

Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday 11th March 2015 in the Boardroom at Hilder House

MEMBERS:

Dr M Ghani (Chair)	Medical Director (Barnsley CCG)
Ms K Martin	Deputy Chief Nurse (Barnsley CCG)
Mr M Smith	Chief Pharmacist (BHNFT)
Mr T Bisset	Community Pharmacist (LPC)
Dr J Maters	General Practitioner (LMC)
Dr A Munzar	General Practitioner (LMC)
Dr S Chari	Associate Medical Director (SWYPFT)

ATTENDEES:

Mrs C Applebee	Medicines Management Pharmacist (Barnsley CCG)
Ms G Smith	Medicines Information Pharmacist (BHNFT)
Ms Amina Meer	Specialist Interface Pharmacist (BHNFT)
Mr R Staniforth	Lead Pharmacist (Barnsley CCG)
Ms D Cooke	Lead Pharmacist (Barnsley CCG)
Miss Nicola Brazier	Administration Officer (Barnsley CCG)

APOLOGIES:

Dr R Hirst	Palliative Care Consultant (Barnsley Hospice)
Dr R Jenkins	Medical Director (BHNFT)
Dr R Vedder	Consultant in Palliative Care (Barnsley Hospice)
Ms C Lawson	Head of Medicines Optimisation (Barnsley CCG)
Mrs S Hudson	Lead Pharmacist (SWYPFT)
Dr K Sands	Associate Medical Director (SWYPFT)

ACTION

APC 15/37 DECLARATIONS OF INTEREST

No declarations of interest were received.

APC 15/38 MINUTES OF THE PREVIOUS MEETINGS

The minutes of the meeting held on 11th February 2015 were agreed as an accurate record.

APC 15/39 MATTERS ARISING AND APC ACTION PLAN

39.1 Methotrexate Injections

Mike Smith fed back that it was estimated that the number of patients moving into primary care was expected to be around 65.

Further to email communication between Richard Staniforth and Mike Smith regarding the nurse practitioners not recording the patients they were intending to pass over to primary care, Mike Smith noted that internal processes to collect this information centrally at BHNFT were being established.

MS

Karen Martin requested an update from Mike Smith to take to the

Contracting meeting. Mike Smith agreed to provide an update.

Following further discussion about the LIFT centre opening times and patients ensuring that reception desks were manned before dropping off sharps bins, it was suggested that sharps bins could be dropped off at GP surgeries within the LIFT centres and held safely for disposal until the LIFT centre reception desk was manned.

It was noted that the shared care guideline was available on the CCG website and it was agreed that this service would be rolled out from 1 April 2015. It was expected that it could take up to 12 weeks to transfer the estimated number of 65 patients over to primary care. A progress update would come back to the September APC meeting.

RS/MS

39.2

Dexamethasone Injection

Gillian Smith confirmed that she had sent communication to hospice and hospital colleagues and noted that this had also been passed onto Chemocare. Gillian Smith highlighted a possible issue with changing the regimes in Barnsley but she was awaiting feedback from Chemocare and the hospice and hoped to bring this back to the next meeting.

GS

39.3

Testosterone Shared Care Guideline Re-audit in Primary Care

Richard Staniforth noted a delay in the shared care agreement paperwork being received at practices but confirmed that 22 of the 63 outstanding shared care agreements had been received and hand delivered to the Endocrinology Department. BHNFT were in the process of identifying the registered GP practice for a further 10 patients. The medicines management team were continuing to collate the remaining agreements and an update would be provided at the April meeting.

RS

39.4

Inflammatory Bowel Disease Shared Care Guideline

Deborah Cooke confirmed that the guideline was discussed at the LMC and noted that they were in agreement to incorporate mycophenolate into the shared care guideline, as Gillian Smith had confirmed that patient numbers were expected to be low. Deborah Cooke noted that this would also be incorporated into the Specialist Drugs Scheme.

