

**Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on
Wednesday, 10th January 2018 in the Boardroom, Hilder House**

MEMBERS:

Dr Mehrban Ghani (Chair)	Medical Director (Barnsley CCG)
Professor Adewale Adebajo	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
Tom Bisset (from item 235)	Community Pharmacist (LPC)
Dr Rebecca Hirst	Palliative Care Consultant (Barnsley Hospice)
Sarah Hudson	Lead Pharmacist (SWYPFT)
Dr Kapil Kapur (up to 18/19.1)	Consultant Gastroenterology (BHNFT)
Dr Jeroen Maters	General Practitioner (LMC)
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)
Deborah Cooke	Lead Pharmacist (Barnsley CCG)
Neil Heslop (for 18/05 only)	Lead Pharmacist (Barnsley CCG)
Victoria Holmes (for 18/09 only)	Senior Technician (Barnsley CCG)
Joanne Howlett	Medicines Management Pharmacist (Barnsley CCG)
Umar Patel	Senior Pharmacist - Formulary / Interface (BHNFT)
Lindsay Reynolds (for 18/05 only)	Continence Specialist Nurse (BHNFT)
Gillian Turrell	Lead Pharmacist (BHNFT)
Michelle Wright (for 18/05 only)	Clinical Lead (SWYPFT)

APOLOGIES:

Chris Lawson	Head of Medicines Optimisation (Barnsley CCG)
Dr Augustin Iqbal	Consultant in Stroke and Rehabilitation Medicine (SWYPFT)

**ACTION
BY**

- APC 18/01 QUORACY**
The meeting was quorate.
- APC 18/02 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA**
There were no declarations of interest to note.
- APC 18/03 DRAFT MINUTES OF THE MEETING HELD ON 6th DECEMBER 2017**
A correction was required at 240.3: Epilepsy SCG which should read ...”the Lead Pharmacist (CA), Barnsley CCG had received feedback from Sheffield with a request to change the Paraldehyde traffic light classification from red to amber. As this was unlicensed, the Committee agreed to keep the red classification”...

NB

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

APC 18/04
18/04.1

MATTERS ARISING AND APC ACTION PLAN

COPD Algorithm

It was confirmed that the specialists had seen the updated algorithm and this would now be uploaded onto the website.

The Chair requested to see prescribing data for primary care usage of the LABA/LAMA products, for which there were currently 3 products on formulary.

Agreed action:-

- Prescribing data for primary care usage of the LABA/LAMA to be presented to the Committee.

CA

18/04.2

Zoladex® Amber G Shared Care Guideline

At the December 2017 meeting, it was agreed that further information on when and how this would be administered and the estimated number of patients being prescribed it would be brought back to the Committee. The Lead Pharmacist (CA), Barnsley CCG provided approximate numbers of patients seen in clinic per week and noted that the guideline would be updated to include more information around administration and this would be brought back to the next meeting.

CA

Action Plan – Other Areas

The long term actions were reviewed by the Committee and the following outcomes agreed: -

18/04.3

Review declaration of interest guidelines

It was agreed that the guidelines would be reviewed annually in line with the Committees terms of reference and the action would be removed from the long term action plan. It was agreed that all members would ensure that their declaration of interest was up to date and the up to date register would be brought to the next meeting. The register would then be brought to the Committee twice a year.

Agreed actions:-

- All members would update their declaration of interest and the updated register would be brought to the next meeting.
- The register would be brought to the Committee twice a year.

ALL/NB

NB

18/04.4

Salofalk®

A report showing its use would be presented at the February 2018 meeting.

Agreed action: -

- The Head of Medicines Optimisation would be asked to produce a report reviewing the use of Salofalk®.

CL

18/04.5

Review new product application form

The updated application form was approved at the last meeting and therefore this action would be removed from the action plan.

NB

18/04.6

Managing Patients Medicines on Discharge

As this action had changed over time, it was agreed that this would

be discussed at the next meeting with the Head of Medicines Optimisation to confirm if this could be removed from the action plan.

18/04.7 Formulary Review Process

This was ongoing work and could be removed from the long term action plan.

