

# South West Yorkshire Area Prescribing Committee Minutes

20 September 2016 | 1:00 – 4:00

Venue: Board Room, Broad Lea House

**Chair:** Nigel Taylor (NT)

**Attendees:** Chris Barraclough (CB)  
Rachel Bastow (RB)  
Ric Bowers (RB)  
Kate Dewhirst (KD)  
Joanne Fitzpatrick (JF)  
Laura Gardiner (LG)  
Tracey Gaston (TG)  
Sue Gough (SG)  
Pat Heaton (PH)  
Fozia Lohan (FL)  
Alistair Tinto (AT)  
Suki Vivekananthan (SV)  
John Yorke (JY)

**Apologies:** Mike Culshaw (MC)  
S. Roohi Azam (SRA)  
Neill McDonald (NM)  
Eric Power (EP) – Pat Heaton in attendance  
Robbie Turner (RT)  
Helen Foster (HF) – Rachel Bastow in attendance

In attendance: Tony Jamieson (TJ) and Mike Stansfield (MS) from the Yorkshire and Humber AHSN.  
Fiona Smith from CHFT to discuss the antimicrobial resistance CQUIN.

## AGENDA TOPICS

### Topic 1: Welcome and Apologies

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New members were welcomed. Apologies received as above.

### Topic 2: Declarations of Interest

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JF – Council Member for PrescQIPP. NT declared an interest due to potentially prescribing ulipristal. TJ and MS have declarations due to working for AHSN, but could not contribute to agenda items. An annual declaration of interest form will be circulated for completion by members, once the form has been updated following changes to national guidance.

### Topic 3: Minutes of the Last Meeting

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LG needs adding to attendees of the last meeting. Minutes were then approved from the meeting on 27 July 2016.

### Topic 4: Action log

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Updates were made to the action log.

### Topic 5: Interactions with HIV medication

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1. Drs Short and Street from CHFT highlighted at their Medicines Management Committee that awareness needed to be raised about interactions between HIV antiretrovirals and items commonly prescribed in primary care (e.g omeprazole, corticosteroids). There is a potential risk when antiretrovirals are not included on the GP prescribing systems. Although we know it is good practice to add secondary care drugs as non-prescribed items on GP systems, so interactions should be flagged up, GPs on the Committee stated that practices were not always told when these secondary care drugs were prescribed. One concern with HIV drugs may be patient confidentiality. KD noted that this had been raised through the Medicines Safety Officers (MSO) network and she would share the e-mails.
2. RB noted that pharmacy may not know that patients are on HIV medication due to the HIV clinic using separate records.
3. Acute Trust pharmacists to feedback to clinicians that GPs are willing to put information onto their clinical systems if they are made aware of prescribing of these types of drugs.

Actions:

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Share e-mails from MSO network	KD	22/11/16
Pharmacists to share with clinicians about GPs being made aware of prescribing of these types of drugs	JY/RB	22/11/16

### Topic 6: Ulipristal information sheet

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4. CB has worked on an information sheet for GPs with Chris Kremer, Consultant in O&G at Mid-Yorks. There was discussion about this being an amber drug in other places; that this was quite complicated for primary care to manage and GPs did not have sufficient knowledge.
5. TG noted that their GPwSI was involved with writing a consensus document about this drug. Some of it was different to our proposed information sheet. TG offered to ask the people involved in Bradford to suggest a way forward.
6. JY to talk to clinicians at CHFT about it.
7. RB to feedback to clinicians at MYHT.

Actions:

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Ask Bradford clinicians about ulipristal	TG	22/11/16
Ask CHFT clinicians about use of ulipristal	JY	22/11/16
Feedback to clinicians at MYHT	RB	31/12/16

## Topic 7: Commissioning Statements

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- a) The updated hydrocortisone MR commissioning statement was approved.
- b) The equality assessment for hydrocortisone MR was approved.
- c) The updated commissioning statement for ranolazine was reviewed. There was some discussion about where ranolazine fits in the pathway. KD noted that when they reviewed vortioxetine they suggested the wording: Other agents are available at this stage of the condition which may have more evidence of safety and effectiveness. It was suggested that we should be recommending that ranolazine is only used in accordance with the NICE guideline and that a commissioning statement is now not needed. Leave ranolazine on website as green with specialist initiation.
- d) The travel medicines commissioning statement has had a statement added with regard to polio vaccination. Will be looked at the GH/NK Medicines Strategy Group.

### Actions:

Add updated hydrocortisone commissioning statements to website.

Remove ranolazine commissioning statement from website	SG	06/10/16
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## Topic 8: RAG

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- NICE has issued a technology appraisal about degarelix for prostate cancer in patients with spinal metastases. This drug is already on the APC's website. It was agreed to leave it as 'red'. MYHT is looking at this drug. Used for a few patients at CHFT.
- Retigabine is being discontinued by the manufacturer for commercial reasons. Patients on it need to be reviewed.
- The 'grey' list went out of date on the website in January 2013. CCG members were happy for the APC's website to signpost to the PrescQIPP [DROP-list](#). This supports work already happening on drugs like hay fever medicines to support self-care. JF noted that subscribers to PrescQIPP can look at a scorecard for all DROP-list products which shows whether a particular CCG is above or below average for prescribing these products and potential savings.

