South West Yorkshire Area Prescribing Committee Minutes

17 January 2017| 1:00 – 4:00 Venue: Ibbotson Room, Broad Lea House

Chair: **Nigel Taylor (NT)**

Attendees:

Kate Dewhirst (KD)
Joanne Fitzpatrick (JF)
Helen Foster (HF)
Tracey Gaston (TG)
Sue Gough (SG)
Pat Heaton (PH)
Rania Ishak (RI)
Fozia Lohan (FL)
Neill McDonald (NM)
Judith Stones (JS)
Himat Thandi (HT)
Rachel Urban (RU)
John Yorke (JY)

Apologies: **Chris Barraclough (CB)**
S. Roohi Azam (SRA)
Alistair Tinto (AT)
Phil Deady (PD)
Claire Kilburn (CK)
Ruth Buchan (RB)

Mike Stansfield and Tony Jamieson from the AHSN sent an e-mail update as they were unable to attend.

AGENDA TOPICS

Topic 1: Welcome and Apologies

The new member was welcomed. Apologies were received as above.

Topic 2: Declarations of Interest

None for agenda items. Annual declaration of interest forms need to be completed by members. SG to circulate.

Topic 3: Minutes of the Last Meeting

Minutes were approved from the meeting on 22 November 2016.

Topic 4: Action log

Updates were made to the action log.

Topic 5: Commissioning statements

a) Liothyronine/Armour thyroid

The commissioning statement written by Harrogate and Rural District had been out for consultation with members of the Committee. It was agreed to add an extra indication:

- 'In-patient treatment of profound hypothyroidism, under the care and/or direction of an endocrinology expert'.

It was noted that a small number of patients will be stabilised on it and not able to take alternatives. It was agreed to add similar wording to that used by NICE in their negative technology appraisals.
This will be added to new commissioning statements: 'Patients who were started on xxxx before this commissioning statement was approved by the CCG may continue to receive this treatment until they and their NHS clinician consider it appropriate to stop.'

KD noted that liothyronine is sometimes used in patients with depression. However, it is not part of the NICE guideline. It is unlikely to be cost effective given the recent increase in price. It is not used by Bradford Community Trust.
A small number of patients who do not fit into the proposed commissioning criteria will need to be reviewed to see if alternatives are possible.
JF noted that when PrescQIPP covered liothyronine products in their DROP-List bulletin they received a lot of comments, which they have responded to. These should be put onto our website when this goes out for public consultation.

Actions:

Make changes to commissioning statement.		31/3/17
Put on website to seek views of the public	SG	

Topic 6: New RAG submissions

a) **Brivaracetam**

This drug had been discussed and approved at MYHT's evidence committee. It was approved as Green Specialist Initiation as:

an **adjunctive** third line treatment option for the management of partial-onset seizures with or without secondary generalisation in adults. Brivaracetam may be considered if there is:

- failure of one or more first line drugs (carbamazepine, lamotrigine or levetiracetam) **AND**
- failure of one or more 2nd line drugs (topiramate, pregabalin, lacosamide, zonisamide or perampanel)

Some CCGs are recommending using generic versions of anti-epileptics in category 3 of the list produced by the MHRA.

b) **Levetiracetam granules**
This is for a small number of patients who are unable to take the liquid. Levetiracetam to be added to APC's website as GSI.

RAG amendments

c) Midodrine
Members had reviewed the draft shared care guideline from Bradford Teaching Hospital. JY has asked Dr Seebas at CHFT to look at drug choice. NM is happy to make changes to the Bradford document when he receives feedback.
Some CCGs are looking at changes to how amber drugs are funded in primary care.
Acute Trust clinicians need to be reminded to send GPs copies of the shared care guideline, or link to the APC's website, when requesting shared care.

d) Colomycin for nebulisation for patients with bronchiectaisis
Members looked at the shared care guideline from Leeds. JY noted that a crib sheet would be written to go with the shared care guideline so it was clear that the community teams/acute Trusts would supply the nebuliser and disposables. GP practices would be asked to supply the Colomycin, salbubamol nebules (which patients use before Colomycin) and the saline. Patients will be taught how to use it by the nurses. The guideline from Leeds says patients will be followed-up every 4 to 8 weeks. Our local acute Trusts need to check that this will be the case locally. Bradford Teaching and Mid-Yorkshire to check what happens at their Trusts with regard to this drug for bronchiectasis and feedback to the next meeting.

e) Co-proxamol
It was agreed to change the classification of co-proxamol from grey to black. This drug is unsafe in overdosage, and is now increasing in price. Patients need to be identified in practices. We need to consider if patients need support due to addiction.

f) TB drugs
As these medicines are supplied by the TB service or specialist services, they will be classified as red when used for the treatment of TB.

