

South West Yorkshire Area Prescribing Committee

Date: **20th June 2018**

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

Location: **NHS Bradford City CCG & NHS Bradford Districts CCG, Douglas Mill, Learning Area 4 & Learning area Meeting Room**

ATTENDEES

Nigel Taylor (NT) – Prescribing Lead for NHS Calderdale CCG and Chair of the South West Yorkshire Area Prescribing Committee

Becky Martin (RM) – Project Coordinator – Medicines Commissioning

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

Kate Norton (KN) - Lead Pharmacist Medicines Information & Commissioning – Mid Yorkshire Hospitals NHS Trust

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

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

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

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

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

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

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

Jane Otter (JO) - Prescribing Advisor Pharmacist – Leeds Teaching Hospitals NHS Trust

Joanna Alldred (JA) – Medicines Effectiveness Lead – NHS Leeds South and East CCG

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

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

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

Neil McDonald (NM) – Deputy Director of Pharmacy (Medicines Governance lead) – 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 (18.04.2018)</u></p> <ul style="list-style-type: none"> •Minutes reviewed by all members and approved as an accurate record of the last meeting on: 18th April 2018 •One amendment to be made on page 4 under the Wound Management update section 'de-centralising' stock to 'centralising' stock. 	ACTION	RM to amend prior to adding the minutes to the SWYAPC website.
4	<p><u>Action Log</u></p> <ul style="list-style-type: none"> •Action log updated 	ACTION	•Members to review action log and complete actions
5	<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"> •Lyndsey Clayton (Chair of the Medicines Safety Group) – advised that the last Medicines Safety sub-group meeting (31.05.2018) was cancelled due to a high number of apologies received. •No update to bring to APC this month. 		

Wound Management

- Update received and acknowledged by members

Highlights from each area:

- Wakefield - go live (next week 29th May) with Centralising Stock Initiative (NHS Supplies) – Lyndsey Clayton (NHS Wakefield CCG) will keep the group informed on progress.

- Locala (NK Pilot – Centralising Stock) – Has now been rolled out into Intermediate Care beds. Lots of positive feedback GPs no longer have to write prescriptions. All teams are really positive.

- West Yorkshire Rapid Access Improvement Programme set up to manage soft oedema, before reaching leg ulcer stage - going live in the second week of July.

- TOR for the Wound Formulary Management Group are in development - will be brought to APC for approval.

Super absorbents:

Have now been added to the wound formulary

Amalgamating Bradford Wound Formularies with SWYAPC:

- Conversations are ongoing in Bradford re: amalgamating the two formularies
- Bradford still wish to attend this meeting despite the fact at this stage they are not aligned with SWYAPC formulary.

Dressing Packs data:

- Data was displayed to members on the last 11 months of data on total spend and quantity x items for Dressit and Nurse IT dressing packs following discussion at the

	<p>last meeting in March.</p> <ul style="list-style-type: none">•The data conveyed that Dressit is the most used of the two products•Agreement amongst members to add this to the formulary based on rationale that:<ul style="list-style-type: none">•It is the most used product of choice•Nurse IT (although cheaper product, not fit for purpose, finding that they are needing to use more than one pack - due to the size of the bag included) <p>To review in 12 months following the addition to the formulary.</p> <p>UrgoStart:</p> <ul style="list-style-type: none">• UrgoStart for chronic wounds discussed with members - highlighted the benefits of its use and displayed evidence from 2 double blinded RCT's.•This could replace Promogram on the formulary - as it is a similar type of dressing, but has no evidence of healing - whereas UrgoStart does have evidence of healing.•This is on Bradford Formulary - but as a specialist product - cannot be ordered or used inappropriately.•Small use of Promogram, so financial impact will be minimal - UrgoStart has evidence of healing and is evidence based.•Before we add UrgoStart to the formulary for audit purposes (decisions potentially FOI-able) we should complete the form and bring back to the next meeting for further discussion•Rachel Urban (Locala) raised a query around members of the Wound Management Formulary Group trialling products/dressings outside of the group.	<p>ACTION</p>	<p>RU to find out further details around this and inform RM / Lyndsey Clayton</p>
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Antimicrobial

