NHS
Barnsley
Clinical Commissioning Group

Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday, 11th March 2020 in the Edith Perry Room, BHNFT

MEMBERS:

Chris Lawson (Chair)	Head of Medicines Optimisation (Barnsley CCG)
Professor Adewale Adebajo	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
Tom Bisset	Community Pharmacist (LPC)
Dr Rebecca Hirst	Palliative Care Consultant (Barnsley Hospice)
Sarah Hudson	Lead Pharmacist (SWYPFT)
Dr Kapil Kapur	Consultant Gastroenterology (BHNFT)
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)
Lauren Clarke	Senior Pharmacist, Interface (BHNFT)
Deborah Cooke	Lead Pharmacist (Barnsley CCG)
Joanne Howlett	Medicines Management Pharmacist (Barnsley CCG)
Gillian Turrell	Lead Pharmacist (BHNFT)

APOLOGIES:

Dr Mehrban Ghani	Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs)
Dr Jeroen Maters	General Practitioner (LMC)

ACTION BY

APC 20/52 QUORACY

The meeting was quorate.

APC 20/53 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA

The Head of Medicines Optimisation declared a conflict in interest in relation to agenda item 20.66.1 for which she has signed up to a rebate agreement with Abbot Nutrition for AYMES shake on behalf of the CCG. There were no further declarations of interest relevant to the agenda to note.

APC 20/54 DRAFT MINUTES OF THE MEETING HELD ON 12th FEBRUARY 2020

20/31 should read …"which now includes the addition of the primary care anticoagulation information…"

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

APC 20/55 MATTERS ARISING AND APC ACTION PLAN

20/55.1 Anticoagulation for Stroke Prevention in Non-Valvular AF Guidance (Updated)

It was noted that the guidance would be taken to the April 2020 LMC meeting and brought back to the May 2020 APC meeting. There was a request for any guidance used at BHNFT relating to anticoagulation

for any indication to be sent to the Head of Medicines Optimisation to ensure accurate referencing in the primary care anticoagulation guidance.

The Chief Pharmacist, BHNFT referred to mapping and planning work being undertaking in relation to COVID 19 and spoke of the possibility of support being provided by primary care to assist IBD and anticoagulation activity. This would be discussed further outside of the meeting. **MS/CL**

Agreed action:

- Guidance used at BHNFT relating to anticoagulation for any indication to be sent to the Head of Medicines Optimisation. **GT/CL**

20/55.2 Draft Melatonin Guidance

The Lead Pharmacist, SWYPFT would provide timescales for completion of the guidance which other SWYPFT colleagues were producing in order to inform/direct the production of interim Barnsley amber G guidance.

Agreed action: -

- The Lead Pharmacist, SWYPFT to provide timescales for completion of the guidance. **SH**

20/55.3 Co-amoxiclav – Communication of antibiotic prescribing from ED attendances

The Lead Pharmacist, BHNFT had been advised by the Clinical Lead in ED that there was a facility for 'free text' to be added when discharging a patient from Lorenzo. However it was noted that BHNFT were due to change from Lorenzo to Medway in the coming weeks.

Confirmation would be sought from Medway that the system has the facility to include information regarding antibiotics supplied to a patient, either in a mandatory field or free text. In addition, it was requested that the importance of communicating information through to primary care around antibiotics given, be highlighted to the ED Team.

Agreed action: -

- The Lead Pharmacist to confirm that the Medway system has the facility to include the information regarding antibiotics supplied and confirm the importance is communicated to the ED Team. **GT**

20/55.4 Ovestin®

The Senior Interface Pharmacist, BHNFT advised that the Lead Gynaecologist had approved the switch from Gynest® cream (discontinued) to Ovestin® cream.

