Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday, 7th June 2017 in the Boardroom at Hillder House

MEMBERS:

Dr M Ghani (Chair)	Medical Director (Barnsley CCG)
Dr S Enright	Interim Medical Director, BHNFT
Dr R Hirst	Palliative Care Consultant (Barnsley Hospice)
Ms S Hudson	Lead Pharmacist (SWYPFT)
Dr K Kapur	Consultant Gastroenterology (BHNFT)
Ms C Lawson	Head of Medicines Optimisation (Barnsley CCG)
Dr A Munzar	General Practitioner (LMC)
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 P Jha	Consultant Physician (SWYPFT)
Mr U Patel	Acting Formulary/Interface Pharmacist (BHNFT)
Ms A Rodriguez-Farradas	Prescribing Support Dietitian (Barnsley CCG)
Dr N Tahir	Consultant Cardiologist (BHNFT)

APOLOGIES:

Mr T Bisset	Community Pharmacist (LPC)
Dr J Maters	General Practitioner (LMC)

ACTION BY

APC 17/95 **QUORACY** - the meeting was quorate.

APC 17/96 **DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA**

The Head of Medicines Optimisation declared that she has signed, on behalf of the CCG, an Aymes® Complete rebate but noted that this would not influence her decision making. There were no further declarations of interest to note.

APC 17/97 **DRAFT MINUTES OF THE MEETING HELD ON 10th MAY 2017**

The wording for the first agreed action at 83.1 on page 5 would be changed to "…A change in traffic light status of brivaracetam (red to amber) would be re-considered by the Committee on the presentation of further evidence…" **NB**

Subject to this amendment, the minutes were accepted as an accurate record of the meeting.

APC 17/98 **MATTERS ARISING AND APC ACTION PLAN**

98.1 Ticagrelor Prescribing Guidance (assurance)

Dr Tahir, Consultant Cardiologist, BHNFT was in attendance and confirmed on behalf of the Cardiologists at BHNFT that they will specify on the D1 the duration of therapy for ticagrelor when patients are discharged from their care. The Cardiologists have agreed that if no extended duration of therapy (up to 3 years

following the initial 12 months treatment) is indicated on the D1, then primary care can assume that treatment will be for 12 months. If a patient requires treatment for a further 3 years, primary care would not be expected to initiate treatment, , this would be guided by the specialists.

It was noted that all high risk patients would have some input into their care from a Cardiologist during their stay in hospital and therefore assurance was provided that even if the patient was not discharged by the Cardiology team, they would have been reviewed by, and received advice from a Cardiologist. The Committee accepted this assurance.

The guidance was approved by the Committee and would be applied for new patients.

Further to previous discussions about having a single point of contact between primary care and Cardiology to deal with any issues, it was hoped that over the next couple of months there would be protected time made available for one of the Cardiologists to be the designated referral point to receive and resolve any important, low level queries. The Interim Medical Director, BHNFT was supportive of this. It was also discussed that other speciality contact numbers would be collated to be shared with primary care to provide the same referral point for primary care in order to provide a better service for patients.

As raised by the LMC representative, should a patient be identified for extended treatment of Ticagrelor by a GP when carrying out a medication review, the designated referral point would be used to resolve any queries with Cardiology.

Agreed actions: -

- The guidance would be communicated to the relevant staff and incorporated into junior doctor inductions. **FH**

98.2 <u>NICE TA's</u>

The following NICE TA's are not applicable for use at BHNFT: -

- TA438 Alectinib for previously treated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer (terminated appraisal)
- TA439 Cetuximab and panitumumab for previously untreated metastatic colorectal cancer
- TA440 Pegylated liposomal irinotecan for treating pancreatic cancer after gemcitabine
- TA240 (updated from Dec 2011) Panitumumab in combination with chemotherapy for the treatment of metastatic colorectal cancer (terminated appraisal)

The following NICE TA's are applicable for use at BHNFT: -

- TA441 Daclizumab for treating relapsing–remitting multiple sclerosis
- TA442 Ixekizumab for treating moderate to severe plaque psoriasis – no consultant dermatologists at BHNFT to seek

advice – given the shortage of dermatologists – Dr Ghani to raise this
- TA443 Obeticholic acid for treating primary biliary cholangitis

Action Plan – Other Areas

98.3 Discharge Letter Audit – BHNFT Action Plan

A proposal around the audit criteria will be submitted to the APC soon.

