Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday 13th April 2016 in the Boardroom at Hillder House

MEMBERS:

Mr T Bisset	Community Pharmacist (LPC)
Dr M Ghani (from item 16/70)	Medical Director (Barnsley CCG)
Ms S Hudson	Lead Pharmacist (SWYPFT)
Ms C Lawson (Chair)	Head of Medicines Optimisation (Barnsley CCG)
Dr Maters	General Practitioner (LMC)
Dr A Munzar	General Practitioner (LMC)
Ms N Pounj-Taylor	Deputy Chief Pharmacist (BHNFT)
Dr K Sands	Associate Medical Director (SWYPFT)
Dr J Waldock (left after item 16/70)	Consultant in Palliative Medicine (Barnsley Hospice)

ATTENDEES:

Ms C Applebee	Medicines Management Pharmacist (Barnsley CCG)
Mr K Ashfaq	Medicines Management Pharmacist (Barnsley CCG)
Ms N Brazier	Administration Officer (Barnsley CCG)
Ms D Cooke	Lead Pharmacist (Barnsley CCG)
Mr F Hussain	Specialist Interface Pharmacist (BHNFT)
Mr H Khan	Pre-registration Pharmacist (BHNFT)
Ms G Turrell	Lead Pharmacist, Medicines Information (BHNFT)

APOLOGIES:

Dr R Jenkins	Medical Director (BHNFT)
Ms K Martin	Head of Quality for Primary Care (Barnsley CCG)
Mr M Smith	Chief Pharmacist (BHNFT)

ACTION

APC 16/66 DECLARATIONS OF INTEREST

No declarations of interest were received.

APC 16/67 MINUTES OF THE PREVIOUS MEETING

Other than a spelling correction on page 3, the minutes of the meeting held on 16th March 2016 were accepted and agreed as an accurate record.

The Lead Pharmacist, BHNFT queried minute 55.4 as she had understood the new product application for Vesomni had been approved. This was discussed further under minute 68.3.

APC 16/68 MATTERS ARISING AND APC ACTION PLAN

68.1 Switching from Quetiapine XL

The Lead Pharmacist, SWYPFT was asked at the March 2016 meeting to provide clarity around exclusions; how recent to admission to hospital. It was confirmed that this had been discussed at April's D&T meeting and it was clarified that patients who had a recent admission to hospital (within the last 6 months) would be excluded from the switch. The Lead Pharmacist, SWYPFT agreed to send the final updated protocol to the Medicines Management Pharmacist, NHS Barnsley **SH**

CCG.

68.2 Vesomni New Production Application

The Head of Medicines Optimisation agreed at the March 2016 meeting to investigate, using the Eclipse Live Software, how many patients would benefit from the availability of the combination preparation to inform the new product application decision.

The results were shared with the Committee and it was felt that the information was significant as the prescribing of the preparation already appeared to be resulting in confusion and misunderstanding which could put patients at clinical risk. Additionally it was also felt that the combination preparation may incentivise and increase clinicians first line prescribing of Solifenacin against current NICE and formulary guidance.

The Committee decided not to support the application for Vesomni and the Lead Pharmacist, BHNFT agreed to feed this back. Vesomni would be classified grey. **CA**

68.3 Spironolactone and renin-angiotensin system drugs in heart failure: risk of potentially fatal hyperkalaemia

The Lead Pharmacist, BHNFT had circulated information, including the British Society for Heart Failure's official response to this MHRA Drug Safety Alert which suggested that the combination was not appropriate but the Lead Pharmacist, BHNFT clarified that this was standard therapy in heart failure and to avoid any confusion it was agreed that Enclosure B would be modified to produce a Position Statement from the APC which would be circulated to practices and included in the Medicines Management Newsletter. Guidance would be obtained from the consultants around monitoring requirements and included in the Position Statement. **GT** **GT**

Following a discussion around the joint formulary being used in primary and secondary care, it was noted that a piece of work would be undertaken in the future to ensure that all are following the joint Barnsley Formulary.