20/55.5 NICE TAs (January 2020)

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

- TA620 Olaparib for maintenance treatment of relapsed platinum-sensitive ovarian, fallopian tube or peritoneal cancer

- TA621 Osimertinib for untreated EGFR mutation-positive nonsmall-cell lung cancer

It was noted that NICE TA621 (a negative TA, so not recommended) was currently on the formulary as red. It was agreed that this would be removed and changed to non-formulary provisional red. **JH**

Action Plan – other areas

20/55.6 Bisphosphonates/Calcium Products

The Lead Pharmacist, BHNFT advised that after considering evidence base and guidance, the consultants were generally in favour of routinely prescribing both calcium and vitamin D rather than vitamin D alone for fragility fracture patients within their care.

They are looking to work up and potentially undertake further investigations on calcium intake and calcium output for patients that present with fragility fractures and noted a number of common factors including malnourished and elderly patients. It was highlighted that calcium wouldn't be prescribed if the patient was overtly hypercalcaemic.

It was noted that patients prescribed vitamin D and calcium in hospital and on discharge would be given a loading dose of vitamin D in hospital and the calcium would be prescribed separately. The D1 would advise the GP to check calcium 6 weeks after loading dose and vitamin D level after 12 months. The Lead Pharmacist advised that the Trust were to develop a protocol for use of calcium and vitamin D post fragility fracture providing advice around appropriate maintenance and assessment when checking levels in primary care. This would be brought back to the Committee in May 2020.

The Head of Medicines Optimisation referred to the Vitamin D Paediatric Guidance and it was confirmed that Barnsley had previously adopted the Sheffield Children's Guidance and that this was in the process of being updated. Information would be shared with the LMC member as discussed.

Agreed action:-

- A protocol for use post fragility fracture to be developed and brought back to the Committee in May 2020. **GT**
- Information around the Paediatric Vitamin D Guidance would be shared with the LMC member. **JH**

APC 20/56 BHNFT D1 AUDIT REPORT

Nisha Pounj-Taylor, Deputy Chief Pharmacist at BHNFT was in attendance to present the report. A late amendment to the report was highlighted, noting that the assurance offered from this project was 'limited assurance' and the report would be updated with the standardised wording agreed for 'limited assurance'. **NP-T**

A summary around the history of the audits including timescales and methodology was given noting that Barnsley CCG undertook the original audit of discharge letters within primary care in 2014/15 which was repeated in 2017 using the same methodology. BHNFT undertook an audit in 2016/17. A new audit was undertaken by

BHNFT in November 2018 with revised audit methodology. Nine standards were identified against which compliance was measured and overall the quality of information relating to medications was shown to have improved when compared to the original CCG audit however as the methodologies differ, these audits are not directly comparable.

It was noted that the findings from standards 5, 6 and 7 appeared to show a pattern of results illustrating that work was still required to improve the information provided around drug changes, either via a mandatory field or in the narrative section.

It was felt that the most comparable part of the report to the primary care audit undertaken in 2017 was standard 9, 'all drugs included on the medicines reconciliation on admission should be accounted for on the D1'.

The aims and recommendations from the action plan were noted with a key feature of the action plan being the implementation of the new e-form D1. It was anticipated that the introduction of the new electronic system would improve the quality and completeness of discharge letters. This was rolled out towards the end of 2019 and BHNFT MMC had agreed to re-audit the eD1 platform within the next 6 months.

There were a number of issues with the eD1 platform and these have been and continue to be looked into and resolved. Committee members were encouraged to continue to escalate issues to the Trust and the Trust was asked to feedback when escalated issues were resolved.

As a key finding from the audit results, the Committee asked that the medication changes section on the eD1 form be made a mandatory field to ensure the changes were documented. The Trust would also provide continued education to prescribers around the importance of providing the information.

It was confirmed that the BHNFT D1 audit report would be presented to the Quality & Patient Safety Committee.

There was a discussion around the quality of the SWYPFT discharges and audit work and the Head of Medicines Optimisation agreed to obtain information around the audit data returned.