- Update received and acknowledged by members

Planning for 2018 antibiotic campaign – some of the ideas discussed amongst members of the antimicrobial sub-group

-PHE resources - sent directly to practices / pharmacies - unsure whether this year the approach will be the same - need to regularly check the PHE website (may not know this until later in the year)

- Crocheted germs - can be used as a prize for best performing practice
- Messages on OpimiseRX linked to the APC formulary
- Screens again in GP waiting rooms / A&E / hospital waiting rooms
- Communications Teams need to be involved for use of social media / local papers i.e. the examiner / local radio
- Displays on wards, getting visitors to the hospitals to sign up / have a stand and talk to the public (previously also done this is Asda)
- Local Schools - ask them to draw pictures and put up in the hospitals / GPs waiting rooms
- University - complete a dissertation on how to best cascade messages and information / change behaviour of public
- Contact / share best practice from antibiotic award winners
- Better links with care homes
- Penicillin Allergy vs Sensitivity

Update on where the antibiotic guidelines are up to:

- Nicola Booth is still awaiting feedback on a couple of areas (GU and swabs for gentamicin) awaiting feedback / clarity from CHFT.
- Final version due at the end of July for approval outside of the APC meeting as chairs action.
- Nicola also noted that she has shared the updated guidelines with Alison Haigh (Bradford Teaching Hospital Foundation Trust) for comments but no response has been received.
- The date of the Antimicrobial meetings will be changed to 3 monthly
- TOR will be reviewed by members and brought to the APC for approval.

Commissioning Statements**For information only****•Probiotics:**

As noted at the last APC meeting in April the probiotics Commissioning Statement was updated and circulated to APC members for comments. However in light of the new NHSE OTC Guidance a decision has been made by the HoMM to remove the Commissioning Statement and add to the SWYAPC website as 'BLACK' - (except VSL#3® which is Green with Specialist Initiation for ACBS criteria i.e. for the maintenance of remission of ileo-anal pouchitis).

- KW raised comments from consultant gastroenterologists at MYHT around considering including VSL3 prescribing in patients with Ulcerative colitis.

- It was noted by JF that the evidence sent by the gastroenterologists was reviewed at NHS Wakefield CCG Medicines Optimisation Group and they felt that the evidence

<p>submitted was very poor and displayed no evidence in support its use in anything other than the ACBS criteria.</p> <p>•Trans-anal Irrigation Systems:</p> <p>To note that this statement has been updated with new NICE Guidance and sent to CCGs for the updated version to be uploaded onto the APC CCGs websites.</p> <p>• Silk Garments • Tocilizumab SC • Sildenafil</p> <p>These commissioning statements have been updated and have been sent to CCGs for initial comments. Next step will be to send out for 4 weeks to APC members once comments close for CCGs.</p> <p><u>Flash Glucose Monitoring Systems</u></p> <p>To check the progress across the SWYAPC footprint</p> <p>•An APC wide meeting has now been scheduled for <u>22nd June at Huddersfield Royal Infirmary</u> in order to move forward with a proposed Commissioning Statement for Flash Glucose Monitoring Systems across West Yorkshire.</p> <p>•Representatives from each area have been invited; also invited are diabetology and paediatric consultants, senior hospital pharmacists, Medicines Management Leads and GP Prescribing Leads from the CCGs.</p> <p>•The original meeting was to try and agree a position for the 6 CCGs of the South West Yorkshire Area Prescribing Committee but this has expanded as the other West Yorkshire and Harrogate CCGs are keen for us to have a consistent approach across the WY&H Health and Care Partnership.</p> <p>•To note that three letters have been received requesting information on the SWYAPC interim commissioning position of Flash Glucose Monitoring Systems.</p> <p>•These have been responded to in line with the information displayed on the SWYAPC website.</p>	<p>ACTION</p>	<p>CCGs to ensure the updated version of the Trans-anal irrigation systems Commissioning Statement is updated on CCG websites.</p>
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- TG noted that she has also received a letter in relation to the commissioning of Flash Glucose Monitoring in Bradford.
- TG also noted that Flash Glucose Monitoring Systems are due to be discussed at the All-Party Parliamentary Group for Diabetes (APPG) on the **19th July 2018.**
- There was a suggestion to write formal letters to all MPs following the meeting on Friday 22nd June 2018 so that the SWYAPC commissioning position for Flash Glucose Monitoring Systems is communicated with them ahead of the APPG meeting.
- RU noted current issues in the Community Nursing Teams with Flash Glucose Monitoring Systems. Community Teams are required to check blood glucose prior to administering insulin (via finger prick testing) – these results significantly differ to those produced by the Flash Glucose Monitoring device.

