

South West Yorkshire Area Prescribing Committee

Date: **8th August 2017**

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

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

ATTENDEES

Nigel Taylor (NT) – Chair

Becky Martin (RM) – Project Coordinator – Medicines Commissioning

Sue Gough (SG) – Senior Medicines Commissioning Pharmacist

Helen Foster (HF) – Medicines Management Lead– Calderdale CCG

Tracey Gaston (TG) – Head of Medicines Optimisation – Bradford CCGs

Makrand Goré (MG) – Head of Medicines Management – North Kirklees & Greater Huddersfield CCGs

Joanne Fitzpatrick (JF) –Head of Medicines Optimisation – Wakefield CCG

Patrick Heaton (PH) – Practice Pharmacist – North Kirklees CCG

Mike Culshaw (MC) – Clinical Director of Pharmacy – CHFT

Ric Bowers – (RB) – Lead Pharmacist – Medicines Information & Commissioning MYHT

Lisa Meeks (LM) – Service Implementation & Evaluation Lead – CPWY

Ruth Buchan (RB) – Chief Executive Officer- CPWY

Rachel Urban (RU) – Head of Medicines Management – Locala

Fozia Lohan (FL) – Medicines Management and Medicines Safety Pharmacist – Spectrum Community Health CIC

APOLOGIES

Alistair Tinto (AT)

Fiona Smith (FS)

Neil McDonald (NM)

Kate Dewhirst (KD)

Phil Deady (PD)

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 		
3	<p><u>Minutes from the last meeting (23.05.2017)</u></p> <ul style="list-style-type: none"> •Minutes reviewed and approved as an accurate record of the last meeting on 23rd May 2017. 		
4	<p><u>Action Log</u></p> <ul style="list-style-type: none"> •Action log updated 	ACTION	<ul style="list-style-type: none"> •Members to review action log and complete actions
5	<p><u>Commissioning Statements</u></p> <p>a) Lidocaine patches (developed for Yorkshire & Humber area)</p> <ul style="list-style-type: none"> •This is a Yorkshire and Humber commissioning statement for lidocaine patches •Use is supported for licensed indication if all alternative treatments have proved ineffective or where such treatments are contra-indicated or have caused intolerable 		

