South West Yorkshire Area Prescribing Committee

Date: **21st March 2017**

Time: **13:00-16:00**

Location: **Ibbotson Room, Broad Lea House**

Action Notes

ATTENDEES
Nigel Taylor (NT) – Chair
Becky Martin (RM) – Notes
Sue Gough (SG)
Helen Foster (HF)
Tracey Gaston (TG)
Pat Heaton (PH)
Rania Ishak (RI)
John Yorke (JY)
Chris Barraclough (CB)
Martin Shepherd (MS)
Kate Dewhirst (KD)
Himat Thandi (HT)
Ruth Buchan (RB)
Neil McDonald (NM)

APOLOGIES
Joanne Fitzpatrick (JF)
Fozia Lohan (FL)
Judith Stones (JS)
Rachel Urban (RU)
S. Roohi Azam (SRA)
Alistair Tinto (AT)
Phil Deady (PD)
Claire Kilburn (CK)
Makrand Goré (MG)
Suki Morley (SM)
Jaspreet Sohal (JS)
Mike Culshaw (MC)
Dil Ashraf (DA)

ITEM		ACTIONS	LEAD & TIMESCALES
1	**Welcome, introductions and apologies** • Introductions were completed for all members. Two new members welcomed to the meeting: Martin Shepherd the new Pharmacist for high cost drugs at CHFT and Becky Martin the new Project Co-ordinator, who will be supporting the work of the APC. • Apologies received as recorded as above.		
2	**Declarations of interest** • No declarations of interest for agenda items • Nigel asked members to complete declaration of interest forms if not already done so and send back to SG.	ACTION	**SG/RM to send declaration of interest form out to all members for completion**
3	**Minutes from the last meeting (date)** • Minutes reviewed and approved as an accurate record of the last meeting on 17th January 2017		
4	**Action Log** • Action log updated		
5	**Commissioning Statements** **To discuss insulin degludec and insulin degludec + liraglutide** •There has been a request from Mid-Yorkshire to use insulin degludec more widely. Currently it is approved for up to 5 patients in each Trust with further patients being dealt with via individual funding requests. •JY described feedback from CHFT from 5 patients. The feeling from clinicians is that there is a reduction in diabetic ketoacidosis		

	admissions but not better glycaemic control. JY summarised what has been discussed at CHFT: •it should be prescribed by a consultant •needs a multidisciplinary meeting to look at the case •is a special initiation product – there was agreement amongst members as to where this should sit. However it is to be noted that this view doesn't necessarily link in with specialist GPs wanting this. Insulin degludec is currently classified as 'black'. There was discussion around whether we can look to reclassifying degludec, as has happened in quite a number of other areas. It was noted that this decision is premature as each Trust will need to look at applications through the acute Trust medicines committees and then if approved, make an application for the colour to change on the red, amber, green list. •SG raised the issue that the combination product degludec + liraglutide need to be looked at. Currently no commissioning policy for combination products – we need to add it or end up with two commissioning policies. •Agreement within the group that this needs to be looked at separately – no requests from CHFT or Mid-Yorkshire on this. **Silicone sheets and gels** •Currently classified as 'red' •HF has received a query from a GP regarding prescribing in primary caree and sought clarity as to why it was classified as 'red' as there are no safety issues. The members of the group agreed to re-classify as green specialist initiation. The criteria in the commissioning statement will still apply. **For information** **-Liothyronine /Armour thyroid** •This has now been finalised and Nigel has approved via Chair's action. It is with CCGs for sign-off by their approving committees.	**ACTION** **ACTION**	**JY and RI to raise Trust medicines committees** **Re-classify as GSI (green specialist initiation)**