### Actions

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Patients on retigabine need to be reviewed	All	31/12/16
Grey list to be removed from website and signpost to DROP-list	SG	6/10/16

## Topic 9: Shared Care Guidelines (SCGs)

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- a) Circadin
  - KD had incorporated the comments received. It was approved following minor changes.

### In development

Clinicians at MYHT have asked if the shared care guideline for cyproterone is still needed as it is no longer initiated by them? Usage in primary care to be checked (Wakefield CCG has 26 patients still on it).

### For discussion

The SCG for modafinil is out of date on the APC's website. PrescQIPP notes that prescribing should be limited as there is a lack of evidence of safety and efficacy for off-label indications. Data show approximately 100 prescriptions were issued per

CCG between February and April 2016 (except Bradford City – only 7 prescriptions). Traffic light status to be reviewed at the next meeting.

## **Actions**

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Upload melatonin SCG	SG	6/10/16
Check usage of cyproterone (have Wakefield's)	CCGs	30/9/16
Add modafanil to next agenda	SG	22/11/16

## **Topics 10/11: APC development/work plan**

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Notes of the development session have been circulated. We need to find a new Chair.

Tony Jamieson from the Yorkshire and Humber AHSN spoke to the Committee about how they may be able to develop joint working. The Sustainability and Transformation plan is being developed which will include all the West Yorkshire CCG areas plus Harrogate. It is not yet known how this will impact on medicines optimisation. Even with the Regional Medicines Optimisation Committee in place there will still be work to be done by APCs, particularly around implementation.

Future work - we need to look at the impact of our work on patients. Look at focus group and patient forums. How will our work impact on organisational objectives? Re-write terms of reference to get more consistency. We need to build on our role as an interface organisation. Need patient/public involvement. Some of our documents on our website are complicated for the public to understand. We may need a public summary for some documents. Need to make better links with Leeds.

On the workplan, update antibiotic guidelines as national guidelines have been updated.

A commissioning statement for therapeutic spinal injections has been requested. The Committee discussed if this was a contracting issue and we would not expect a private hospital commissioned to provide NHS services to give to patients when they were not recommended routinely. (post-meeting note – SG asked Sue Richardson at GH if this was a contracting issue. She says not. We need an agreed commissioning statement to give to each provider to get consistency).

## **Actions**

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AHSN to talk to members.	TJ/MS	30/11/16
AHSN to develop APC work and prepare a plan	TJ/MS	31/12/16
Update antibiotic guidelines	Sub-group	1/12/16
Write commissioning statement for spinal injections	SG	1/1/17

## **Topic 12: Antibiotic stewardship**

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Antibiotic campaign materials have been developed which are available from the APC's website.

Fiona Smith from CHFT came to talk to the Committee as Acute Trusts have been set a challenging CQUIN for antibiotic prescribing. This includes reducing antibiotic consumption and improving empirical review of patients within 72 hours. Everyone agrees that we need to manage antibiotics. We need to look at diagnostic criteria too. AT agreed to ask regionally if the target can be re-negotiated? Also to be discussed with Yorkshire and Humber Chief Pharmacists. JF could ask the CCG CQUIN leads. To be raised at the Leeds Antibiotic Guardian workshop. Baseline data from Public Health England is expected shortly. A local CQUIN may be possible next year. Primary care has had targets for two years (Quality Premium) which have needed a shift of resources to achieve.

## Actions

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Ask if target can be re-negotiated regionally?	AT	30/11/16
Discuss with Y and H Chief Pharmacists	Chief Pharmacists	30/11/16
Ask CCG CQUIN leads	JF	30/11/16

## Topic 13: Minutes from other committees

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A key message from SWY Partnership's meeting was no need to use vitamin B compound and compound strong. The wound management sub-group needs to undertake benchmarking and take action with outliers. SG to find out if the exception reporting form can be accessed through EMIS/SystmONE. The top tips which includes guidance on quantities to be supplied is to be re-issued. The formulary on SystmONE needs updating. TG noted that the Bradford area is piloting cupboards of stock dressings for nurses (in one practice costs have halved following introduction of the cupboard). The cupboards only include formulary items. TG offered to send the pilot write-up.

## Actions

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Exception reporting form needs to go onto IT systems	SG	30/11/16
Top tips to be updated and re-issued	SG	30/11/16
Wound formulary needs updating on SystmONE	CCGs	31/12/16
Pilot write-up to be circulated	TG	31/10/16

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## AOB

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EP was thanked for all his work for the health economy and wished well for his future role.

**Date and Time of Next Meeting** – Tuesday 22 November 1.00 - 4.00pm in Stuart Room, Broad Lea House

Following meeting – Tuesday 17<sup>th</sup> January 2017 1.00 - 4.00pm in Ibbotson Room, Broad Lea House