

## **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	Welcome, introductions and apologies		
	a Introductions were completed for all members		
	<ul><li>Introductions were completed for all members.</li><li>Apologies received as recorded as above.</li></ul>		
	Applogics roserved as recorded as above.		
2	<u>Declarations of interest</u>		
	•No declarations of interest disclosed for agenda items		
	•NO declarations of interest disclosed for agendalitems		
3	Minutes from the last meeting (22.05.2047)		
	Minutes from the last meeting (23.05.2017)		
	•Minutes reviewed and approved as an accurate record of the last meeting on		
	23 <sup>rd</sup> May 2017.		
4	Action Log		
	•Action log updated	ACTION	<ul> <li>Members to review action log and complete actions</li> </ul>
			·
5	Commissioning Statements		
	a) Lidocaine patches (developed for Yorkshire & Humber area)		
	•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		

side effects.		
•Off-label use is not supported		
•Concerns were raised around the secondary care prescribing of lidocaine if classification changes from a RED drug classification to a BLACK drug classification		
•It was noted that the evidence base in support of lidocaine is poor and it is also part of the NHSE national consultation that is to include a position for stopping the use of lidocaine.	ACTION	•RB/MC/TG to consult with their Trusts' pain teams •Further comments due back to SG by end of August
•Agreement amongst members to re-engage with pain teams on what is being proposed		To be taken to September Y&HHoMM meeting for resolution
•To be taken to September HoMM Meeting for resolution.		Theeting for resolution
b) Licensed E-cigarettes		
•A commissioning statement has developed for licensed versions of e-cigarettes; e-cigarettes have now been approved nationally.		
•The proposed commissioning position is that prescribing is not supported and the supply of the licensed e-cigarette should only take place as part of a supported quit in line with guidance from the locally commissioned smoking cessation services.	ACTION	•RM to add to the SWYAPC website for
•Discussions took place around other prescribable NRT products – members felt that this may be an area to look at in the future as part of the self-care agenda.		public opportunity to comment.
•Agreement amongst members to approve the commissioning statement for licensed e-cigarettes.		
c) Trans-anal irrigation		
•The anal-irrigation commissioning statement has now been reviewed and updated. Following the comments received from specialist teams, new products have been	ACTION	•SG to amend wording on the commissioning statement to include:  1. the initial supply is made from the
added and the name of the systems changed to 'trans-anal irrigation'.		specialist service
•It was noted that there have been occasions where GPs have been asked to prescribe these systems raising an element of concern around safety as patients need to be fully informed on how to use the systems by the specialist teams		Primary Care are given adequate information for longer term management (including
Operational issues were raised in terms of the supply of the systems and reimbursement for community teams		information on frequency of reviews, care management plan, and when patients are going to be reviewed by the specialist

	Agreement amongst the members that the initial supply of these systems should be provided by the specialist service and that adequate information should be provided to Primary Care for further longer term management.  Antioxidant Vitamins in Age-related Macular Degeneration  This is a new commissioning position for antioxidant vitamins in AMD  Previously use has been approved in specific patients; but following a review of the evidence the new position is that the use of antioxidant vitamin preparations to treat AMD will not be routinely commissioned but that patients can opt to purchase these preparations over-the-counter.  Comments received from CHFT ophthalmologists dispute this position – despite a lack of evidence to support the use  This position is further supported by the NICE draft clinical guidelines for AMD and is also part of the NHSE consultation for drugs of limited value.  Members felt that feedback needed to be provided to the ophthalmologists who have provided comments and to also advise them that they are in fact outliers compared with other national and local practice.  There have been no comments received back from the Local Ophthalmic Committees  MC noted that although he supports the comments made by the ophthalmology consultants he acknowledges the fact that there is little evidence to support this view.  Agreement was therefore to approve the new commissioning position for antioxidant vitamins in AMD.	ACTION	service) 3. RM to add to the SWYAPC website for public opportunity to comment.  •RM to add to the SWYAPC website for public opportunity to comment.
6	<ul> <li>RAG submissions (To agree RAG status)</li> <li>a) Netupitant and palonosetron</li> <li>•This has been approved by the Medicines Management Committee at CHFT for use as an anti-emetic with cancer chemotherapy</li> <li>•Agreement amongst the members to classify as RED as it is specifically designated</li> </ul>	ACTION	RM to add to the SWYAPC website

