

**Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on
Wednesday, 12th February 2020 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)
Tom Bisset	Community Pharmacist (LPC)
Dr Rebecca Hirst	Palliative Care Consultant (Barnsley Hospice)
Sarah Hudson	Lead Pharmacist (SWYPFT)
Dr Kapil Kapur	Consultant Gastroenterology (BHNFT)
Dr Abdul Munzar	General Practitioner (LMC)
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)
Elizabeth Lock	Wound Care Nurse (Barnsley CCG)
Dr Mark Longshaw (item 20/29 only)	Consultant Physician, BREATHE Service (BHNFT)
Lindsay Reynolds	Appliance Nurse (Barnsley CCG)
Gillian Turrell	Lead Pharmacist (BHNFT)

APOLOGIES:

Caron Applebee	Lead Pharmacist (Barnsley CCG)
Dr Mehrban Ghani	Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs)

**ACTION
BY**

APC 20/25 QUORACY

The meeting was quorate.

APC 20/26 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA

The Committee received a declaration of interest from Dr Mark Longshaw who was in attendance to present the nebuliser policy/guidance document. There were no further declarations of interest relevant to the agenda to note.

APC 20/27 DRAFT MINUTES OF THE MEETING HELD ON 8th JANUARY 2020

20/04.3 – document title changes to be made; BHNFT Homely Remedies Procedure and SWYPFT Symptomatic Relief Policy.

The Lead Pharmacist, BHNFT confirmed that the BHNFT Homely Remedies Procedure was ratified at the February 2020 MMC. This would be shared with the Lead Pharmacist, SWYPFT and the Head of Medicines Optimisation.

GT

There was discussion around APC 20/16 and the instances where NICE TAs are not applicable for use at BHNFT (i.e. where the service is not provided by BHNFT) but where BHNFT may supply the drug when it has been initiated by a visiting specialist i.e. Weston Park

Hospital.

It was confirmed that this would be clearly stated on the formulary going forward and highlighted to the Committee when formulary reviews are undertaken.

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

APC 20/28 MATTERS ARISING AND APC ACTION PLAN

20/28.1

Ferric Maltol (Feraccru®)

The Lead Pharmacist, BHNFT advised the Committee that a summary of the report had been received and it was expected that the Trust would go forward with the new product application, pending receipt and consideration of the report in full.

20/28.2

D1 Audit

The Chief Pharmacist, BHNFT advised that the D1 Audit Report was approved at the February 2020 MMC meeting with minor amendments. A D1 Summit meeting was scheduled to take place March 2020.

20/28.3

Action Plan – other areas

Nothing further to discuss.

APC 20/29 NEBULISER POLICY/GUIDANCE (NEW)

Dr Mark Longshaw was in attendance to present the draft nebuliser policy/guidance document, noting that in Barnsley, there are approximately 8200 patients on the primary care registers with a diagnosis of COPD. At the most recent survey in September 2019, 358 patients in Barnsley were receiving nebulised salbutamol as part of their long term prescribed medication, with approximately only one third of those patients known to the BREATHE Service.

The most recent NICE guidance, NG115 recommends that these devices should be considered in a small group of patients with COPD where disease control is not possible by other methods. In Barnsley, there could potentially be 800 patients, who are known on the chronic registers that may benefit from the evaluation, although the scale of the work was unknown.

The Committee were asked to comment on the draft document.

The Head of Medicines Optimisation noted that the policy was in line with national guidance and accepted the acknowledgement that the BREATHE service are only seeing a small proportion of patients but suggested that for the patients on this therapy in primary care, approximately 200, more direction was needed on how best to manage them. Guidance on what GPs can do to review/reduce prescribing and at what point a patient should be referred into the BREATHE service was sought from the specialists.

ML

The implementation of the policy would be welcomed by clinicians on the wards, a positive step to optimising the care of patients.

It was confirmed that comments have been received from the respiratory consultants.