Agreed actions: -

- The report would be updated with the standardised wording agreed for 'limited assurance'. **N-PT**
- A request would be made for the medication changes section on the eD1 form to be made a mandatory field. **N-PT**
- The Head of Medicines Optimisation to check information around the audit data returned from SWYPFT. **CL**

APC 20/57 TADALAFIL ONCE DAILY – TRAFFIC LIGHT CLASSIFICATION

Following the approval of the new product application in December 2019 where a red traffic light classification was assigned for new

patients, it was agreed to obtain further information around existing prescribing of the daily preparation within primary care in order to assign a traffic light classification for existing patients.

It was confirmed that there were currently 124 patients prescribed tadalafil once daily preparation in primary care and it was agreed to assign a grey traffic light classification for existing patients. In line with NHS England guidance, primary care would review existing patients and de-prescribe. The resource pack would be updated and shared with secondary care, checking for any exceptions locally, to approach and review in the same way.

Agreed actions: -

- The resource pack to be updated and shared with secondary care, checking for any exceptions locally. **JH/DC**

APC 20/58 USING STANDARDISED STRENGTHS OF UNLICENSED LIQUID MEDICINES IN CHILDREN

The Lead Pharmacist (DC), NHS Barnsley CCG presented the updated position statement. Changes from the previous version endorsed by the Committee include the addition of chloral hydrate strength (currently non-formulary) and specifying that phenobarbital is alcohol free. It was also noted that 4 products, melatonin, midazolam, clonazepam and lisinopril have been removed.

The Committee were advised that omeprazole will be licenced at the end of February 2020, which would be more expensive.

The Head of Medicines Optimisation raised a point about the expectation in terms of quantities that are provided when these medicines are started and the communication of that to ensure adequate time is given to community pharmacies to obtain supplies of unlicensed products.

The Committee approved the guidance.

APC 20/59 BLUETEQ FORMS AND PATHWAY FOR RHEUMATOID ARTHRITIS

The Lead Pharmacist (CA), NHS Barnsley CCG referred to the treatment pathway and the associated Blueteq forms that have been developed for rheumatoid arthritis. The treatment pathway was approved at the APC in June 2019. The specialist teams at BHNFT have been consulted throughout the development process and the Blueteq forms associated with the pathway were presented for approval.

The Committee approved the Blueteq forms.

APC 20/60 LIDOCAINE 5% MEDICATED PLASTERS POSITION STATEMENT (NEW)

The Medicines Management Pharmacist presented the guidance produced to support the work of reviewing patients in line with NHS England guidance ‘Items which should not routinely be prescribed in Primary Care’. Comments received from Doncaster and Sheffield pain clinics and Barnsley Hospice have been incorporated and this

has been approved by the LMC.
It was noted that Lidocaine Medicated Plasters have a grey classification for Post-Herpetic Neuralgia but following development of this guidance and in liaison with specialists, it was suggested that Ralvo® be classified amber G for unlicensed indications in exceptional circumstances. Exceptional circumstances include the management of neuropathic pain in palliative care patients and patients currently under the pain clinic with focal neuropathic pain where other therapies have been ineffective or contraindicated. This guidance would support the prescribing of the amber G classification.

It was agreed to clearly state in the guidance that lidocaine plasters should only be initiated in these exceptional circumstances by specialist pain/ palliative care specialists.

The Committee approved the guidance and the amber G classification for unlicensed indications in exceptional circumstances.

APC 20/61 DIAGNOSING DIABETES - WHICH TEST SHOULD BE USED? (UPDATED)

The Medicines Management Pharmacist presented the updated guideline which includes contributions from Dr Atcha, Dr Ghani and Professor Jones.

The guidance now includes information on primary care follow up of women with gestational diabetes in the postnatal period.

The Committee approved the guidance.

APC 20/62 INSOMNIA MANAGEMENT GUIDELINE (UPDATED)

The Medicines Management Pharmacist presented the updated guideline with tracked changes highlighted. Comments have been received from the Lead Pharmacist and specialists at SWYPFT and the Lead Pharmacist, BHNFT on inpatient practice. The guidance has been approved by the LMC.