Action Plan – Other Areas

68.4 Continence Service Audit

This had been escalated to the Quality & Patient Safety Committee and the Head of Medicines Optimisation, Barnsley CCG agreed to follow this up with the Medical Director, Barnsley CCG. **CL**

Post meeting note: this was once again raised by the CCG Medical Director with Tim Breedon at a SWYPFT/CCG Service Quality meeting.

68.5 GLP-1 Agonists (Exenatide and Liraglutide)

The Associate Medical Director confirmed that the diabetes specification was well underway and this would be covered within the specification. It was agreed to bring this back to the APC in 4 months. **KS**

68.6 NICE TA

The Lead Pharmacist, BHNFT to confirm outside of the meeting if the following NICE TAs were applicable for use at BHNFT: -

- NICE TA380 Panobinostat for treating multiple myeloma after at least 2 previous treatments **GT**
- NICE TA381 Olaparib for maintenance treatment of relapsed, platinum-sensitive, BRCA mutation-positive ovarian, fallopian tube and peritoneal cancer after response to second-line or subsequent platinumbased chemotherapy **GT**

68.7 Toujeo

The Associate Medical Director, SWYPFT sought clarification around the classification of Toujeo and it was confirmed that this was classified Amber G with supporting information. It was agreed that the Medicines Management Pharmacist, Barnsley CCG would produce the supporting information. **CA**

68.8 Biosimilar

The Associate Medical Director, SWYPFT sought an update regarding the use of Abasaglar and the Medicines Management Pharmacist (KA), Barnsley CCG confirmed that the regional group were not providing any specific regional advice for Abasaglar but were leaving this to a local decision, and given support expressed at the February 2016 APC, it was agreed that the Committee would support the use of Abasaglar biosimilar prescribed by brand name. The Committee agreed that this would be initially classified Amber G and would be initiated by specialists for new patients. Other patients could possibly be changed at review. **CA**

APC 16/69 DICLOFENAC USE WITHIN BHNFT

The Lead Pharmacist, BHNFT noted that diclofenac usage had reduced but felt this could be reduced further in Obstetrics and Gynaecology and would continue raising awareness and challenging prescriptions. It was noted that diclofenac was still listed on one of the ward stock lists and the Lead Pharmacist, BHNFT agreed to follow this up. **GT**

Diclofenac use at BHNFT would continue to be monitored and reports would be provided quarterly to the APC. **GT**

APC 16/70 APC MEDICINES INTERFACE PLAN UPDATE

The Medicines Management Pharmacist (KA), Barnsley CCG presented and referred to Enclosure E which addresses action points 4a, 4b, 5a and 8a of the APC 2014-2016 Medicines Interface Action Plan and addresses acute providers only.

The information had been gathered by questionnaires sent to providers plus their response to the information gathered. Full responses can be requested and shared.

This report summarised aspects of good quality care and risks identified to be addressed.

There are areas of practice at all three care provider organisations to be addressed and plans put into place which would lead to better quality of medicines management services being provided on a patient by patient basis. The planned changes should aim to improve medicines management from the point of admission through to discharge back into the community setting. These areas of

improvement were identified using the Area Prescribing Committee: Medicines Interface Action Plan Stakeholders Survey and NICE medicines practice guideline NG5.

The recommendations are summarised below:-

All three acute care providers should: -

- Plan for greater training of the junior doctors and nurses to ensure they have the knowledge required to completed a basic medicines reconciliation at the point of admission

- Use the Medical Interoperability Gateway (MIG) as the primary source of medicines information throughout the trust once the program is introduced into the organisation. This will replace the summary care records (SCR) as its use will allow for greater medical knowledge of the patient at the point of admission.

It was noted that 22 GP practices are uploading information to MIG but the Medical Director, Barnsley CCG questioned the Trust's access to this system and SCR. It was felt that plans were in place to incorporate MIG training for junior doctors and nurses and it was agreed that information needs to be cascaded to staff to enable this to become part of common clinical practice.