For Approval:

•Brimondine

- The commissioning statement for brimondine has been updated.
- This is an updated version of an existing commissioning position.
- Brimondine is not routinely commissioned by the member CCGs for the treatment of facial erythema of rosacea in adult patients.
- Brimonidine gel is considered to be cosmetic in nature and therefore not recommended for prescribing.
- This has been circulated to CCGs for initial comments, to APC members and interested colleagues for further comments.
- No comments on the updated version of the commissioning statement have been received.
- JO noted that Leeds have this classified as AMBER 2 – where GPs are required to complete a DLQI questionnaire and only refer patients with a score greater than 10 and where symptoms are causing severe distress.
- It was noted that in these circumstances in South West Yorkshire area an Individual Funding Request (IFR) would need to be submitted to exhibit exceptionality.
- Agreement amongst members to approve the updated commissioning statement for brimondine.
- To be added to the SWYAPC website for 4 weeks for public opportunity to comment.

ACTION

RM to add the updated version of the brimondine commissioning statement to the SWYAPC website for public opportunity to comment.

•Hyaluronic Acid

- The commissioning statement for hyaluronic acid has been updated.
- This is an updated version of an existing commissioning position.
- Hyaluronic Acid and its derivatives is not routinely commissioned by the member CCGs for the treatment of osteoarthritis and other joint conditions
- Hyaluronic acid injections are offered for the relief of joint pain however they are not considered to be effective, particularly in osteoarthritis.
- JO noted that in Leeds hyaluronic acid is being used in indications not stated within the commissioning statement; however members felt that the wording in the SWY commissioning statement was inclusive of this stating 'not routinely commissioned for the treatment of osteoarthritis and other joint conditions'
- Clarity is required around whether the commissioning statement is being complied with and around the supply routes.
- Agreement amongst members to approve the updated commissioning statement for hyaluronic acid.
- To be added to the SWYAPC website for 4 weeks for public opportunity to comment.

To note:

- Members felt that the process for updated versions of commissioning statements may need amending. Where the position is the same they do not need to be added to the website for public opportunity to comments.
- Agreement to add this for discussion at the next meeting in August.

Shared Care Guidelines

For information:

a) Lithium

- Approved by chairs action.
- Lithium Shared Care Guideline has been added to the website.

ACTION

1. CCGs to find out whether hyaluronic acid is being used in 'other joint conditions'
2. Trust to feedback on supply routes for hyaluronic acid.

ACTION

RM to add the updated version of hyaluronic acid commissioning statement to the SWYAPC website for public comment

ACTION

RM to add the process for updating an updated version of a commissioning position to the agenda for the next SWYAPC meeting in August.

