

**Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday 9<sup>th</sup> December 2015 in the Boardroom at Hilder House**

**MEMBERS:**

Mr T Bisset	Community Pharmacist (LPC)
Dr M Ghani (Chair)	Medical Director (Barnsley CCG)
Ms S Hudson	Lead Pharmacist (SWYPFT)
Ms C Lawson	Head of Medicines Optimisation (Barnsley CCG)
Dr A Munzar	General Practitioner (LMC)
Dr K Sands	Associate Medical Director (SWYPFT)
Mr M Smith	Chief Pharmacist (BHNFT)
Dr J Waldock	Consultant in Palliative Medicine (Barnsley Hospice)

**ATTENDEES:**

Ms C Applebee	Medicines Management Pharmacist (Barnsley CCG)
Ms N Brazier	Administration Officer (Barnsley CCG)
Ms D Cooke	Lead Pharmacist (Barnsley CCG)
Ms A Meer	Specialist Interface Pharmacist (BHNFT)

**APOLOGIES:**

Dr K Kapur	Consultant Gastroenterology (BHNFT)
Ms K Martin	Head of Quality for Primary Care (Barnsley CCG)
Ms G Turrell	Lead Pharmacist, Medicines Information (BHNFT)

**ACTION**

**APC 15/214 DECLARATIONS OF INTEREST**

No declarations of interest were received.

**APC 15/215 MINUTES OF THE PREVIOUS MEETING**

The minutes of the meeting held on 11<sup>th</sup> November 2015 were agreed as an accurate record.

**APC 15/216 MATTERS ARISING AND APC ACTION PLAN**

216.1

Switching from Quetiapine XL

The Lead Pharmacist, SWYPFT acknowledged the previous concerns from the Trust but noted that SWYPFT accepted the cost implications and the Lead Pharmacist informed the Committee that SWYPFT were happy to support the switch from Quetiapine XL to standard release.

The Lead Pharmacist, SWYPFT noted that the Trust had had sight of protocols used in other organisations which included specific exclusion criteria and the D&T suggested that a protocol be produced and taken back to their January 2016 meeting for final approval. The outcome of these discussions would be fed back to the APC and the approved protocol shared with the Lead Pharmacist, Barnsley CCG.

**SH**

216.2

NOACs (thrombotic risk)

The Head of Medicines Optimisation noted that at the last meeting it had been agreed that she would meet with the Lead Pharmacist,

BHNFT to look at the tools available on the Eclipse Live Software System around thrombotic risk. It was noted that this item was due to be discussed in February 2016 however there appears to be some confusion over where NOACs for DVT and PE should be started following the re-classification to Amber G. The Head of Medicines Optimisation sought clarity from the Committee.

It was noted that currently NOACs are classified Amber G for DVT and PE and the Committee discussed whether this should be changed to red until the Amber-G guideline was finalised. The Chair noted that the implementation of the pathway was delayed due to supply/manufacturing issues with the D Dimer testing kits as well as concern being raised from a practice about the prescribing and safety of NOACs but noted that this was likely to be launched in the New Year.

The specific example discussed would be picked up as a matter of urgency by the Chief Pharmacist, BNHFT and details of the incident would be shared outside of the meeting.

MS

The Committee agreed to retain the status of the NOACs for the treatment of DVT and PE at Amber G and await the guidelines in the New Year.

#### Action Plan – Other Areas

#### 216.3 Shared Care Guideline for Dermatology

The Lead Pharmacist, BHNFT was in the process of amending the guideline to standardise the monitoring information in line with the DMARD guideline as discussed at the November meeting. The final version would be sent to the Lead Pharmacist, Barnsley CCG.

GT

#### 216.4 Continence Service Audit

It was agreed that the Lead Pharmacist, SWYFPT would follow this up to obtain a progress update. An update would be emailed to the Chair before the next APC meeting.

SH

**Post meeting note:** the Chair informed the Committee that this had been escalated and will be an agenda item on the next SWYFT/CCG Contract Quality Board.

