South West Yorkshire Area Prescribing Committee

Date: **21st February 2018**

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

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

ATTENDEES

Nigel Taylor (NT) – Chair – NHS Calderdale CCG

Becky Martin (RM) – Project Coordinator – Medicines Commissioning

Rachel Bastow (RB) – Senior Medicines Management Technician – NHS Calderdale CCG

Tracey Gaston (TG) – Head of Medicines Optimisation – NHS Bradford City & District CCGs

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

Makrand Goré (MG) – Head of Medicines Management – NHS Greater Huddersfield CCG / NHS North Kirklees CCG

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

Lisa Meeks (LM) – Service Implementation & Evaluation Lead – Community Pharmacy West Yorkshire

Kate Dewhirst (KD) – Deputy Chief Pharmacist and Medication Safety Officer – South West Yorkshire Partnership Foundation Trust

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

APOLOGIES

Sue Gough (SG) – Senior Medicines Commissioning Pharmacist

Neil McDonald (NM) – Deputy Director of Pharmacy (Medicines Governance lead) – Bradford Teaching Hospital Trust

Phil Deady (PD) - Director of Pharmacy – Mid Yorkshire Hospital Trust

Fiona Smith (FS) - Deputy Clinical Director of Pharmacy – Calderdale & Huddersfield Foundation Trust

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

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

Sameera (Roohi) Azam (SRA) - GP Prescribing Lead – NHS Bradford City CCG

Kate Woodrow (KW) - Associate Director of Pharmacy – Mid Yorkshire Hospital Trust

ITEM		ACTIONS	LEAD & TIMESCALES
1	**Welcome, introductions and apologies** •Introductions were completed for all members. •Apologies received as recorded as above. •It was noted that there was no representation from Calderdale & Huddersfield NHS Foundation Trust or from Mid Yorkshire Hospital Trust.		
2	**Declarations of interest** •No declarations of interest disclosed for agenda items		
3	**Minutes from the last meeting (12.12.2017)** •Minutes reviewed and approved as an accurate record of the last meeting on: 12th December 2017		
4	**Action Log** •Action log updated	**ACTION**	•Members to review action log and complete actions
5	**To note updates / queries from the APC sub-groups:** **Medicines Safety** •Update received and acknowledged by members •Request from APC for the Medicines Safety Sub-group to discuss red drug e-referral (issue raised from the Community Nurses as they do not have the appropriate training to administer specialist drugs nor are they commissioned to do this) The Medicines Safety sub-group have suggested the following proposals: 1) To remain RED with shared administration guidance from Secondary Care 2) To change to Shared Care with the prescribing element remaining within		

	Secondary Care. •Members felt that it would be confusing to refer to this as shared care - as it is around the administration of specialist (RED) drugs within the community and not the prescribing. •KD advised that the Secondary Care representatives in attendance at the Medicines Safety Sub-group meeting acknowledged that the work to produce the administration guidance would need to happen within Secondary Care. •APC members agreed that the administration guidance would need to come from Secondary Care providers and that this would need to be agreed in a provider to provider conversation (Secondary Care and Community (Locala)). Providers are commissioned to prescribe and supply red drugs to patients and it is their responsibility how this is administered. •RU felt that a statement from Commissioners stating the above would be useful for these conversations to take place with Secondary Care and move this forward. •SWYPFT have created a bulletin in response to the safety update on the risks of Clozapine and constipation; KD requested that this is added to the Mental Health and Medicines Alerts and Safety issues section of the SWYAPC website. It was also noted that this has been added to the Medicines Safety newsletter for information to Community Pharmacies. •SWYPFT re-advising GPs of patients who are on Clozapine – following an issue with SystmOne whereby if Clozapine was not issued for 12 months it would drop off from the system – It was noted that this issue with the system has now been resolved. **<u>Wound Management</u>** •Update received and acknowledged by members •RB asked for members opinions around Vibro-Pulse – this was discussed at the last wound formulary meeting with a view to adding it onto the formulary. •Vibro-Pulse is included on in the appliance PresQIPP DROP list – however the Vascular Nurses who sit on the wound formulary group supported its use in some patients. •Agreement amongst APC members that Vibro-Pulse should not be routinely commissioned and therefore not added to the formulary as its use is not supported by a strong evidence base. •MG to produce a Commissioning Statement that outlines the position that it should	**ACTION** **ACTION** **ACTION** **ACTION**	**MG to write statement on behalf of the APC CCGs to be published on the SWYAPC website.** **KD to send the safety bulletin on clozapine to RM for addition to the website** **MG to produce a Commissioning Statement for Vibro-Pulse –stating that it should not be routinely prescribed.** **RB / RM to feedback to the wound**

