South West Yorkshire Area Prescribing Committee Minutes

22 November 2016 | 1:00 – 4:00 Venue: Stuart Room, Broad Lea House

Chair: **Nigel Taylor (NT)**

Attendees:

Ric Bowers (RB)
Phil Deady (PD)
Kate Dewhirst (KD)
Joanne Fitzpatrick (JF)
Helen Foster (HF)
Tracey Gaston (TG)
Sue Gough (SG)
Pat Heaton (PH)
Fozia Lohan (FL)
Neill McDonald (NM)
Judith Stones (JS)
Himat Thandi (HT)
Robbie Turner (RT)
Rachel Urban (RU)
Suki Vivekananthan (SV)
John Yorke (JY)

Apologies: **Chris Barraclough (CB)**
Hameda Lane (HL)
S. Roohi Azam (SRA)
Alistair Tinto (AT)
Tony Jamieson (TJ)
Dil Ashraf (DA)

In attendance:
Claire Kilburn (CK) from Airedale, Wharfedale and Craven CCG.
Mike Stansfield (MS) from the Yorkshire and Humber AHSN.
Jane Cameron (JC) to discuss the Devon formulary and referral website.

AGENDA TOPICS

Topic 1: Welcome and Apologies

New members were welcomed. Apologies received as above.

Topic 2: Declarations of Interest

None.

Topic 3: Minutes of the Last Meeting

Minutes were approved from the meeting on 20 September 2016.

Topic 4: Action log

Updates were made to the action log.

Topic 5: Devon formulary and referral website

1. Jane Cameron spoke to members. She is working with Wakefield and North Kirklees CCGs. One of her pieces of work is looking at referrals. There is a lot of inconsistency locally. In looking for good practice in other areas, the Devon referrals website was looked at.
2. Due to support at Clinical Leader's Forum, a decision was taken to buy the Devon referrals website. Their templates and approach are now being used locally to build something similar. It will be launched as OSCAR (Online Support and Clinical Advice Resource) in the new year, with a communications package. The Devon website also includes a formulary. Jane is now asking local people if this could be developed in this area. There would be economies of scale from doing this on a wider footprint than just Wakefield and North Kirklees.
3. JY noted that any formulary would need to cover both primary and secondary care.
4. TG noted that the Bradford area is piloting a new version of Map of Medicine. Having too many systems in place would be confusing.
5. It was suggested that the geography needs to cover the Healthy Futures area.
6. NT asked JC to keep the Committee informed of progress.

Actions:

Inform Committee of progress	JC	31/1/17

Topic 6: Commissioning Statements

Travel medicines

The final version of the travel medicines commissioning statement was discussed. It was noted that if a vaccine is not commissioned for travel, people would have to pay for it. Providers other than GP practices are available. There was some discussion about people bringing back a disease from another country. These would be dealt with as cases by Public Health England, and would not have any influence on this commissioning statement.

7. The commissioning statement was approved.
8. Post meeting note: TG, JF and HF had a meeting with SG to discuss her work plan. The work plan spreadsheet includes a request to have a travel medicines commissioning statement for people travelling due for work or education purposes. It was agreed to add "People requiring travel vaccination or medicines for travel due to work or for education purposes need to arrange these with their employer or education provider" to the approved commissioning statement and ask NT to approve via Chair's action.

Dapoxetine (review)

9. The dapoxetine commissioning statement has been reviewed due to it going out of date. It was noted that other treatment options are available.
10. Updated commissioning statement was approved.

Linaclotide (review)

11. The linaclotide commissioning statement was approved.

Equality assessments for commissioning statements

12. All three EQIAs were approved.

In development

13. A commissioning statement for liothyronine/Armour thyroid is out for consultation with members.

Actions:

Add sentence to travel commissioning statement	SG	9/12/16
Circulate final versions to CCGs	SG	30/12/16
Collate comments on liothyronine commissioning statement and take to the next meeting.	SG	17/01/17

Topic 7: RAG

Posaconazole

1. The APC's website currently says for posaconazole: "invasive aspergillus unresponsive to other antifungals". A GP has been asked to prescribe for prophylaxis of invasive fungal infections in patients undergoing bone-marrow transplantation/receiving chemotherapy for acute myeloid leukaemia and myelodysplastic syndrome. It was agreed to amend the website to say 'red for all indications'.

