

South West Yorkshire Area Prescribing Committee

Date: 23rd May 2017

Time: 13:00-16:00

Location: Ibbotson Room, Broad Lea House

Action Notes

<u>ATTENDEES</u>	<u>APOLOGIES</u>
Nigel Taylor (NT) – Chair	Alistair Tinto (AT)
Becky Martin (RM) – Notes	Phil Deady (PD)
Sue Gough (SG)	Claire Kilburn (CK)
Helen Foster (HF)	Makrand Goré (MG)
Tracey Gaston (TG)	Suki Morley (SM)
Pat Heaton (PH)	Ruth Buchan (RB)
Joanne Fitzpatrick (JF)	Rania Ishak (RI)
John Yorke (JY)	
Chris Barraclough (CB)	
Kate Dewhirst (KD)	
Himat Thandi (HT)	
Neil McDonald (NM)	
Rachel Urban (RU)	
Fozia Lohan (FL)	
Samiullah Choudhry (SC)	
Fiona Smith (FS)	

ITEM		ACTIONS	LEAD & TIMESCALES
1	<p><u>Welcome, introductions and apologies</u></p> <ul style="list-style-type: none"> • Introductions were completed for all members. • Apologies received as recorded as above. 		
2	<p><u>Declarations of interest</u></p> <ul style="list-style-type: none"> •No declarations of interest disclosed for agenda items •Members were reminded to complete an annual declaration of interest form – these were sent out on the 20th April with the minutes of the last meeting. 	ACTION	Members to complete and return DoI forms to RM/-SG
3	<p><u>Minutes from the last meeting (21.03.2017)</u></p> <ul style="list-style-type: none"> •Minutes reviewed and approved as an accurate record of the last meeting on 21st March 2017 		
4	<p><u>Action Log</u></p> <ul style="list-style-type: none"> •Action log updated 	ACTION	Members to review action log and complete actions
5	<p><u>Commissioning Statements</u></p> <p>Rituximab without methotrexate for rheumatoid arthritis – (to review comments received)</p> <ul style="list-style-type: none"> •This is a secondary care medicine •SG informed members that there is now a rituximab biosimilar that has come to the 		

	<p>market just this month; SG has altered the commissioning statement to reflect this along with some comments from Martin Sheppard (High Cost Drugs Pharmacist at CHFT)</p> <ul style="list-style-type: none"> •All other comments have also been taken into consideration; no comments have been received from APC members. This will now be put out for public consultation; before circulation to individual CCGs for approval. <p>In development (for information)</p> <p>a) licensed e-cigarettes</p> <ul style="list-style-type: none"> •Commissioning statement for e-cigarettes has been out to CCGs for comment. Comments have been collated and this has now been sent to APC members for further comments; comments from APC members for this commissioning statement are due back on the 06.06.2017. <p>b) rectal irrigation (review)</p> <ul style="list-style-type: none"> •Commissioning statement for rectal irrigation has been out to CCGs for comment. Comments have been collated and this has now been sent to APC members for further comments. •Awaiting comments from Cheryl Ward (Stoma Nurse) – RU to forward comments to SG/RM from Cheryl. <p>c) self-care</p> <ul style="list-style-type: none"> •Commissioning statement for self-care /-OTC products has been produced to support GPs request for guidance. •The statement provides generic advice and advises that where appropriate, patients requiring these types of products should be encouraged to buy OTC rather than prescribed in general practice. •It was noted that members felt that this was inappropriate for APC at present with CCGs currently at different stages in the consultation process. •Agreement amongst members to put this on hold 		
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6	<p>d) lidocaine patches</p> <ul style="list-style-type: none"> •Yorkshire & Humber HoMM has sent a draft commissioning statement. This has been sent around to APC members - with a date of 6th June for comments to be returned back to RM to collate. <p>e) antioxidants in AMD</p> <ul style="list-style-type: none"> •Commissioning statement for antioxidants in AMD is now out of date on the website •A literature search has been completed and an updated version has been circulated to CCGs for comment. It was noted that only two or three CCGs in the country commission antioxidants in AMD and that the evidence base is limited. The draft will be circulated to APC members for further comment as per the usual process. To be sent to Local Ophthalmic Committee members at the same time. <p><u>RAG submissions (To agree RAG status)</u></p> <p>a) Apremilast</p> <ul style="list-style-type: none"> •NICE approved for two indications; psoriasis and psoriatic arthritis; agreement amongst all members to classify this as red for both indications. <p>b) Enstilar</p> <ul style="list-style-type: none"> •This is combination product for the management of psoriasis and is a foam rather than an ointment. •It was noted that NICE guidelines recommends the use of the single products initially and only prescribe the combination product if there is a compliance issue. •Agreement amongst the members to classify as green for patients who have failed on the individual components. <p>c) Ivermectin Cream</p> <ul style="list-style-type: none"> •This product is used for the treatment of inflammatory lesions of rosacea, •There were discussions amongst the members on the evidence base and 	ACTION	HoMM to send Local Ophthalmic Committee (LOC) links to SG
		ACTION	RM to update on the SWYAPC website