8	<p>work with local teams in Secondary Care to determine what advice needs communicating with Primary Care and what systems need to be put into place to ensure new requirements are fulfilled.</p> <p><u>RAG Submissions</u></p> <p>a) Cyproterone</p> <ul style="list-style-type: none"> •HF updated members on previous discussions around re-classifying cyproterone as black as this is no longer recommended within MYHT; however CHFT do have specific niche situations where they would prescribe this i.e. where patients are unable to tolerate bicalutamide. Therefore it would be inappropriate to re-classify as black (not commissioned). •Agreement amongst members for HF to submit a RAG form with the proposal to re-classify cyproterone as Red. •JA noted that the Leeds position for cyproterone for prostate cancer is Amber level 2 which requires specialist initiation but no monitoring requirements. <p>A brief prescribing guidance document is available for these drugs, but there is no requirement for full amber drug guidance.</p> <p>b) Sucralfate</p> <ul style="list-style-type: none"> •RAG submission received from Lyndsey Clayton (NHS Wakefield CCG) with the proposal to classify as Red for all indications. 	<p>ACTION</p>	<p>3. CCGs to work with local teams within secondary care to determine what advice needs communicating with Primary Care and what systems need to be put into place to ensure new requirements are fulfilled for patients prescribed valproate.</p> <p>4. CCGs to share information with KD from ePACT2 on number of patients on valproate broken down by age.</p> <p>HF to submit a RAG submission to re-classify cyproterone from AMBER to RED.</p>
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9	<ul style="list-style-type: none"> •Sulcralfate is currently an imported unlicensed product • There is an ongoing long term supply problem with the licensed product Antepsin. • The licensed indications of Antepsin are only used for a short course and it is only prescribed in a small number of patients. •KW advised that gastroenterologists in Mid Yorkshire Trust are happy for this to be red in the short term however felt that a different pathway may be required in the longer term. •Leeds position for sucralfate is Amber – but unsure of the number of patients prescribed this. •Agreement amongst members to classify as Red for all indications. <p>c) Chloral Hydrate</p> <ul style="list-style-type: none"> •RAG submission received from Lyndsey Clayton (NHS Wakefield CCG) with the proposal to classify as Red for Insomnia (Short term use). •Members noted that there is a niche use of chloral hydrate in paediatrics •Agreement amongst members to classify as Red for Insomnia (Short term use). <p><u>For discussion:</u></p> <p>Secondary Care – revised RAG submission form for red drugs to be discussed</p> <ul style="list-style-type: none"> •Agreement amongst members to accept the simplified version of the RAG submission form for <u>red drugs</u> that are submitted at internal Drug & Therapeutics committees. •To note that for all other submissions or amendments the original RAG form will need to be completed to ensure all required information is provided. <p><u>Prescribing guidelines</u></p> <p><u>For information:</u></p> <ul style="list-style-type: none"> •Comments have now closed on the Adult Vitamin D updated guidelines. 	<p>ACTION</p> <p>ACTION</p> <p>ACTION</p> <p>ACTION</p> <p>ACTION</p> <p>ACTION</p>	<p>Further conversation required within other Acute Trusts to ensure they are happy with this classification.</p> <p>RM to add sucralfate as red on the website for all indications.</p> <p>RM to add chloral hydrate as red on the website for Insomnia (Short term use).</p> <p>RM to add the RAG form for red drug submissions to the website for use.</p> <p>KW to feedback to FS / NM</p>
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<div data-bbox="33 131 1291 412"> <p>10</p> <ul style="list-style-type: none"> •RM has sent comments to FS for the author to create an update version and opportunity to respond to initial set of comments. •An updated version 2 will be circulated to members. •Still awaiting an updated version of the Paediatric Vitamin D guidelines. •TG noted that Bradford guidelines also require an update to reflect the new OTC guidance on prescribing Vitamin D in Paediatrics. <p>Asthma – Children’s treatment choice guide</p> <p><u>For information:</u></p> <ul style="list-style-type: none"> •Asthma – Children’s treatment choice guide produced by Patrick Heaton (NHS North Kirklees CCG) •This guidance has been adopted across MYHT to discuss whether the guidance can be adopted across the SWYAPC footprint and added to the website for information •Members felt that further clarity was required around how this has been developed, where this has been taken for consultation and to determine whether CHFT and BTHT are happy to adopt. •It was noted that an amendment is required on page 2 under Medium Dose IC S – <u>100mg should be 100mcg.</u> <p>Papers from Leeds Teaching Hospital Trust for consideration – (Jane Otter Prescribing Advisor Pharmacist – Leeds Teaching Hospitals NHS Trust)</p> <p><u>Prescribing Responsibilities between Primary Care and Secondary / Tertiary Care</u></p> <p><u>For information / brief discussion:</u></p> <ul style="list-style-type: none"> •Similar discussions have taken place in Leeds around the Prescribing Responsibilities between Primary Care and Secondary / Tertiary Care. •The SWYAPC process for requests to take on shared care is for the Primary Care </div>	<div data-bbox="1291 131 1484 412"> <p>ACTION</p> </div> <div data-bbox="1291 412 1484 1505"> <p>ACTION</p> </div>	<div data-bbox="1484 131 2028 412"> <p>TG to discuss with NM re: Bradford guidance and liaise with FS to move this forward.</p> </div> <div data-bbox="1484 412 2028 1505"> <p>1. MG to table for discussion at the next MMC Meeting that will be joint with Bradford.</p> </div>