Modafanil

2. The PrescQIPP website notes that prescribing of modafanil should be limited as there is a lack of evidence of safety and efficacy for off-label indications. It was suggested that it is being used off-label for things like shift work and during exams. Members from CCGs to check which indications it is being prescribed for. Advice to be sought from the Neurologists.

Triptorelin 6 monthly formulation

3. JY noted that a 6 monthly formulation of triptorelin is now available. It is more cost effective for CCGs but more expensive for acute Trusts. One option would be for acute Trusts to initiate therapy with the GnRH analogue of their choice and ask GPs to use the one of their choice. Switching information could be added to the APC's website. A letter could be obtained from the Urologists saying clinicians have the freedom to use a GnRH analogue of their choice. To be discussed further at the next meeting.

In development

4. A guideline on management of hypotension, including midodrine, is being developed. JY is looking for guidance which is already available. NM offered to share the one from Bradford Teaching Hospitals. Members to comment on before the next meeting.

Actions:

Change wording on APC's website for posaconazole	SG	9/12/16
Circulate SCG from Bradford on midodrine	SG	9/12/16

Topic 8: Lidocaine patches

1. Use of lidocaine patches was discussed. JY noted that usage had decreased at CHFT since Dr Seebas had worked with clinicians to review patients. One option would be to have a commissioning policy for off-label usage. Another option would be to have a whole pathway approach, including non-drug options. This work could link to the use of spinal injections for back pain. The pain teams could be asked to work on off-label indications. It was noted that there is not a lot of evidence to support its use. Patients should be reviewed and not left on it for long-periods. TG noted that other options need to be considered such as physiotherapy support. Any work should involve Leeds as they are asking GPs to prescribe. Consider having a statement like NICE use about existing patients being able to stay on a medication until review.

Actions

Work up pathway	Task and finish group	31/3/17
Write holding position commissioning statement	SG	31/1/17

Topic 9: Ulipristal information sheet

To discuss at next meeting.

Topic 10: Shared Care Guidelines (SCGs)

In development

1. Guanfacine

KD is collating comments on the guanfacine SCG. KD confirmed that the dosing schedule for adults is the same as the one given on the SCG. It would be good practice for prescribing to remain with the specialist until the dose is established. Monitoring of patients is necessary. If patients are seen in clinic and a dose adjustment is found to be necessary, the clinic should provide the prescription. Treatment should not be stopped by the patient/parent without discussing with a health care professional. KD noted that the SPC states that the drug can increase blood pressure whilst in the patient's system. KD was asked to make a few changes and this could then be approved via Chair's action.

For discussion

2. SCG for cyproterone

An update of the SCG for cyproterone has not been finalised as the Consultants do not think it has any benefit over bicalutamide. A template letter could be prepared by the Consultants from MYHT for patients with cancer stating that patients can be switched to bicalutamide. Consultants at CHFT and BTHFT to be asked if they would support use of bicalutamide in these patients? Although most patients are on it for prostate cancer, a few patients are on it for flare. It was agreed that only patients on it for prostate cancer should be offered bicalutamide. Patients who do not want to switch should be left on cyproterone.

Actions

Guanafacine SCG to be updated following comments and send to NT for Chair's action	KD	17/1/17
Bicalutamide template letter to be prepared	RB	17/1/17
Ask clinicians at CHFT/BTHFT for their thoughts on this	JY/NM	17/1/17

Topics 11: Serious incident

A serious incident report found that a patient had died due to an overdose of quetiapine. The patient intended to take an overdose but got too much due to a dispensing error by a community pharmacy.
KD noted that work is already happening at SWYPT to look at stabilisation of patients. Input from mental health leads at CCGs would be appreciated.

