NHS
Barnsley
Clinical Commissioning Group

Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday, 13th November 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 Abdul Munzar	General Practitioner (LMC)
Mike Smith	Chief Pharmacist (BHNFT)

IN ATTENDANCE:

Caron Applebee	Lead Pharmacist (Barnsley CCG)
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:

Tom Bisset	Community Pharmacist (LPC)
Dr Kapil Kapur	Consultant Gastroenterology (BHNFT)
Dr Jeroen Maters	General Practitioner (LMC)

ACTION BY

APC 19/236 QUORACY

The meeting was quorate.

APC 19/237 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA

There were no declarations of interest to note.

APC 19/238 DRAFT MINUTES OF THE MEETING HELD ON 9th OCTOBER 2019

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

Agreed action:-

- Information around the funding of the Hepatitis B vaccine for care workers would be included in the Medicines Management newsletter. **DC**

APC 19/239 MATTERS ARISING AND APC ACTION PLAN

19/239.1 Donepezil

The Lead Pharmacist, SWYPFT confirmed that the Memory Team were happy with the Amber G drug classification for donepezil which does not require sign up from the GP.

19/239.2 NICE TAs August 2019 - TA597 Dapagliflozin with insulin for treating type 1 diabetes

It was confirmed at the last meeting that NICE TA597 was applicable

for use at the BHNFT; however the traffic light classification was not discussed. The Medicines Management Pharmacist highlighted that in Derbyshire, the traffic light classification for this indication (type 1 diabetes) is red. In Barnsley, the current amber G guideline is for type 2 diabetes only. This was discussed in more detail under agenda item 19/242.

19/239.3 Valproate Semisodium

The Lead Pharmacist, SWYPFT confirmed that it was bioequivalent and that at the time of checking, the prices were the same.

19/239.4 Action Plan – other areas

19/239.4.1 Long term actions

It was agreed to remove 'biosimilars' as this work has moved on significantly and they are now tendered in a regional contract. **NB**

'Managing patient's medicines on discharge' and 'fitness for purpose action plan' would be reviewed at the next meeting.

19/239.4.2 Ticagrelor Audit

The Lead Pharmacist, BHNFT had met with Dr Negaban and Daniel Kaye after it was agreed that the consultants would carry out assessments against the DRAMA criteria which would be documented on the D1. It was not known how consistently this was being performed but following the launch of the new D1 E-form, Daniel Kaye would follow up with clinical systems about having a mandatory field when prescribing ticagrelor to ensure that the duration of therapy, either 12 months or extended therapy is documented.

The Lead Pharmacist, BHNFT will stress that doctors assess patients on admission and ensure that pharmacy are not assuming 12 months treatment if it does not state extended prophylaxis. Pharmacy plan to ensure duration of therapy is documented on the treatment card on the ward prior to point of discharge and should primary care find that no review date has been stated then a query should be sent back to the Trust. It was agreed that the Medicines Management Team would be asked to APC report instances where no duration of therapy is stated on the D1.

Although the Trust advised that the clinical nurse specialists would pick up such anomalies in the 3 month post MI clinics and assess at that point, there was strong concern that these clinical problems had continued for a considerable length of time and that it was unacceptable that some patients were being discharged without clear information communicated to primary care, creating unnecessary additional workload for primary care and Trust staff when needing to clarify duration of therapy.

Agreed actions:-

- The Lead Pharmacist, BHNFT to liaise with specialists and pharmacy as above. **GT**
- Daniel Kaye to follow up with clinical systems regarding a mandatory field on the D1. **GT/DK**
- An update would be brought to the January 2020 meeting. **GT**

19/239.4.3 Ferric Maltol (Feraccru®)

The Lead Pharmacist, BHNFT referred to the long delay with the publication of the trial data which the specialists were awaiting before using Ferric Maltol (Feraccru®) at the Trust. The Lead Pharmacist advised that there has since been a change in manufacturer and confirmed that the IBD paper has now been published and would be discuss with the gastroenterologists. Feedback would be brought back in February 2020 to discuss if the new product application was still relevant and required.

Agreed action:-

- The Lead Pharmacist, BHNFT to discuss the IBD paper with the gastroenterologists and advise the Committee if the new product application is still required. **GT**

APC 19/240 REQUESTS FOR PBR EXCLUDED DRUGS TO BE ADDED/CHANGED TO A HIGH COST DRUG PATHWAY AND/OR BLUETEQ FORM

Further to the Committee's agreement that all future pathway developments should be brought to the APC for sign off, the Lead Pharmacist (CA) presented enclosure C which has been developed to support work around producing Blueteq forms and pathways in instances where the evidence base has moved on beyond the NICE TA or due to changes the drugs need to be used in a different order. The form is intended to be used when specialist teams wish to use a drug outside of the suggested NICE steps or pathway. The Lead Pharmacist, High Cost Drugs/Homecare at BHNFT is in the process of capturing data on the form which can be shared internally at the Trust. It was agreed to share the populated form with the appropriate specialist teams at the Trust for checking and then it would be fed into the Medicines Management Committee for information.