	not be routinely prescribed in Primary Care. **Antimicrobial** •Update received and acknowledged by members •RM has set up a meeting to finalise the antimicrobial guidelines. The date for this meeting is the **28th March 2018.**		**formulary group**
6	**Benzodiazepines and suicide** •Letter received from Tim Kendall (National Clinical Director for Mental Health NHS England & NHS Improvement) and Peter Pratt (Head of Medicines Strategy in Mental Health NHS England & NHS Improvement) following coroners regulation 28 report to prevent future deaths. •The letter is a reminder to Secondary Care Staff on the risk of benzodiazepines in general and the increased risk of suicide whilst being prescribed and during the withdrawal period. The letter asks that Secondary Care providers raise this specifically with local prescribing committees to reinforce this message. •Discussion amongst members were that not many GPs actually manage withdrawal of benzodiazepines as it is very labour intensive – this highlights that the only safe way to manage this is with a specifically commissioned withdrawal service; where patients are followed up and stage managed so that they aren't withdrawn too quickly. •Agreement amongst members to add the letter to the SWYAPC website for information. KD to send RM the paragraph written for clinicians within SWYPFT for addition to the website along with the letter on benzodiazepines and suicide.	**ACTION**	**KD to send RM wording written for clinicians to add to the website along with the letter on benzodiazepines and suicide.**
7	**Commissioning Statements** •No Commissioning Statements to bring for approval at this meeting. **For information:** •The abatacept Sub Cutaneous Commissioning Statement is now out-of-date. Only had this to allow SC use; this is now included in the updated NICE guidelines so we can now remove this from the Commissioning Statement Tracker and from CCG websites. •The following Commissioning Statements are out of date or due to go out of date in the next few months:	**ACTION**	**For CCGs to remove the abatacept Sub Cutaneous Commissioning Statement from their CCG websites as this is now out of date and no longer required as this is now included in the updated NICE guidelines.**

	•Silk Garments •Probiotics •Brimondine •Glucosamine •RM has updated these and is awaiting comments from HoMM prior to sending out to APC members for comments in the absence of SG. **<u>Flash Glucose Monitoring Systems</u>** •It was noted that it is unlikely that we will have produced a Commissioning Statement by the 1st April as stated at the last APC meeting in December. We therefore need to look at updating the holding statement that is currently on the SWYAPC website and think about an updated message to send out locally. •Work is currently ongoing around Flash Glucose Monitoring in Leeds. A statement on NHS Leeds West CCG website states that: *Work is ongoing between the Leeds Clinical Commissioning Groups Partnership and the diabetes specialists in Leeds to agree which groups of patients would gain most health benefit from using Freestyle Libre, whilst keeping it affordable for the NHS. There is also a need to consider our neighbouring heath economies to ensure consistency of care across a wider footprint, and therefore we have to take account of how neighbouring CCGs and health economies are managing this device.* *The current situation re Freestyle Libre in Leeds is that it remains a RED drug.* *GPs should not initiate any prescriptions for Freestyle Libre.* •JF informed members the discussions that took place at the Pharmaceutical Advisors Group (PAG) on the 7th February. There is a real difference of opinion; some areas have adopted the RMOC statement; East of England are working with local diabetes consultants to identify the cohort of patients that they are looking at. •JF and MG have spoken with MYHT diabetic consultants around the cohort of patients that may benefit from the use of a Flash Glucose Monitoring System and they have suggested quite large numbers for both adults and children. •Members felt that more communication was required with the diabetic consultants to identify what the criteria is and what is affordable as it is currently still unclear.	**ACTION**	**RU (Locala) to send diabetes data on the number of children to MG for Greater Huddersfield**

	•Agreement amongst members to adapt wording that NHS Leeds West CCG has published on their website and update the current position currently on the SWYAPC website.	**ACTION**	**JF to send RM the link** **RM to localise for SWYAPC and send to HoMM for approval before adding to the website.**
8	**<u>Shared Care Guidelines</u>** **<u>In development (for information):</u>** **a) Mercaptopurine** •Comments have been received on the first draft and sent back to the author (Ruth Rudling MYHT) to produce a final version. This will hopefully be brought to the next APC meeting in April for approval. **b) Lithium** •Comments have been received on the first draft and sent back to the author (Kate Dewhirst - SWYPFT) to produce a final version. This will hopefully be brought to the next APC meeting in April for approval. •KD clarified one comment received on the update of Lithium: It is a "shared care" agreement but on several occasions there is the advice to "refer back" to the psychiatrist. This implies that some patients may be discharged from Psychiatry and will only be followed up by the GP - Is this correct? •Members felt that this has been discussed previously – it is shared care but can go back to psychiatry when they need to. **c) Midodrine** •Still awaiting a final version for approval from Neill McDonald (BTHT). •Currently classified as RED – pending approval of the Shared Care Guideline •It was noted that Leeds have this as AMBER 1 (which is the SWYAPC equivalent of GSI) •Discussions amongst the members took place on whether we need the Shared Care Guidelines or do we classify as GSI consistent with Leeds. Other areas such as Mid-Essex CCG have prescribing guidelines to support GP prescribing and monitoring		