7	<ul style="list-style-type: none"> •It was noted that NICE guidelines have changed and we currently have this classified as BLACK on the SWYAPC website •NICE guidelines now state that it can be initiated by specialists in respiratory medicine •Agreement amongst the members to defer this until a request is submitted by the hospital committees. <p><u>Shared Care Guidelines</u></p> <p><u>In development:</u></p> <p>a) To discuss Lutrate as an alternative to other GnRH analogues for prostate cancer</p> <ul style="list-style-type: none"> •The draft shared care guideline has not been sent out to members for consultation as there were concerns about Lutrate. •John Yorke queried with the company the strength of the Lutrate products. The monthly products are exactly the same dose but the three monthly one is twice the dose. Comments back from the representative don't seem to provide any clarity other than that it has been launched in other countries. •It was noted that this request originally came via a urologist at CHFT following a conversation with a pharmaceutical company representative. Members felt that this was inappropriate at the moment to add Lutrate to the SCG and this should be put on HOLD until secondary care consultants put in a request to use this drug. <p><u>For information:</u></p> <p>b) Dalteparin</p> <ul style="list-style-type: none"> •The SCG for dalteparin has now gone out of date and a first draft has been produced •This is currently out for comment to members until the 18th August 2017 – comments will then be shared with Kirsty Dove. •This was discussed at the local HoMM meeting and a question was raised - whether there should be a SCG for all LMWHs – rather than just one for dalteparin •Agreement amongst members to go ahead with SCG for dalteparin due to the fact it 	ACTION	<p>Members to comment on SCG by deadline of the 18.08.2017</p> <p>RM/SG to add amalgamated SCG for all</p>
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<p>is now out of date – but look to having an amalgamated SCG for all LMWHs towards the end of the year.</p> <p>c) Midodrine</p> <ul style="list-style-type: none"> •No final version received from Bradford Acute. <p>To approve proposed shared care guidelines:</p> <p>d) Modafanil</p> <ul style="list-style-type: none"> •This has been out for comments and a final version has been produced •It was noted that abuse potential needs to be added under the general statements. •Agreement amongst members to approve with the above addition. <p>e) Colomycin®</p> <ul style="list-style-type: none"> •A crib sheet has been created by CHFT to support the SCG for Colomycin® •This was created following some local issues around the practicality of getting nebulisers and associated items to patients •Agreement amongst members for a revised version to be taken back to MMC and feedback has been sought from other Trusts on whether they want to adopt something like this. <p><u>To comment on draft shared care guideline:</u></p> <p>f) Alcohol Drugs</p> <p>1) acamprosate 2) disulfiram 3) naltrexone</p> <ul style="list-style-type: none"> •Second drafts of the shared care guidelines for the above alcohol drugs have been 		<p>ACTION</p> <p>ACTION</p> <p>ACTION</p> <p>ACTION</p>	<p>LMWH to work plan.</p> <p>TG to chase NM</p> <p>SG to add to general statements re: abuse potential.</p> <p>RM to add a link to the SWYAPC website to the Leeds SCG for Colomycin®</p> <p>Revised document to be taken back to MMC – Mike to share with other Trusts to see whether other trusts want to adopt.</p> <p>1. RM to send all comments on the</p>
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10	<p>•Agreement amongst the members to signpost GPs to the SWYAPC website for information on the shared care guidelines which are available for amber drugs.</p> <p><u>Membership of the SWYAPC</u></p> <p>•Following a review of the TOR and membership of the SWYAPC letters were sent to CPWY & LMC members to inform how this change would affect them by removing them from the core membership and listing them under ‘associated members’ and attend for only relevant areas of business.</p> <p>•Ruth Buchan – Chief Executive Officer for CPWY has requested that this is reviewed as she feels that as the only organisation that represents community pharmacy it is essential that CPWY have regular representation at the meetings despite whether specific areas of business are tabled to be discussed. Community pharmacy is potentially impacted by the decisions made by the APC and therefore the voice of community pharmacy needs to be heard.</p> <p>•Members felt that in order to be fair the invite would need to be extended to all LMC representatives so that they also have the opportunity to attend. Discussions took place amongst members around just having one designated member from the LMC that could then feedback to the other LMC representatives.</p> <p>•HF to liaise with Calderdale LMC representative as the only attending LMC member of the APC - prior to any further communication being sent to wider LMC representatives.</p> <p>•CPWY and LMC will remain listed under ‘associated members’ – but will have the opportunity to attend on a regular basis rather than just for specific areas of business.</p>	ACTION	HF to liaise with Calderdale LMC representative prior to invitation being extended to one LMC representative.
11	<p><u>Declaration of interest forms from SWYAPC sub-groups</u></p> <p>What action is to be taken for those not received?</p> <p>•SG highlighted concerns around not receiving declarations of interest forms from all APC members and the members of the APC sub-groups.</p> <p>•A spreadsheet has been created to monitor those that have been received and those that have not.</p> <p>•Members were asked to complete these in preparation for the next meeting and to encourage other members from the sub-groups to complete them too.</p> <p>•It was noted that the forms need to be completed even if there are no interests to declare – the DoI forms are sent out with every agenda as a reminder for members to</p>		

12	<p>complete.</p> <p><u>SWYAPC Website - prescribing guidelines due to expire:</u></p> <ul style="list-style-type: none"> • antiplatelet in stroke/TIA guidance – due to expire September 2017 • Members were unsure whether this was still required on the website – but felt that should this be reviewed that there wouldn't need to be many changes made to the guidance as the information is still common practice. • PH to review. • Laxative factsheet – due to expire November 2017 • Members were unsure whether this is regularly used by GPs as no feedback has been received – however based on the fact that there is quite a lot of over prescribing that this will need updating. • To add to the workplan for further review and update. • Baby milk guidance – expired July 2017 • What is the way forward when some CCGs have restricted supply to certain milks? • Members felt that this guidance was still useful – and that a review would be required in terms of the advice that is given. • We can get some help from the Dietician in Bradford. 	ACTION	<p>1. SG to send PH standard literature search</p> <p>2. PH to update</p>
13	<p><u>D&T and sub-group updates</u></p> <p>-Safety</p> <ul style="list-style-type: none"> • The Medicines Safety Sub-group has created a bulletin that will be shared with CCGs – the first one is due to be sent out in September and will be sent out on a quarterly basis. • LM will create a version based on what is produced by the medicines safety sub-group to be shared with community pharmacy. 	ACTION	<p>Add laxative factsheet to the workplan for updating</p> <p>Help from Bradford dietician.</p> <p>LM to share CPWY version of medicines safety bulletin.</p>