The Lead Pharmacist, BHNFT suggested that acute respiratory failure patients on CCU who are on long term nebulisers could be reviewed at the point after acute reason for admission has been managed. This would be discussed further outside of the meeting.

GT/ML

The importance of reviewing patients in relation to their access to supplies of disposables, including tubing, nebuliser changer and mouthpiece/face mask was raised due to the associated significant infection risks. Given the right tools and guidance, primary care can review patients quite effectively and it was agreed that Dr Longshaw would work with one the GP Clinical Pharmacists to review patients at a GP practice undertaking a trial MDT. Dr Longshaw and the Clinical Pharmacist would look to develop criteria/guidance to support the primary care review of existing patients moving forward, identifying which groups of patients should be referred to the BREATHE service. Once agreed, timeframes would be communicated to the Head of Medicines Optimisation.

ML/Clinical Pharmacist

It was agreed that the draft policy would be circulated for consultation to relevant teams within the Trust, and would be taken to the LMC for comment. Dr Longshaw advised that the draft policy was to be presented to respiratory governance.

Dr Longshaw was thanked for attending the meeting.

Agreed actions: -

- The draft policy would be circulated for consultation to relevant teams within the Trust.
- The draft policy would be taken to the LMC for comment.
- A small number of patients to be reviewed by Dr Longshaw and a GP Clinical Pharmacist. Dr Longshaw and the Clinical Pharmacist would look to develop criteria/guidance to support the review of existing patients moving forward, identifying which groups of patients should be referred to the BREATHE service

GT
JH/CL

ML

APC 20/30 SWITCHING BETWEEN ORAL ANTICOAGULANTS (new)

The Lead Pharmacist, BHNFT presented the guidance document, produced to support GPs when switching between oral anticoagulants.

For consistency, it was agreed that this guidance document would replace the table on page 12 of the Anticoagulation for Stroke Prevention in Non-Valvular AF Guidance presented below (APC 20/31).

It was noted that whilst NICE do not distinguish line in therapy, some Trusts are switching to Edoxaban as the first line DOAC if appropriate as it is currently the most cost effective DOACs. Barnsley suggests no order of therapy and the DOACs are classified in line with NICE.

The guidance was approved.

Agreed action: -

- The guidance document to replace the table on page 12 of the Anticoagulation for Stroke Prevention in Non-Valvular AF Guidance presented below (APC 20/31).

GT

APC 20/31 ANTICOAGULATION FOR STROKE PREVENTION IN NON-VALVULAR AF GUIDANCE (UPDATED)

The Head of Medicines Optimisation presented the anticoagulation monitoring guidance and the updated anticoagulation for stroke prevention in non-valvular AF guidance, which now includes the addition of the primary care anticoagulation information. These will be taken to the next LMC meeting.

The Head of Medicines Optimisation raised concerns around the safety of DOACs, advising the Committee that following analysis of primary care data using Eclipse Live Radar, results indicated significant episodes of patients with low, and dropping, haemoglobin who were on DOACs. The Chief Pharmacist, BHNFT noted that there were no datix incidents in relation to such episodes but primary care were aware of patients being admitted.

Work is ongoing looking at patients on warfarin, who are being monitored, versus patients on DOACs, checking what criteria are met to ensure patients are appropriately initiated, treating warfarin in line with DOACs in respect of guidance and not necessary putting DOACs first line.

The Head of Medicines Optimisation plans to present the data to the Trusts VTE Group.

There was discussion around the NICE recommended timescales for patient reviews noting that due to different IT systems used in primary and secondary care, it was difficult to determine if patients were going longer than the recommended period without a full blood count (FBC).

The Committee were asked to provide comments and feedback on the guidance; and to ensure that all the secondary care reference sources were captured; clinicians would be asked if any clinic operating guidance should be included or referenced.

Agreed action: -

- The guidance documents would be taken to the next LMC meeting.
- As noted at APC 20/30, for consistency the guidance document would replace the table on page 12.
- Include reference to clinic operating guidance if appropriate.