#### **APC15/217 CO-AMOXICLAV SECONDARY CARE GUIDANCE**

The Chief Pharmacist, BHNFT noted that work was ongoing at BHNFT to look at the Define© data and work was also ongoing with the consultant microbiologists to look at this.

It was highlighted that the primary care data was due to be circulated but the Lead Pharmacist, Barnsley CCG noted that primary care co-amoxiclav trend data had recently been circulated and an antibiotic report had also recently been brought to the Committee which included practice level co-amoxiclav prescribing data. The Lead Pharmacist, Barnsley CCG noted that whilst a couple of practices were outliers, the CCG as a whole was prescribing less co-amoxiclav than the England average. It was noted that an action plan was in place for practices that are outlying as part of this year's Medicines Optimisation Scheme and all practices are undertaking a co-amoxiclav audit to ascertain

whether prescribing is in line with the indications in the local guidance. This work was ongoing.

With regards to the secondary care data presented, the Chief Pharmacist, BHNFT noted that internal discussions would be taking place focussing on AMU and ED departments. The Chief Pharmacist would feed back at the January 2016 APC meeting.

MS

#### **APC15/218 INTERFACE PROVIDER RESPONSE SUMMARY**

The Head of Medicines Optimisation reminded the Committee that it had been agreed that a piece of work would be undertaken to analyse the quality of medicines reconciliation at the interface across Barnsley. In order to do this a structured questionnaire was issued to each provider. The responses to the questionnaires have been collated and fed back to organisations to ensure that the report is an accurate interpretation of their response and Enclosures D1, D2 and D3 were presented based on this information. Responses to recommendations have been requested from providers and a summary report detailing the recommendations and responses from organisations would be presented at the next meeting.

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#### BHNFT Report

The Chief Pharmacist noted that a meeting had recently taken place at BHNFT to discuss the report and updates to the report had been fed back. The Committee therefore agreed that as the report presented did not include the feedback, an updated BHNFT report would be presented at the next meeting.

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#### SWYPFT Report

The Lead Pharmacist noted that the report would be discussed at the D&T meeting in January 2016.

Following a comment about training required by junior doctors around prescribing drugs, the Lead Pharmacist, SWYPFT referred to a new Yorkshire & Humber wide training package for FY1 and FY2. It was suggested that the Chief Pharmacist, BHNFT obtain further information about the package.

MS

A discussion took place about primary care providing a report and the Head of Medicines Optimisation confirmed that this was to be undertaken as a separate piece of work. It was confirmed that primary care mini audits have taken place as part of the Medicines Optimisation Scheme and it was agreed that this information would be pulled together. Timescales for the primary care report to be confirmed.

DC

Following comments from the Community Pharmacist, it was agreed that it would be worthwhile bringing the virtual interface group together when all the reports and actions plans were finalised.

It was agreed that an audit of BHNFT and SWYPFT discharge letters would be incorporated into next year's primary care work plan.

Barnsley Hospice Report

The Consultant in Palliative Medicine, Barnsley Hospice noted that Dr Rachel Vedder had today fed back some inaccuracies in the report and it was therefore agreed that as the report presented did not include the feedback, an updated Barnsley Hospice report would be presented at the next meeting.

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**APC15/219 REVIEW OF WARFARIN DOSE INFORMATION INCLUDED ON BHNFT DISCHARGE LETTERS**

The Chief Pharmacist fed back that a re-audit had been undertaken and the results were currently being discussed internally. The audit showed an increase of 12% of D1's including information on the warfarin dose but it was acknowledged that this still leaves a considerable gap. It was however hoped that the introduction of a 7 day pharmacy service in January 2016 would improve the service and put the team in a better position to intervene.

The Lead Pharmacist, Barnsley CCG raised concern with the numbers of D1s that had been seen by pharmacy and a specific dose not included.

Following a discussion about the size of the audit, it was agreed that a re-audit would be included in the medicines management audit programme for a longer period of time (one month). The Chief Pharmacist confirmed that this would be undertaken during Q1 next year to allow time for the 7 day services to be embedded.

MS

**APC15/220 SHARED CARE**

220.1

Buccolam® (Buccal Midazolam) Amber G Guidance

The Medicines Management Pharmacist, Barnsley CCG presented the updated guidance to the Committee. The guidance had been circulated to paediatric and adult specialists.

