South West Yorkshire Area Prescribing Committee

Date: **12th December 2017**

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

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

ATTENDEES

Nigel Taylor (NT) – Chair

Becky Martin (RM) – Project Coordinator – Medicines Commissioning

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

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

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

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

Judith Stones (JS) – Practice Pharmacist – Greater Huddersfield CCG

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

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

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

Kate Dewhirst (KD) – Deputy Chief Pharmacist and Medication Safety Officer – SWYPFT

Ruth Buchan (RB) – Chief Executive Officer- CPWY

Fiona Smith (FS) - Deputy Clinical Director of Pharmacy – CHFT

Vasuki Vivekananthan (SV) - GP vice secretary of Calderdale LMC

APOLOGIES

Sue Gough (SG) – Senior Medicines Commissioning Pharmacist
Makrand Goré (MG) – Head of Medicines Management – North Kirklees & Greater Huddersfield CCGs
Rachel Urban (RU) – Head of Medicines Management – Locala
Neil McDonald (NM) – Deputy Director of Pharmacy (Medicines Governance lead) – BTHT
Chris Barraclough (CB) - GP – Wakefield CCG
Phil Deady (PD) - Director of Pharmacy - MYHT

ITEM		ACTIONS	LEAD & TIMESCALES
1	**Welcome, introductions and apologies** • Introductions were completed for all members. • Apologies received as recorded as above.		
2	**Declarations of interest** •No declarations of interest disclosed for agenda items		
3	**Minutes from the last meeting (10.10.2017)** •Minutes reviewed and approved as an accurate record of the last meeting on 10th October 2017. •Amendment to page 3 – to include Kirklees as part of the AKI (Acute Kidney Injury) Task and Finish Group that is being set up.		
4	**Action Log** •Action log updated •Following a RAG submission from MYHT for Azithromycin at the last meeting on 10.10.2017 – an action was added to the action log with agreement to classify once the process followed for initiating and managing patients on azithromycin is confirmed by MYHT and CHFT and once microbiology have commented on the long term use of azithromycin and potential antimicrobial resistance. • The MYHT team are happy to confirm: 1. All patients are reviewed at least every 6 months (some every 3 months). Note this is a full disease management review, not just a review re azithromycin. 2. New starters are reviewed re outcome/response to azithromycin at 6 months, then annually	**ACTION**	•Members to review action log and complete actions

	3. These patients do tend to be the ones in regular contact with respiratory services, notably contact with the band 6/7 specialist nurses 4. A joint guideline/pathway with CHFT is desirable (and has been discussed previously) 5. GPs are not expected to do any blood monitoring. The above is based on consultant opinion and practice, plus an audit of all known azithromycin patients (patients who MYHT have dispensed azithromycin to in the last 12 months). This work was already underway as part of the process of developing in-house guidelines. The team also mentioned the fact BTS guidance regarding use of azithromycin/ long-term macrolides is expected imminently click here. •Following receipt of this information members agreed to classify as GREEN SPECIALIST INITIATION with extra guidelines on prescribing responsibilities. •This document will be amalgamated by CHFT / MYHT and added to the SWYAPC website for reference. •A further RAG submission for Metyrapone was submitted at the last meeting on the 10.10.2017 – this was deferred pending discussion at the Yorkshire & Humber Heads of Medicines Management Meeting in November to discuss why Leeds is anomalous with the rest of the country (AMBER classification). •Agreement amongst members to classify as RED for new patients and GREEN SPECIALIST INITIATION for existing patients.	**ACTION** **ACTION**	RM to add Azithromycin classification to the SWYAPC website and await supporting document from CHFT / MYHT RM to add Metyrapone classification(s) to the SWYAPC website.
5	**<u>To note updates / queries from the APC sub-groups:</u>** **<u>Medicines Safety</u>** •West Yorkshire Fire and Rescue Service presented about emollient use and fire risk. Hard hitting content with the aim of recruiting all health care providers and commissioners to support the initiative to spread awareness and education. •NUMSAS – A couple of concerns raised by members about service being abused by patients and accessing medication successfully on several occasions. Raising issues with NUMSAS NHSE Lead. NUMSAS Pilot extended until Sept 2018.		