	Updates in development **-Botulinum toxin type A** •SG informed members that there are new contract prices. Indications approved by CHFT and MYHT medicines committees were added (a representative from Bradford was not attending at the time). NM was asked to check which indications had been approved in Bradford and send to SG. Where possible, it would be good practice to include in the commissioning statement indications which are licensed. CHFT had taken a clinical decision to use one product to reduce risks because the dosing of the different products varies. CHFT chose the most cost effective at the time (Botox®). MS was asked to keep this under review. •Need to include in the commissioning statement that all NICE TA indications are commissioned. •SG to ask Leeds what they use? •SG to continue to work on this.	**ACTION**	**1) NM to send SG any indications approved at BTHFT.** **2) SG to add any indications that are NICE TAs are commissioned**
6	**<u>RAG amendments in developments</u>** **-Midodrine** •No more comments have been received	**ACTION**	**NM to bring final version to APC**
	-Drugs for alcohol use • HF has had a conversation with the local authority in Calderdale and then with the provider of the alcohol service regarding concerns on adequate guidance and APC considering classifying some drugs as amber. •HF has sent draft shared care guidelines to them and is waiting for a response. •Bradford – TG met with the local authority who are currently retendering the service. •Concerns highlighted on the number of patients currently receiving repeat prescriptions for chlordiazepoxide – currently 80 patients. •Discussions amongst members on how providers are in similar position to SWYPFT in that they need to discharge patients after a course of treatment. Some patients		

	require abstinence drugs for a long period of time. It was noted that there needs to be guidelines for GPs on what happens after this point and what is the route of access back in. Discussions around whether this is shared care or giving guidance to continue to manage patients safely? FL to be asked to consider if shared care is the right thing. It was noted that CCG do not commission this service. SG is collecting comments on the shared care guidelines for another 4 weeks. **-Modafanil** •JY is looking at this with Dr Wislocka-Kryjak. **Do we need a 'green' category on the website for products which have been reviewed and approved as 'green'?** SG had been asked by a practice pharmacist if a GP could prescribe Actikerall® – as the drug wasn't on the APC's website. SG looked at the list of classifications started by the CSU and found that the drug was 'green'. •Discussions amongst members as to whether we need a green category on the website for products that have been reviewed and approved as 'green'. Members felt there will be a lot of drugs which have not been brought to the APC's attention and therefore won't be classified. Members discussed including a statement on the website to reflect this. The website would need to say that the list is not exhaustive. •Leeds method is that any new drug is 'black' until it has been classified – members within the group did not feel this method would be appropriate. •Members of the group were all in agreement for a 'green' list to be added to the website along with a statement informing that drugs not included may mean that they haven't been discussed at APC and to contact Medicines Management Teams for more information. **Which specialists can initiate GSI drugs?** •Query received from a Mental Health Specialist Nurse Prescriber as to who can initiate GSI drugs? There was a discussion amongst members as to what qualifies as a 'specialist'. Members felt that clarity would be needed on how requests for continuation would be sent to prescribers. Defence unions may have a view. SG	**ACTION**	**SG to share list and proposed statement with HoMM for consideration**

