Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday, 5th April 2017 in the Boardroom at Hillder House

MEMBERS:

Dr M Ghani (Chair)	Medical Director (Barnsley CCG)
Mr T Bisset	Community Pharmacist (LPC)
Mr N Heslop	Lead Pharmacist (Barnsley CCG)
Ms S Hudson	Lead Pharmacist (SWYPFT)
Dr K Kapur	Consultant Gastroenterology (BHNFT)
Dr R Jenkins	Interim Chief Executive/Medical Director (BHNFT)
Dr J Maters	General Practitioner (LMC)
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 Garcia Fuertes	Lead Pharmacist for Gastroenterology (BHNFT)
Mr F Hussain	Lead Pharmacist, Medicines Information & Cardiology (BHNFT)
Mr U Patel	Acting Formulary/Interface Pharmacist (BHNFT)

APOLOGIES:

Dr R Hirst	Palliative Care Consultant (Barnsley Hospice)
Ms C Lawson	Head of Medicines Optimisation (Barnsley CCG)
Dr K Sands	Clinical Lead (SWYPFT)

ACTION BY

APC 17/59 **QUORACY** - the meeting was quorate.

APC 17/60 **DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA**

The Community Pharmacist declared his interest in relation to agenda item 68.1 which may affect business.

APC 17/61 **MINUTES OF THE MEETING HELD ON 8th MARCH 2017**

Subject to a spelling correction on page 5, the minutes were accepted as an accurate record of the meeting. **NB**

APC 17/62 **MATTERS ARISING AND APC ACTION PLAN**

62.1 Ulipristal Acetate (Esmya®) Amber Guidance

It was agreed that this would be removed from the agenda. This would remain red on the traffic light list until further information is presented to the Committee for a change in classification. **NB**

62.2 NICE TA's (January 2017) TA430 Sofosbuvir–velpatasvir for treating chronic hepatitis C is applicable for use at BHNFT.

62.3 NICE TA's (February 2017) TA432 Everolimus for advanced renal cell carcinoma after previous treatment is not applicable for use at BHNFT.

62.4 Discharge Letter Audit – BHNFT Action Plan

It was agreed that the Chair and the Interim Chief Executive/Medical Director, BHNFT would meet to look at the original audit criteria. Once finalised, a re-audit would be progressed in accordance with the action plan.

Agreed action:-

- A meeting to be arranged to finalise the audit criteria. **RJ**

62.5 Feedback from Cardiology Steering Group

Unfortunately feedback was not obtained from the Cardiologists at the last Steering Group meeting.

The Committee aimed to obtain local opinion from our local experts when producing guidance and asked the Interim Chief Executive/ Medical Director what the mechanism should be to escalate any nil response when seeking their views. The Trust agreed that their opinion should be sought and agreed that they have a duty to respond in a timely way. It was confirmed that a nil response should be escalated within the Trust to the clinical director in the first instance, then the medical director.

62.6 Updated Ticagrelor Guidance

The guidance had been updated following the updated NICE Guidance, to include using it beyond 12 months.

Agreed actions: -

- Clarification was required in relation to …"should be stopped when clinically indicated or at a maximum of 3 years of extended treatment…" **CA**
- The Interim Chief Executive/Medical Director and Consultant Gastroenterologist, BHNFT to contact the Cardiologists regarding the outstanding request for their expert input to the guidance. **RJ/KK**

62.7 Ivabradine Shared Care Guideline

Feedback was awaited from the Cardiologists for the updated guidance. It had previously been discussed by the Committee that it was felt the community heart failure nurses should be included with the continuation and titration.

Following further discussion, in terms of continuation and titration, it was agreed that patients with angina would be referred to their GP and patients with heart failure would be referred to the heart failure team in the community.

Agreed action: -

- The Lead Pharmacist, BHNFT to incorporate the agreed monitoring information into the guidance, including contact numbers and inform the heart failure team in the community of this change to the guidance. Any issues to be fed back to the Committee. **FH**

62.8 Dual Therapy with Anti-Coagulant and Anti-Platelet Guidance
The draft guidance was presented and comments had been received from one cardiologist. It was strongly felt that further opinion/advice was required from local specialists before approving the guidance.

Agreed actions: -

- Further opinion and advice to be sought from the cardiologists **RJ/KK**
- Any regional guidance to be obtained **CA**

Action Plan – Other Areas

62.9 Re-audit of warfarin dose information included on BHNFT discharge letters
It was confirmed that the data collection for the audit was underway and the findings would be presented at the next meeting. **MS**

62.10 Adherence to Guidance
The Interim Chief Executive in his role as Medical Director, BHNFT had been invited to attend the APC to discuss the Committees concern around the use of co-amoxiclav in both respiratory outpatients and A&E; and non-adherence to guidance.