Agreed action: -

- The Lead Pharmacist (CA) to request that the populated form be shared with the clinical teams at BHNFT via the Lead Pharmacist, High Cost Drugs/Homecare at BHNFT. **CA**

APC 19/241 CLASSIFICATION OF GLP1-AGONISTS

The Head of Medicines Optimisation advised that the Alliance Group had been contacted by Sue Jones from the Barnsley Healthcare Federation about plans to change the traffic light classification from amber G to green. This had been raised at the LMC and there were concerns that a number of nurses have undertaken training but are not prescribers, and as a result are asking GPs to sign prescriptions for these specialist medicines.

There was a lengthy discussion around nurses attending appropriate training sessions and practices being supportive should they wish to progress with a prescribing qualification.

In light of the concerns raised around training and there being no barrier to primary care initiating an amber G drug, the Committee agreed that GLP1-Agonists would retain the amber G classification.

Agreed actions: -

- The Head of Medicines Optimisation to feed back to Sue Jones that amber G drugs can by initiated in primary care by those who feel they have the skills to initiate. **CL**
- The Head of Medicines Optimisation to advise Sue Jones of the concerns around training, noting that the person initiating the drug should complete the training with the patient. **CL**

The Lead Pharmacist (DC) highlighted to the Committee that when the new product application for semaglutide had been approved earlier this year, it had been agreed that semaglutide would be classified as non-formulary provisional amber G until the guideline had been updated. The guideline is in the process of being updated but due to workload this has taken longer than anticipated. Following discussion, the Committee agreed to add semaglutide to the formulary as amber G with a note that it will be included in the updated GLP-1 agonist guideline. **JH**

APC 19/242 SGLT2 INHIBITOR COMPARISON

The Medicines Management Pharmacist presented in detail the comparison of SGLT2 inhibitors information to aid the discussion of the classification and line of therapy. SGLT2 inhibitors currently have an amber G classification.

The licensed indications for type 2 diabetes are the same across all the SGLT2 inhibitors with dapagliflozin now also being licensed for type 1diabetes.

The cardiovascular outcomes were noted for each product and significant points to note around benefits and risks were highlighted to the Committee.

Although not included in this report, it was noted that another canagliflozin trial (CREDENCE trial) had taken place looking at renal outcomes which concluded that in patients with type 2 diabetes and kidney disease that the risk of kidney failure and cardiovascular events was lower in this group. The Committee were not aware of any other renal outcome data.

The Committee approved the change of traffic light classification from amber G to green for empagliflozin, dapagliflozin, canagliflozin and ertugliflozin for type 2 diabetes. It was agreed that empagliflozin, canagliflozin or dapagliflozin were the first line SGLT2 inhibitors in Barnsley for type 2 diabetes and ertugliflozin is an alternative. This information will be included in the formulary.

The Committee confirmed the amber G traffic light classification for dapagliflozin for type 1 diabetes.

The Lead Pharmacist (CA) advised that the ketone testing guidance would be reviewed as part of the full diabetes review. It was noted that primary care hoped to undertake a piece of work, contacting patients about removing any meters not being used.

APC 19/243 NEW PRODUCT APPLICATION LOG

Noted.

APC 19/244 SHARED CARE GUIDELINES / AMBER G SHARED CARE GUIDELINES

19/244.1 Tizanidine Amber G Guideline

The Lead Pharmacist, SWYPFT advised that the Trust would not be using Tizanidine and therefore it was agreed to remove the guidance.

APC 19/245 BARNSLEY APC REPORTING NOVEMBER 2019

19/245.1 November 2019 report

The November report was received for information and the following reports were discussed: -

BAPC19/11/02 was discussed noting the confusion and additional workload on receipt of duplicate or slightly updated D1s.

BHNFT advised that D1s would only be reissued if amendments had been made. It was recognised that the latest version of a D1 should always be used when updating a patient's record in practice; however it would be helpful if any amendments could be highlighted in some way to assist primary care given that some D1s can take a considerable amount of time to recheck.

The Lead Pharmacist, BHNFT agreed to communicate this issue at the Trust to see if it was possible to indicate on the D1 where changes have been made. **GT**

BAPC19/11/04 and BAPC19/11/07 were noted.

BAPC19/11/11. The Lead Pharmacist (DC) noted that the reviews recently undertaken in primary care has highlighted that additional guidance is required to highlight the exceptional circumstances when use of lidocaine plasters might be considered appropriate. This would be produced in liaison with specialist palliative care and pain services. **JH/DC**

19/245.2 6 monthly report (April – September 2019)

The Lead Pharmacist (CA) presented the report showing a total of 146 reports compared with 98 reports received for the previous 6 months.

