NHS
Barnsley
Clinical Commissioning Group

Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday, 11th July 2018 in the Boardroom, Hillder House

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)
Alison Evans	Clinical Quality and Development Lead, Public Health Nursing 0-19 Service (BMBC)
Sarah Hudson	Lead Pharmacist (SWYPFT)
Dr Kapil Kapur (left after item 18/145)	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)
Joanne Howlett	Medicines Management Pharmacist (Barnsley CCG)
Faraaz Hussain (for item 133.4 only)	Lead Clinical Pharmacist, EPMA & ICT Projects (BHNFT)
Umar Patel	Senior Pharmacist - Formulary / Interface (BHNFT)
Arelis Rodriguez-Farradas (items 134&135 only)	Prescribing Support Dietitian (Barnsley CCG)
Gillian Turrell	Lead Pharmacist (BHNFT)

APOLOGIES:

Deborah Cooke	Lead Pharmacist (Barnsley CCG)
Dr Rebecca Hirst	Palliative Care Consultant (Barnsley Hospice)
Dr Jeroen Maters	General Practitioner (LMC)

ACTION BY

APC 18/130 QUORACY

The meeting was quorate.

APC 18/131 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA

There were no declarations of interest to note.

APC 18/132 DRAFT MINUTES OF PREVIOUS MEETINGS

132.1 Draft minutes of the meeting held on 9th May 2018

The minutes were accepted as an accurate record of the meeting.

132.2 Draft minutes of the meeting held on 13th June 2018

The minutes were accepted as an accurate record of the meeting.

APC 18/133 MATTERS ARISING AND APC ACTION PLAN

133.1 APC Reporting – issues relating to summary care records

It was agreed at the last meeting that the Head of Medicines Optimisation would escalate to LMC concerns relating to Summary Care Records and Smartcards but due to time constraints, this issue was not discussed and would be picked up at the September 2018 LMC meeting. **CL**

133.2 NICE TA (May 2018)

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

- TA520 Atezolizumab for treating locally advanced or metastatic non-small-cell lung cancer after chemotherapy

133.3 MHRA Valproate Alert

In order to ensure that existing patients are being counselled, the Committee were seeking assurance that primary care were monitoring and giving advice to patients on valproate.

It was noted that following CCG Medicines Management Team internal discussions, it had been identified that a risk assessment form must be competed in primary care for every female patient of child bearing age taking valproate and this process was ongoing.

The Lead Pharmacist, SWYPFT noted that they were expecting to see referrals coming into the Trust and they were currently putting a process in place to deal with the referrals, possibly up to around 100 patients in Barnsley.

The Lead Pharmacist (CA), Barnsley CCG has contact the specialist neurology team regarding referral of patients who advised that females of child bearing potential should be referred into the service for completion of a risk assessment and guidance has been shared with the Medicines Management Team to ensure patients are reviewed prior to referral to ensure referral is appropriate. Dr Grunewauld has confirmed he will accept appropriate referrals.

Agreed action: -

- The number of female patients between the ages of 13 and 56 taking valproate would be obtained, taking into account the appropriate referral criteria. **CA**

***Post meeting note**: - the data has been collated and sent to SWYPFT and Neurology.*

Action Plan – other areas

133.4 Discharge Letter Audit (BHNFT) and Warfarin Re-audit

At the last meeting, it was noted that the audit proformas were expected to go the MMC for approval but it was reported that these did not go to the meeting. It was noted that a Pharmacy Medicines Audit meeting was in the process of being arranged to discuss the audit criteria following the changes made to the discharge letter and therefore the BHNFT audit was on hold.

Faraaz Hussain, Lead Clinical Pharmacist, EPMA & ICT Projects (BHNFT) was in attendance to discuss the recent changes made to the BHNFT D1 which was now 'live'. .

He confirmed that a number of people including junior doctors had been involved in developing the new discharge letter which has been mapped against Royal College of Physicians to comply with the national dataset. As there had been specific medicine related changes within the D1, BHNFT wanted to highlight those changes to

the APC.

The Head of Medicines Optimisation felt that valuable communication opportunities at clinical forums had been missed and that the recent changes for the D1 could have been discussed at LMC via the BHNFT representative, Dr Gupta who attends regularly every month; or the Membership Council which includes representation from every GP practice.