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<ul> <li>as hospital only by nature of the product.</li> <li>b) Rifaximin</li> <li>This has been approved by the Medicines Management Committee at CHFT for the indication of the treatment of small intestinal bacterial overgrowth only to be used following treatment failure with other first line treatment options.</li> <li>Agreement amongst the members to classify as RED as the whole course will be supplied by secondary care</li> </ul>	ACTION	RM to add to the SWYAPC website
<ul> <li>c) Caphosol®</li> <li>This was initially classified by this committee in September 2013 as GREEN</li> <li>Submission received from CHFT to reclassify as RED - for the indication of prevention and treatment of mucositis caused by high dose chemotherapy – for hospital use only.</li> <li>However it was noted that there is current use within primary care – CCG usage over the last 12 months was shared with members</li> <li>Discussions amongst members identified that this in fact is responsibility of Leeds Trust as it is a PBR tariff drug. It was noted that Leeds have since reclassified Caphosol® as BLACK due to a lack of evidence.</li> <li>Agreement amongst the members to classify as RED.</li> </ul>	ACTION	RM to change from GREEN to RED on the SWYAPC website  For CCGs – to look at Primary Care prescribing
<ul> <li>d) Edoxaban</li> <li>This has been approved by the Medicines Management Committee at CHFT for the indication of DOAC treatment option for preventing stroke and treating and preventing DVT/PE with the proposal of a GREEN classification.</li> <li>It was noted that GPs do not initiate for DVT/PE, except in Bradford, and this would fit better under a GSI classification with a note saying subject to local policy.</li> <li>Discussions amongst members highlighted that there are currently different RAG classifications for different DOACs and that there needs to be a standardised classification for all DOACs</li> </ul>	ACTION	SG to work on standardised classification of DOACs

e) Fiasp® (Insulin aspart)		
Submission received and proposal is to make GREEN for indication of diabetes mellitus     It was noted that this has not been to the Medicines Management Committee at CHFT and that the normal process should be followed     Agreement amongst the members to defer this until it has been to the Trust's MMC in September	ACTION	Deferred until October APC meetin Needs to go to CHFT MMC first.
f) Liothyronine		
<ul> <li>Liothyronine is not currently classified on the APC website - despite having a commissioning statement</li> <li>The commissioning statement does not routinely support the commissioning of liothyronine</li> <li>Liothyronine is also included as part of the NHSE consultation for drugs of limited value.</li> <li>Agreement amongst members to classify as BLACK except in the following circumstances (as per commissioning statement):</li> <li>Patients who are allergic to levothyroxine and thus liothyronine is the only treatment option to manage their condition.</li> <li>Post thyroidectomy thyroid cancer and non-cancer patients. Patients that need to receive radioactive iodine treatment after their surgery will initially be started on liothyronine due to its shorter half-life and therefore faster onset of action. These patients will be switched to levothyroxine when the course of radioactive iodine treatment is completed.</li> <li>In-patient treatment of profound hypothyroidism, under the care and/or direction of an endocrinology expert.</li> </ul>	ACTION	RM to add to the SWYAPC website
g) Roflumilast - for treating chronic obstructive pulmonary disease		
•This has not been to Medicines Optimisation Group (MYHT) or Medicines Management Committee (CHFT)		

- •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.

# 7 Shared Care Guidelines

### In development:

- a) To discuss Lutrate as an alternative to other GnRH analogues for prostate cancer
- •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.

### For information:

#### b) Dalteparin

- •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 18<sup>th</sup> 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** 

Members to comment on SCG by deadline of the 18.08.2017

RM/SG to add amalgamated SCG for all

is now out of date – but look to having an amalgamated SCG for all LMWHs towards the end of the year.		LMWH to work plan.
c) Midodrine		
•No final version received from Bradford Acute.	ACTION	TG to chase NM
To approve proposed shared care guidelines:		
d) Modafanil		
•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.	ACTION	SG to add to general statements re: abuse potential.
e) Colomycin®		
<ul> <li>A crib sheet has been created by CHFT to support the SCG for Colomycin®</li> <li>This was created following some local issues around the practicality of getting nebulisers and associated items to patients</li> <li>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.</li> </ul>	ACTION	RM to add a link to the SWYAPC website to the Leeds SCG for Colomycin®  Revised document to be taken back to MMC – Mike to share with other Trusts to see whether other trusts want to adopt.
To comment on draft shared care guideline:		
f) Alcohol Drugs		
1) acamprosate 2) disulfiram 3) naltrexone		
•Second drafts of the shared care guidelines for the above alcohol drugs have been	ACTION	RM to send all comments on the