	asked CB how GPwSI become approved? In PCT days, the process was the GP would complete a qualification (e.g diploma), spend certain amount of time in clinic with a consultant, and then the consultant would then sign the GP off – followed up with yearly appraisal. The process since moving to CCGs is now done by revalidation and appraisal. Members discussed including a statement on the website that clearly defines what a specialist is. NICE or NHSE may already have a statement that we could use.	**ACTION**	**SG to see whether NICE or NHSE has a statement for what qualifies as a specialist – SG to share wording for the statement before publishing on the website**
7	**<u>Leeds Teaching Hospital – Red, Amber, Green list</u>** • Leeds had sent a letter as they had had a number of instances where GPs from non-Leeds CCGs had referred patients to the Trust but then not wished to follow prescribing recommendations. The letter states that they strongly recommend that if a patient is seen as a tertiary referral the prescribing guideline from Leeds should be followed. TG said that this had been discussed with the regional heads of medicines management (HoMM). They felt that using the Leeds guidance may not always be appropriate for secondary referrals. HoMM had agreed to share local red, amber, green list with Leeds – SG confirmed that this has already been shared with Jo Alldred. There was discussion amongst members around the need to be working with Leeds towards moving to having one system. The STP may have a positive impact on this moving forward. This is one of the things which could be raised at the AHSN meeting in May. •TG explained that Bradford are experiencing a lot of issues with requests from Leeds e.g lidocaine patches, INR testing strips. These are not prescribed in primary care in Bradford as there is an AQP service. They do not feel that Leeds are taking this into consideration. •Discussion around transplant patients – Bradford still prescribing all transplant drugs in primary care – not repatriated yet. •CF & renal transplant are the two they are supposed to be repatriating – hopefully within the next two years.	**ACTION**	**SG to change website so prescribing for new transplant patients is no longer 'red'**
8	**<u>Shared Care Guidelines</u>** **To discuss Lutrate as an alternative to 6 monthly triptorelin for prostate cancer** •JY has adjusted the existing shared care guidelines for goserelin and leuproelin to include triptorelin. Feedback has been received from a pharmaceutical company suggesting that Lutrate could be the leuproelin product choice. JY has asked the		

	company to clarify the strength of the Lutrate products. The monthly products are exactly the same dose but the three monthly one is twice the dose. JY said that Lutrate could be added as an option to the shared care guideline. •Members agreed that it should state that GPs can use whichever one they want regardless of what was used in hospital and that they can transfer to a longer acting one. It is then up to individual CCGs if they want to be more direct. JY explained that side effects have been removed from the shared care guideline, in order to shorten the document, with a link to summary of product characteristic website	**ACTION**	**JY to share the SCG with the group once comments received back**
	Shared care template specifies GPs to continue prescribing. •Members discussed the shared care guideline template, which currently says actions for GPs. Primary care now includes lots of independent prescribers. The group agreed that the template should state "primary care prescribers".	**ACTION**	**SG to amend template**
9	**<u>Baby milk guidance</u>** •Some CCGs have agreed restrictions to which baby milks will be prescribable. The baby milk guidance on the SWYAPC's website will need amending. It was then noted what each of the CCGs have agreed: •North Kirklees, Greater Huddersfield and Wakefield CCGs have agreed that they are restricting prescribing of thickened preparations, ones for lactose intolerance and soya. Changes will be implemented from 1st April 2017. •Bradford and Calderdale CCGs to inform SG if they implement the same policy. Expenditure is high in the Bradford area.	**ACTION**	**Guidance on the SWYAPC website will need amending – so that it is clear what each CCG is restricting**
10	**<u>Bisphosphonates for breast cancer</u>** • The APC had been waiting to hear whether all providers will be using the model developed by Sheffield. It was noted that CHFT are using a slightly adapted one. Still awaiting responses from North Kirklees and Greater Huddersfield. SG has received an FOI as to whether this has been implemented in Greater Huddersfield? TG explained that Bradford is not able to use the model developed by Sheffield due to capacity issues. TG to discuss with Ian Wallace. It was noted that patients may be able to tolerate IV better than oral. There were discussions amongst members as to whether it is acceptable to have different positions.		

11	**<u>Regional Medicines Optimisation Committees (RMOCs)</u>** Update provided by SG on a recent workshop that she and MG attended on behalf of the APC. At the workshop they were asked to comment on the governance arrangements, prioritisation committee and membership. There was a concern that there were still a number of decisions to be made prior to the first committee going live in April. There was a discussion amongst members on RMOCs being able to influence the Drug Tariff and a feeling that this would be beneficial, particularly around devices.		
12	**<u>Workplan</u>** **Priorities: Commissioning statement on use of rituximab without methotrexate in RA** •This was a discussion at the Mid-Yorkshire contracting meeting about being able to use rituximab without methotrexate in rheumatoid (licensed in combination). JF had asked SG to find out if MG would be supportive of having a written commissioning statement for this. SG advised that MG is in support of this. SG had asked Jo Alldred in Leeds what they do and they allow Leeds Trust to use without a commissioning statement.	**ACTION**	**SG to draft commissioning statement**
	Priorities for sub-groups: **Update primary care antibiotic guidelines now PHE has updated theirs** •SG informed members of the group that there had been significant changes to the UTI section. SG is due to meet with Nicola Booth from the Medicines Management Team in Calderdale CCG to review this and work out what the differences are with ours and PHE's.	**ACTION**	**SG to share key points/changes with HoMM to circulate to their GP practices**
	•NT advised members of the group that there are updates needed on the work plan for things due to expire on the website. RI informed the group that Mid-Yorkshire are in the process of looking at dalteparin & mercaptopurine.	**ACTION**	**RI to send these updates to RM once completed.** **SG & JY to discuss Zoladex.**