It was confirmed that changes have been highlighted to the Medicines Management Team and the Head of Medicines Optimisation was seeking feedback from the team about how the changes would impact in terms of additional difficulties for those who currently process D1s.

Work was ongoing to progress quality improvement for in-patients in terms of reconciling medicines while in hospital and there was a lengthy discussion around trying to improve quality in both primary and secondary care acknowledging the sources of information available to reconcile as safely as possible.

BHNFT highlighted the current issues with MIG and the potential risk to patients and it was stressed that a second source of information (i.e. patient/carer) should be used in additional to MIG or SCR.

It was noted that as community systems differ and different systems must be checked and differences must be appreciated. The Chair felt that the APC could not make any decision as issues regarding D1 and MIG related to wider than medicines, although issues would be escalated to the Quality & Patient Safety Committee and the CCG Contracting Team.

Agreed action: -

- The D1 and MIG coding issues would be escalated. **CL**

- The long terms actions on the APC action plan would be revisited and the Interface action plan brought back to the Committee. **CL**

133.5 <u>NICE TA503 Fulvestrant for untreated locally advanced or metastatic oestrogen receptor positive breast cancer</u>

The Lead Pharmacist, BHNFT had looked into the clinical reasons for using this for a patient at BHNFT and it was noted that the patient is no longer taking it but was started on it following advice from Sheffield MDT. As this has a red traffic light classification, it was agreed that any new starter requests must go through IFR.

Agreed action: -

- The formulary would be updated noting that new starter requests must go through IFR. **GT**

133.6 <u>Ticagrelor</u>

At the April 2018 APC meeting, the Committee were informed by Daniel Kaye, Cardiology Clinical Nurse Specialist that a BHNFT internal audit would be undertaken to look at the information

documented on discharge paperwork over a 3 month period, focussing on whether advice on ticagrelor treatment is being communicated. The audit would look at discharge paperwork and medical notes from February, March and April 2018 and presented to the APC.

Daniel Kaye advised by email in July 2018 that unfortunately due to restriction of time, the data collection had not yet begun. It was agreed that this would be again followed up in 3 months.

The Head of Medicines Optimisation informed the Committee that that other CCG Ticagrelor approaches should be shared as theses were not the same as Barnsley.

Agreed action: -

- The Head of Medicines Optimisation to bring information on approaches to the next meeting and these would also be shared with Barnsley consultants prior to the audit results being presented to the Committee. **CL**
- An update regarding the audit to be brought back to the October 2018 meeting. **NB**

APC 18/134 PROPOSED VITAMIN B CO AND VITAMIN B CO STRONG PRESCRIBING AND MEDICATION REVIEW GUIDANCE

Arelis Rodriguez-Farradas, Prescribing Support Dietitian was in attendance to present the guidance which was intended for use in primary care as a guide to review prescribing for Vitamin B Co and Vitamin B Co Strong.

There was a discussion around managing the risk of refeeding syndrome and it was noted that separate guidance was being developed in conjunction with the SWYPFT guideline already in place and this would be brought back to the Committee for approval. Once approved, a link from this guidance would be made to the re-feeding guidance.

BHNFT noted that the Trust only stock Vitamin B Co Strong and therefore patients would be discharged on this.

The Committee noted that Vitamin B Co and Vitamin B Co Strong preparations in alcohol dependency were not recommended. NICE recommends that Thiamine only be offered to alcohol dependent patients unless other deficiencies are identified.

The Committee approved the guidance.

Post meeting note: *- a number of minor amendments have been made to the guideline and algorithm.*

APC 18/135 ONS AUDIT REPORT

Arelis Rodriguez-Farradas, Prescribing Support Dietitian presented the audit report on hospital discharge letters for patients discharged from hospital with Oral Nutritional Supplements (ONS).

The purpose of the audit was to screen all discharge letters issued

for a period of 3 months, for adults patients over the age of 18 year, from 5 randomly selected GP practices to assess compliance with the local plan to prevent inappropriate prescribing of ONS and to assess if patients' safety has been compromised as a result of implementing plan. Overall, all 5 practices audited appeared to be aware of the plan for preventing inappropriate prescribing of ONS.