NB

18/04.8 Biosimilars

This work was ongoing but it was suggested that an update report could be brought back to the Committee. This would be discussed at the next meeting with the Head of Medicines Optimisation.

18/04.09 Medicines Interface Action Plan

This would be discussed at the next meeting with the Head of Medicines Optimisation.

18/04.10 Fitness for Purpose Action Plan

It was agreed that a separate meeting would be arranged with a representative(s) from each organisation present.

Agreed action: -

- A meeting would be arranged.

NB

APC 18/05 BARNSELY CONTINENCE GUIDE

Lindsay Reynolds (Continence Specialist Nurse, BHNFT), Michelle Wright (Clinical Lead, SWYPFT) and Neil Heslop (Lead Pharmacist, Barnsley CCG) were in attendance for this item. Nil declarations of interest were received from all.

The Committee received the Barnsley Continence Guide which had been produced in an attempt to standardise care across Barnsley.

It contains a list of 1st and 2nd line formulary choices for continence products. It was noted that on occasions, a different product may be recommended by the specialist team and in this situation, the specialist team will provide further information as to why a formulary choice has not been requested. Appendix A is a useful reference for answering queries regarding quantities prescribed and a list of suggested quantities for the different types of product is included.

QiPP was discussed and it was noted that within secondary care products needed to be available to purchase via NHS Supply Chain and some of the products included in the guideline were not currently available through this route. However, switches to formulary products could be made within primary care and it was agreed that any changes should be made in liaison with the district nurse the next time the appliance was requested.

It was noted that no additional work was expected to impact upon district nurses as a product would only be switched when a change was due. In order to manage the availability of products in community pharmacies, information on the agreed process would be communicated to district nurses advising them to discuss with GPs at least a week before the prescription change.

The Committee approved the Barnsley Continence Guide.

APC 18/06 TESTOSTERONE SHARED CARE GUIDELINE RE-AUDIT IN PRIMARY CARE

The Lead Pharmacist (DC), Barnsley CCG presented the report and the breakdown of results at Appendix A was highlighted to the Committee.

It was noted that there was a range across practices, noting that some practices have different processes in place and actively request shared care agreements. It was suggested that any future audits should capture whether practices had to request the shared care agreement.

Practices that haven't shown improvement from the original audit would be contacted and asked to reflect on the findings.

The Committee discussed what future shared care audits should be undertaken and it was noted that an Inflammatory Bowel Disease and Autoimmune Hepatitis Shared Care Guideline audit was due to be presented at the next meeting.

Following discussion, it was agreed that Lithium would be audited in September/October 2018 to ensure that shared care agreements were in place for patients who had been handed over to primary care in the last 12 months. The audit would also check adherence to monitoring.

The Committee agreed that any new amber shared care guidelines approved would automatically be audited after 12 months to monitor implementation.

Agreed action: -

- The Lead Pharmacist (DC) would compare the audit results and practices that haven't shown improvement from the previous audit would be contacted and asked to reflect on the findings.

DC

APC 18/07 FERRIC MALTOL (FERACCRU®) TRAFFIC LIGHT STATUS

The new product application was considered at the July 2017 APC meeting with a proposed Amber G traffic light classification. As there was a lack of data available to help in the decision making process, it was agreed to revisit this again in 6 months' time.

The Trust have now been informed that the data will not be available for at least 12 months and therefore the Committee were asked to consider approving the drug with a red traffic light classification for Gastroenterology use only on a trial basis. This was due to be discussed at the Trust MDT Committee but it was felt there was a subset of patients that could use the drug on a trial basis to gather experience and data on its use.

The Committee approved the trial request for Ferric Maltol (Feraccru®) to be used as a red drug by gastroenterology

specialists only and the audit data would be presented to the Committee when available. It was proposed to bring the data back in January 2019. The potential cost implication of using this as a red drug across the Trust would need to be considered following the trial.

- **Agreed action:-**

The audit data to be brought back to the Committee in January 2019.