13	**D&T and sub-group updates** **Safety** Due to safety issues with paraffin-containing emollients, RM has written a safety bulletin for healthcare staff on the dangers of patients smoking and or being near to a naked flame whilst using these products. This safety bulletin will be circulated and added to the SWYAPC website. **Wound Management Meeting** • A the meeting last week, members discussed manufacturers offering providers a way of getting dressings off prescription and then community nurses taking out what they need to patients. One concern was that Coloplast had asked CHFT to add their products to the formulary. This was not appropriate. •TG explained that Bradford is doing a pilot but via NHS supplies, not a manufacturer. Bradford will be rolling this out across more hubs and felt that it makes things much more formulary based and reduces waste. Bradford are negotiating to give the budget to the district nurses as part of their CIP, with a gainshare arrangement. **CHFT** •JY informed the group that the Drug Safety Update produced by the MHRA regarding interactions with HIV medicines and inhaled corticosteroids had been prompted by discussions at the Safety Sub-group. JY felt that this was something positive that had happened locally and cascaded up. •It was noted that GPs are unsure about the number of patients currently on antiretrovirals. This still needs better communication between secondary care and primary care. Some patients are not giving consent to share this information. It was felt that patients should be made aware of the risks when refusing to consent to share. **SWY Partnership** •KD updated the members of the group on the purple lithium booklets that are part of	**ACTION**	**SG – circulate and add to website**

	the NPSA lithium alert. Following feedback from services users, they have reverted back to the little cards produced in-house. TG stated that Bradford have been trying to find out where to attain these booklets from in order to fulfil internal audit. KD agreed to share the cards with TG. •KD also explained that SWYPFT are currently reviewing internal guidance on lithium monitoring and will share this once completed. There may be a need to update the shared care guideline following this. •TG added that Bradford is using lithium outside of the licence for cluster headaches, but is unsure how well patients are being monitored by Neurologists. **AWC** •Airedale Wharfedale & Craven CCG has classified liothyronine as 'black'. Sixteen patients are currently being prescribed it and they will be reviewed. No new patients will be prescribed this in AWC.	**ACTION** **ACTION**	**KD to share with TG** **KD to share guidance on lithium monitoring**
14	**<u>AOB</u>** **Azithromycin for respiratory team for long term prophylaxis/suppression** •HF wanted to ask members whether there were any issues with azithromycin being used prophylactically (500mg three times per week)? This is currently coming out of the respiratory specialist team. HF felt that some work may be needed to understand this better i.e. how long for and what monitoring would be required. There was a brief discussion amongst members on whether this would be a green specialist initiation. Agreement to classify this once the group knew more about this. **End of year report** SG informed the group that the terms of reference for the Committee included producing an annual report for constituent organisations. SG asked the group whether they would be happy to review what is written? The members of the group were all in support of this.	**ACTION**	**SG to complete end of year report and to share with group members for comment**

15	**Future Meetings** Agenda items to be sent to Rebecca.martin2@greaterhuddersfieldccg.nhs.uk **Next meeting** 23 May 2017, 1 – 4pm Ibbotson Room Broad Lea House		