

South West Yorkshire Area Prescribing Committee

Date: **18th April 2018**

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

Location: **NHS Bradford City CCG & NHS Bradford Districts CCG, Douglas Mill, Learning Areas 2&3.**

ATTENDEES

Nigel Taylor (NT) – Chair – NHS Calderdale CCG

Becky Martin (RM) – Project Coordinator – Medicines Commissioning

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

Kate Woodrow (KW) – Associate Director of Pharmacy – Mid Yorkshire Hospitals NHS Trust

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

Nicola Booth (NB) – Pharmacist – NHS Calderdale CCG

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

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

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

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

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

APOLOGIES

Sue Gough (SG) – Senior Medicines Commissioning Pharmacist

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

Ruth Buchan (RB) – Chief Executive Officer – Community Pharmacy West Yorkshire

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

Joanna Alldred (JA) – Medicines Effectiveness Lead – Leeds CCG Partnership

Jaspreet Sohal (JS) - Bradford Teaching Hospital Trust

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 in attendance as recorded above.•Apologies received and recorded 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 (21.02.2018)</u></p> <ul style="list-style-type: none">•Minutes reviewed by all members and approved as an accurate record of the last meeting on: 21st February 2018.		
4	<p><u>Action Log</u></p> <ul style="list-style-type: none">•Action log updated <p><u>Please note update on the action log with regards to darbopoetin classification</u></p> <ul style="list-style-type: none">•Darbopoetin is classified as RED for dialysis induced anaemia and AMBER for all other non-dialysis indications.•Issues were raised at the December APC meeting around renal teams asking nurses to administer darbopoetin.•It was noted that CHFT were an outlier in terms of prescribing and did not use homecare delivery as per other areas within the SWYAPC.•Prior to the APC making a decision around whether to re-classify as RED for all indications or whether a shared care guideline was required – Fiona Smith requested that she look at the number of patients and discuss with the renal team at CHFT.•Following discussion with renal teams FS updated members that they are happy to change to RED for <u>all indications</u>.•Members agreed for RM to action this change on the SWYAPC website – but to note	<p>ACTION</p> <p>ACTION</p>	<ul style="list-style-type: none">•Members to review action log and complete actions <p>RM to update darbopoetin classification to RED for <u>all indications</u>.</p>

<p>5</p>	<p>that no RAG submission had been submitted.</p> <p><u>To note updates / queries from the APC sub-groups:</u></p> <p><u>Medicines Safety</u></p> <ul style="list-style-type: none"> •Update received and acknowledged by members •Humulin R: All stakeholders happy that all patients have been transitioned over to the Humulin R pens safely across the district and all of the patient's affected have been provided with support and advice. •Echo APP: Further discussions about the safety concerns and third party ordering stance. Lyndsey is liaising with NHS England (Gill Sealy) about the concerns raised at the group. •NUMSAS (NHS Urgent Medicine Supply Advanced Service): Concerns have been raised at the medicines safety group previously. LC attended the NUMSAS Controlled Drug meeting to discuss the concerns e.g. patients accessing multiple supplies via NUMSAS and is currently awaiting direction/guidance from CDAO. TG further explained to members that West Yorkshire is a high user of NUMSAS and that there is data available that can be broken down by Practices and Pharmacies. TG has requested for this information to be sent to each CCG's Heads of Medicines Management. RU informed members that this was further discussed at Locala Drugs and Therapeutics Committee and there were conversations around how records can be flagged to indicate potentially high users of the system? This information would be useful for Practices to know how to annotate the system to flag this. •Thickeners: All areas (except Mid Yorkshire NHS Trust) have now got a gum based (clear) thickener on formulary as first line choice. 	<p>ACTION</p>	<p>RU to contact Usha Kaushal (Lead Operational Pharmacist, NHS 111) re: how records are flagged to indicate potentially high users of the system.</p>
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Paula Briggs to initiate a further discussion with the SALT at the Trust as to why this is posing a problem in Wakefield.

- Discussion about the range of medicines that is contra-indicated in women of child bearing age/pregnancy– possibly a topic for a Medicines Safety Bulletin once information has been explored.

•**Clozapine:**

KD informed members of discussions that took place around clozapine and the risks, particularly when patients are admitted into the acute trusts. More work is ongoing around this.

Wound Management

- Update received and acknowledged by members

•**Highlight from each area:**

NHS Calderdale CCG: plan to go down the same route as NHS North Kirklees CCG in terms of centralising stock

CHFT (Community) - new leg ulcer guidelines are now published

NHS Wakefield CCG / MYHT: Due to go live on 21st May in terms of de-centralising stock

NHS North Kirklees CCG / Locala: updates on NK project re: supply of dressings all really positive. District Nurses really love the new way of working and it has significantly improved patient experience from a quality perspective - no longer needing to wait for prescriptions for particular dressings. Planning to roll this out into Intermediate Care, Practice Nurses and Care Homes. Challenge at the moment is around patients in the North and South - if a patient is in the North can give them a dressing if in the South (Greater Huddersfield) can't give them a dressing.