Gillian Smith had not yet received feedback from Dr Kapur regarding the frequency of monitoring after the first year. Gillian Smith agreed to follow this up and when the monitoring information was clarified, would ensure that the proforma within the shared care agreement was updated in line with the guidance.

GS

The Committee approved the guideline subject to these changes. Gillian Smith to update and send to Caron Applebee.

GS

39.5

New Product Application for Gaviscon® Advance Suspension and Chewable Tablets

Deborah Cooke had contacted Stuart Lakin at Rotherham CCG who advised her to contact the hospital pharmacist. Gillian Smith had spoken with the hospital pharmacist at Rotherham and Doncaster and

they were unable to provide any additional evidence to support the application for Gaviscon® Advance Suspension and Chewable Tablets.

In light of this and the evidence provided in the independent review, the APC decided not to endorse the use of this product and agreed that it would not be added to the formulary.

Dr Ghani felt that a piece of work should be undertaken with primary care to ensure that it wasn't recommended in hospital letters to GPs. It was agreed that information would also be added to ScriptSwitch.

DC

Dr Ghani agreed to inform Mr Nussbaumer of this decision.

MG

39.6

Action Plan – other areas

It was agreed to move the target date for the LHRH analogue Amber-G guideline to May 2015.

NB

Richard Staniforth highlighted that for the Interface Group he was happy to bring the action plan back to the April meeting but wanted to make people aware that the actions and report will be delayed. It was agreed that Richard Staniforth would provide a further update in April 2015 regarding the timescales.

RS

APC 15/40

TREATMENT ALGORITHM FOR ASTHMA

Caron Applebee presented enclosures C1 and C2 which included Barnsley's first line choices. These had been shared with the respiratory consultants and nurse specialist and comments had been received from the nurse specialist which included the following suggestions: -

- At step 3, to remove Formoterol inhaler because of the potential risk of patients receiving a long acting beta agonist (LABA) on its own without an inhaled corticosteroid. It was noted that this was in line with Sign BTS guidelines. This was agreed by the Committee.
- At step 5, when stepping down from Flutiform® 250 2 puffs bd, Caron Applebee had included Flutiform® 250 1 puff bd. The licenced dose of Flutiform® is 2 puffs bd so in theory the patient should step down to the lower strength inhaler. It was however felt to be beneficial for patients to remain on the same strength inhaler and the Committee agreed with the stepping down to Flutiform® 250 1 puff bd.
- At step 2, Qvar Easi-Breathe ® should be included as well as Qvar® MDI. This was agreed by the Committee.

Dr Maters noted that there was a suggestion, based on Canadian population studies, that beclomethasone and budesonide are safer steroids than fluticasone in relation to pneumonia risk. Gillian Smith recalled seeing a recent review on inhaled corticosteroids and pneumonia risk and agreed to find out more information.

GS

The Committee approved the asthma treatment algorithm.

It was acknowledged that a new product application for the new Fostair® preparation, NEXThaler (dry power) was expected.

Caron Applebee presented enclosure C3 which had been produced following feedback received from practice nurses when the medicines management team were undertaking some work looking at stepping stable patients down from high doses of corticosteroids.

The guidance had been produced to support nurses in managing patients with asthma, giving guidance on stepping down treatment where it is appropriate to do so. It was agreed that Caron Applebee would take this to the Practice Nurse Steering Group to obtain feedback from practice nurses. The Committee agreed that this would be a good document to use in primary care.

CA

Tom Bisset felt that this would be a useful document to take to an Inhaler Technique training session taking place in April 2015.

APC 15/41 COPD ALGORITHM

Caron Applebee presented enclosures D1-3 and explained that the COPD treatment algorithm had been split into two separate algorithms for patients with an FEV $<50\%$ and for patients with an FEV $\geq 50\%$.

Caron Applebee highlighted an addition to the algorithm (D3) from the original version. The LABA+ICS box in patients with an FEV $\geq 50\%$ now includes Fostair® for completeness.