JH/CL

GT

GT

APC 20/32 ADULT PRIMARY CARE ANTIMICROBIAL TREATMENT GUIDELINES (UPDATED)

The Lead Pharmacist, Barnsley CCG presented the guidelines, updated by one of the Clinical Pharmacists in liaison with the microbiologists at BHNFT. The guidelines have been updated in line with the NICE Public Health England guidelines and a summary of the changes, including a number of new sections was presented and noted.

The guideline will be available on the BEST website with hyperlinks to navigate to the required section(s) and the clinical pharmacist has been asked to produce a comprehensive summary of the key changes for discussion in GP practice meetings.

The Committee approved the guidance and appreciation was shown for the comprehensive update.

APC 20/33 GLAUCOMA ALGORITHM (UPDATED)

The Lead Pharmacist, BHNFT presented the update in line with formulary changes. No feedback has been received from the ophthalmologists.

The Committee approved the updated glaucoma algorithm.

APC 20/34 QUETIAPINE QIPP DETAIL AID (UPDATED)

The Medicines Management Pharmacist presented the detail aid, updated by one of the clinical pharmacists, incorporating comments received from SWYPFT. A summary of the changes were presented and noted.

The Committee approved the updated quetiapine QIPP detail aid.

APC 20/35 DRAFT MELATONIN GUIDANCE FOR DISCUSSION

The Lead Pharmacist, SWYPFT presented the enclosure for discussion to aid the production of a guideline to support prescribers within primary and secondary care in making appropriate cost-effective, evidence-based treatment choices for child and adolescent patients.

The traffic light classification for melatonin, currently amber, was discussed with the suggestion that this may change given that the monitoring in a number of additional licensed melatonin containing products for children launched in the UK is mostly around disease monitoring. An amber G traffic light classification was suggested.

There was a lengthy discussion around the content of the information provided and its recommendations, acknowledging the MHRA guidance of using a licensed product for a licensed indication first line where possible. Given the varied licensing and appropriateness of licensed products for children coupled with some products being considerably more expensive than the licensed adult preparations, it was decided that the guidance which took account of all of the variables and which included an analysis on the potential financial impact and growth pressures needed to be produced. It was also acknowledged that there are likely to be patients awaiting a diagnosis whom may benefit from treatment.

The Lead Pharmacist, SWYPFT advised that a Task & Finish Group were producing guidance and it was agreed that the SWYFT Lead Pharmacist would make contact with the Group and ascertain the timeframe for guidance production. Barnsley Amber G guidance would be produced based on output from the Task and Finish Group and would be brought back to a future APC meeting.

It was also agreed that Katie Crowe and Patrick Cleary would be asked to work on developing interim amber G information/guidance for each of the products. It was agreed that the Kidnaps® alcohol content would be checked and reference was made to the February 2020 PrescQIPP bulletin regarding melatonin products.

Agreed actions: -

- Katie Crowe to work with one of the clinical pharmacists to produce interim amber G information guidance for each of the products. This would be brought back to the Committee for approval.
- Timescales for the West Yorkshire Trust Task & Finish Group to be advised.

SH/DC

SH

APC 20/36

CO-AMOXICLAV

The Lead Pharmacist, BHNFT presented up to date usage data showing Trust data over the last 3 years and a comparison to other Trusts.

The Committee noted the usage and the Trust felt they were no longer an outlier with Rotherham and Mid Yorks.

The following comments were received from BHNFT Microbiologists and Antimicrobial Stewardship Pharmacist:-

- Co-amoxiclav has much wider indications in the BHNFT guidelines than amoxicillin or doxycycline so it's inappropriate to compare usage with these antibiotics.
- Further restriction in the use of co-amoxiclav is likely to increase the overall usage of other broad spectrum antibiotics.
- A number of patients have already had a course of amoxicillin or doxycycline prior to attending BHNFT.
- Resistance to amoxicillin in respiratory isolates is increasing in Barnsley and hence it is important to continue to use co-amoxiclav in some respiratory indications.
- Currently in the process of reviewing the adult antimicrobial guidelines and working towards including some co-amoxiclav sparing regimens which should reduce overall usage.
- Regular ward rounds by the Infection Control team provide opportunities to educate prescribers regarding antimicrobial stewardship and reduce co-amoxiclav prescribing.