The Committee thanked Arelis Rodriguez-Farradas for undertaking and presenting the audit.

Agreed actions:-

- A summary of the audit findings would be shared with BHNFT dietitians for information. **AR-F**

APC 18/136 VITAMIN D PREPARATIONS

The Senior Pharmacist, BHNFT presented the guidance after it had been highlighted by a pharmaceutical representative that there are currently no vitamin D products available on the Barnsley Area Formulary that are suitable for Vegans.

The Committee were informed that a product called 'Pro D3 Vegan' is now available containing quantified vitamin D3 sourced from a purely plant based source (Lichen). It is an unlicensed food supplement. As well as being suitable for Vegans it is also suitable for those following halal, kosher and nut-free, sugar-free, alcohol-free, gluten-free diets and is not tested on animals.

It was noted that the guidelines were due to be updated and the Committee agreed that it would be added to the formulary (classified green) as an unlicensed food supplement only for use in vegan patients.

APC 18/137 ASTHMA GUIDANCE

The updated Barnsley Asthma Treatment Algorithm for Adults and Inhaler table were presented highlighting the most cost effective choice for each level of steroid dosage.

The Committee approved the guidance.

APC 18/138 COMBINATION INHALERS

At the March 2018 meeting, information was presented showing that there were four LABA/LAMA combination inhalers available on the market, three of which were included on the Barnsley Joint Formulary. The information presented showed that there was a significant amount of prescribing of Anoro Ellipta® which was non-formulary and it was agreed that geographical prescribing data would be obtained to establish if this was out of area/from practices closer to the border with Rotherham Breathing Space, which specialises in the management of respiratory conditions.

The Lead Pharmacist (CA) had analysed ePACT data which showed that there was a significant amount of prescribing occurring in GP practices which were closer to the border with Rotherham, however there was still a good percentage of prescribing throughout Barnsley and it was agreed that a proportion of practices data would be

checked to establish where prescribing is initiated/referred.

It was noted that Ellipta® devices are on formulary in our surrounding areas.

The Lead Pharmacist, BHNFT informed the Committee that she has recently challenged the Breathing Space team following an increase in prescribing of Ellipta® devices in the Trust. It was noted that the Breathe Team are aware of the formulary and there is agreement with each provider that they will follow the formulary which extends to the Alliance CCG commissioned service.

Agreed actions:-

- The Lead Pharmacist (CA), Barnsley CCG to look at a proportion of practice data to establish where prescribing is initiated; and look into how much non-formulary prescribing is occurring. **CA**

- The Lead Pharmacist, BHNFT would continue to challenge prescribing of Ellipta® devices within the Trust and the Head of Medicines Optimisation to raise the issue with Alliance. **GT** **CL**

APC 18/139 MANAGEMENT OF DEPRESSION IN PRIMARY CARE

The updated guidance was presented following a number of suggested changes at the last APC meeting. Subject to a few further changes identified, the Committee approved the guidance.

Agreed action:-

- A small number of minor corrections to be made before circulating for approval by the Committee. **JH**

APC 18/140 NICE GUIDANCE ON DEMENTIA

Following an update to the NICE guidance on Dementia, specialists at SWYPFT asked if some minor amendments could be made to shared care to allow the GPs to prescribe combination medications which are now recommended by NICE.

For people with an established diagnosis of Alzheimer's disease who are already taking an AChE inhibitor:-

- consider memantine in addition to an AChE inhibitor if they have moderate disease
- offer memantine in addition to an AChE inhibitor if they have severe disease.

Following discussion, the Committee agreed that all dementia medications would be re-classified Amber G, as no drug monitoring was required.

Agreed action: -

- The Lead Pharmacist, SWYPFT to produce Amber G guidance for approval by the Committee. **SH**

APC 18/141 PUSH DOCTOR

The Head of Medicines Optimisation raised an issue following requests for GPs to continue prescribing drugs recommended to patients following a Push Doctor online consultation.