	<p>effectiveness of this product. A NICE evidence summary suggests that it is superior to metronidazole gel,</p> <ul style="list-style-type: none"> •It was noted amongst members that the pathway should clearly state how long the product can be used for and when a break in treatment is recommended to avoid repeat prescribing; this level of clarity has not been stipulated within CHFT for this particular product •Agreement amongst the members to classify this product as green. <p>d) Midodrine</p> <ul style="list-style-type: none"> •This is the only licensed product for the management of -postural hypotension. Greater Manchester and Leeds have classified this as green with special initiation (GSI). •Potential issue is how the GP should manage the required monitoring of blood pressure •It was noted amongst the members that there were concerns around the monitoring element of this drug and the safety of this being classified as GSI. •Recommendation amongst the members is for this product to be covered by a shared care guideline. •The shared care guideline is already in development by NM as Bradford are a specialist centre for postural hypotension. •To be added to the website as Amber with shared care guidance in development <p>e) Triptorelin</p> <ul style="list-style-type: none"> •Currently in the process of developing a shared care guideline for all GnRH drugs for prostate cancer. •Triptorelin is an alternative to the other GnRH agonists currently routinely used for prostate cancer. •Agreement amongst the members to classify this as amber consistent with other GnRH drugs for this indication. 	<p>ACTION</p> <p>ACTION</p>	<p>NM to finalise the SCG for midodrine</p> <p>RM to add midodrine to the website as amber with shared care guidance in development</p>
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7	<p><u>RAG amendments</u></p> <p>a) Insulin degludec</p> <ul style="list-style-type: none"> •Insulin degludec is currently classified as ‘black’, Submissions received proposed a change to GSI for patients with recurrent diabetic ketoacidosis admissions (DKA); young people with compliance issues; patients frequently admitted due to hypoglycaemia; as an option before insulin pump therapy. •It was noted that two forms have been submitted; from CHFT and from MYHT specifying use in different types of patients – there was a discussion amongst members as to whether this level of detail needs adding to the SWYAPC website. •Members felt that the specialist would be making the decision and so to re-classify as GSI without the need to specify which type of patients. <p>b) Tacrolimus</p> <ul style="list-style-type: none"> •HF received a query from a Calderdale GP as to why we only have renal as amber on the SWYAPC website. LTHT have guidelines for other indications prompting discussion amongst members with a view to classifying these. •Agreement amongst members that other indications that appear on the LTHT site are to be added to the SWYAPC as amber with the exception of Envarsus® as this drug has not yet been reviewed by Leeds. <p><u>Shared Care Guidelines (to discuss comments received)</u></p> <p>In development:</p> <p>a) GnRH analogues for prostate cancer b) Modafanil</p> <ul style="list-style-type: none"> •Shared Care Guidelines have been written for both GnRH analogues for prostate cancer and for modafanil •SG has made initial comments and sent back to JY to make amendments •The guidelines will be sent out to APC members for consultation once received back from JY. 	ACTION	RM to add the indications displayed on the LTHT website for tacrolimus to the SWYAPC website
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	<p>c) Alcohol drugs:</p> <ul style="list-style-type: none"> •acamprosate •disulfiram •naltrexone <p>•NT noted that a comment regarding gaining consent from a GP ensuring they are in agreement with shared care was missing from the comments template.</p> <p>•SG highlighted that the new template on the SWYAPC website includes this agreement wording. FL to ensure this is reflected for all three of the shared care guidelines for the above alcohol drugs.</p> <p>•JF explained that initially Wakefield raised concerns around the quality and monitoring of patients whilst on these drugs. It was discussed and agreed at APC that these would be amber and to progress with writing shared care guidelines to provide GPs with a framework of how to review these patients.</p> <p>•Discussions amongst members on how this would be put in place locally and whether this is actually shared care or giving guidance to continue to manage patients safely?</p> <p>•There was agreement amongst the members that GPs will need guidance on the route of access back into the service and on stopping these medications; wording in the shared care guidelines needs to be altered to reflect this.</p> <p>•Agreement to move forward with the need for shared care</p> <p>•CCG members agreed to have discussions with service providers and inform them that they would need to work to the agreed shared care guidelines.</p> <p>•Agreement amongst members to provide additional comments discussed today to RM as soon as possible.</p> <p>•FL to re-draft the guidelines within the next 2-3 weeks so that this can then be shared with the LA commissioners.</p> <p>•HF queried whether something similar should be applied for naltrexone for opioid dependence– this is currently classified as GSI and there was a discussion amongst members as to whether this should be reclassified as amber – agreement amongst the members to add this to the work plan.</p>	<p>ACTION</p> <p>ACTION</p> <p>ACTION</p> <p>ACTION</p> <p>ACTION</p> <p>ACTION</p>	<p>FL to ensure this comment is reflected in the shared care guidelines for alcohol drugs</p> <p>SG to send FL the new template</p> <p>APC Members to send additional comments to RM</p> <p>FL to re-draft the shared care guidelines</p> <p>CCG to share re-drafted version with LA commissioners</p> <p>Add naltrexone to the work plan</p>
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8	<p><u>Specialists –</u> A specialist mental health nurse had asked if they can initiate GSI drugs for continuation by other prescribers. To comment on draft wording which has been out for comment to GPs on the Committee.</p> <ul style="list-style-type: none"> •Comments from GPs on the wording have been received and wording updated. •Further amendments discussed around wording. •Members felt that ‘working in a service commissioned by a CCG’ was too specific and should be changed to ‘working in a commissioned service’. •Hospital Specialist to be changed to -‘Specialist working in a provider service’. •Updates to the document were made during the meeting and will be uploaded to the SWYAPC website. 	<p>ACTION</p> <p>ACTION</p>	<p>SG to make amendments discussed to the wording</p> <p>RM to upload this to the SWYAPC website</p>
9	<p><u>Thickeners</u> The wide range of thickening products used is causing confusion in practise e.g. number of scoops to use. This is a potential safety issue, as aspiration can occur if the wrong quantity is used.</p> <ul style="list-style-type: none"> •Raised at CHFT and also by Speech and Language Therapy (SALT) experts when carrying out swallowing tests. •Patients have been going into hospital on one product and being discharged on another; causing errors with the number of scoops resulting in an increased risk of aspiration. •RU wanted to clarify what the stance is across the patch in order to standardise what is used. •RU informed that thickeners were not included in the contract for CHFT – RU to liaise with Karen Turlington and clarify what is included in the enteral feeding contract for CHFT. •SG noted that based on the number of prescriptions across Wakefield & North Kirklees it is likely that for MYHT the thickener used is ‘Thick&Easy’ – but was unable to confirm this for definite. •RU to liaise with Elaine Lane - Dietician for Wakefield CCG to find out this information for MYHT. 	<p>ACTION</p>	<p>RU to clarify and feedback at the next meeting</p>