Primary care had asked for processes to be put in place to ensure appropriately used in departments such as A&E following feedback regarding the seemingly high numbers of patients who come out of hospital on co-amoxiclav, and the LMC representative fed back that he felt usage had generally reduced.

Agreed actions: -

- The production of co-amoxiclav usage data to be removed from the action plan.
- Continue with APC reporting to report any inappropriate prescribing.
- The Lead Pharmacist, BHNFT to request that A&E document when antibiotics are prescribed.

NB

DC

GT

APC 20/37 PROPOSED QIPP AREAS IN THE DRAFT PRIMARY CARE MEDICINES OPTIMISATION SCHEME 2020-21

The Lead Pharmacist, Barnsley CCG presented the enclosure noting that the Medicines Optimisation Scheme (MOS) is still in draft format. The proposed QIPP areas have been broken down into brands that are already on the formulary, existing APC guidance or guidance in development.

It was noted that as in previous years, this forms only part of the proposed MOS work with other pieces of review work ongoing such as review of ONS products, PPIs, wound care products and appliances.

There was discussion around the eye drop changes and the proposed additional areas, Kelhale® and a triple therapy inhaler for COPD patients.

In relation to the work around direct oral anticoagulants (DOACs) review, the Chief Pharmacist, BHNFT asked how the clinical pharmacists would determine if patients are on the most appropriate choice of anticoagulant treatment. It was agreed that the criteria to be used when making the assessment would be shared.

CL

The Committee approved the proposed QIPP areas in the draft Primary Care Medicines Optimisation Scheme 2020.

APC 20/38 SSP HALOPERIDOL 500 MICROGRAM TABLETS (FOR INFORMATION)

This was received and noted.

APC 20/39 SHARED CARE GUIDELINES / AMBER G SHARED CARE GUIDELINES

20/39.1 Amiodarone Amber Shared Care Guideline (previously Amber G) (new)

Following discussion at the August 2019 APC meeting in relation to NHS England guidance which included recommendations for items which should not routinely be prescribed in primary care, it was agreed that Amiodarone would be changed from amber G to amber shared care for new patients and a shared care guideline would be developed. The current amber G arrangement would continue for existing patients.

The new amber shared care guidance, updated by one of the Clinical Pharmacists was presented with changes highlighted. There have been no major changes to the clinical content, however following feedback from the LMC, more information has been included on the interactions and information that specialists should check for any interactions before initiating and that GPs should monitor for interactions. No response has been received from specialists.

The frequency of reviews was noted.

The Committee approved the amber shared care guideline.

20/39.2 Lithium Amber Shared Care Guideline (updated)
The Lead Pharmacist, SWYPFT presented the updated guideline, noting no changes to the clinical information. Changes within the responsibilities of the specialist initiating treatment section were touched on, making clear their responsibilities prior to requesting GPs to take over prescribing.

No feedback has been received from consultants.

The Committee approved the updated guideline.

20/39.3 GLP-1 agonists: Liraglutide (Victoza®) Lixisenatide (Lyxumia®▼)
Dulaglutide (Trulicity®) Semaglutide (Ozempic®) Amber G Guidance (updated)

The Medicines Management Pharmacist presented the updated guidance with tracked changes.

Semaglutide has been added and the guideline has received a full update and feedback from Dr Rao following the December 2019 APC meeting has been incorporated. Semaglutide (Ozempic®) has been added as first line weekly preparation and information has been included on the SUSTAIN 7 trial supporting the use of Semaglutide (Ozempic®) as first line over Dulaglutide (Trulicity®) where a weekly dose GLP-1 agonist is required.

The Committee approved the updated guideline.