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	<p>Prescriber to respond in writing within two weeks if they are unwilling to participate – normally via a clinic letter from the specialist initiating treatment.</p> <ul style="list-style-type: none"> •In Leeds this is requested via a clinic letter that contains a link to the shared care guideline on LTHT website. •Discussions amongst members around whether it would be helpful to have a pro forma on the SWYAPC website for Primary Care to complete if they are refusing to take on the shared care request and provide reasons for the refusal. •However it was noted that issues tend only to arise when there is a lack of information sent from Secondary Care when requesting shared care is taken on by Primary Care and where the requests fall outside of the shared care guideline criteria. •KW highlighted a recent case in MYHT where a patient's treatment was delayed – an investigation is underway to determine whether this delay was caused by the specialist not initiating treatment or whether this was a delay within Primary Care refusing to take on shared care of the patient. •JO also noted that stated within the guidance is where possible shared care will be 'disease specific' rather than 'medicine specific' – Leeds will not be following this part of the guidance and have fed this back as part of the consultation. •Members further highlighted the issues around different payment schedules and by having two different classification systems i.e. drugs that are classified as RED in South West Yorkshire but classified as AMBER within Leeds. • Regional Medicines Optimisation Committees (RMOs) are undertaking scoping work on Shared Care (Liz Kay from Leeds with John Reynolds from Oxford) as this could be something where National templates could be developed for certain medicines. •Members all in agreement that it would be beneficial to move forward as one Integrated Care System (ICS) with the intention for one Area Prescribing Committee (APC) across West Yorkshire and Harrogate. <p><u>Tertiary referrals</u></p> <p><u>SWYAPC position on tertiary referrals to Leeds and traffic light classification</u></p> <ul style="list-style-type: none"> •Discussions around tertiary referrals covered in the above agenda item. <p><u>Specialist paediatric patients</u></p>	<p>ACTION</p>	<p>Members all in agreement that it would be beneficial to move forward as one Integrated Care System (ICS) with the intention for one Area Prescribing Committee (APC) across West Yorkshire and Harrogate.</p> <ol style="list-style-type: none"> 1. Agreement that before this is taken forward to the ICS board an <u>internal discussion is required</u> 2. To include HoMMs for the whole of West Yorkshire and Chief Pharmacists from Trusts (currently 4 APCs across the footprint) 3. JF / TG – to start these discussions and this move forward.
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11	<p><u>Leeds Paediatric Amber Guidance for consideration</u></p> <ul style="list-style-type: none"> •A number of Amber documents for LTHT specialist services are listed and linked on the SWYAPC website •JO requested that SWYAPC consider the LTHT Amber documents for paediatric patients who have been referred to Leeds. •It was noted that some classifications match already – if not in colour but meaning i.e. SWYAPC – ‘Green with Specialist Initiation’ is in Leeds ‘Amber 2’ meaning that a specialist is required to initiate but where there is no requirement for additional monitoring above the general requirements for all medicines. •Members in agreement and are happy to accept Leeds Specialist Paediatric Amber Guidance. 	ACTION	RM to discuss with SWYAPC HoMMs re: additions to the website and where there may be discrepancy i.e. Grazax for seasonal hay fever.
	<p><u>Leeds CCG Citywide Pharmfax Lights April 2018</u></p> <p><u>Secondary Care request for Primary Care Prescribing</u></p> <p>http://mixdmessaging.mixed.co.uk/t/ViewEmail/r/96CA88E80D4CC36A2540EF23F30FEDED</p> <ul style="list-style-type: none"> •Discussion amongst members around whether SWYAPC should adopt wording from Leeds around secondary care requests for primary care prescribing. •The Leeds Area Prescribing Committee have provided wording and guidance to Primary Care where on occasions GPs are asked to prescribe a medicine which is outside of the formulary or is not on it for that particular indication. •Members in agreement that this would also be useful to adopt for the SWYAPC website. 	ACTION	HoMM to discuss outside of the meeting and bring back to APC for approval / addition to the website.
12	<p>NHS England guidance on over the counter medicines that should not be routinely prescribed.</p> <p>https://www.england.nhs.uk/2018/03/nhs-england-frees-up-millions-of-pounds-which-could-be-used-for-frontline-services/</p> <p><u>To update on what actions are being taken across the APC footprint</u></p>		