10	<ul style="list-style-type: none"> •Bradford have included thickeners in the dietician's work plan. <p>*Post-meeting update – RU confirmed that thickeners are in the enteral feeding contract and noted that following award of the contract it would be useful to standardise with Primary Care – depending on cost effectiveness.</p> <p>*Post-meeting response from Elaine Lane: the MY contract is far from complete however my understanding is that</p> <ul style="list-style-type: none"> •Thick & Easy a starch-based thickener does seem to be part of it. No gum-based thickener is currently available with MY hospital •the home enteral contract is overdue a review (currently with Fresenius) <p>From a Wakefield local primary care perspective current ePACT data indicates that for adults with dysphagia</p> <ol style="list-style-type: none"> 1.currently the main starch-based thickener is Thick & Easy (Fresenius) 2. current the main gum-based thickener is Resource ThickenUP Clear (Nestle). 3.Local intelligence has highlighted that if a patient goes into MY hospital there is no gum-based thickener currently available. There is increasing preference of using gum-based thickeners rather than starch-based thickened fluids as more stable, smother texture and more palatable which improves adherence to and also hydration. <p><u>Regional Medicines Optimisation Committees (RMOCs)</u></p> <p>The operating model has now been published. JF was asked to feedback from the teleconference.</p> <ul style="list-style-type: none"> •Real push to get the RMOCs up and running. •The operating model was published in April. •There will be four Regional Committees. •There will be one Prioritisation Panel who will decide what each committee will look at. •There will be a Medicines Optimisation Oversight Group (MOOG). •There has been a shift in the focus of what RMOCs will work on. Since the publication of the NHS Five Year Forward View they are now more focussed on decommissioning and of drugs of low clinical value rather than taking on areas of work that are currently covered by APCs. •There is an opportunity for people to apply for membership of these committees. •There have been around 31 applications from the North for the North Committee; of 		
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11	<p>which mainly are commissioners.</p> <ul style="list-style-type: none"> •The inaugural meeting is due to take place in May. •Draft RMOC data packs are in production to convey identified opportunities – the first one due to be produced is for biosimilars. •The meeting will be held in Leeds for the North RMOC. •Unsure at this stage how this will impact on APCs. <p><u>Workplan</u></p> <p>-Agree ToR for main committee and sub-groups.</p> <ul style="list-style-type: none"> •Terms of reference are not currently displayed on the SWYAPC website – members agreed that they should be added. •It was noted that the TOR may need to be amended based on what impact RMOCs have on APCs. •Discussions took place around the wording on page one – change to read ‘No delegated authority to make commissioning decisions’. •It was noted that the membership states ‘associated members’ and this includes AWC but not Leeds – SG explained that SWYAPC receives the papers from AWC APC but not from Leeds APC. It was felt that this needs to be raised at regional HoMM meeting. •Agreements amongst the members to add in a ‘links with’ section to the TOR and include AWC and Leeds under this section. •It was agreed that the LMCs and CPWY would be written to and informed of the change in the membership of the SWYAPC and how this would affect them. 		
12	<p>-Annual report</p> <ul style="list-style-type: none"> •A list has been produced of the key achievement of the APC and sub-groups; this is to be shared with relevant organisations. 	<p>ACTION</p> <p>ACTION</p> <p>ACTION</p> <p>ACTION</p>	<p>RM to add the TOR to the SWYAPC website</p> <p>TG to email Jane Otter re: invitation to the Leeds APC/adding SG to the distribution list for the papers</p> <p>SG and HF to draft a letter</p> <p>All to share key achievements list with relevant organisations</p>