The Committee approved the algorithm and it was agreed that Caron Applebee would send the guidelines to Dr Atcha to forward onto Dr John Miles to inform his presentation at the Barnsley March BEST event.

CA

The guidelines would also be shared with respiratory colleagues at BHNFT.

GS/MS

APC 15/42 NEW PRODUCT APPLICATION

42.1

Simbrinza® (Brinzolamide and brimonidine eye drops)

Gillian Smith presented the independent review for this product. This was the only combination product available containing a carbonic anhydrase inhibitor and alpha 2 agonist.

Simbrinza® has been trialled against the single constituents but has not been trialled against separate constituents used in combination. Simbrinza® was found to be more effective than either of the single agents. It is currently more expensive and it was also noted that generic versions of brinzolamide may be available in the future following the recent patent expiry.

Following discussion about the possible combination therapies that could be used, the Committee approved the use of Simbrinza® (brinzolamide and brimonidine eye drops) when four or more drug

groups were required for a patient.

Gillian Smith agreed to inform Mr Hassan of this decision.

GS

Deborah Cooke asked that this be included in the glaucoma algorithm so that its place in therapy was clear. Gillian Smith agreed to update the algorithm.

GS

APC 15/43 **NEW PRODUCT APPLICATION LOG**

Gillian Smith noted that no new product applications had been received; however, it was felt that possibly three were expected to be submitted to the Committee.

It was agreed that any information on the new product application log beyond 12 months old would be archived. Only applications logged in the last 12 months would be included in the enclosure presented to future APC meetings.

APC 15/44 **BARNSELYAPCREPORT@NHS.NET FEEDBACK**

Richard Staniforth highlighted the feedback that had been received from BHNFT for the 21 February 2015 report presented. Following discussion about the supply of medication provided by BHNFT, Mike Smith assured the Committee that it was normal procedure to dispense original packs of medication with clear instructions/advice given to take medication for a required number of days.

In relation to the reports received on 17 February 2015, Richard Staniforth confirmed that the prescribing guidelines had since been shared with the Optometrists.

The Committee noted the reports received.

APC 15/45 **NEW NICE TECHNOLOGY APPRAISALS – FEBRUARY 2015**

Enclosure H detailing the NICE TAs published in February was noted [TA329, TA 330, TA 331, TA332 (not recommended), TA333 and TA334 (terminated appraisal)].

45.1 **BHNFT Clinical Guidelines and Policy Group**

Gillian Smith noted that these had not yet been discussed at BHNFT but would feed back at the next meeting.

GS

45.2 **SWYFT NICE Group**

Sarah Hudson had confirmed that the February 2015 NICE TAs were not applicable to SWYPFT.

APC 15/46 **FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS**

46.1 **BHNFT**

Mike Smith fed back that BHNFT were in discussions about establishing two new committees, a Home Care Committee and a Medication Safety Committee to ensure appropriate learning from incidents.

There was to be a review of the inpatient drug sheet following some

patient safety concerns.

46.2

SWYFT NICE Group

Sarah Hudson had provided a copy of the February 2015 Drugs and Therapeutics Newsletter for information which was tabled.

It was agreed that the information around private ADHD specialists should be shared with primary care and included in the APC memo and LMC bulletin.

CA

46.3

Barnsley Area Wound Care Advisory Group

The minutes were noted by the Committee.

APC 15/47

ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE

No issues were identified for escalation to the Quality & Patient Safety Committee.