Actions agreed following the last meeting:

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

- Discussions amongst members around incidents that have resulted in hospital admissions and where further medicines are required despite being classed as a self-limiting condition.
- Members felt that in these instances patients should be advised to buy any additional medicines required on discharge over the counter as there can often be an expectation for GPs to continue prescribing these types of medicines if they have been discharged from hospital with them.
- A consistent message is required.

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

•Further discussion amongst members around one united standardised approach across the ICS. This idea has been shared with Catherine Thompson (Programme Director - Elective Care and Standardisation of Commissioning Policies for the West Yorkshire and Harrogate Health and Care Partnership)

•JA (NHS Leeds South and East CCG) – noted that the guidance will be ratified in Leeds but will await resources and wider media campaign from PrescQIPP.

•NHS North Kirklees CCG has now ratified the guidance.

•The areas not covered within the Talk Health Campaign have been highlighted at Governing Body

•NHS Bradford City & Districts CCGs & NHS Airedale, Wharfedale and Craven CCG have completed local engagement and have ratified the guidance

•NHS Wakefield CCG plan to take this through internal governance processes for ratification in the Summer.

•Nationally it is estimated that 15% of current spend on drugs outlined within the guidance will be saved. Dashboards are due to be produced by PrescQIPP; but

13	<p>unsure of when these will be due out – agreement that these would be useful to share with GPs.</p> <p><i>3. 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.</i></p> <ul style="list-style-type: none"> • LCD are including the NHS England OTC guidance within their clinical bulletin and will be discussed within the medicines management section at the next clinical meeting. •Following conversations with TG – Reema Caddies has requested that if the SWYAPC agree any local guidance to share with Local Care Direct. •LM raised concerns from Community Pharmacy West Yorkshire around the need for CCGs to communicate effectively with them when CCGs start to implement the OTC guidance locally. •LM further noted that in some areas GPs are unaware of product licenses – in order to raise awareness LM is producing a product license summary document mainly for use in Leeds – but this can be shared across the SWY footprint. •Concerns were also raised around minor ailment schemes; this is incompatible with the new guidance. The schemes therefore may need amending in line with the new OTC guidance. HF has raised this with NHSE locally for Calderdale. •Agreement amongst members to keep this on the agenda for further updates at the next APC meeting in August. <p><u>Hepatitis A & B Travel Vaccine</u></p> <ul style="list-style-type: none"> •This agenda item was deferred by MG during the April APC meeting. •MG raised issues around the national shortage of Hepatitis B vaccine and queried with members whether it would be appropriate to add some additional wording on the SWYAPC website to help support GPs in prescribing the combination vaccine. •Agreement amongst members to include additional wording on the website for advice on prescribing the combination vaccine. 	ACTION	RM to clarify with PH re: wording required for the website. To ensure the information is clear.