The Committee approved the guidance.

APC 20/63 SHARED CARE GUIDELINES / AMBER G SHARED CARE GUIDELINES

20/63.1 <u>Toujeo® Amber G Guidance (updated)</u>

The Medicines Management Pharmacist presented the updated guideline with tracked changes highlighted. The guidance has been updated to include Toujeo® DoubleStar in addition to Toujeo® SoloStar. This has been approved by Sue Jones, Diabetes Specialist Nurse and by the LMC.

No comments were received from secondary care specialists.

The Committee approved the guidance.

APC 20/64 FORMULARY REVIEWS

20/64.1 <u>Formulary Review Plan (for information)</u>

The plan was noted with revised dates suggested due to workloads and staffing changes.

APC 20/65 NEW PRODUCT APPLICATION LOG

Noted.

APC 20/66 NEW PRODUCT APPLICATION

20.66.1 Ensure Plus Advance

The Committee received the new product application for Ensure Plus Advance with a nil declaration of interest from the applicant.

Following discussion and concerns raised relating to the nil declaration of interest in respect of the contract existing between BHNFT and Abbott Nutrition and content of the application in relation to the amount of evidence and comparative evidence available for this product and the trial data used, the Committee asked that the application be deferred to the next meeting. The concerns would be summarised and emailed to the Lead Pharmacist, BHNFT for discussion with the applicant.

Agreed action: -

- The Head of Medicines Optimisation to email a summary of concerns to the Lead Pharmacist, BHNFT for discussion with the applicant. **CL/GT**
- Application to be brought back to the meeting with a response to the concerns raised. **GT**

APC 20/67 BARNSLEY APC REPORTING MARCH 2020

20/67.1 APC Reporting March 2020 (for information)

Received and noted.

20/67.2 APC Reporting March 2020 key themes

The Lead Pharmacist (CA), NHS Barnsley CCG presented key themes for March 2020, highlighting a number of significant issues reported.

It was noted that of the 33 reports, 14 were D1 communication errors and 13 of the 14 were reporting BHNFT D1 communication errors.

The Lead Pharmacist, SWYPFT was aware of a D1 communication error incident relating to SWYPFT which had not yet been reported. Details would be shared to ensure the report was recorded. **SH/CA**

APC20/68 NEW NICE TECHNOLOGY APPRAISALS (FEBRUARY 2020)

The Lead Pharmacist, BHNFT confirmed that the following NICE TAs **were** applicable for use at BHNFT:-

- TA622 Sotagliflozin with insulin for treating type 1 diabetes (to include this in the amber G guidance) **JH**
- TA623 Patiromer for treating hyperkalaemia

  The Lead Pharmacist, BHNFT advised that there are 2 NICE TAs for 2 different treatments for hyperkalaemia and therefore they were in the process of writing some internal guidance about place in therapy etc. The draft guidance would be shared when available. **GT**

- TA597 (updated from Aug 2019) Dapagliflozin with insulin for treating type 1 diabetes

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

- TA624 Peginterferon beta-1a for treating relapsing–remitting multiple sclerosis

20/68.1 Feedback from BHNFT Clinical Guidelines and Policy Group
There was nothing significant to report.

20/68.2 Feedback from SWYPFT NICE Group
There was nothing significant to report.

APC 20/69 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

20/69.1 Primary Care Quality & Cost Effective Prescribing Group
Routine monitoring work discussions took place.

20/69.2 BHNFT
There was nothing significant to report other than the D1 Audit Report already discussed at APC 20/56.

20/69.3 SWYPFT Drug and Therapeutics Committee
There was nothing significant to report.