It was noted that Epistatus®, an unlicensed special, was being used in the adult service and there was some concern raised about the use of Epistatus® given that an alternative licenced product was available. Following a discussion, it was agreed that as the approved Epilepsy Shared Care Guideline already included Epistatus® for use in adults, this would be looked at when the guideline was next due to be reviewed.

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The Committee accepted the Buccolam® (Buccal Midazolam) Amber G Guidance presented for patients aged between 3 months and 18 years.

220.2

Shared Care Guideline for Aripiprazole

The Lead Pharmacist, SWYFPT presented the updated guideline with updated references. It was agreed that the brand name would be removed from the guideline and the Committee accepted the guidance subject to this.

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220.3

Shared Care Guideline for Quetiapine

The Lead Pharmacist, SWYFPT presented the updated guideline.

		<b>ACTION</b>
	The Lead Pharmacist, Barnsley CCG, highlighted a slight difference with the routine test information on pages 2 and 4 and it was suggested that an additional note be made on page 1 about the modified release preparation to say that this would be reserved for patients for whom the standard release preparation was not suitable. The guideline was approved subject to these amendments.	SH SH
220.4	<u>Shared Care Guideline for Risperidone</u> The Lead Pharmacist, SWYFPT presented the updated guideline.	
	As above at 220.3, it was highlighted that there was a slight difference with the routine test information and on pages 2 and 5 there was reference to Quetiapine which needed to be amended. The guideline was approved subject to these amendments.	SH
<b>APC15/221</b>	<b>ALGORITHM FOR INHALED THERAPIES IN THE MANAGEMENT OF COPD</b> An updated algorithm was presented to the Committee but following a lengthy discussion about the accuracy of the information presented, it was agreed that the Specialist Interface Pharmacist, BHNFT and the Medicines Management Pharmacist, Barnsley CCG would meet to ensure that the algorithm accurately reflects the GOLD Guidelines. This would be brought back to a future meeting.	CA/AM
<b>APC15/222</b>	<b>DICLOFENAC USE WITHIN BHNFT</b> It was agreed that the Chair would pick this issue up with Dr Jenkins. It was agreed that the Chief Pharmacist, BHFNT would forward this information to Dr Jenkins in readiness for that discussion.	MG MS
<b>APC15/223</b>	<b>FORMULARY REVIEW</b> There were no reviews to discuss at this meeting.	
<b>APC15/224</b>	<b>NEW PRODUCT APPLICATION LOG</b> In line with the recently approved Standards of Business Policy, the Chair noted that the declaration of interest form must be completed and returned by the applicant submitting the New Product Application before it could be considered by the Committee.  The policy would be sent to Professor Jones, BHNFT for completion as applicant for the new product application for Alprostadil cream (Vitaros®)	NB
	It was agreed that Rivaroxaban for DVT would be removed from the log under the heading 'ongoing applications'.	NB
<b>APC 15/225</b>	<b>BARNSELYAPCREPORT@NHS.NET FEEDBACK</b> The report was received and noted by the Committee.	
	The Chair requested to see the outcome from report BAPC15/12/05.	KA
	The Chair requested that the details from report BAPC15/12/06 be shared with the contracting team at Barnsley CCG.	KA

**APC 15/226 NEW NICE TECHNOLOGY APPRAISALS – NOVEMBER 2015**

226.1

Feedback from BHNFT Clinical Guidelines and Policy Group

The Chief Pharmacist (BHNFT) confirmed that the following NICE TA's were applicable for BHNFT: -

- TA363 Ledipasvir–sofosbuvir for treating chronic hepatitis C
- TA364 Daclatasvir for treating chronic hepatitis C
- TA365 Ombitasvir–paritaprevir–ritonavir with or without dasabuvir for treating chronic hepatitis C
- TA368 Apremilast for treating moderate to severe plaque psoriasis

It was noted that the following NICE TA was awaiting a decision from the Dermatologists at BHNFT: -

- TA366 Pembrolizumab for advanced melanoma not previously treated with ipilimumab

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It was agreed that the drugs with positive NICE TAs would be included on the formulary with a red drug classification.