APC 20/40 FORMULARY REVIEWS

20/40.1 Formulary Review Plan (for information)

The plan was noted. The revised timeframe for Chapter 5: Infections was yet to be confirmed.

GT

20/40.2 Chapter 7: Obstetrics, gynaecology and urinary tract disorders

The Senior Interface Pharmacist, BHNFT presented the formulary review noting a number of NICE guidance updates.

There was a query regarding replacing Gynest® cream (discontinued) with Ovestin® cream, which is significantly more cost effective but due to a difference in strength, the Lead Gynaecologist has been contacted and feedback is awaited regarding the switch. BHNFT currently use a generic which is more expensive than Ovestin®.

The Lead Pharmacist, Barnsley CCG noted that this QIPP area had been highlighted by PrescQIPP and although there was a difference in strength, the applicator size is also different so the delivered dose is the same with both preparations.

The Committee accepted the changes.

APC 20/41 NEW PRODUCT APPLICATION LOG

Noted.

APC 20/42 BARNSELY APC REPORTING FEBRUARY 2020

20/42.1 APC Reporting February 2020 (for information)

Received and noted.

20/42.2	<p><u>APC Reporting February 2020 key themes</u> The Lead Pharmacist (DC) presented the summary report of key themes, noting an increase in the number of reports received. A number of concerning reports were highlighted.</p> <p>In relation to the pre-emptive medication report, Barnsley Hospice offered to provide support from a medic to GP practices and this would be fed back.</p> <p>It was highlighted that the classification of Tadalafil once daily (red for new patients) was yet to be classified for existing patients. This would be discussed at the next meeting.</p> <p>Agreed action: -</p> <ul style="list-style-type: none"> • Traffic light classification for Tadalafil once daily for existing patients to be discussed at the next meeting. 	DC
APC20/43	<p>NEW NICE TECHNOLOGY APPRAISALS (JANUARY 2020) The Lead Pharmacist, BHNFT confirmed that the following NICE TAs were not applicable for use at BHNFT:-</p> <ul style="list-style-type: none"> • TA616 Cladribine for treating relapsing-remitting multiple sclerosis • TA617 Lusutrombopag for treating thrombocytopenia in people with chronic liver disease needing a planned invasive procedure • TA618 Atezolizumab with carboplatin and nabpaclitaxel for untreated advanced non-squamous nonsmall-cell lung cancer (terminated appraisal) • TA619 Palbociclib with fulvestrant for treating hormone receptor-positive, HER2-negative, advanced breast cancer 	GT
20/43.1	<p><u>Feedback from BHNFT Clinical Guidelines and Policy Group</u> There was nothing significant to report.</p>	
20/43.2	<p><u>Feedback from SWYPFT NICE Group</u> There was nothing significant to report.</p>	
APC 20/44 20/44.1	<p>FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS <u>Primary Care Quality & Cost Effective Prescribing Group</u> It was reported that the local QIPP work was on track to deliver the savings target.</p>	CL/GT
20/44.2	<p><u>BHNFT</u> Discussed the D1 audit (20/28.2) and Homely Remedies Procedure (20/27) as discussed above.</p>	

20/44.3 SWYPFT Drug and Therapeutics Committee
There was nothing significant to report.

20/44.4 Wound Care Advisory Group

The Wound Care Nurse fed back that the Group were currently in the process of implementing new order forms for district nurses and practice nurses to order the medi-derma range, any dressings and the process for ordering protocol 9 dressings. This will be updated regularly as the formulary changes.

The forms were being introduced to prevent prescribing of non-formulary dressings and restrict quantities of dressings ordered. This would also provide some guidance to the prescription clerks around formulary and non-formulary products.

There has been a delay in implementation and concerns about whether all the SYWPFT nurses are aware of the new process and how this has been communicated to them. Clarity was sought from SWYPFT on timescales for implementation to ensure there is a tight process in place between primary care, secondary care and the enabled nursing service. The Wound Care Nurse has previously offered to provide training to the nurses and is available if required.

It was confirmed that order forms would be submitted electronically to safe haven NHS email accounts provided by SWYPFT.