	of Midodrine. It was noted that within the Mid Essex prescribing guidelines that it states the GP must see the patient every 3 months and complete blood pressure tests both standing and lying down. This therefore suggests that this is not GSI as further monitoring is required. •Members queried whether specialists felt that this type of monitoring was required – TG agreed that she would try to move forward with this with Neill or Dr Morley.	ACTION	**TG to speak with Neill / Dr Morley re: whether specialists think this monitoring is required to move forward with this.**
	<u>To approve proposed shared care guidelines:</u> **d) LMWH's** •Following comments a second draft has been produced for approval by Kirsty Dove at MYHT. •One further comment from NT around package of care; where it asks the Primary Care Prescriber to monitor serum potassium 7-10 days after treatment initiation for patients at high risk of hyperkalaemia – NT felt that this falls under secondary care responsibility as it is within the 7-10 days. •Agreement amongst members to approve outside of the meeting by chairs action once this has been removed.	ACTION	**RM to send NT's comment back to Kirsty Dove and send final version to NT once updated to take chairs action to approve.**
9	**<u>RAG Submissions</u>** **a) Darbopoetin** •This was discussed at the last APC meeting in December. 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-administer – CHFT do not use homecare and are an outlier in terms of prescribing in comparison with other areas. •FS was 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. •This is still ongoing – FS has stated that Secondary Care have recognised this as a problem and will move forward with this. FS to provide an update at the next meeting.		

	b) Octreotide in syringe drivers •This was raised at the last meeting in December following issues raised from a GP in Calderdale – a request was sent 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) • A RAG submission was therefore submitted to classify as GREEN SPECIALIST INITIATION for the indications stated above to support its use in palliative care. However members felt 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 and to bring back to this meeting for further discussion. •It was noted that this is hardly ever used and is very low numbers; agreement amongst the members to classify GSI for the palliative care indications as stated above. **c) Pentosan Polysulphate (Elmiron®)** •RAG submission received from Lyndsey Clayton, Medicines Safety Office (NHS Wakefield CCG) - proposal to classify as RED for Interstitial Cystitis (Unlicensed). •Pentosan polysulfate sodium is a low molecular weight heparin-like compound with anticoagulant and fibrinolytic effects. It is unlicensed for the relief of bladder pain or discomfort associated with interstitial cystitis in the UK and not included in the BNF. •Within Mid Yorkshire NHS Trust it is a Non-Formulary item restricted to urology and uro-gynaecology consultants. This is due to the need for specialist assessment and	**ACTION**	**RM to add Octreotide to the website as GSI for palliative care indications**

	the lack of evidence as to efficacy. A patient prescribed Elmiron® will need to be reviewed by the specialist every 3 months. •The majority of areas where it is classified, it is RED (including Leeds Teaching Hospitals and Doncaster). •Agreement amongst members to classify as RED.	**ACTION**	**RM to add Pentosan Polysulphate (Elmiron®) to the SWYAPC website as RED for Interstitial Cystitis (unlicensed).**
	d) Sucroferric oxyhydroxide •RAG submission received from Fiona Smith (CHFT) currently classified as RED for the control of serum phosphorous levels in dialysis patients. Submitted to APC with the proposal to re-classify as AMBER and adopt Leeds Shared Care Guidelines. •Following a discussion amongst the members it was felt that this should remain RED as it is a specialist drug and to remain consistent with other areas who also have this classified as RED.	**ACTION**	**RM to feedback to FS the decision for Sucroferric oxyhydroxide to remain RED.**
	e) Nitazoxanide **f) Ferrinject** **g) Tofacitinib** **h) Ixazonib** **i) Daratumunab** •No RAG submission forms received for the above drugs for MYHT – to be deferred and brought back to the next meeting in April for discussion / approval.	**ACTION**	**RM to chase KW for the RAG submissions x5.**
10	**<u>Prescribing guidelines</u>** **<u>Vitamin D guidelines – Adult and Paediatric</u>** •Members were informed that the Vitamin D – Adult and Paediatric guidelines are currently in the process of being updated jointly between CHFT, MYHT and BTHT following queries received on the content. RM will circulate this to APC members once an updated version is received.		