98.4 Re-audit of Warfarin Dose Information included on BHNFT Discharge Letters

The audit results have just been shared with the Chief Pharmacist, BHNFT and these will be presented at the July 2017 APC meeting. **MS**

APC 17/99 ORAL BISPHOSPHONATE REVIEW

Enclosure C was presented by the Medicines Management Pharmacist, showing the audit results of the bisphosphonate prescribing review. The review aimed to highlight patients who could be considered for a treatment break. Patients taking a bisphosphonate for five years or more for the treatment of osteoporosis were included within the review. The review highlighted that there would be a significant number of referrals for DEXA scans. The number of patients requiring a DEXA scan, in order to determine if they would benefit from a treatment break, was approximately 711 (750 to include the cohort of patients that have had a fracture in the first 2 years of treatment).

Dr Jha, Consultant Physician, SWYPFT was in attendance to provide his expert views to the Committee.

Dr Jha noted that carrying out a DEXA scan alone would not determine if a patient could be considered for a treatment break and that the scan must be carried out on the exact same scanner used to carry out the patient's first scan, preferably by the same person in order to make an accurate comparison

It was noted that there are two scanners in Barnsley, one located at BHNFT and one belonging to SWYPFT (soon to be located at Worsborough Medical Centre). These are two different scanners and the one belonging to and used by SWYPFT will now be nurse led and they will print out the scan and send it to the GP. Dr Jha felt that this would create an issue in terms of accurate interpretation of the results.

There was a lengthy discussion around possible proposals.

Given that the audit has identified those on the drug for more than five years, the recommendation is for them to continue on the drugs but be routinely reviewed and referred for scanning to determine if they would benefit from a treatment break. The current waiting time for a DEXA scan was four weeks.

Dr Jha would be presenting data at the next BEST event which includes the number of patients being treated with Osteoporosis and the data shared today would be shared with primary care.

Agreed action: -

- The recommendation for them to continue on the drugs but be routinely reviewed and referred for scanning to determine if they would benefit from a treatment break, to be shared with primary and secondary care. **CL/CA**

APC 17/100 DUAL THERAPY WITH ANTI-COAGULANT AND ANTI-PLATELET GUIDANCE

The guidance had previously been presented to the Committee and was brought back for ratification. All the cardiologists have seen it along with Dr Jha and any suggested changes have been included.

The guidance, which incorporates the European Society of Cardiology (ESC) guidance, has been produced for information for primary care and it was confirmed that this is the expert consensus used at BHNFT. Patients should have a clear diagnosis on the D1 to support the GP in continuing to prescribe combination treatment.

The process and drug combinations were explained by Dr Tahir who agreed that clear information should be recorded on the D1 and clear information is received from Sheffield. ESC is good guidance.

The Committee accepted the guidance. The assumption was for 12 months for anti-platelet alongside the anti-coagulation.

Agreed action: -

- The guidance would be circulated across the locality. **CA**

APC 17/101 GUIDANCE ON THE MOST APPROPRIATE AND COST EFFECTIVE PRESCRIBING FOR INFANT FORMULA

The Barnsley CCG dietitian was in attendance to present the updated guidance which includes more information around line in therapy options and the most appropriate products to prescribe whilst taking into account cost effectiveness of the products.

All paediatric dietitians in the area have been consulted when updating the guidance and some have contributed to the development of the guidance. All are in agreement with it. The dietitian wants to raise awareness for GPs to use the guidance in primary care which includes an algorithm to help with diagnosis. It was noted that there is also an online interactive algorithm available.

The Committee approved the guidance, which was in line with national guidance. However, there was a request to produce a simplified version of the algorithm and the dietitian was happy to produce this.