	•Concerns raised about prisoners on discharge only been provided with a 7 day supply of medication (National Guidance). Reema highlighted an example whereby a client was unable to get an appointment with their GP within the 7 day window so had to access OOH. Fozia raising at National Pharmacist Prison Forum. **<u>Wound Management</u>** •Grace Duthie (Primary Care Support Manager – North Kirklees CCG) attending the wound formulary sub-group to provide an update on the total purchasing pilot being rolled out in North Kirklees. Following procurement activity, the contract was awarded to convatec. The pilot went live on the 2nd October starting with podiatry and is currently in the process of rolling out to district nursing teams. The significant challenges with mobilisation have been related to; capacity within the teams and ensuring that the providers are on board with the change - important to highlight the benefits this will have on outcomes for patients in those early conversations with providers. Waiting for a full quarter's data before starting evaluation - but if they find it's not looking how they want or anticipated - changes can be made. The formulary is tailorable. General Practice are very receptive; takes prescribing away from general practice (depending on how community providers are structured) Already exploring this model for centralising prescribing for stoma and continence products. •Members of the group felt that we should focus on one addition per meeting in relation to increasing the scope of the formulary and invite the relevant representative for further clinical support. The next meeting in January will focus on adding Vibro-Pulse. It was also noted that if we are increasing the scope we may need to think about re-naming this sub-group to include the word 'prevention'. <u>Prescribing Data</u> •Agreement amongst members to focus on one product type within each meeting - members felt that there was too much data - and not enough focus / understanding to make any relevant changes. The January meeting will look at what the trend is over the last 2 year are for: Aquacel Ag, Acticoat and the overall total spend for silver dressings. <u>Escalation to APC</u> •Would APC like to see quality improvement information - not just a focus on cost savings achieved?		

	•Members felt that this fits in with when looking at prescribing data – should be looking at what the outcomes are i.e. silver dressing vs wound healing rates. •Agreement amongst members that due to Sue's absence would need senior representation – TG agreed to send Senior Medicines Management Technician from Bradford and Stephen Rawson – Practice Pharmacist from Greater Huddersfield CCG is due to attend the next meeting in January.	**ACTION**	TG to send representation to wound management formulary group
	Antimicrobial •The Antimicrobial Sub-Group on the 7th December was cancelled due to a high number of apologies. •Main outstanding actions for the antimicrobial sub-group relate to the guidelines that Sue Gough was working on with Nicola Booth from Calderdale. •The guidelines were sent out for comments and comments have been received and collated – Sue and Nicola were due to meeting following receipt of the comments to finalise and send to Nigel for chairs approval. •In Sue's absence it was agreed that Judith Stones (Pharmacist at Greater Huddersfield CCG) would work with Nicola Booth (Pharmacist at Calderdale CCG) to review comments and finalise the guidelines for publication on the SWYAPC website.	**ACTION**	RM to set up a meeting for Judith Stones and Nicola Booth to finalise the antimicrobial guidelines.
6	**Commissioning Statements** • No commissioning statements to bring to APC for approval this month.		
7	**Shared Care Guidelines** **In development (for information):** a) Mercaptopurine		

	•RM has received the updated version from Ruth Rudling from MYHT – but due to Sue Gough's absence needs someone to sense check prior to circulating wider for consultation.	**ACTION**	HoMM to sense check prior RM to send out for consultation to APC members.
	b) LMWHs •RB noted that Kirsty Dove (MYHT) has written the SCG for LMWH's and has sent this to Sue Gough – RB to request that this is forwarded to RM to send out for consultation.	**ACTION**	1. RB to request that Kirsty Dove forwards the SCG for LMWHs to RM 2. RM to discuss with Makrand Goré re: out of office for Sue Gough with the appropriate person(s) contact details in her absence.
	c) Midodrine •To note we are receiving lots of queries around midodrine locally •NM sent apologies for today's meeting •TG to move forward with this	**ACTION**	TG to find out where the SCG for midodrine is up to and move forward with this.
	d) Lithium •SWYPFT have updated the lithium prescribing guidelines; which has resulted in changes to the recommendations for lithium monitoring and necessitated an update to the shared care guidelines. This brings the monitoring recommendations in line with NICE and reduces frequency required.	**ACTION**	HoMM to sense check prior to RM to send out for consultation to APC members.
	<u>To approve proposed shared care guidelines:</u> e) Alcohol Drugs •Final versions of the shared care guidelines for the below alcohol drugs have been produced following comments discussed at the last meeting in October. 1) acamprosate		