APC 15/48

HORIZON SCANNING DOCUMENT – FEBRUARY 2015

The Committee agreed to classify the new products as follows: -

Dulaglutide 0.75 mg & 1.5 mg solution for injection in pre-filled pen or syringe (Trulicity[®]▼, Eli Lilly) – **PROVISIONAL AMBER G** with a prompt on scriptswitch as this is not on the formulary

Exenatide 2 mg powder and solvent for prolonged-release injection in pre-filled pen (Bydureon[®], AstraZeneca) – **AMBER G**

Colecalciferol 20,000 IU capsule (Fultium-D3 20,000IU, Internis Pharmaceuticals) – **PROVISIONAL GREEN** with a prompt on scriptswitch

Omega-3-acid ethyl esters 100 mg soft capsules (Dualtis[®], BGP Products) – **PROVISIONAL GREY**

Ceftobiprole 500 mg powder for concentrate for solution for infusion (Zevtera[®]▼, Basilea Pharmaceuticals) – **PROVISIONAL RED**

Ramucirumab 10 mg/mL concentrate for solution for infusion (Cyramza[®]▼, Eli Lilly) - **PROVISIONAL RED**

Ombitasvir/paritaprevir/ ritonavir 12.5 mg/75 mg/50 mg film-coated tablets (Viekirax[®]▼, AbbVie) - **PROVISIONAL RED**

Dasabuvir 250 mg film-coated tablets (Exviera[®]▼, AbbVie) - **PROVISIONAL RED**

Nintedanib 100 mg & 150 mg soft capsules (Vargatef[®]▼, Boehringer Ingelheim) - **PROVISIONAL RED**

Apremilast 10 mg, 20 mg & 30 mg tablets (Otezla[®]▼, Celgene) - **PROVISIONAL RED**

Sevelamer carbonate (generic) 800 mg film-coated tablets (Sevelamer carbonate Zentiva) - **PROVISIONAL RED**

APC 15/49 MHRA DRUG SAFETY UPDATE – FEBRUARY 2015

The Committee received and noted the February 2015 MHRA Drug Safety Update which provided information on the following: -

- Tiotropium delivered via Respimat compared with Handihaler; no significant difference in mortality in TIOSPIR trial.
- INOmax (nitric oxide) cylinders: valve defect might stop gas delivery early in some cylinders.
- Drugs and driving: blood concentration limits set for certain drugs.

It was agreed that information regarding the drugs and driving offence should be provided within the APC memo. Deborah Cooke agreed to check that prompts had been added to ScriptSwitch for all of the drugs which this related to.

DC

APC 15/50 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

The minutes from NHS Sheffield CCG and NHS Doncaster & Bassetlaw CCG Area Prescribing Committee meetings were received and noted.

APC 15/51 ANY OTHER BUSINESS

51.1

Dr Maters informed the Committee that the LMC had raised concerns regarding the management of patients on bridging protocols following hospital discharge where primary care had been expected to manage the bridging protocol. It was confirmed that the bridging protocol should be managed by secondary care and it was agreed that further details would be obtained and passed to Mike Smith to enable this to be looked into further within secondary care.

DC/MS

51.2

Tom Bisset informed the Committee that the Varenicline PGD was now up and running with 20 pharmacies currently signed up.

51.3

Tom Bisset highlighted the need to review the membership of this committee in terms of circulating information to colleagues from new providers. It was agreed that membership and the Terms of Reference would be discussed at the next meeting to ensure communication mechanisms were in place to inform new providers of our local guidelines.

51.4

It was noted that NHS England had issued guidance on prescribing and dispensing pregabalin for neuropathic pain. Pregabalin should only be prescribed for neuropathic pain by the brand name Lyrica®. Pregabalin should continue to be prescribed generically for indications other than neuropathic pain.

51.5

Deborah Cooke noted that practices are receiving requests to prescribe drugs including azathioprine and methotrexate for dermatological indications. It was noted that there was currently a shared care

ACTION

guideline in place for rheumatology and gastroenterology but not for dermatology and Deborah Cooke asked if this was something we needed to develop. Gillian Smith agreed to discuss this with the dermatologists. **GS**

APC 15/52 DATE AND TIME OF THE NEXT MEETING

Wednesday, 15 April 2015 at 12.30 pm in the Boardroom, Hilder House.

ADOPTED