	Baby milk guidelines •The Baby Milk Guidelines have been updated by Susan Sheridan, Prescribing Support Dietitian, Medicines Optimisation Team, NHS Bradford CCGs and Bradford Teaching Hospitals NHS Foundation Trust Paediatric Dietitians. •Input has also been received from Elaine Lane, Medicines Optimisation Dietitian in Primary Care, NHS Wakefield CCG •The guidelines now state that it has been agreed not to prescribe Lactose free infant formula, Anti-Reflux (thickened) infant formula and Soya infant formula which can be purchased over the counter (OTC) and that Healthy Start vouchers can be used for Lactose free infant formula and Anti-Reflux (thickened) infant formula. •It was noted that the guidelines have not yet been reviewed by CHFT paediatric dieticians or Locala infant feeding specialists. •Agreement amongst the members to send the guidelines to CHFT / Locala for comments with a deadline of **2nd March 2018** •Agreement to take chairs action outside of the meeting to approve the guidelines once comments are received from CHFT and Locala.	**ACTION**	RB/RU to find out who in CHFT/Locala needs to review the baby milk guidelines and send any comments to TG **by 2nd March 2018**
11	**National consultation on low value medicines** •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 with a view to implementing locally. •The Task and Finish Group have now met to discuss the guidance and a summary has now been produced (see below)  11.0 - Lower value item summary with RA •There a two general actions to note for Acute Trusts and CCGs: **Acute trusts:** NHSE guidance to be received at MMC/DTC and disseminated to trust prescribers to ensure no new patients initiated outside guidance and to support proactive review. **CCGs:** Take guidance through relevant governance committees including EQIA for sign off. Disseminate new guidance to primary care prescribers, other health care		

	professionals in primary care. •It was noted that NHS Wakefield CCG have already started to progress with this and have discussed with MYHT consultants who support a multidisciplinary approach for complex patients – for example those who have been initiated within Secondary Care. Within Primary Care a staged approach will be taken in conjunction with publication of PresQIPP bulletins – so far Wakefield Practices have received Doxazosin MR and Co-proxamol. •As this is a local black list and the drugs included are not nationally black listed – there was a discussion amongst the members as to how GPs will manage this with patients. •Agreement amongst the members to add all of the BLACK drugs (including exceptions) within the list attached above to the SWYAPC website with a link to the NHSE policy. **<u>To approve letter for Community Pharmacies</u>** •HF has drafted a letter to Community Pharmacy on behalf of the SWYAPC advising on the local plans regarding the NHSE Guidance on medicines that should not be routinely prescribed in primary care. •LM noted that following the last APC meeting information on the drugs within the NHSE list of Low Value Medicines has already been communicated to Community Pharmacies. •Amendment required on Patients' Prescriptions. •Agreement amongst members to add the letter to the SWYAPC website so that LM can link to this in News Digest.	**ACTION** **ACTION**	**RM to add BLACK drugs to the SWYAPC website – RM to seek advice from RB / HF to complete this.** **Once amendment has been made – RM to add to the SWYAPC website and send the link to LM for News Digest.**
12	**<u>Dissemination of messages</u>** **Communications around APC decisions and member responsibility** •MG raised issue around communication and dissemination of messages. There have been a number of instances where decisions made at the SWYAPC meeting have not been appropriately communicated back to clinicians at CHFT / MYHT; resulting in GPs being asked to initiate drugs that have been classified as RED. •JF explained that in MYHT any issues such as a RED drug being prescribed are dealt with in the Medicines Contracting sub-group as this is classed as a breach in contract. Members discussed whether this would be something that CHFT could replicate	**ACTION**	**For Acute provides to note that updates from the APC need to be shared efficiently with clinicians.**

13	**Date of next meeting – 18.04.2018** •Room to be confirmed pending GHCCG move. TG offered a room at Douglas Mill in Bradford if there isn't a room big enough to hold the SWYAPC meeting moving forward at Broad Lea House.		
14	**For information only:** **D&T and sub-group updates** -MYHT -CHFT -SWYPFT -Locala -AWC / BTHT -LAPC		
15	**AOB** •JF noted that NHS Wakefield CCG plan to review the sleep management pathway within Children's' Services, and to determine what happens when they become an adult, for example: how long do they stay on melatonin? – There is a high spend associated with melatonin and outcomes at present unclear. •Members felt that this would be beneficial to look at this across a wider footprint as it an area of high cost across the patch. •PH noted an issue raised at the MYHT MOG around testosterone topical presentations. Testim is being discontinued; however the Trust is looking to complete		

	some work on how this might be handled. •PH also asked members whether they had any thought around the difference in asthma guidelines that NICE and BTS Sign have produced and whether any of the other areas were doing any work around this? •It was noted that there is not currently any work being done around the asthma guidelines.		