Agreed actions:-

- The Head of Medicines Optimisation to raise this at LMC. **CL**
- NHS England would be contacted for advice on how to handle such requests from patients. **CL**

APC 18/142 CAMHS – PRESCRIBING FOR ADHD (TRANSITION FROM PAEDIATRICS TO ADULTS)

The Head of Medicines Optimisation raised an issue following concerns around the transition from the paediatric to adult service.

The Lead Pharmacist, SWYPFT was aware of ongoing issues around the transition which is a result of there not being enough service commissioned for adults and therefore patients are referred and placed on a waiting list.

Agreed action:-

- The Head of Medicines Optimisation to discuss this further with the Commissioning lead at the CCG. **CL**

APC 18/143 TACKLING INAPPROPRIATE SUPPLIES OF CONTROLLED/HIGH RISK DRUGS

Enclosures J1-2 was shared with the Committee for information.

The letter from NHS England had been sent to GP practices, Community Pharmacies, LMCs and LPCs with specific actions listed.

GPs are asked to undertake a number of actions to ensure that inappropriate requests for controlled / high risk drugs are dealt with in an appropriate way to reduce the potential risk of patient harm. The lists of advisory actions included are continuous safeguards that must be in place to help identify and manage inappropriate use of controlled/high risk drugs.

In order to obtain an overview of how Practices are implementing, or have already implemented these actions we are requesting Practices to complete the pro-forma (J2) and return to the Medicines Management Team. Completion of the pro-forma will provide a baseline of which actions have been implemented in which practices, enabling us to focus on specific areas as needed. It will also be useful to share best practice and to produce practice resources to support in delivering the actions.

Agreed action: -

- The Community Pharmacist to share a copy the letter received from NHS England with the MMT team for information. **TB**

APC 18/144 APC ANNUAL REPORT 2017/18

The final annual report was presented for approval. Subject to amendments on page 3 and page 8, the Committee approved the report.

Agreed action:-

- The final annual report would be presented to the next Quality & Patient Safety Committee. **CL**

APC 18/145 ADDITIONAL QIPP AREAS

The proposed additional QIPP areas involving specific brands or preparations were presented to the Committee.

145.1 Methylphenidate XL to Delmosart® XL

Clarification was required around which strengths were included in the change i.e. all strengths or just the 27mg. in relation to changing from Methylphenidate XL to Delmosart® XL. SWYPFT would prefer to use a single brand and they are being asked by different CCGs to use different brands.

145.2 Shortec® Solution and Injection

In relation to Shortec® solution and injection, Shortec® was the brand of choice and it was suggested that these be added to the formulary. The Committee accepted the addition of Shortec® solution and injection and BHNFT confirmed that they have switched and are using all Shortec® products.

Agreed actions: -

- Clarification to be sought in relation to changing from Methylphenidate XL to Delmosart® XL. Once clarified, the Lead Pharmacist to seek advice from the Trust about using Delmosart® XL for all new patients only. Discussions to take place outside of the meeting and an agreed approach to be brought back to the Committee. **CA/DC** **SH** **CA/SH**

- In relation to Shortec® solution and injection, it was agreed that community pharmacy would be given notice of the switch to allow time to obtain stock. **CA**

APC 18/146 FORMULARY REVIEW PLAN

The formulary review plan was presented for information.

APC 18/147 FORMULARY REVIEWS

147.1 Chapter 1, Gastrointestinal

The Medicines Management Pharmacist presented the formulary review and the following were highlighted and discussed: -

- Page 3, Entocort® - appropriate wording required from gastroenterology to add to formulary and TLL as green. **JH/UP**
- Page 7, Ursodeoxycholic Acid – Committee happy to change TLL to green.
- Page 8, Colesevelam – the Lead Pharmacist, BHNFT to look at existing patients on this and discuss with gastroenterologists if a new product application or guidance **GT**

document is required.

Subject to the above being actioned, the Committee accepted the Gastroenterology formulary review.