13	<p><u>Home oxygen risk management (for information)</u></p> <ul style="list-style-type: none"> •NHSE noted that consent forms are not always being signed for new patients. A new form has been produced. 		
14	<p><u>Biosimilar infliximab</u></p> <p>A national dashboard shows uptake of biosimilar infliximab in provider Trusts</p> <ul style="list-style-type: none"> •It was noted that CHFT and MYHT have been very successful in the implementation of infliximab biosimilars. 		
15	<p><u>D&T and sub-group updates</u></p> <p>-Safety</p> <ul style="list-style-type: none"> •Main points to come out of the Medicines Safety Group were from MYHT identifying a number of errors with the high dose insulin and R500. <p>-Wound management</p> <ul style="list-style-type: none"> •Sub-group only looks at newer, active wound products, such as silver and hydrogels. The formulary only includes these sorts of products. •Members were asked whether the scope of the group and formulary should be extended to include looking at products such as skin cleansers, bandages, dressing packs etc. •Information on expenditure was provided to the members and agreement was made that the scope of the Wound Management Formulary Group should be extended. Comments were made on the data and whether it would be more beneficial to use PrescQIPP as an alternative to ePACT but members were unsure whether the 	ACTION	<p>Post-meeting note: SG sent wound formulary members prescribing data down to community prescriber level so action can be taken with outliers. PrescQIPP data does not go down to this level</p>

<div>16</div> <div>17</div> <div>18</div>	<p>changes made.</p> <ul style="list-style-type: none"> •There was a discussion around the UTI section and antibiotics in pregnancy; the view from members was that it would be beneficial to update these sections first and get them uploaded onto the website and to remove the main document temporarily until fully updated. <p><u>Google Analytics</u></p> <ul style="list-style-type: none"> •Members were shown the google analytics report for the SWYAPC website •The report conveys activity and that the website is being utilised. <p><u>Travel Vaccinations</u></p> <p>Should we add suspending of menstruation to Commissioning Statement?</p> <ul style="list-style-type: none"> •TG asked members whether suspension of menstruation should be included in the commissioning statement for travel? •Agreement amongst the group was not to include this at the moment. •Hepatitis A and B combination product needs adding to ‘not paid for by the NHS’ •Following a comment from Janet Bentley – Practice Nurse with regards to the recommended website being in line with NaTHNaC the site that is recommended for nurses to use – advice does vary from site to site – question to members was how many links to websites should we include? If any? No conclusion was reached on this item. <p><u>AOB</u></p> <ul style="list-style-type: none"> •Request received from Makrand Gorè as to whether timing of the SWYAPC meeting could be changed? •Members discussed this but felt that by changing the time this would result in other members being unable to attend. 	<div></div> <div>ACTION</div> <div></div>	<p>premium to APC members</p> <p>Add hepatitis A and B combination product to not paid for by the NHS</p>
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	<ul style="list-style-type: none">•October meeting date to be changed from the 3rd to the 10th October.•December meeting date to be changed from the 5th to the 12th December. <p>Date of next meeting:</p> <p>8th August 1-4pm, Ibbotson Room, Broad Lea House</p>	ACTION	RM to move the dates and update room details and refreshments
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