Actions

Involve MH leads at CCGs	KD	17/1/17

Topic 12: Bisphosphonates for patients with breast cancer

A request has been received to support the use of bisphosphonates in patients treated for breast cancer. It was noted that although these drugs are unlicensed for this indication, it could be approved as part of a cancer pathway. One concern is compliance as we know that patients treated for osteoporosis complain of gastro-intestinal side effects. The possible way forward could be to approve patients being started on oral ibandronate and then look at any women who can't take and zoledronic acid infusion could be considered. Patients would need treatment for 3 years. This would be new patients and those treated in the last 6 months. Some CCGs need to discuss it locally. Would be 'green specialist initiation'.
TG to discuss with Ian, their commissioning officer, for him to raise with the strategic cancer network. A letter for GPs would be necessary asking them to continue prescribing and why this is necessary.

Actions

Raise via strategic cancer network	TG	31/1/17

Topic 13: AHSN feedback

MS thanked members for their help with review of the work of the Committee. Feedback had included a gap in how to measure the impact of the work that we do. One option for the future could be measuring patient experience. Members thought the APC should be more strategic and not so operational. Membership could be extended to include more disciplines. It was noted that sometimes work gets carried over to the next meeting with no decision being made. One action for the future is promoting the work of the Committee and making sure more clinicians know of our website. One option would be to encourage GP practices to put a link to our website on theirs. The Committee should produce an annual report.

The work of RMOC and STP area are still emerging. We need to work more closely with Leeds and Harrogate. MS was asked to feed back to the Committee once he'd met with colleagues in Leeds. Items could be raised via the Yorkshire and Humber Heads of Medicines Management, Chief Pharmacists' network and via the STP agenda.

The profile of the APC needs to be raised via Chairs of Trust medicines committees, Chief Operating Officers at CCGs, Medical Directors etc. Locums and new members of staff should be told where to find the website. An e-learning package could be put together of things you need to know to work in this area. The profile also needs raising with

non-medical prescribers. Organisations which train non-medical prescribers need to be contacted (Bradford, Leeds, Huddersfield). It is not known how many people look at the website. There is no counter and we have not used Google Analytics.

MS was asked to feed back at the next APC meeting.

Actions

Link with other organisations and raise the profile	All	31/3/17
Counter or Google Analytics to be looked into	SG	17/1/17
Feedback to next APC meeting	MS	17/1/17

Topic 14: Zlatal methotrexate

Fiona Smith from CHFT asked if organisations were considering the Zlatal brand of methotrexate injection? It was noted that MYHT and BTHFT were not using it.

Topic 15: Methotrexate 10mg tablets

NT had written to Leeds APC about their approval of methotrexate 10mg tablets. A reply had been received. Members were still concerned about patient safety. Switching patients from 10mg to 2.5mg could be risky if patients misunderstand. It was agreed to raise the issue via the Yorkshire and Humber Heads of Medicines Management and with the Medicines Safety Officer in Leeds via Liz Kay. The Open Prescribing website shows that Leeds is the highest user of 10mg tablets in the country.

Actions

Y&H HoMM	TG/HF/JF	31/12/16
Liz Kay	TG	17/1/17

Post meeting note – It was discussed at HoMM meeting 6.12.16. Leeds are going to discuss methotrexate 10mg tablets again.

Topic 16: Minutes from other committees

The minutes of the Wound Management Formulary Committee show that the top tips on dressing quantities has been updated. It was suggested sharing this with practice pharmacists/technicians to use in practices. RU reported that North Kirklees and Greater Huddersfield were looking into direct purchasing of dressings. Bradford has already looked at this. One option would be to transfer the budget to prescribers and District Nurses and gainshare the savings. Airedale, Wharfedale and Craven had implemented switching patients from tadalafil. CK agreed to share the protocol and letter with APC members.

Actions

Share wound top tips	SG	31/12/16
Share tadalafil switching information	CK	31/12/16

AOB

RT said that this was his last meeting as he has been appointed as Director for England at the Royal Pharmaceutical

Society. The members wished him well in his new role.

Date and Time of Next Meeting – Tuesday 17th January 2017 1.00 - 4.00pm in Ibbotson Room, Broad Lea House