It was felt that ability to access the system should be available to BHNFT staff from those GP practices signed up to MIG.

BNHFT and Barnsley Hospice will be required to:-

- Complete an audit of medicines reconciliation rates

- Review the way the medicines reconciliation is documented

At BNHFT and SWYPFT: -

- An audit should be completed to allow a qualitative assessment of discharge letters with particular attention paid to the quality of documentation of the medication

- A plan of action should be put into place to improve the quality of communication with the patient and appropriate community services at the point of discharge

Additional Trust specific recommendations for BHNFT, SWYFT and Barnsley Hospice in the action plans were noted.

The Medicines Interface Action Plan with timescales was presented at pages 8, 9 and 10.

The Medical Director, Barnsley CCG had asked for an update on the D1 audit from the Trust in terms of actions planned to resolve the issues.

The Head of Medicines Optimisation, Barnsley CCG referred to a letter

she had seen at a recent LMC meeting, addressed to BHNFT doctors from Dr Richard Jenkins, Medical Director, BHNFT which detailed 3 aims including improving quality of medicines reconciliation; stopping requests going out to primary care regarding follow up of investigations and also the timeliness of the discharge. The Head of Medicines Optimisation, Barnsley CCG agreed to obtain a copy of the letter from the LMC Secretary and forward to the Lead Pharmacist, BHNFT. **CL**

The Medical Director, Barnsley CCG noted that the concerns around D1's would be discussed at the April 2016 CCG Governing Body meeting and it was expected that this would be escalated at the Trust. The difficulty for pharmacy to take this forward was acknowledged by the Committee.

It was acknowledged that communication was required with community pharmacy as part of actions within the plans.

It was agreed that this would be brought back to the Committee in accordance with the due dates in the action plan. **KA**

APC 16/71 COMMISSIONING FOR VALUE (QiPP)

The Head of Medicines Optimisation, Barnsley CCG presented Enclosure F noting that efficiencies were required to be made. A number of work streams were being progressed including the primary care Medicines Optimisation Scheme and the areas included in the scheme were listed. There were approximately 10 new 'Commissioning for Value' areas this year in addition to those introduced last year and those efficiencies agreed last year would be maintained this year for new patients. As previously discussed, it was confirmed that assurances had been obtained from suppliers that stocks were available. It was noted that one product is through Alliance but the Head of Medicines Optimisation, Barnsley CCG had assurance that most pharmacies have an Alliance account.

Attention was drawn to Appendix B, AirFluSal Forspiro and it was recommended that this dry powder inhaler be incorporated into the COPD algorithm and it was confirmed that Dr Mahdi, Respiratory Consultant Physician was in support of using this inhaler. Following discussion about the number of inhalers listed on the COPD algorithm, it was agreed that the algorithm would be amended to include a number of products listed by their brand (or alternative) and would include AirFluSal Forspiro. **CA**

The Medical Director, Barnsley CCG emphasised the importance of delivering the 'Commissioning for Value' savings in order to ensure that other projects could be funded across the health and social care community.

The Committee noted the savings plan presented and these preparations would be added to the formulary. **CA**

APC 16/72 FORMULARY REVIEW UPDATE

The Lead Pharmacist, Barnsley CCG presented an update noting that 12 out of the 15 sections of the formulary had been reviewed, and confirmed that changes from 8 out of 12 sections reviewed were

complete with the formulary and traffic light list being up to date.

Table 2 listed reviewed sections still requiring changes to be made to the formulary and traffic light list with revised targets and table 3 listed the remaining formulary sections to be reviewed. It was agreed that a formulary section with timeframes would be included in the APC action plan to ensure targets were met. **NB**

APC 16/73 2016 BARNSLEY DIABETES GUIDELINES

The Associate Medical Director, SWYPFT presented the guidelines which have been extensively updated in line with new drugs and guidance. Device information was yet to be updated but the majority of the information was up to date.