In relation to non-adherence to guidance around solifenacin, it was fed back to the Committee that it was felt that individuals practice was in line with NICE recommendations. It was confirmed that NICE recommendations were taken into account when producing the guidance and any issues with the guidance should be reported back to the Committee.

It was agreed that reasons for non-compliance with guidance should be explored before escalating to the clinical director then Medical Director at the Trust.

It was agreed that there should be a standard approach across all organisations and that issues should firstly be picked up by APC representatives and fed back to their organisation before escalating further. The Lead Pharmacist, SYWPFT to feed back should there be any dispute with this.

The Interim Chief Executive/Medical Director confirmed that he had written to the relevant doctors about the use of co-amoxiclav to highlight the importance of compliance with guidance and to comply with them. A usage update would be produced and taken to the Trust Medicines Management Committee.

APC 17/63 ORAL NUTRITIONAL SUPPLEMENTS
The enclosure was presented for information to highlight the cost reduction of Ensure® products which is now equivalent to AYMES®. I In terms of the CCG's recommended changes, Aymes® still remains the first line product, however changes from Ensure® to Aymes® are no longer being undertaken.

The Chair raised on behalf of the LMC that it was felt that information should be included on the D1 for any patient seen by a

dietitian and started on oral nutritional supplements. This should include clear plans in accordance with the guidelines, with clear instructions and duration.

It was noted that the CCG dietitian has produced some guidelines for use in primary care and it was suggested that guidance could be circulated to junior and senior medical staff at BHNFT as a reminder.

Agreed actions: -

- The Consultant Gastroenterologist offered to pick this up with a colleague, a consultant with an interest in nutrition who works closely with the dietitians, to clarify when to prescribe in secondary care and to indicate details on the D1. **KK**

APC 17/64 SHARED CARE GUIDELINES

64.1 Tresiba Amber G Shared Care Guideline

The enclosure was presented to the Committee to consider changing the traffic light status from red to amber G.

Following a discussion around the benefits of this insulin compared to insulin glargine, it was noted that this was very similar to first line formulary choices, however, it does have a much longer duration of action.

The Committees view was that this should not be used as the first line choice and noted that clear rationale should be stated should someone wish to use this over one of the first line formulary choices.

It was agreed that guidance should be produced for using long acting insulins to sit alongside the guidelines presented. The 200 units/ml classification would need to be considered separately and may remain red.

Agreed action: -

- The Lead Pharmacist, BHNFT to liaise with the Clinical Lead, SWYPFT and the Medicines Management Pharmacist, Barnsley CCG to produce a one page guidance document for using long acting insulins to sit alongside the guidelines for the Committee to consider changing the classification to Amber G, for use 2nd line. **FH/KS**

64.2 Rifaximin Amber G Shared Care Guideline

Fernando Garcia Fuertes, Lead Pharmacist for Gastroenterology, BHNFT was in attendance to support the request to change the traffic light classification from Amber to Amber G for Rifaximin 550mg tablets.

Following discussion, the Committee approved the Amber G Guideline.

Agreed actions:

- It was agreed that a clear care plan must be in place at **KK**

BHNFT

- The Clinical Pharmacists to proactively manage prescriptions and check quarterly to ensure prescribing is in accordance with the BHNFT patient care plans **CA**

64.3 Inflammatory Bowel Disease and Autoimmune Hepatitis Shared Care Guideline

Fernando Garcia Fuertes, Lead Pharmacist for Gastroenterology, BHNFT was in attendance to present the guideline, noting minor changes made.

The Chair spoke of the mechanism in place for patients prescribed methotrexate and similar drugs and asked that a booklet, for assurance that blood tests are carried out every 3 months, to be issued to all patients prescribed Azathioprine, 6-Mercaptopurine, Methotrexate and Mycophenolate for Inflammatory Bowel Disease and Autoimmune Hepatitis.

It was suggested that protocols could also be used on the clinical systems to alert GP's that a blood test was due.

Agreed action: -

- An audit is to be undertaken on all drugs prescribed in the guidelines, with a sample size across all practices to see if monitoring is done every 3 months **NH**
- A booklet to document blood test dates must be provided to all patients prescribed these drugs **KK/MS**

64.4 Testosterone Shared Care Guideline

The updated guidelines were presented to include comments received from Professor Jones.

Following a discussion around the high prescribing of testosterone, it was felt that this was due to good knowledge and compliance locally with the guidelines.