It was noted that the number of reports received from community pharmacy was gradually increasing and that following feedback from BHNFT around issues being emailed directly to them from the clinical pharmacists rather than via APC reporting, this had been highlighted to the team to ensure the APC reporting mechanism is used to ensure we capture the data to record trends.

The common themes were highlighted including prescribing errors, with several of the prescribing errors relating to patients being prescribed medication directly from the SCR. It was mentioned that occasionally SCR shows the date medication is first given rather than the date last issued. It was also noted that SCR only shows what prescriptions have been issued, not necessary medication dispensed. It was agreed that further information would be requested should

similar reports be received.

Agreed action: -

- The report would be shared with the LMC and Medicines Management Team for information. **CA**

APC 19/246 NEW NICE TECHNOLOGY APPRAISALS (OCTOBER 2019)

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

- HST11 Voretigene neparvovec for treating inherited retinal dystrophies caused by RPE65 gene mutations
- TA604 Idelalisib for treating refractory follicular lymphoma
- TA605 Xeomin (botulinum neurotoxin type A) for treating chronic sialorrhoea
- TA606 Lanadelumab for preventing recurrent attacks of hereditary angioedema
- TA607 Rivaroxaban for preventing atherothrombotic events in people with coronary or peripheral artery disease

The following NICE TAs **were not** applicable for use at BHNFT: -

- TA608 (**no TA published)**
- TA609 Ramucirumab for treating unresectable hepatocellular carcinoma after sorafenib (**terminated appraisal**)

As the next meeting of the NICE Group was not due to take place until after the next APC meeting, the Lead Pharmacist would try to obtain a response outside of the NICE Group.

Agreed action: -

- The Lead Pharmacist would try to obtain a response outside of the NICE Group. **GT**

19/246.1 Feedback from BHNFT Clinical Guidelines and Policy Group

There was nothing significant to report.

19/246.2 Feedback from SWYPFT NICE Group

There was nothing significant to report and the NICE TAs were not applicable for use at SWYPFT.

APC19/247 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

19/247.1 Primary Care Quality & Cost Effective Prescribing Group

It was reported that the local QIPP work was going well and was on track to deliver the savings target, however due to increased prescribing and non-elective admissions costs, other QIPP areas were being progressed around appliances and stoma to offset the growth.

19/247.2 BHNFT

19/247.2.1 NRT

The Chief Pharmacist fed back following discussions at the MMC and QUIT Steering Groups about the challenges of putting inpatients on NRT and then referring them to primary care based commissioned QUIT/smoking cessation services. The Trust feel they are in effect pre-judging the strategy that a patient would adopt for smoking cessation should the Trust be mandated to give 28 days of NRT at

point of discharge.

As smoking cessation have assured the Trust they can make contact with the patient within 72 hours of discharge, and to avoid waste, the Trust agreed to discharge patients with a maximum 7 days' supply of NRT.

The Head of Medicines Optimisation had suggested using the TCAM platform, allowing patients to go back to the pharmacy for additional supplies but on the condition that they link with the support services. This solution was agreed between the Chief Pharmacist and Head of Medicines Optimisation, who would check that all TCAM pharmacies are smoking cessation providers.

It was confirmed that vouchers are in place for maternity services.

Clarification was required around who was responsible for supplying NRT to Mental Health wards and departments.

Agreed actions:-

- The Head of Medicines Optimisation to confirm that all TCAM pharmacies are smoking cessation providers. **CL**
- The Lead Pharmacist, SWYPFT to confirm who provides NRT to the mental health service **SH**

19/247.2.2 E-Form D1 Process

The challenges around the new E-form D1 process were discussed and the Director of IT was in the processing of resolving a number of issues reported on Datix.

19/247.3 SWYPFT Drug and Therapeutics Committee

The Lead Pharmacist advised that national funding for in-patient electronic prescribing has been granted. The Trust plan to use this for all community services.

19/247.4 Wound Care Advisory Group

The Group were due to meet later this month.

19/247.5 Monitored Dosage System (MDS) Working Group

The Group are due to meet in December.