It was felt that the guidelines should be shared with primary care via the LMC and publicised on the BEST website and in the Medicines Management Newsletter. **CL/CA**

APC 16/74 SHARED CARE AND AMBER G GUIDELINES

74.1 Melatonin Shared Care Guideline

The Lead Pharmacist, SWYPFT presented the updated guideline and noted that she had made recommendation that MR capsules could be included for use in a specific group of children and confirmed that the form had been updated to indicate which formulation they wish to use and why. The paediatricians had seen the changes and it was confirmed that the paediatric team, who had originally raised concerns, were happy with the changes.

The Lead Pharmacist, Barnsley CCG asked if a sentence could be added under the 'Indication/Licensing Information'. …This is an 'off-label' indication of Circadin; all other melatonin preparations are unlicensed…' The Lead Pharmacist, SWYPFT agreed to update. **SH**

74.2 Dermatology Immunosuppressant Shared Care Guideline

The Lead Pharmacist, BHNFT presented Enclosure J which had previously been seen by the APC but not approved as the dermatologists wanted to add further information. Given the difficulties in meeting with them, the Lead Pharmacist, BHNFT asked the Committee to approve the guideline presented with an update of any additions to be shared at a later date. **GT**

The Committee had agreed at the 13th January 2016 meeting to approve the shared care guideline subject to standardisation of the monitoring in line with the DMARD shared care guideline but the Lead Pharmacist, Barnsley CCG noted that Enclosure J had not been amended in the line with the DMARD shared care guideline.

It was agreed that the monitoring information in the guideline would be discussed outside of the meeting to ensure it was in line with the DMARD shared care guideline and it was confirmed by the Lead Pharmacist, BHNFT that there would be no increase in the frequency of monitoring otherwise the guideline would be brought back the Committee. **GT/DC**

Subject to the standardisation of the monitoring in line with the DMARD

shared care guideline, and no increase in frequency of monitoring, the Committee approved the Dermatology Immunosuppressant Shared Care Guideline.

APC 16/75 NEW PRODUCT APPLICATIONS LOG

The log was noted and it was expected that Salofalk would be considered at the next meeting.

APC 16/76 NEW PRODUCT APPLICATION

76.1 Alprostadil Cream (Vitaros®)

The Lead Pharmacist, BHNFT presented the new product application for Alprostadil Cream (Vitaros®), a topical preparation for erectile dysfunction felt to be less invasive than injections (which have had long term supply issues) and more cost effective.

It was felt that this would be classified Amber G with information sheet and with monitoring for place in therapy (2nd line as per the new product application). **GT**

The declaration of interest received with this application was queried and following discussion it was felt that the declaration may have been completed in respect of this specific product. It was agreed that the declaration would be returned and clarification provided to the applicant around the Committees requirement to receive a full professional declaration of interest when considering new product applications. **KS**

The application would be brought back to the Committee with a full declaration of interest.

APC 16/77 BARNSLEYAPCREPORT@NHS.NET FEEDBACK

The report was received and noted by the Committee.

It was noted that a number of reports had been received from BHNFT regarding summary care records not being up to date or incorrect and the Medical Director, Barnsley CCG asked that practices be monitored and any issues identified with any practice be reported to the Medicines Management Team. The Head of Medicines Optimisation, Barnsley CCG agreed to check the frequency of the SCR updates and take back any issues to practices should this be a smartcard issue. **GT** **CL**

APC 16/78 NEW NICE TECHNOLOGY APPRAISALS – MARCH 2016

78.1 Feedback from BHNFT Clinical Guidelines and Policy Group and SWYPFT NICE Group

The Lead Pharmacists at BHNFT and SWYPFT confirmed that the following NICE TA's were not applicable for use at BHNFT and SWYPFT: -

- NICE TA23 Update: Guidance on the use of temozolomide for the treatment of recurrent malignant glioma (brain cancer)
- NICE TA386: Ruxolitinib for treating disease-related splenomegaly or symptoms in adults with myelofibrosis

APC 16/79 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

79.1 Primary Care Quality & Cost Effective Prescribing Group
No meeting had taken place therefore there was nothing to report.