The Committee approved the guideline.

Agreed actions: -

- Include the guidance in the Medicines Management Newsletter and ask for this to be on the BEST Website with referral guidance. **CA**
- The Medicines Management Pharmacist was asked to develop a local map of medicine pathway **CA**

APC 17/65 NEW PRODUCT APPLICATION LOG – noted.

APC 17/66 BARNSLEYAPCREPORT@NHS.NET FEEDBACK

Enclosure J was received and noted.

In relation to BAPC17/04/01, the Chair asked if a significant event analysis (SEA) had been raised with the practice and subsequent feedback form from that. The Committee would like to see the SEA from the practice.

Agreed action: -

- The Lead Pharmacist, Barnsley CCG to follow this up and a copy of the SEA to be shared with the Committee. **NH**

66.1 Trend report - medicines
The Chair noted that issues he has raised in practice as APC reports have not been reported or logged.

Agreed action: -

- The Lead Pharmacist, Barnsley CCG to follow this up with the Clinical Pharmacist at that practice. **NH**

66.2 Medicines Reconciliation Issues – noted.

APC 17/67 NEW NICE TECHNOLOGY APPRAISALS – MARCH 2017
All terminated appraisals noted.

67.1 Feedback from BHNFT Clinical Guidelines and Policy Group
Nothing to report.

67.2 Feedback from SWYPFT NICE Group
Nothing to report.

APC 17/68 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

68.1 Primary Care Quality & Cost Effective Prescribing Group
The 2017/18 Medicines QIPP Areas paper was brought to the Committee for information. The paper provided recommended alternative medicines to help contribute to the significant financial savings required to be made at the CCG.

Some questions and strong concerns were raised by Committee members on behalf of the LPC, SWYPFT and BHNFT.

The Community Pharmacist noted that he had previously been kept involved with the consultation process regarding recommended drug changes however, a number of additional recommendations had since been added without consultation, to which he felt some would have a significant financial impact on Barnsley Community Pharmacies.

The Committee were told about the different generic drug tariff categories (A, C and M) and it was noted that with category M products, the Department of Health guarantees to deliver a certain amount of purchase profit to community pharmacies which underpins the community pharmacy network. By progressing with the changes to the category M products, Amoxicillin and Paracetamol, it was felt that this could undermine the community pharmacy network and increase costs to the NHS overall. It was noted that the LPC have no issue with the CCG's suggested changes to category A and C drugs within the paper but strongly objected to changing Amoxicillin and Paracetamol.

The pressure for cost saving was recognised, however areas of concern and questions were raised by Committee members on behalf of the LPC, SWYPFT and BHNFT: -

- The late circulation of the paper to the Committee was unacceptable
- There was no consultation on the paper presented
- There were no costings provided showing potential financial savings
- There was no evidence or risk assessment included
- It was asked if the same drug changes were to be imposed on secondary care, and if not, it was felt this could lead to possible risk/confusion for patients
- It was noted that all the purchasing of pharmaceuticals that BHNFT use are part of the Yorkshire & Humber Pharmaceutical Procurement Hub and the Trust are tied to national contracts. The QIPP recommendations would take the Trust to purchase outside of the contracts and they are performance managed against a percentage of drug spend in the nationally agreed contracts.
- It was noted that SWYPFT have 2 different supply mechanisms and they do not pay tariff price for 1 of their contracts (with a percentage difference between generic and brands) which adds more complexity for them as a Trust. As a result some of the recommended changes may not be cost effective for them to implement and therefore, would they be required to implement the changes?
- SWYPFT queried if secondary care would have to pay the difference in price should they choose to prescribe a generic or different brand.
- It was noted by the community pharmacist that previous recommendations agreed by the APC had not been pursued by the CCG which could have made savings
- Although there was no representative from Barnsley Hospice at the meeting, the Lead Pharmacist, SWYFPT shared the Hospice's concerns around prescribing by brand following a number of incidents with supply issues at pharmacies.
- Following discussion about tariff price, it was noted that the switch to Alzain® (Pregabalin) should take place in April 2017 and switched back to the generic in September 2017 otherwise significant costs could be incurred.

The Chair declared a conflict of interest for his involvement with the QIPP work as Medical Director at the CCG but recognised the strength of feeling and opposition to some of the recommended changes from the Committee members, particularly Amoxicillin and Paracetamol, and wanted to have a clear understanding of the potential financial implications to community pharmacy, SWYPFT and BHNFT. The concerns and objections would be fed back to the Head of Medicines Optimisation to be taken into consideration before finalising the QIPP plan.