•**Super absorbents:**

Following discussion there was agreement amongst the members to add

Zetuvit, Zetuvit plus and Vliwasorb to the formulary. If any member(s) of the group have any reservations around this - to send comments to Becky ahead of the next meeting on the 21.05.2018. If no comments are received Becky to add to the formulary.

These products have been tried and tested in other areas such as Leeds and Bradford and therefore do not need further trialling or testing (as per recommendation from APC)

<p>6</p>	<p>Members were all in agreement that once the guidelines have been shared with Alison in Bradford and comments received, NT can then take chairs action to approve the guidelines prior to the next APC meeting scheduled in June.</p> <p>Antimicrobial meetings:</p> <ul style="list-style-type: none"> •The meeting on the 12th April was cancelled due to high number of apologies. APC members were asked for their view on whether this sub-group needs to continue? Members were advised that this sub-group was initially a task and finish group to plan for the antibiotic campaign. •Members of the group felt that it would be useful for the sub-group to continue to meet; particularly if we want the antibiotic campaign to have a significant impact. •Members of the group also felt that it would be useful to monitor the implementation of the Primary Care Antimicrobial Guidelines and to share best practice where improvements are seen in prescribing trend for antimicrobials. •The Terms of Reference for the sub-group have been worked on and developed, but have not yet been approved. Agreement amongst members that the TOR need to be approved by the SWYAPC. <p><u>Benzodiazepines and suicide</u></p> <ul style="list-style-type: none"> •Following agreement at the last APC meeting in February – KD has produced a statement including recommendations to highlight the potential risks of suicide associated with benzodiazepine prescribing and withdrawal. •No comments were noted from members. •Agreement amongst members to add the statement to the SWYAPC Mental Health and Medicines Safety Issues and Alerts sections of the website for information. 	<p>ACTION</p>	<p>NB/RM work on TOR for the antimicrobial sub-group and bring to the next APC meeting in June for approval.</p>
<p>7</p>	<p><u>Commissioning Statements</u></p> <ul style="list-style-type: none"> •No Commissioning Statements to bring for approval at this meeting. <p><u>For information:</u></p> <ul style="list-style-type: none"> •The following Commissioning Statements have been updated and have been sent to APC members for comments – comments are due back on: <u>25.04.2018</u> 	<p>ACTION</p>	<p>RM to upload the Benzodiazepines and suicide statement to the SWYAPC website.</p>

- Agreement amongst members that the next step should be similar to the approach taken by the East of England and for a meeting to take place with all 11 of the STP CCGs Medicines Optimisation Teams, all Secondary Care Trusts and Diabetologists within the STP area.
- The HoMM for the SWYAPC agreed to discuss this approach with Matt Walsh (Chief Officer NHS Calderdale CCG and lead for the STP Elective Care and Standardisation of Policies Programme).

Shared Care Guidelines

In development (for information):

a) Mercaptopurine

- Agreement amongst the members that this Shared Care Guideline needs further work; there were a number of comments that had not been responded to particularly around white cell count and clarity is required around the length of time before responsibility is handed over.
- KW to send comments log back to RR for further a response to the comments made by clinicians and to produce an updated version of the guideline. KW to request that this is sent back to RM who can then circulate to APC members to ensure whether comments have been accepted or declined prior to bringing back to the APC meeting for approval.
- Members felt that it would be useful in SG's absence and in light of new members of the APC that the Shared Care Guideline Process / flow-chart is circulated for information.

b) Lithium

- A final version of the Lithium Shared Care Guideline for the treatment and prophylaxis of mania, bipolar disorder and recurrent depression has been produced

ACTION

1. HF to set up a meeting with Matt Walsh (Chief Officer NHS Calderdale CCG and lead for the STP Elective Care and Standardisation of Policies Programme).
2. HoMM to discuss with MW Flash Glucose Monitoring Systems and the STP plans / approach.

ACTION

1. KW to send comments log back to RR for further a response to the comments made by clinicians and to produce an updated version of the guideline. KW to request that this is sent back to RM who can then circulate to APC members to ensure whether comments have been accepted or declined prior to bringing back to the APC meeting for approval.
2. RM to send SCG process / flow-chart to APC members.