GT

APC 18/08 ADRENALINE AUTO INJECTOR MHRA GUIDANCE – PRIMARY CARE SUMMARY

The Lead Pharmacist (DC) provided an update report on the dissemination and implementation of adrenaline auto-injector MHRA advice within primary care.

The ongoing stock issues were noted.

APC 18/09 MEDICINES OPTIMISATION SCHEME (MOS) 2018/19

Victoria Holmes, Senior Medicines Management Technician, Barnsley CCG was in attendance for this item and a nil declaration of interest received.

The Lead Pharmacist (DC) presented the proposed QIPP element of the primary care Medicines Optimisation Scheme 2018/19 which involved specific brands or preparations. This included QIPP areas previously agreed which would be revisited along with new QIPP areas for 2018/19. Following circulation, It was noted that one product had been removed (Nebivolol 2.5mg tablet).

In response to a query, it was noted that there was a process in place each month to identify any new prescribing of non-preferred products. Any issues identified are followed up with individual practices.

Tamsulosin 400microgram XL Capsules to Pamsvax® XL 400microgram Capsules was discussed and feedback noted.

The gliptin review was discussed and the Lead Pharmacist (CA) agreed to liaise with the specialist nurse(s) and endocrinologists..

It was noted that AirFluSal® MDI was more cost effective than Sirdupla® and Seretide® MDIs and it was agreed that the fluticasone and salmeterol MDI inhalers included on the asthma algorithm would be rationalised when the guideline was updated.

CA

Agreed action: -

- It was agreed that following approval by the CCG Governing Body, the QIPP areas for 2018/19 would be shared with community pharmacies in order to plan for the implementation in April 2018.
- Information relating to the gliptin review would be shared with the specialist nurses and endocrinologists to ensure their prescribing is in line.

CL/DC

CA

APC 18/10 SHARED CARE GUIDELINES / AMBER G SHARED CARE GUIDELINES

18/10.1 Aripiprazole Amber Shared Care Guideline
The shared care guideline has had a routine update. None of the clinical particulars have changed, the only changes relate to updating of contact details. The Committee approved the guideline.

18/10.2 Lithium Amber Shared Care Guideline
The shared care guideline has been updated with changes to the monitoring requirements. The Committee approved the guideline subject to the correction of a small typo identified. **SH**

18/10.3 Naloxegol (Moventig®) Amber G Guidance
The shared care guideline has been updated. More interactions have been identified and therefore these have been included. The Committee approved the guideline.

18/10.4 Quetiapine Amber Shared Care Guideline
The shared care guideline has had a routine update. None of the clinical particulars have changed, the only changes relate to updating of contact details. The Committee approved the guideline.

18/10.5 Risperidone Amber Shared Care Guideline
The shared care guideline has had a routine update. None of the clinical particulars have changed, the only changes relate to updating of contact details. The Committee approved the guideline.

18/10.6 Tizanidine Amber Shared Care Guideline
The shared care guideline has had a routine update. None of the clinical particulars have changed, the only changes relate to updating of contact details. The Committee approved the guideline.

APC 18/11 NEW PRODUCT APPLICATION LOG – noted.

APC 18/12 BARNLEYAPCREPORT@NHS.NET FEEDBACK

The reports were noted.

Following a discussion regarding APC reports received in relation to the prescribing of demeclocycline, it was agreed that the classification would change from green to amber G and guidance would be produced to support primary care prescribers.

Agreed action: -

- A summary report from the sub group would be brought back to the Committee. **CA**
- Demeclocycline Amber-G guideline to be produced. **JH**

APC 18/13 NEW NICE TECHNOLOGY APPRAISALS – DECEMBER 2017

18/13.1 Feedback from BHNFT Clinical Guidelines and Policy Group

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

- TA492 Atezolizumab for untreated locally advanced or metastatic urothelial cancer when cisplatin is unsuitable

- TA493 Cladribine tablets for treating relapsing–remitting multiple sclerosis

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

GT

- TA495 Palbociclib with an aromatase inhibitor for previously untreated, hormone receptor-positive, HER2-negative, locally advanced or metastatic breast cancer
- TA496 Ribociclib with an aromatase inhibitor for previously untreated, hormone receptorpositive, HER2-negative, locally advanced or metastatic breast cancer

18/13.2 Feedback from SWYPFT NICE Group
The December 2017 NICE TA's above were not applicable for use at SWYPFT.