	•NT queried the primary care prescriber's responsibilities and sought clarity that the below wording below suggests that; GPs will only actually prescribe for 6 months and then refer back to the specialist service as the first 6 months will be provided by the specialist service. "If any patients have been prescribed acamprosate beyond 1 year/ordering irregularly/not within the last 1-2 months – STOP – review and refer to specialist service if alcohol use remains a significant problem" •Members agreed that the above is clear and no further changes need to be made to the wording. 2) disulfiram 3) naltrexone •Agreement to approve all three of the shared care guidelines for the above alcohol drugs. FL to send final versions to RM to upload to the SWYAPC website. f) **Somatropin (for discussion – no RAG submission as this was a query from a Greater Huddersfield Pharmacist)** •Currently no Shared Care Guideline on APC website for use of Somatropin in paediatrics – do we want to adopt the Leeds Shared Care Guideline? •LTHT has this as AMBER 1 – the equivalent to our GREEN SPECIALIST INITIATION (GSI) – agreement amongst members to classify as GSI and link to the Leeds guidance for information. **<u>A template of principles for shared care between primary and secondary care (for discussion)</u>** To agree whether we continue to use the current Shared Care Guideline template or put all extra information back into the template as per the new recommendations from Keith Ridge. •Agreement amongst members to continue to use the current template – no action required.	**ACTION** **ACTION**	FL to send final versions to RM for addition to the SWYAPC website RM to add to the SWYAPC website and link to Leeds guidance

8	**RAG Submissions** a) Venlafaxine (doses above 300mg per day) •RAG submission received from Kate Dewhirst (SWYPFT) with proposal to reclassify from AMBER to GREEN for the treatment of major depressive episodes, for prevention of recurrence of major depressive episodes, treatment of generalised anxiety disorder, treatment of social anxiety disorder, treatment of panic disorder, with or without agoraphobia. •SPC no longer states doses above 300mg require specialist initiation and specific requirements for regular monitoring of blood pressure at doses above 300mg. Statement now reads; 'blood pressure should be reviewed periodically, after initiation of treatment and after dose increases' i.e.no specific frequency and not specialist monitoring. •Agreement amongst members to reclassify from AMBER to GREEN. b) Dimethyl Fumarate (Skilarence) •RAG submission received from MYHT with proposal to classify as RED for the treatment of psoriasis •Already classed RED when used in MS under Tecfidera brand •Agreement amongst members to classify as RED as this requires long-term on-going specialist monitoring of efficacy or requires long-term on-going specialist monitoring of toxicity (either because of difficulty in recognising side effects or high cost/availability of investigations to identify toxicity) c) Darbepoetin •Issues raised from Calderdale & Wakefield •Currently have darbepoetin classified as RED on the SWYAPC website for dialysis induced anaemia and AMBER for all other non-dialysis indications. •It was noted that there have been previous conversations around writing a shared care guideline for the AMBER indications; however this never came to fruition. •Renal teams are asking nurses to administer; this highlights again the issue around RED drugs being administered in the community. •It was noted that other areas such as Leeds use homecare delivery and patients self-	**ACTION** **ACTION**	RM to add to the SWYAPC website RM to add to the SWYAPC website

	administer – CHFT do not use homecare and are an outlier in terms of prescribing in comparison with other areas. •FS to look at the number of patients, discuss with renal team and feedback at the next meeting before decision is made to classify as RED or whether a shared care guideline is required. d) Octreotide in syringe drivers •Issues raised locally from a Calderdale GP following a request to prescribe without adequate information on discharge from Hospital; particularly around dosage •Current classifications are unclear for octreotide; classified as RED for unlicensed indications – however this is very occasionally used in palliative care for the following indications: 1) A malignant bowel obstruction where large volume vomitus is not adequately controlled by hyoscine butylbromide alone (e.g. where the addition of octreotide in the syringe driver results in reduced volume of vomitus, or frequency of vomiting such that it improves the patient's quality of life). 2) Even less commonly - diarrhoea that results in dehydration or unmanageable high volume of watery stool - after ensuring that conventional methods have been exhausted (loperamide, other opioids, even trying amitriptyline/ondansetron if tolerated before resorting to octreotide) •RAG submission received and proposal to classify as GREEN SPECIALIST INITIATION for the indications stated above to support its use in palliative care. •It was noted that Mid-Essex CCG have published an Octreotide Palliative Care Continuing Care Guideline and that something like this locally may be useful; however this guidance states that 'Octreotide should only be initiated and prescribed for adult patients by a Palliative Medicine Specialist. This guideline is therefore only valid for these patients' •Agreement that further information was required from Palliative Care Consultants; and a view needed to be sought from GP prescribing leads; the Community Nursing Team and the Hospice. •To bring back to the next meeting in February 2018 for further discussion.	**ACTION** **ACTION**	FS to look at number of patients on darbepoetin, discuss with renal team and feedback at the next meeting in February 2018. CCG's (HoMM) to seek view from Palliative Care Consultants, GP prescribing leads; Community Nursing Teams and the Hospice.