The Barnsley CCG dietitian advised that all referrals should be to community dietitians due to capacity and timeliness of being seen at the hospital Trust.

It was suggested that the referral form and algorithm be uploaded onto the Map of Medicine via Andrew Stephenson at the CCG.

Agreed actions: -

- A simplified algorithm would be produced and brought back to the Committee. **AR-F**
- The referral form and algorithm would be uploaded onto the Map of Medicine. **AR-F/CL**

APC 17/102 SUBSTANCE MISUSERS - SPECIAL CONSIDERATIONS FOR ORAL NUTRITIONAL SUPPLEMENT (ONS) PRESCRIBING

The Barnsley CCG Dietitian presented the guidance to the Committee for comment and approval.

The advice from the dietitian was that unless the patient was engaging with a detox programme, they should not be prescribed ONS. She informed the Committee that some practices have raised concerns that they would like to offer some nutritional support to patients and it felt this should include referring them to food first or recommending food banks etc. Details of those practices raising the concerns would be shared with the Chair.

It was noted that DISC now provide the substance misuse service and the Medicines Management Pharmacist, Barnsley CCG agreed to send this guidance to them for their prescribers endorsement. **CA**

The guidance was approved by the Committee.

Agreed actions: -

- Practice details to be shared with the Chair. **AR-F**
- The guidance would be sent to DISC for endorsement. **CA**

<u>ONS on Discharge from BHNFT</u>

The Head of Medicines Optimisation informed the Committee that it had been identified by the Barnsley CCG Dietitian that the current contract between BHNFT and Abbott recommends that patients have to take a 2 week ONS supply out of hospital on discharge and that the process requires this to be documented on the D1, even when a patients is not required to continue taking ONS.

The Trust pharmacists present were unaware of this and should it be included in the contractual agreement, the clinicians and pharmacy team should be informed.

It was agreed that clarification around this issue was required and this would be taken back to the lead dietetics at BHNFT.

Agreed action: -

- Clarification around ONS supply on discharge was required and this would be taken back to the lead dietetics at BHNFT. **MS/FH**

APC 17/103 SHARED CARE GUIDELINES

The following guidelines have been updated to reflect a change in provider of substance misuse services. Substance misuse

services are provided by DISC (Developing Initiatives, supporting Communities) so the contact details have been updated accordingly:-

- Acamprosate Amber G guideline
- Disulfiram Amber G guideline
- Nalmefene Amber G guideline
- Naltrexone Shared Care guideline
- Pregabalin Prescribing Guidelines for Neuropathic Pain
- Drug Management of Neuropathic Pain

The Committee approved the guidelines.

APC 17/104 SPECTRUM AND DISC PGD'S

A number of PGD's were presented to the APC and the process for endorsing them was explained by the Head of Medicines Optimisation. These had previously been taken to the Quality & Patient Safety Committee for authorisation as the authorising body at Barnsley CCG but the Q&PSC requested that they come to APC first for clinical checking on behalf of the 3rd party organisation (Spectrum and DISC).

Agreed actions: -

- Following a lengthy discussion, it was agreed that this request was outside of APC business and that the PGDs would go back to the Q&PSC, noting that the Medicines Management Team have checked them and they feel they can be signed off by the Q&PSC. **CL**
- The algorithm would be amended and SWYPFT would be removed. **CL**

APC 17/105 LIOTHYRONINE TABLETS FORMULARY STATUS

Enclosure I was presented and the Committee were asked to look at the costs shown on page 3, noting the cost differences (drug tariff prices from October 2015) between Liothryroninine 20mg tablets and the very low cost of levothyroxine 25mg tablets.

Whilst the clinical pharmacists in primary care have been undertaking medication reviews, they have found a number of requests from secondary care for starting patients on Liothryoninine and assurance was required that all lines of therapy have been tried before starting a patient on Liothryoninine.

The Lead Pharmacist, BHNFT was aware of a number of patients requiring this and asked for further details around the numbers identified.