147.2 Chapter 3, Respiratory

The Lead Pharmacist (CA) presented the formulary review and the following were highlighted and discussed: -

Page 1, MucoClear® 6% - formulary entry needs amending, formulary traffic light status green **CA**

Page 13, there was discussion around changing Desloratadine and Levocetirizine to green with restricted use. No change would be made and the evidence base would be queried. **CA**

It was noted that the formulary review should be updated in line with any changes provided in the updated Barnsley Asthma Treatment Algorithm for Adults and Inhaler table presented at 18/137 above. **CA**

Subject to the above being actioned, the Committee accepted the Respiratory formulary review.

147.3 Chapter 12, ENT

Senior Pharmacist, BHNFT presented the formulary review and the following were highlighted and discussed: -

Page 1, Ciprofloxacin – it was agreed to remove the eye drops comment and it's TLL status was confirmed as Amber G
Page 2, Tranexamic Acid Mouthwash – agreed TLL and formulary status should be red

The Committee accepted the ENT formulary review.

147.4 Chapter 13, Skin

The Lead Pharmacist, BHNFT presented the formulary review and the following were highlighted and discussed: -

Page 3, Camouflage agents – dependent on usage, it was suggested that larger quantities be issued to patients and this could be captured in referral for primary care to adjust the quantities. It was raised that some areas in England only prescribe camouflage agents for the face and have position statements in place. The Lead Pharmacist would check the Barnsley position. **GT**

The Committee accepted the Skin formulary review.

The Lead Pharmacist, SWYPFT mentioned and agreed to share a PrescQIPP bulletin in relation to "cost effective emollients with no, or low paraffin content" which may be worth adding to the formulary review.

There was a discussion around the cost of Trimovate cream, which is available as a 'special' only and primary care prescribing data would be obtained. BHNFT advised that as an alternative they use Timodine when Trimovate is not available.

Agreed action: -

- PrescQIPP bulletin in relation to “cost effective emollients with no, or low paraffin content” to be circulated. **SH**
- Primary care prescribing data for Trimovate cream to be obtained. **CA**

APC 18/148 DEFERRED AGENDA ITEMS

Due to time constraints, the following agenda items were deferred to the next meeting:-

- Shared care guideline approval process
- Melatonin Amber Shared Care
- Minoxidil Amber G Guideline
- Shared Care Prescribing Guideline for the treatment of children with Recombinant Human Growth Hormone
- New Product Application Fiasp® (insulin aspart injection)
- New Product Application Enstilar® Cutaneous Foam
- New Product Application Saxenda® (Liraglutide)
- New Product Application VisuXL®
- Horizon Scanning Document (June 2018)

APC 18/149 BARNSLEY APC REPORTING JULY 2018

The reports were received and noted.

APC18/150 NEW NICE TECHNOLOGY APPRAISALS (JUNE 2018)

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

- TA522 Pembrolizumab for untreated locally advanced or metastatic urothelial cancer when cisplatin is unsuitable
- TA523 Midostaurin for untreated acute myeloid leukaemia
- TA524 Brentuximab vedotin for treating CD30-positive Hodgkin lymphoma
- TA525 Atezolizumab for treating locally advanced or metastatic urothelial carcinoma after platinum-containing chemotherapy
- TA526 Arsenic trioxide for treating acute promyelocytic leukaemia
- TA527 Beta interferons and glatiramer acetate for treating multiple sclerosis
- TA217 (updated from March 2011) Donepezil, galantamine, rivastigmine and memantine for the treatment of Alzheimer's disease

APC18/151 MHRA DRUG SAFETY UPDATE (JUNE 2018)

Received and noted.

APC 18/149 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)

It was agreed that the following would be escalated to the Q&PSC: - **CL**

- D1
- MIG
- Push Doctor

APC 18/157 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

The minutes from NHS Sheffield CCG (19th April 2018) and NHS Doncaster & Bassetlaw CCG (26th April 2018 & 31st May 2018) were received and noted.

APC 18/158 ANY OTHER BUSINESS

158.1 Management of Allergic Rhinitis

***Post meeting note**: following circulation and ratification of the guideline by email, a minor amendment has been made to table 1 (fexofenadine duplicate entry removed and acrivastine removed as this is a non-formulary drug) and Azelastine (intransasal) can be used from 6 years (not 5 years).*

APC 18/159 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 8th August 2018 at 12.30 pm in the Edith Perry Room at Barnsley Hospital NHS Foundation Trust.