<div>9</div> <div>10</div>	<p>in June.</p> <ul style="list-style-type: none"> •RM has recently sent a list of the Shared Care Guidelines that are due to expire on the website and require an update from clinicians in secondary care. •Members felt that it would be useful to have this as an agenda item so this can be monitored and earlier notification provided. •Agreement amongst members to extend the date by 4 months for the Shared Care Guidelines that are already out of date. <p><u>Red drug administration by providers</u> Update following meeting between Locala, CHFT & MYHT</p> <ul style="list-style-type: none"> •Members felt that this specifically relates to providers and did not need further discussion at APC. •There is an open action on the action log for MG to write a statement on behalf of the APC stating that: <p><i>Administration guidance is a requirement of Secondary Care Providers. Providers are commissioned to prescribe and supply red drugs to patients and it is their responsibility how this is administered.</i></p> <p><u>RAG Submissions</u></p> <p>a) Sucroferric oxyhydroxide</p> <ul style="list-style-type: none"> • RAG submission received from Fiona Smith (CHFT) currently classified as RED for the control of serum phosphorous levels in dialysis patients. •This was submitted to APC in February with the proposal to re-classify as AMBER and adopt Leeds Shared Care Guidelines so that this can be prescribed by GPs. •Following a discussion amongst the members in February 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. •FS has received a further request from CHFT renal consultants as a satellite unit of Leeds. This drug is AMBER in Leeds and RED in SWYAPC footprint. •It was noted that this is an NHSE commissioned drug and there would need to be a 	<div>ACTION</div>	<p>RM to add SCGs due to expire to the agenda to look at what is due to go out of date in the next few months.</p> <p>RM to extend the date on the SWYAPC website for the SCGs that are already out of date.</p>
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relation to the supply of medicines to patients.

- The NHS standard Contract states that the provider is to supply medicines, where clinically appropriate:
 - on discharge from inpatient or day case care;
 - following clinic attendance (where a patient has an immediate need for medication, for example, where treatment is expected within 7 days);
 - in accordance with local policy agreed with its commissioners, but subject to covering a minimum period
- Members advised that this is customised within each contract; MYHT will have contract arrangements with NHS Wakefield CCG and NHS North Kirklees CCG – but stated that this tends to be around 14 days.
- NT noted that the only time this tends to be an issue is with SWYPFT sending urgent faxes for GPs to prescribe medication.
- KD stated that the reason for this is due to the fact that there is no prescribing specification in SWYPFT; this has been flagged with the Medical Director. KD advised to send evidence of this when an urgent request is sent through.
- Members acknowledged the guidance and noted that SWYAPC are happy with their current arrangements for prescribing between Primary and Secondary / Tertiary Care.

NHS England guidance on over the counter medicines that should not be routinely prescribed.

To note what actions are being taken across the APC footprint

<https://www.england.nhs.uk/2018/03/nhs-england-frees-up-millions-of-pounds-which-could-be-used-for-frontline-services/>

- Members discussed the new guidance and agreed that a joint approach would be required with acute providers as issues were raised around patients attending A&E to obtain these types of medicines.
- Agreement amongst the acute providers to write a policy statement for A&E.
- The proposal / policy statement will be brought back to the next APC meeting in June for further discussion.
- Members also felt that it was important that this message is consistent in walk in centres and out of hour's services. RU noted that this has already started to be implemented.
- CCGs to share local implementation plans and provide information on how they plan

ACTION

Acute providers to produce a policy statement for A&E following the publication of the NHSE OTC medicines that should not routinely be prescribed.

CCGs to share local implementation plans and provide information on how they plan to implement the guidance locally

RM to add to agenda for discussion at the next meeting

ACTION

TG to contact Reema Caddies and find out how Local Care Direct have implemented the NHSE guidance on OTC medicines that should not routinely be supplied.

14	<p>to implement the guidance locally at the next APC meeting in June.</p> <p><u>Hepatitis A & B Travel Vaccine</u></p> <p>•MG requested that this is deferred to the next meeting in June.</p>	ACTION	RM to add to the agenda for discussion at the next meeting.
15	<p><u>Date of next meeting – 20.06.2018 at Douglas Mill, NHS Bradford CCGs</u></p> <p>•Agreement amongst members to continue to hold the APC meeting on Wednesday afternoons.</p> <p>•Due to issues with visitor parking and the number of spaces available at Broad Lea House members agreed to hold the next two meetings at Douglas Mill in Bradford.</p> <p>•Dates for 2018 were decided:</p> <p>-Wednesday 20th June – Douglas Mill</p> <p>-Wednesday 15th August – Douglas Mill</p>		
16	<p>-Wednesday 7th November – Location – To be decided</p> <p><u>For information only:</u></p> <p><u>D&T updates</u></p> <p>-MYHT – nothing to note</p> <p>-CHFT – nothing to note</p> <p>-SWYPFT – nothing to note</p> <p>-Locala - minutes requested but not received.</p>		

-AWC / BTHT – minutes requested but not received.

-LAPC – minutes requested but not received.

AOB

To note GP attendance from member CCGs.

- CCGs were encouraged to invite GP representation across the SWYAPC footprint; currently only Nigel Taylor that attends – but also chairs the meeting.
- Agreement that more Primary Care representation would be beneficial.
- RU also informed members that from October 2018 CGL (Change, Grow, Live) will be taking over the delivery of substance misuse services and asked members whether they needed to be invited to the APC meetings.
- Members felt that CGL should only be invited when there is something relevant for discussion on the agenda.

ACTION

CCGs to speak with GP leads and encourage attendance at APC.