RAG amendments and new submissions

g) Drugs for alcohol abuse
JF had found that some primary care patients are on drugs for alcohol dependence for extended periods of time with no specialist support.
It was proposed that chordiazepoxide should be red for acute alcohol withdrawal. RB had written a pathway and protocol for Mid-Yorkshire.
It was suggested that naltrexone should only be used for up to 6 months, unless a specialist thought a longer course was necessary. It was suggested that this should be amber.
It was suggested that disulfiram should move from GSI to amber.
JF had found some patients over the age of 65 years on acamprosate, which is not recommended for this age group.

Disulfiram, naltrexone and acamprosate will be amber pending shared care and further discussion for the time being. CCG members will talk to their Local Authorities, who commission services for alcohol, about capacity and local agreements.

To note

h) Pre-exposure prophylaxis (PrEP)

PrEP is using anti-retroviral drugs to prevent HIV transmission. CCGs do not commission this, so it has been made black on the website.

Actions:

Feedback on midodrine to NM	JY	3/03/17
Send SCGs/links to GPs	Providers	
Check follow-up for Colomycin patients	JY	3/03/17
Procedures for dealing with Colomycin	NM/RI	3/03/17
Talk to LAs regarding alcohol services	CCGs	3/03/17

Topic 7: Shared care guideline

Circadin

a) KD had written a leaflet for patients/parents about how to crush Circadin tablets. This was approved. It has been uploaded to the APC's website under melatonin MR (Circadin®).

Modafanil

b) 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. A search of GP systems in two CCGs had found patients were prescribed it for example, post-stroke, lethargy, sleep apnoea. A shared care guideline is to be developed with the Neuologists.

Cyproterone

c) A letter had been produced at MYHT for GPs about switching patients on cyproterone for prostate cancer. Two changes were approved – remove mention of herbal remedies and state that PSA testing frequency is down to local agreement. MYHT is going to produce a letter which could be given to patients to reassure them about the switch.

Actions:

Prepare draft SCG for modafanil with Neurologists	JY	30/04/17
Letters for GPs/patients regarding cyproterone	RI	03/03/17

Topic 8: Ulipristal information sheet

Clinicians from Bradford had been involved in producing a clinicians' information sheet for the manufacturer of ulipristal. It did not make recommendations on who should prescribe and order the ultrasound scan. It was agreed that providers should get experience of using the drug and feedback to the APC in a year's time.

Actions

Update website with red indications for ulipristal	SG	20/1/17
Feedback on experience of using ulipristal	Providers	31/1/18

Topic 9: HIV medication

Bradford Teaching Hospital had fedback to the Committee that their HIV service does send full details to the patient's GP, but only where they have been given consent to do so by the patient. They do encourage patients to give consent, but some do not give consent for the information to be shared. This is a national issue.

Post-meeting note:
This was discussed at Calderdale CCG's Medicines Advisory Group on 19.1.17. Consent may be given more easily if patients understand the implications. It would be worthwhile explaining to patients that the system would be safer if details of their medication are shared so that the GP's clinical system would flag up interactions with their hospital medication. Some of the interacting medicines are commonly prescribed in GP practices, such as corticosteroid inhalers. SG has put a link to the MHRA alert about cobicistat, ritonavir and corticosteroids on the APC's website. Also put a link to the Liverpool HIV drug interaction checker.

Topic 10: Update from AHSN

On the recommendation of the APC, Mike and Tony from the AHSN have opened dialogue with the Sustainability and Transformation Plan (STP) leadership. Amanda Bloor of Harrogate and Rural Districts CCG is the lead Chief Officer on commissioning policies, where this work sits. She works alongside Ian Holems and Lauren Phillips. Mike and Tony will be meeting with Amanda on 26th January to see how we can best align the review instigated by SWYAPC with the rest of the STP footprint.
They are also making arrangements to start the market research work with front-line clinicians which will be part of our impact assessment of the products of the APC.

JF and TG have raised with their CCGs the need for an APC on the STP footprint. A paper from Healthy Futures about commissioning policies, which includes medicines management, will be shared with members.

Topics 11: D&T and sub-group updates received

Safety
The group is working on things across interfaces that they can influence, for example template out-patient letters.

Topic 12: AOB

Members discussed a paper regarding supply of medicines to Urban House which deals with asylum seekers in Wakefield. It was agreed that using patient group directions would not be appropriate. Some of the medicines which had been requested for the stock list were of limited clinical value and would not be appropriate to supply. KD to work on the stock list.

JF raised that the bowel cancer screening service was expecting GPs to prescribe low molecular weight heparins (LMWHs) for patients who normally take warfarin as pre-procedural bridging therapy before colonoscopy. JY to ask the service about this.

Actions

Work on Urban House stock list	KD	31/03/17
Raise LMWHs with bowel cancer screening service	JY	31/03/17

Date and Time of Next Meetings

Tuesday 21st March 2017 1.00 - 4.00pm; Tuesday 23rd May 2017 1.00 – 4.00pm both in Ibbotson Room, Broad Lea House.