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14	<p><u>Melatonin Prescribing</u></p> <p>To note a letter received from Elmwood Practice, Huddersfield re: Generic preparations of melatonin and subsequent issues this caused for a patient.</p> <ul style="list-style-type: none"> •MG noted that there is a lot of clinically inappropriate prescribing of melatonin and felt that there was enough scope based on the letter received to look at re-classifying from Amber. •Members agreed that further work would be required before considering re-classification. •Agreement for Sue Gough (Senior Medicines Commissioning Pharmacist for the South West Yorkshire APC CCGs) to complete a piece of work to review the current use of melatonin. •Clarification is required on: how much is currently used; how much is currently spent on both unlicensed and licensed preparations; to complete an audit on how prescribers follow to the shared care guidance for melatonin and to also consider the current evidence base for all indications as this is not just used in mental health. 	ACTION	SG to lead on melatonin review and co-ordinate across providers to bring back the findings to the SWYAPC for consideration to support re-classification.
15	<p><u>Choice of methylphenidate modified release product</u></p> <p><u>For discussion:</u></p> <ul style="list-style-type: none"> •KD tabled for discussion for an APC wide decision on a generic brand of methylphenidate. •KD noted that products submitted from CCGs were all different. •Agreement for the HoMM / CCGs to review and respond to KD. 	ACTION	HoMM to decide on a generic brand for methylphenidate and feedback to KD.
16	<p><u>SWYAPC Workplan</u></p> <p><u>For information:</u></p>		

<p>17</p>	<ul style="list-style-type: none"> •To note Commissioning Statements and Shared Care Guidelines that are due to go out of date to ensure that there is sufficient time for updates prior to expiry. •To keep on agenda <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 – nothing to note</p> <p>-AWC / BTHT – nothing to note</p> <p>-LAPC – minutes requested but not received.</p> <p>-RMOC:</p> <ul style="list-style-type: none"> •No confirmed minutes from the Northern RMOC (February 2018) meeting have been published on the SPS website. •Bhavana noted that RMOC are hoping to move to a virtual sign off in future but need to get this changed in the operating model and signed off by the oversight group before they can. •A second RMOC briefing paper on adalimumab is now available at: www.sps.nhs.uk/articles/rmoc-briefing-paper-on-adalimumab-no-2/ •It forms the May edition of an expected monthly series of briefings on best value biological medicines. 		
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The briefing summarises:

- advice on next steps for commissioners and providers;
- practical advice in the context of homecare services;
- progress to date in planning for the patent expiry of the originator adalimumab product Humira® in October 2018.

•JF noted that we should be reviewing all the RMOC minutes from all areas – not just from the North.

•JF further noted that a revised operating model around assessing and identifying topics is due to be published for stakeholder engagement at the end of June 2018.

AOB

- No items were raised for discussion under AOB.

Date of next meeting:

15th August 2018, 1-4pm, Bradford Districts CCG

Agenda items to be sent to:

Rebecca.martin2@greaterhuddersfieldccg.nhs.uk

ACTION

SG to pull out the key points from all RMOC areas and bring to APC for information.

ACTION

JF to highlight with members once this is published in order to provide comments as an APC.