APC 19/248 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)

It was agreed to escalate issues with the D1 e-form to the Q&PSC. **CL**

APC 19/249 HORIZON SCANNING DOCUMENT (OCTOBER 2019)

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

Diclofenac sodium 3% topical gel (Solacutan®, Mibe Pharm UK Limited) – **non-formulary provisional amber-G** (look at licencing and process) **JH**

Anidulafungin (generic) 100mg powder for concentrate for solution for infusion (Anidulafungin, Accord-UK Ltd) – **formulary red** (BHNFT have changed the anti-fungal guidance within Barnsley and follow the SY&B regional guidance for in-patient care)

Atazanavir (generic) 200mg & 300mg hard capsules (Atazanavir Accord®, Accord-UK Ltd) – **already formulary red**
Atazanavir (generic) 150mg, 200mg & 300mg hard capsules (Atazanavir Zentiva®, Zentiva) – **already formulary red**
Tiotropium/olodaterol 2.5 microgram/2.5 microgram, inhalation solution (Yanimo Respimat®▼,Boehringer Ingelheim Limited) – **non-formulary provisional green** (the Respimat devices are now reusable and therefore prescribed every 6 months. This would be looked into in primary care.
Talazoparib 0.25mg & 1mg hard capsules (Talzenna®▼, Pfizer Limited) – **non-formulary provisional red**
Neratinib 40mg film-coated tablets (Nerlynx®▼, Pierre Fabre Limited) – **non-formulary provisional red**
Wasp venom 100 SQ-U/ml, 1,000 SQ-U/ml, 10,000 SQ-U/ml & 100,000 SQ-U/ml suspension for injection + 100,000 SQ U/ml, suspension for injection for maintenance (Alutard Wasp Venom®,ALK-Abello Ltd) – **non-formulary provisional red**
Bee venom 100 SQ-U/ml, 1,000 SQ-U/ml, 10,000 SQ-U/ml & 100,000 SQ-U/ml suspension for injection + 100,000 SQ U/ml, suspension for injection for maintenance (Alutard Bee Venom®,ALK-Abello Ltd) – **non-formulary provisional red**
Larotrectinib 20mg/ml oral solution (Vitrakvi®▼, Bayer Plc) – **non-formulary provisional red**
Dexamethasone 4 mg tablets (Dexamethasone, Advanz Pharma) – **already formulary green**
Nicotine 0.45 mg breath-actuated pressurised inhalation solution (Voke®, Kind Consumer) – **non-formulary provisional grey**

APC 19/250 MHRA DRUG SAFETY UPDATE (OCTOBER 2019)

The update was noted with the following information highlighted: -

Prescribing medicines in renal impairment: using the appropriate estimate of renal function to avoid the risk of adverse drug reactions
For most patients and most medicines, estimated Glomerular Filtration Rate (eGFR) is an appropriate measure of renal function for determining dosage adjustments in renal impairment; however, in some circumstances, the Cockcroft-Gault formula should be used to calculate creatinine clearance (CrCl).

APC 19/251 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC)

Medicines Optimisation Reviews to Reduce Inappropriate Polypharmacy and Promote Safe De-prescribing
The report was noted.

APC 19/252 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

The minutes from NHS Sheffield CCG Area Prescribing Group on 19th September 2019 and NHS Doncaster & Bassetlaw CCG (30th May, 25th July, 29th August and 26th September 2019) were received and noted.

APC 19/253 ANY OTHER BUSINESS

19/253.1 Formulary Updates

The Committee agreed a number of years ago to using Longtec® and Shortec® in place of Oxynorm® and Oxycontin® with a delay in

removing it from the formulary until BHNFT had fully implemented the change. It was agreed that Oxynorm® and Oxycontin® should now be removed from the formulary.

There was a minor discrepancy on the formulary with the traffic light classification for acetazolamide. It is currently amber for epilepsy and is included in the shared care guideline. However, the formulary has it listed as amber G for glaucoma but the traffic light list states amber. It was proposed to standardise the classification as amber G for glaucoma on both the formulary and the traffic light list.

19/253.2 Maxidex® Supply Post Surgery

The Head of Medicines Optimisation raised an issue with the inadequate supply of Maxidex® post cataract surgery. It had been reported that the hospital were only providing patients with 1 week supply of Maxidex® when they would be expected to use it for 4 weeks post-surgery. Patients were therefore requesting further supplies from the GP. As part of the post-surgery management, the hospital should be giving the patient the full course of medication.

Agreed action: -

- Further details to be shared with the Lead Pharmacist, BHNFT. **CL/GT**

19/253.3 Ranitidine

Following the recent CAS alert, there was a discussion around the Barnsley position and what supply was available locally.

It was felt difficult to pull together a standard list of availability as it varied dependent on the pharmacy. All oral formulations are affected.

As advised in the alert, a disruption to supply was expected and it was acknowledged that limited supplies would be available; but not readily available and possibly at a higher cost.

The Lead Pharmacist, BHNFT advised that the Trust are reviewing and switching as many patients as possible in line with the alert, unless there is a real clinical need to supply ranitidine. ITU as a rule are switching patients.

In line with the guidance, primary care would undertake reviews when the next script is requested.

APC 19/254 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 11th December 2019 at 12.30 – 2.30 pm in the Edith Perry Room at Barnsley Hospital NHS Foundation Trust.