79.2 BHNFT
No meeting had taken place therefore there was nothing to report.

79.3 SWYPFT Drugs & Therapeutics Committee
The Lead Pharmacist, SWYPFT had nothing further to report back other than Quetiapine XL discussed at APC16/68.1.

APC 16/80 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE

It was agreed to escalate BHNFT D1 audit, Medicines Interface Report, Commissioning for Value and the 2016 Barnsley Diabetes Guidelines to the Quality & Patient Safety Committee. **CL**

APC 16/81 HORIZON SCANNING DOCUMENT – MARCH 2016

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

Calcipotriol/betamethasone 50 micrograms per g / 500 micrograms per g ointment (Calcipotriol/betamethasone, Sandoz) **– PROVISIONAL GREEN**
Buprenorphine 15 microgram/hour transdermal patch (BuTrans®, Napp Pharmaceuticals) **– PROVISIONAL GREY**
Panobinostat 10 mg, 15 mg & 20 mg hard capsules (Farydak®, Novartis Pharmaceuticals) **– PROVISIONAL RED**
Lisdexamfetamine dimesylate 20 mg, 40 mg & 60 mg hard capsules (Elvanse®▼, Shire Pharmaceuticals) **– CURRENTLY AMBER**
Linezolid 600 mg film-coated Tablets (Linezolid, Sandoz) **– CURRENTLY RED WITH AN INFORMATION SHEET**
Oxycodone hydrochloride 5 mg, 10 mg and 20 mg Prolonged-release Tablets (Carexil®, Sandoz) **– PROVISIONAL GREY**
Ivacaftor/lumacaftor 200 mg/125 mg film-coated tablets (Orkambi®▼, Vertex Pharmaceuticals (Europe) **– PROVISIONAL RED**
Dequalinium chloride 10 mg vaginal tablets (Fluomizin®, Kora Healthcare) **– PROVISIONAL GREY**
Tadalafil 2.5 mg, 5 mg, 10 mg and 20 mg film-coated tablets (Tadalafil Milpharm, Aurobindo Pharma) **– CURRENTLY GREEN**
Hydrocortisone/oxytetracycline 15 mg & 30 mg ointment (Terra-Cortril®, Intrapharm Laboratories) **– PROVISIONAL GREEN**
Etanercept 50 mg solution for injection in pre-filled syringe & 50 mg solution for injection in pre-filled pen (Benepali®▼, Biogen Idec) **– CURRENTLY RED**
Chlorphenamine 10mg/ml Solution for injection (Chlorphenamine Maleate, Wockhardt) **– PROVISIONAL GREEN (**await price information)
Follitropin alfa 300 IU/0.5 mL solution for injection, 450 IU/0.75 mL solution for injection & 900 IU/1.5 mL solution for injection (Ovaleap®▼, Teva Pharma B.V.) **– CURRENTLY PROVISIONAL RED**
Osimertinib mesylate 40 mg and 80 mg film-coated tablets (Tagrisso®▼, AstraZeneca) **– PROVISIONAL RED**

APC 16/82 MHRA DRUG SAFETY UPDATE – MARCH 2016

The Committee received and noted the March 2016 MHRA Drug Safety Update which included advice for medicines users in relation to secondary care specialist drugs. The alert is summarised below: -

Trametinib (Mekinist▼): risk of gastrointestinal perforation and colitis
Use trametinib, authorised either as monotherapy or combined with dabrafenib, with caution in patients with risk factors for gastrointestinal perforation.

APC 16/83 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

The minutes from NHS Sheffield CCG (21st January & 18th February 2016) and NHS Doncaster & Bassetlaw CCG (25th February 2016) Area Prescribing Committee meetings were received and noted.

APC 16/84 ANY OTHER BUSINESS

84.1 Dr Munzar raised concerns with antibiotic prescribing from I HEART Barnsley and it was agreed that data would be analysed and compared with the out of hours prescribing service. **CL**

APC 16/85 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 11th May 2016 at 12.30 pm in the Boardroom, Hillder House.