Agreed actions: -

- The above concerns and objections to be fed back to the Head of Medicines Optimisation. **MG/NH**
- The potential saving benefits to the CCG and any possible risk imposed with changing Amoxicillin and Paracetamol to

be produced and shared with the Committee.

- Ascertain if there are other options to meet the QIPP savings **CL/NH/CA**
- The Community Pharmacist to inform the Head of Medicines Optimisation of any other known areas of waste that could be included in the QIPP savings plan **CL/NH/CA**
- The Lead Pharmacist, Barnsley CCG to monitor the Alzain® (Pregabalin) change **TB**

68.2 BHNFT **NH**
Nothing to report.

68.3 SWYPFT Drugs & Therapeutics Committee (D&TC)
Nothing to report.

APC 17/69 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)
The QIPP drugs and associated risks would be escalated to the Q&PSC. **MG**

APC 17/70 HORIZON SCANNING DOCUMENT – MARCH 2017
The Committee agreed to classify the new products as follows on the traffic light list (TLL): - **CA**

Insulin aspart 100 units/mL solution for injection in pre-filled pen, cartridge and vial (Fiasp®▼, Novo Nordisk) **ALREADY GREEN**
Fluticasone/salmeterol 25/125 micrograms & 25/250 micrograms per actuation pressurised inhalation suspension (Sereflo®, Fannin) **PROVISIONAL GREY**
Ixazomib citrate 2.3 mg, 3 mg and 4 mg hard capsules (Ninlaro®▼, Takeda) – **PROVISIONAL RED**
Abiraterone 500 mg film-coated tablets (Zytiga®, Janssen-Cilag) **ALREADY RED**
Etoricoxib (generic) 60 mg, 90 mg and 120 mg film-coated tablets (Etoricoxib, Aurobindo Pharma – Milpharm) **ALREADY GREEN**
Oxycodone 10 mg/mL and 50 mg/mL, solution for injection or infusion 5mg/5mL oral solution & 10 mg/mL concentrated oral solution (Shortec®, Qdem) **ALREADY GREEN**
Buprenorphine 15 microgram/ hour transdermal patch (Butec®, Qdem) **ALREADY GREEN**
Buprenorphine 35, 52.5 & 70 microgram/hour transdermal patches (Relevtec®, Sandoz) **PROVISIONAL GREY**
Aceclofenac (generic)100 mg film-coated tablets (Aceclofenac, Rivopharm) **PROVISIONAL GREY**
Sevelamer carbonate (generic) 2.4 g powder for oral suspension (Sevelamer, Consilient Health) **PROVISIONAL RED**
Human fibrinogen 1.5 g powder and solvent for solution for injection/ infusion (FibCLOT®▼, LFB Biopharmaceuticals) **ALREADY RED**
Baricitinib 2 mg and 4 mg film-coated tablets (Olumiant®▼, Eli Lilly and Company) – **PROVISIONAL RED**
Olmesartan (generic) 10 mg, 20 mg and 40 mg film-coated tablets (Olmesartan, Actavis) **ALREADY GREY**
Alectinib 150 mg hard capsules (Alecensa®▼, Roche Products) – **PROVISIONAL RED**

Dipyridamole 200 mg prolonged-release hard capsules (Trolactin®, Actavis) **ALREADY GREEN**
Prednisolone (generic) 5 mg soluble tablets (Prednisolone, Actavis) **ALREADY GREEN**
Folic acid 1 mg/mL oral solution (Folic acid, Colonis Pharma) **ALREADY GREEN**

APC 17/71 MHRA DRUG SAFETY UPDATE – MARCH 2017

The Committee received and noted the March 2017 MHRA Drug Safety Update.

In relation to APC 17/54 where the Medicines Management Pharmacist, Barnsley CCG was asked to check how many new prescriptions had been issued this year for each SGLT2 inhibitor, the numbers were shared with the Committee and as result, she was asked to look at the combination product saxagliptin/ dapagliflozin and potential QIPP savings.

Agreed action:-

- The Medicines Management Pharmacist was asked to look at the combination product saxagliptin/dapagliflozin and potential QIPP savings and bring the evidence back to the Committee. **CA**

APC 17/72 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

The minutes from NHS Sheffield CCG (16th February 2017) and NHS Doncaster & Bassetlaw CCG (23rd February 2017) were received and noted.

APC 17/73 ANY OTHER BUSINESS

73.1 <u>NHS England Prescribing Consultation</u>

This was discussed and products no longer prescribed in Barnsley were noted.

APC 17/74 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 10th May 2017 at 12.30 pm in the Boardroom, Hillder House.