	produced and comments have been provided.		second draft to FL
	•Due to issues with the embedded documents and the volume of the comments – FL will need to go through these separately with her lead GP.		2. FL to review comments and amend with lead GP and bring back final version
	•The main comments from members were around the monitoring requirements and felt that clarity was needed.		to the next meeting in October.
	•It was also noted that the guidelines need to be written on the new shared care guideline template – this includes standard information for GPs. This is available for use from the SWYAPC website.		
	•FL to amend for final review at the next meeting in October.		
8			
	<u>Omnitrope</u> ®		
	•Patients started on growth hormone by Leeds Teaching Hospital are being switched to Omnitrope® starting with adults		
	•SG has a list of the patients; however these are only identified by patient number and are not broken down by CCG		
	•The members of the group were therefore asked how they wanted these patients identifying; it was noted that the best way may be to complete their own searches —		
	however felt that more information was required i.e. what are they being switched from? What will be the process for switching these patients? And is it cheaper in primary care? – it was also noted that guidance will be required from endocrine	ACTION	SG to feedback following the meeting with Jo Aldred in September.
	centres •SG to feedback following the meeting scheduled in September with Jo Aldred.		
9	<u>Draft SWYAPC SCG Template</u> To discuss if the prescriber should be given a copy of the shared care or a link		
	to our website		
	•This was initially raised at the last HoMM meeting. Patients are being discharged		
	from secondary care into primary care; where GPs are then asked to continue prescribing but they often don't receive adequate guidance from secondary care. For		
	example GPs are signposted to shared care guidance but there isn't any available.		
	•It was noted that it is unlikely that a consultant will print a copy of the shared care to send to GPs and felt that there would also be issues with including a link to the		
	document as secretaries who prepare letters could not be expected to do this.		

	•Agreement amongst the members to signpost GPs to the SWYAPC website for information on the shared care guidelines which are available for amber drugs.		
10	Membership of the SWYAPC		
	•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.  •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.  •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.  •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.  •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.	ACTION	HF to liaise with Calderdale LMC representative prior to invitation being extended to one LMC representative.
11	Declaration of interest forms from SWYAPC sub-groups		
	What action is to be taken for those not received?		
	<ul> <li>SG highlighted concerns around not receiving declarations of interest forms from all APC members and the members of the APC sub-groups.</li> <li>A spreadsheet has been created to monitor those that have been received and those</li> </ul>		
	<ul> <li>that have not.</li> <li>•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.</li> <li>•It was noted that the forms need to be completed even if there are no interests to</li> </ul>	ACTION	Dol forms to be completed by the next APC meeting in October. To discuss action at the next meeting if there are still some outstanding.
	declare – the Dol forms are sent out with every agenda as a reminder for members to		Page 10 of 14

	complete.		
12	SWYAPC Website - prescribing guidelines due to expire:		
	<ul> <li>antiplatelet in stroke/TIA guidance – due to expire September 2017</li> <li>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.</li> <li>PH to review.</li> </ul>	ACTION	SG to send PH standard literature search     PH to update
	<ul> <li>Laxative factsheet – due to expire November 2017</li> <li>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.</li> <li>To add to the workplan for further review and update.</li> </ul>	ACTION	Add laxative factsheet to the workplan for updating
	<ul> <li>Baby milk guidance – expired July 2017</li> <li>What is the way forward when some CCGs have restricted supply to certain milks?</li> <li>Members felt that this guidance was still useful – and that a review would be required in terms of the advice that is given.</li> <li>We can get some help from the Dietician in Bradford.</li> </ul>	ACTION	Help from Bradford dietician.
13	D&T and sub-group updates		
	-Safety		
	<ul> <li>The Medicines Safety Sub-group has created a bulletin that will be shared with CCGs <ul> <li>the first one is due to be sent out in September and will be sent out on a quarterly basis.</li> </ul> </li> <li>LM will create a version based on what is produced by the medicines safety subgroup to be shared with community pharmacy.</li> </ul>	ACTION	LM to share CPWY version of medicines safety bulletin.

#### -Wound management

- •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.

#### -Antimicrobial

- •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.

#### -MYHT

No issues raised

#### -CHFT

No issues raised

#### -SWYPFT

	•No issues raised		
	-Locala		
	•No issues raised		
	-AWC		
	•No issues raised		
14	Northern RMOC		
	<ul> <li>The first meeting has occurred. No minutes have been received as yet.</li> <li>Members felt that we need to find out how Trusts and CCGs can ask the RMOC how to add items to agendas</li> <li>Agreement amongst the members to write to the chair of the RMOC (Mike Prentice) to request the minutes of the meeting.</li> </ul>	ACTION	SG/NT to write a letter to the RMOC
15	NHSE consultation items not routinely prescribed		
	•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	Public Health England		
	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.		

•	<u>AOB</u>		
	•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.	ACTION	JF to keep members updated
	•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.		
	Date of next meeting:		
	10 <sup>th</sup> October 1-4pm,		
	Stewart Room, Broad Lea House		