	<p>-Wound management</p> <ul style="list-style-type: none"> •Main issue that came out of the wound management sub-group was that: when replacement products are being considered for the formulary practitioners currently use them in practice before a decision is made – this does not happen with medicines. HoMM have asked for the APCs view on this. •Members of the APC felt that products should not be tested prior to products being added to the formulary – especially for products that have been used by other areas. •In addition the wound management group are working towards amalgamating the three formularies across the patch; also looking at increasing the membership to help extend the scope of the formulary to include products that aren't currently on the formulary. •RB raised an issue around the direct supply of wound management products to the district nursing teams and how this will have an impact on community pharmacy. RB to contact CCGs that are considering this option directly as this piece of work is being completed outside of the wound management group. <p>-Antimicrobial</p> <ul style="list-style-type: none"> •Currently planning for the antibiotic campaign 2017/18, campaign packs will be produced and will be available from the SWYAPC website. •Smaller A4 posters will be ordered for community pharmacy based on the feedback received last year that they were too big. •The quality premium will feed into this year's campaign but at the moment there is currently no data available. <p>-MYHT</p> <ul style="list-style-type: none"> •No issues raised <p>-CHFT</p> <ul style="list-style-type: none"> •No issues raised <p>-SWYPFT</p>		
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14	<ul style="list-style-type: none"> •No issues raised <p>-Locala</p> <ul style="list-style-type: none"> •No issues raised <p>-AWC</p> <ul style="list-style-type: none"> •No issues raised <p><u>Northern RMOC</u></p> <ul style="list-style-type: none"> •The first meeting has occurred. No minutes have been received as yet. • Members felt that we need to find out how Trusts and CCGs can ask the RMOC how to add items to agendas •Agreement amongst the members to write to the chair of the RMOC (Mike Prentice) to request the minutes of the meeting. 	ACTION	SG/NT to write a letter to the RMOC
15	<p><u>NHSE consultation items not routinely prescribed</u></p> <ul style="list-style-type: none"> •Members agreed that CCGs will be replying individually to the NHSE consultation letter – this will require a formal response following a discussion with individual CCGs. 		
16	<p><u>Public Health England</u></p> <ul style="list-style-type: none"> • SG emailed PHE to query several items on the updated antibiotic guidelines – despite chasing no response has been received so the local primary care antibiotic guidelines are still outstanding. 		

17	<p><u>AOB</u></p> <ul style="list-style-type: none"> •JF has received an email from Paul McManus to discuss allergic asthma and administration outside of hospital and the benefits this has to the CCG – JF wanted to find out whether anyone else has received this email? - It was noted that this is an NHSE funded drug not CCG. •PH informed members that Sheffield APC had a discussion in April about Omnitrope®; the cost of many devices has been recently reduced however the price reduction is only available to secondary care, not primary care. •PH also informed members that azithromycin is included in GOLD guidelines– data is only for one year in terms of efficacy and safety. Azithromycin is also associated with increased bacterial resistance and impaired hearing tests. •SG informed members that members of the Leeds APC had been invited to attend this meeting. No representation today. SG has been invited to attend LAPC but no date has yet been received. •TG asked members whether we should consider a lay member as part of our committee – SG advised that this has been added to the HoMM agenda for discussion on the 16.08.2017. <p>Date of next meeting:</p> <p>10th October 1-4pm, Stewart Room, Broad Lea House</p>	ACTION	JF to keep members updated
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