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The following NICE TA was not applicable for use at BHNFT: -

- TA367 Vortioxetine for treating major depressive episodes

226.2

Feedback from SWYPFT NICE Group

The Lead Pharmacist, SWYPFT confirmed that the following NICE TA was applicable for SWYPFT: -

- TA367 Vortioxetine for treating major depressive episodes

It was noted that this would be used as a 3<sup>rd</sup> line treatment and included on the formulary with a red drug classification.

CA

**APC 15/227 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS**227.1 Primary Care Quality & Cost Effective Prescribing Group

The Lead Pharmacist, Barnsley CCG fed back that the following areas were discussed: -

- Pregabalin was discussed noting that there had been no further information from NHS England and a lack of clarity and timeframe about if the company were to challenge the high court ruling, which did not uphold Justice Arnold's decision on patent brand protection being valid for neuropathic pain. There was a discussion about possibly recommending a branded generic for anxiety and the Head of Medicines Optimisation would be presenting a paper to the next APC meeting.
- The Committee reviewed the rates of EPS prescriptions and repeat dispensed EPS prescriptions. The data will be taken to the CCG Membership Council in January 2016, sharing some implementation feedback from the

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high performing practices and community pharmacies.

Following a discussion about EPS sign up, The Chair asked that the practice(s) not yet signed up be followed up.

CL/DC

227.2 BHNFT

An extraordinary Medicines Management meeting was to take place and the Chief Pharmacist, BHNFT would feedback in January 2016.

MS

227.3 SWYPFT Drugs & Therapeutics Committee

The Lead Pharmacist, SWYPFT noted that Quetiapine and Vortioxetine were discussed.

**APC 15/228 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE**

It was agreed to escalate the Warfarin Audit improvement and Quetiapine switch to the Quality & Patient Safety Committee.

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**APC 15/229 HORIZON SCANNING DOCUMENT – NOVEMBER 2015**

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

**Alirocumab** 75 mg & 150 mg solution for injection in pre-filled pen or syringe (Praluent<sup>®</sup>▼, Sanofi) – **PROVISIONAL RED**

**Salmeterol/fluticasone** 50 microgram/500 microgram (AirFluSal<sup>®</sup> Forspiro<sup>®</sup>, Sandoz) – **PROVISIONAL GREEN**

**APC 15/230 MHRA DRUG SAFETY UPDATE – NOVEMBER 2015**

The Committee received and noted the November 2015 MHRA Drug Safety Update which included advice for medicines users in relation to secondary care specialist drugs. These were summarised below: -

- 1 Crizotinib (Xalkori▼): risk of cardiac failure  
There have been reports of severe, sometimes fatal, cases of cardiac failure in patients treated with crizotinib.
- 2 Vemurafenib (Zelboraf▼): risk of potentiation of radiation toxicity  
Prescribers should be aware of the risk of potentiation of radiation toxicity with vemurafenib when given before, during, or after radiotherapy.

**APC 15/231 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES**

The minutes from NHS Doncaster & Bassetlaw CCG (29<sup>th</sup> October 2015) Area Prescribing Committee meeting were received and noted.

The Consultant in Palliative Medicine, Barnsley Hospice referred to page 7 of the minutes and noted a supply issue with haloperidol injection which was an issue locally in palliative and end of life care. Dr Rachel Vedder and Janet Owen have suggested alternatives and have recommended replacing haloperidol with levomepromazine. It was agreed that the guidelines being produced would be sent to the Lead Pharmacist, Barnsley CCG.

JW

## **ACTION**

The Associated Medical Director, SWYPFT referred to page 4, Biosimilars and it was agreed that this would be discussed further at a future meeting.

### **APC 15/232 ANY OTHER BUSINESS**

No further items were raised.

### **APC 15/233 DATE AND TIME OF THE NEXT MEETING**

The time and date of the next meeting was confirmed as Wednesday, 13<sup>th</sup> January 2016 at 12.30 pm in the Boardroom, Hilder House.

ADOPTED