APC 20/70 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)

It was agreed to escalate the D1 Audit Report to the Q&PSC. The Q&PSC terms of reference to be shared with the Community Pharmacist for information. **CL**

APC 20/71 HORIZON SCANNING DOCUMENT (FEBRUARY 2020)

The Committee assigned the following classifications to the products listed below: -

Lusutrombopag 3 mg film-coated tablets (Mulpleo®▼, Shionogi) – **non-formulary provisional red**

Solriamfetol 75 mg & 150 mg film-coated tablets (Sunosi®, Jazz Pharmaceuticals) – **non-formulary provisional red**

Certolizumab pegol 200 mg solution for injection in dose-dispenser cartridge (Cimzia®, UCB Pharma) – **already formulary red**

Melatonin (generic) 3 mg film-coated tablets (Melatonin Pharma Nord, Pharma Nord) – **non-formulary provisional grey**

Lacidipine (generic) 6 mg film-coated tablets (Dr Reddy's Laboratories) – **non-formulary provisional green**

Deferiprone (generic) 500 mg film-coated tablets (Lipomed) – **non-formulary provisional red**

Valproate semisodium 250 mg & 500 mg gastro-resistant tablets (Syonell®▼, Lupin Healthcare) – **formulary amber shared care**

Voretigene neparvovec 5 x 10^{12} vector genomes/mL concentrate and solvent for solution for injection (Luxturna®▼, Novartis) – **non-formulary provisional red**

Posaconazole (generic) 100 mg gastro-resistant tablets (Posaconazole Accord, Accord) (Posaconazole Zentiva, Zentiva) – **already formulary red**

Clindamycin (generic) 300 mg/50 mL & 600 mg/50 mL solution for infusion (Bowmed Ibisqus) – **formulary restricted red (injection and infusion)**

Siponimod fumaric acid 0.25 mg & 2 mg film-coated tablets

(Mayzent®▼, Novartis) – **non-formulary provisional red**
Tacrolimus 0.5 mg, 1 mg, 2 mg, 3 mg & 5mg prolonged-release hard capsules (Dailiport®, Sandoz) – **non-formulary provisional red**
Human cytomegalovirus immunoglobulin 100 U/mL solution for infusion (Cytotect® CP Biotest, Biotest) – **non-formulary provisional red**

APC 20/72 MHRA DRUG SAFETY UPDATE (FEBRUARY 2020)

The update was noted with the following information highlighted: -

Ingenol mebutate gel (Picato▼): suspension of the licence due to risk of skin malignancy

Stop prescribing Picato and consider other treatment options for actinic keratosis as appropriate. The licence of ingenol mebutate (Picato) has been suspended as a precautionary measure while the European Medicines Agency (EMA) continues to investigate concerns about a possible increased risk of skin malignancy.

Valproate (Epilim▼, Depakote▼) pregnancy prevention programme: updated educational materials

In January 2020, healthcare professionals received updated educational materials to support the valproate pregnancy prevention programme. Valproate is contraindicated in girls and women of childbearing potential, unless the conditions of the pregnancy prevention programme are met.

Nexplanon (etonogestrel) contraceptive implants: new insertion site to reduce rare risk of neurovascular injury and implant migration

Amended advice on the insertion site for Nexplanon contraceptive implants following concerns regarding reports of neurovascular injury and implants migrating to the vasculature (including the pulmonary artery).

APC 20/73 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC)

Nothing to report.

APC 20/74 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

The minutes from NHS Sheffield CCG Area Prescribing Group on 16th January 2020 were received and noted.

APC 20/75 ANY OTHER BUSINESS

20.75.1 COVID-19

The Community Pharmacist raised concerns around the impact on patient safety in terms of medication supply and delivery for house bound patients. National processes were currently being followed but the issues raised would be fed back to the CCG.

20.75.2 Lead Pharmacist, SWYPFT

The Lead Pharmacist, SWYPFT advised that her role was changing slightly as part of changes to the structure of the pharmacy department. A deputy may therefore be in attendance at future APC meetings.

APC 20/76 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 8th April 2020 at 12.30 – 2.30 pm in the Edith Perry Room at Barnsley Hospital NHS Foundation Trust.