APC 18/14 **FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS**
18/14.1 Primary Care Quality & Cost Effective Prescribing Group (QCEPG)
There was nothing relevant to feed back.

18/14.2 BHNFT
There was nothing relevant to feed back but for information, a process for IFR submissions was being developed at the Trust and information was requested regarding the CCG process. The process was briefly explained and CCG contact details were shared.

18/14.3 SWYPFT Drugs & Therapeutics Committee (D&TC)
There was nothing relevant to feed back.

APC 18/15 **ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)**
It was agreed that the following would be escalated to the Q&PSC: -

MG

- Testosterone Shared Care Guideline Re-Audit in Primary Care
- Barnsley Continence Guide
- Agreement that an audit would be carried out after 12 months following the approval of any new amber shared care guideline

APC 18/16 **HORIZON SCANNING DOCUMENT – DECEMBER 2017**
The Committee agreed to classify the new products as follows on the traffic light list (TLL): -

CA

Fluticasone/umeclidinium/vilanterol 92/55/22 micrograms inhalation powder (Trelegy® Ellipta®, GSK) - **PROVISIONAL GREY**
Guselkumab 100 mg solution for injection in pre-filled syringe (Tremfya®▼, Janssen-Cilag) – **PROVISIONAL RED**
Clofarabine 1 mg/mL concentrate for solution for infusion (Consilient Health) – **PROVISIONAL RED**
Methotrexate 2 mg/mL oral solution (Jylamvo®, Therakind) – **AMBER – 2nd line to tablets.** It was noted that this would need adding to the respective shared care guidelines.

JH/GT

Post meeting note: red classification for all other indications outside of the existing shared care guidelines

Emtricitabine/tenofovir disoproxil 200 mg/245 mg film-coated tablets (Zentiva) (Dr Reddy's) – **ALREADY RED**

Memantine 10 mg/mL oral solution (Genus Pharmaceuticals) – **AMBER**

Ezetimibe (generic) 10 mg tablets (Concordia) – **ALREADY GREEN**

Tadalafil (generic) 10 mg & 20 mg tablets (Actavis) – **ALREADY GREEN**

APC 18/17 MHRA DRUG SAFETY UPDATE – VOLUME 11, ISSUE 5, DECEMBER 2017

Received and noted.

APC 18/18 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

The minutes from NHS Doncaster & Bassetlaw CCG (October 2017) were received and noted.

APC 18/19 ANY OTHER BUSINESS

18/19.1

Liraglutide

A request has been received within primary care to prescribe this for obesity. It was noted that only the Saxenda® brand is licensed for obesity and this is currently non formulary. The dose schedule for obesity is different to the dose used for diabetes.

Details to be sent to the Lead Pharmacist, BHNFT. The Committee agreed that the liraglutide traffic light classification for obesity (Saxenda®) should be provisional grey and it was noted that secondary care would hold the prescribing for these patients.

DC

18/19.2

Ticagrelor

It had previously been agreed that the cardiologists would specify on the D1 if ticagrelor was to continue for longer than 12 months. A report has been received that a patient has been discharged after 3 months and the GP has been asked to decide whether to continue treatment. The Lead Pharmacist (BHNFT) confirmed that the cardiologists should specify the duration of the ticagrelor on the D1 or in the letter following the 3 month outpatient review appointment. Details to be shared with the Trust via APC reporting.

18/19.3

Tadalafil

Issues raised at the LMC regarding endocrinologists suggesting once a day tadalafil be prescribed, which is now against national guidance. LMC representatives to be advised to raise issues via APC reporting. BHNFT representatives agreed to ensure that the endocrinologists were aware of the national guidance.

UP/GT

APC 18/20 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 7th February 2018 at 12.30 pm in the Edith Perry Room at Barnsley Hospital NHS Foundation Trust.