It was noted that as part of the Barnsley CCG QiPP programme, a number of queries have been received in primary care when reviewing and switching patients and it was therefore agreed that the guidelines would be taken back to Endocrinology for endorsement or comment to provide assurance to the APC that the Endocrinologists agree and follow the guidelines and lines of

therapy before starting a patient on Liothyronine.

Agreed actions: -

- To provide assurance to the APC, the guidelines would be taken back to Endocrinology for comment and endorsement. **FH**

APC 17/106 FORMULARY REVIEW (FOR INFORMATION)

The Formulary Review timetable was presented for information and those involved were asked to confirm if they were happy with the dates or suggest new dates. **FH/SH/CA**

APC 17/107 NEW PRODUCT APPLICATION LOG – noted.

APC 17/108 BARNSLEYAPCREPORT@NHS.NET FEEDBACK

The Head of Medicines Optimisation referred to BAPC17/06/09 and noted that the key factors were the delays in the information coming out from secondary care, and that this was not captured in the report.

APC 17/109 NEW NICE TECHNOLOGY APPRAISALS – MAY 2017

There were no NICE TA's this month.

109.1 Feedback from BHNFT Clinical Guidelines and Policy Group

No meeting had taken place.

109.2 Feedback from SWYPFT NICE Group

Nothing to report.

APC 17/110 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

110.1 Primary Care Quality & Cost Effective Prescribing Group (QCEPG)

The Group looked at progress of the primary care medicines QiPP, where there were 7 major targets from the practices. All practices met and undertook changes across primary care by the deadline. No reported associated incidents reported in relation to this.

At the next meeting, the Group would be looking at the few services they commission from community pharmacy i.e. medication management service.

110.2 BHNFT

No meeting had taken place.

110.3 SWYPFT Drugs & Therapeutics Committee (D&TC)

Nothing relevant to report.

APC 17/111 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)

The following would be escalated to the Q&PSC: - **CL**

- Oral Bisphosphonate Review
- Dual Therapy with Anti-Coagulant and Anti-Platelet Guidance
- Guidance on the most appropriate and cost effective prescribing for infant formula

APC 17/112 HORIZON SCANNING DOCUMENT – MAY 2017

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

Tofacitinib 5 mg film-coated tablets (Xeljanz®▼, Pfizer) – **PROVISIONAL RED**
Eluxadoline 75 mg & 100 mg film-coated tablets (Truberzi®, Allergan) – **PROVISIONAL GREY**
Quetiapine 20 mg/mL oral suspension (Rosemont Pharmaceuticals) – **ALREADY AMBER**
Rituximab (biosimilar) 500 mg concentrate for solution for infusion (Truxima®▼, Napp) – **ALREADY RED**
Human normal immunoglobulin 100 mg/mL solution for infusion (Iqymune®▼, LFB Biopharmaceuticals) 200 mg/mL solution for infusion (Cuvitru®▼, Baxalta UK) – **ALREADY RED**
Insulin glargine/lixisenatide 100 units/mL/33 micrograms/mL &100 units/mL/50 micrograms/mL solution for injection in pre-filled pen (Suliqua®▼, Sanofi) – **PROVISIONAL AMBER**

APC 17/113 MHRA DRUG SAFETY UPDATE – MAY 2017
Received and noted.

APC 17/114 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES
The minutes from NHS Doncaster & Bassetlaw CCG (30th March 2017 & 27th April 2017) and NHS Sheffield CCG (20th April 2017) were received and noted.

APC 17/115 ANY OTHER BUSINESS
115.1 Wound Care Advisory Group
The Lead Pharmacist, SWYPFT asked if any new product applications or recommendations from the Wound Care Advisory Group had been to the APC to be included on the formulary.

Agreed actions: -

- The minutes from the Wound Care Advisory Group would be requested to pick up if any new product applications should be have been presented to the Committee for consideration. **NB/CL**

APC 17/116 DATE AND TIME OF THE NEXT MEETING
The time and date of the next meeting was confirmed as Wednesday, 12th July 2017 at 12.30 pm in the Boardroom, Hillder House.