated with drug shortages and therefore costly alternatives being provided.

Guidance for GPs on common off-label use of psychotropic medication and CAMHS commonly used unlicensed / off label medicines would be brought to a future APC meeting.
- 19/228.4 Wound Care Advisory Group
The group were due to meet November 2019.
- 19/228.5 Monitored Dosage System (MDS) Working Group
The group were due to meet this week.
- APC 19/229 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)**
There were no issues to escalate to the Q&PSC.
- APC 19/230 HORIZON SCANNING DOCUMENT (SEPTEMBER 2019)**
The Committee assigned the following classifications to the products listed below: -
Mepolizumab 100mg solution for injection in pre-filled pen & pre-filled syringe (Nucala[®]▼, GlaxoSmithKline UK) – **already formulary red**
Vinorelbine (generic) 20mg, 30mg & 80mg soft capsules (Vinorelbine, Consilient Health Ltd) – **already formulary red**
Glibenclamide 0.6mg/mL & 6mg/ml oral suspension (Amglidia[®], AMRING SARL) – **non-formulary provisional red**
Gefitinib (generic) 250mg Film-coated Tablets (Gefitinib Sandoz[®], Sandoz Limited) – **already formulary red**
Valproatesemisodium 250mg & 500mg gastro-resistant tablets (Belvo[®]▼, Consilient Health Ltd) – **already formulary amber** – the Lead Pharmacist, SWYPFT to check if bioequivalent
Benralizumab 30mg solution for injection in pre-filled pen (Fasenra[®]▼, AstraZeneca UK Limited) – **already non-formulary provisional red**
Dupilumab 200mg solution for injection (Dupixent[®]▼, Sanofi Genzyme) – **already formulary red**
Lorlatinib 25mg & 100mg film-coated tablets (Lorviqua[®]▼, Pfizer Limited) – **non-formulary provisional red**
Methocarbamol (generic) 750mg film-coated tablets (Methocarbamol neuraxpharm[®], Neuraxpharm Arzneimittal GmbH) – **already non-formulary grey**

SH

Volanesorsen 285mg solution for injection in pre-filled syringe (Waylivra[®]▼, Akcea Therapeutics UK Ltd) – **non-formulary provisional red**

Agreed action:-

- The Lead Pharmacist, SWYPFT to check if Valproate Semisodium is bioequivalent.

SH

APC 19/231 MHRA DRUG SAFETY UPDATE (SEPTEMBER 2019)

The update was noted for information highlighting the following: -

Hormone replacement therapy (HRT): further information on the known increased risk of breast cancer with HRT and its persistence after stopping

New data have confirmed that the risk of breast cancer is increased during use of all types of HRT, except vaginal estrogens, and have also shown that an excess risk of breast cancer persists for longer after stopping HRT than previously thought. Prescribers of HRT should discuss the updated total risk with women using HRT at their next routine appointment.

Montelukast (Singulair®): reminder of the risk of neuropsychiatric reactions

Prescribers should be alert for neuropsychiatric reactions in patients taking montelukast and carefully consider the benefits and risks of continuing treatment if they occur.

APC 19/232 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC)

There was nothing to report to the Committee.

APC 19/233 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

The minutes from Rotherham Medicines Optimisation Group (RMOG) 1st May 2019, 5th June 2019 and 3rd July 2019 and NHS Sheffield CCG Area Prescribing Group on 18th July 2019 were received and noted.

APC 19/234 ANY OTHER BUSINESS

19/234.1

SGLT2 Classification

The Chair, Barnsley Healthcare Federation CIC requested an agenda item for discussion at the next meeting around changing the SGLT2 traffic light classification from Amber G to green, in line with other local areas. It was noted that Barnsley currently recommend empagliflozin as the first line SGLT2 inhibitor following consideration of the cardiovascular data presented at the time but it was noted that new and similar data is now available for other SGLT2s. It was also noted that canagliflozin has renal data available. It was agreed that this would be discussed further in the next meeting together with the issues around ketone testing.

Agreed action:-

- The recommended line of therapy and classification of SGLT2s would be discussed at the November 2019 meeting.

19/234.2

Children's Services

The Chair, Barnsley Healthcare Federation CIC highlighted receipt of a letter from a paediatric nurse asking the GP not to switch a product to an approved QIPP brand as the patient was settled. There was no clinical rationale provided to justify why the patient couldn't be switched to the equivalent.

Agreed action:-

- A copy of the letter would be shared with the Head of Medicines Optimisation.

MG

APC 19/235 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 13th November 2019 at 12.30 – 2.30 pm in the Edith Perry Room at Barnsley Hospital NHS Foundation Trust.

ADOPTED