9	**<u>Flash Glucose Monitoring Systems</u>** **Discussion following RMOC Statement, to agree next steps** •Agreement was made at the Yorkshire & Humber Head of Medicines Management that each area would submit their proposed commissioning position and following this it is hoped a collective commissioning statement would be able to be produced and adopted across the whole of Yorkshire & Humber; ideally from the 1st April. But if this is not possible one for SWYAPC will be produced by then. •Discussion amongst the members on the number of patients suitable for its use (who test more than 8 times per day) and what would be the best way of establishing how many individuals this would include. •Members felt that Diabetology Teams within Secondary Care needed to be approached to find out information on the number of patients, their views on the RMOC recommendations and whether they think it is a beneficial and cost effective device. •There was further agreement amongst members to approach the STP (Sustainability & Transformation Plan) Lead for Planned Care around the 6 months trial and find out whether this could be completed across the STP footprint.	**ACTION** **ACTION**	Trusts to approach Diabetology Teams to confirm: 1) Number of patients 2) Views on the RMOC recommendations 3) is the device beneficial / cost effective HF / NT to approach STP lead for Planned Care re: completing 6 months trial across the STP footprint.
10	**<u>National consultation on low value medicines</u>** **To agree APC actions required for local implementation of recommendations** •Following NHSE publication of items which should not routinely be prescribed in primary care: Guidance for CCGs – it was decided that a common approach would be needed across the patch and the best way to achieve this would be to form a Task & Finish group with a view to implementing locally. •Members are to include representation from all CCGs across the APC, Hospital Trusts and Mental Health Trusts. •HF agreed that she would lead and chair this group with a view to meeting initially in January 2018. *Post-meeting note: RM set up a scoping phone call on 21.12.2017 to agree the processes, how the group will operate and to agree the priority list.	**ACTION**	RM to set up initial telecon between agreed members

	•RB (CPWY) requested where there is a significant impact resulting in changes in prescribing that will affect a large volume of patients CPWY are kept informed so that messages can remain consistent and where appropriate be added to News Digest. •It was noted that there is a difficulty in sending information electronically out to community pharmacy – however RB informed members that she is currently working with NHS Digital to set up NHS mail in community pharmacy although at present not all have access to this. •RB advised that the best way currently to get messages out to community pharmacy is via post.	**ACTION**	JF to send RB/LM the link to patient information resources from PresQIPP
11	**<u>JAK inhibitors in rheumatoid arthritis biologic pathway</u>** **For discussion** •Discussed at CHFT MMC – brought to APC for discussion by HF •Baricitinib for moderate to severe rheumatoid arthritis (RA) has been approved by NICE but clarity is needed on where this fit in the biologic pathway for RA. •It was noted that these are not a new class of biologics; they are 'nibs' and are not biological molecules; the question is when to choose one over the other first; this is still not clear. •RB informed members that he has requested feedback on this from MYHT MDT •Discussion amongst members concluded that there is no new patient cohort and is therefore cost neutral holding no financial impact on CCGs. •Agreement amongst members for the HoMM to request the Leeds pathway from Jo Aldred with a view to proposing that other providers adopt the same pathway as Leeds.	**ACTION** **ACTION**	Feedback required from MYHT at the next meeting HoMM to request Leeds Biological pathway from Jo Aldred.
12	**<u>My Medicines Campaign</u>** **Feedback from Leeds following the launch on: Thursday 12th October** •Joanne Alldred was invited to attend the meeting to update; but has been unable to attend. •Agreement amongst the members to carry this forward to the next meeting in February 2018.	**ACTION**	RM to ensure Jo Aldred is invited to the next meeting in February.

13	**Date of next meeting – February 2018** •RM highlighted issues with room availability at Broad Lea House from April 2018 – this would potentially impact on the location of APC meetings moving forward. •There was a suggestion that if this is an issue Acre Mills which is in the Huddersfield footprint could be an option. •Members felt that it would be beneficial to trial a new date for the APC to see whether this increases membership – as there are currently a number of people unable to attend or who struggle to attend on Tuesdays. Members asked to avoid the 2nd Wednesday of the month due to other meetings currently in place.	**ACTION**	RM to book meetings at Broad Lea House up until April 2018 trailing a new day (Wednesdays) RM to contact FS if unable to book rooms at Broad Lea House from April 2018 onwards.
14	**For information only:** **D&T and sub-group updates** -MYHT -CHFT -SWYPFT -Locala -AWC / BTHT -LAPC		
15	**AOB** •On behalf on the SWYAPC NT thanked Ric Bowers for all his hard work and wished him luck in his new role at LTHT. •No other items raised under AOB.		