It was highlighted that patients started on Medi-derma within the hospital are not discharged on it and it is not documented on the D1. The appliance nurse advised that it was available on the wards but not prescribed or sourced in through pharmacy, but sourced through procurement and therefore cannot currently be added to the D1. This is being raised with clinical systems at the hospitals as this can result in a gap in treatment for the patient. This has been raised with all senior nurses and will be discussed at the next Advanced Nursing Practice Group. The Lead Pharmacist, BHNFT suggested this be raised with MMC given the prescribing and dispensing processes involved.

It was agreed that the appliance nurse would link in with the Lead Pharmacist and the pharmacy team to see what solutions can be put in place to prevent any gap in treatment for patients. Urgent action was required as the risk has been identified.

Agreed action: -

- The Appliance Nurse, Wound Care Nurse and Lead Pharmacist to work together on the urgent issue raised about prescribing and dispensing processes of wound care products.

LR/EL/
GT

APC 20/45 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)

It was agreed to escalate the updated Adult Primary Care Antimicrobial Treatment Guidelines to the Q&PSC.

CL

APC 20/46 HORIZON SCANNING DOCUMENT (JANUARY 2020)

The Committee assigned the following classifications to the products listed below: -

Romsozumab 105 mg solution for injection in pre-filled pen or syringe (Evenity[®]▼, UCB Pharma) – **non-formulary provisional red**

Upadacitinib 15 mg prolonged-release tablets (Rinvoq[®]▼, AbbVie) – **non-formulary provisional red**

Esketamine 28 mg nasal spray (Spravato[®]▼, Janssen-Cilag) – **non-formulary provisional grey**

Vecuronium (generic) 10 mg powder for solution for injection/infusion (Ranbaxy) – **already formulary red**

Midazolam (generic) 1 mg/mL solution for injection/infusion in pre-filled syringe (Ranbaxy) - **already formulary red**

Nortriptyline (generic) 10 mg & 25 mg capsules (Kent Pharmaceuticals) - **already formulary green**

Nortriptyline (generic) 10 mg/5 mL & 25 mg/5 mL oral solution (Nortriptyline Colonis, Colonis Pharma) - **already formulary green**

Diclofenac (generic) 1% gel (Typharm) – **non-formulary provisional green**

Leuprorelin 10.72 mg implant (Staladex[®], Typharm) – **non-formulary provisional amber G**

Ivacaftor 25 mg, 50 mg & 75 mg granules in sachet (Kalydeco[®], Vertex Pharmaceuticals) – **already non-formulary provisional red**

APC 20/47 MHRA DRUG SAFETY UPDATE (JANUARY 2020)

The update was noted with the following information highlighted: -

E-cigarette use or vaping: reporting suspected adverse reactions, including lung injury

Be vigilant for any suspected adverse reactions associated with use of e-cigarettes or vaping (including lung injury) and report them to the MHRA via the Yellow Card Scheme.

Ondansetron: small increased risk of oral clefts following use in the first 12 weeks of pregnancy

Recent epidemiological studies suggest exposure to ondansetron during the first trimester of pregnancy is associated with a small increased risk of the baby having a cleft lip and/or cleft palate.

APC 20/48 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC)

20/48.1 Blueteq Advisory Statement

Received for information.

20/48.2 Sequential Use of Biologic Medicines

Received for information.

20/48.3 Free of charge (FOC) medicines schemes

Received for information.

APC 20/49 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

The minutes from NHS Doncaster & Bassetlaw CCG on 24th October 2019 and NHS Sheffield CCG Area Prescribing Group on 21st November 2019 and were received and noted.

APC 20/50 ANY OTHER BUSINESS
No further items were raised.

APC 20/51 DATE AND TIME OF THE NEXT MEETING
The time and date of the next meeting was confirmed as Wednesday, 11th March 2020 at 12.30 – 2.30 pm in the Edith Perry Room at Barnsley Hospital NHS Foundation Trust.

ADOPTED