

South West Yorkshire Area Prescribing Committee

Date: **15th August 2018**

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

Location: **NHS Bradford City CCG & NHS Bradford Districts CCG, Douglas Mill, Learning Areas 1&2**

ATTENDEES

David Longstaff (DL) – Chair, Audit Chair for NHS Calderdale CCG and Greater Huddersfield CCG

Sue Gough (SG) – Senior Medicines Commissioning Pharmacist

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

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

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

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

Samiullah Choudhry (SC) –Clinical Pharmacy in General Practice Lead, NHS Wakefield CCG

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

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

APOLOGIES

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

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

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

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

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: 20th June 2018. 		
4	<p><u>Action Log</u></p> <ul style="list-style-type: none"> •Action log updated. 	ACTION	<ul style="list-style-type: none"> •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"> •Update received and acknowledged by members. •Terms of Reference reviewed and no changes for 2018/19. •Wakefield Medicines Safety Officer (MSO) shared their concern around the prescribing of trimethoprim in those patients prescribed methotrexate. Intervening on several patients a month. To consider what can be done to increase awareness of this well-known interaction as alerts should trigger via the clinical system but being overlooked prescribers and not clear if the community pharmacy intervened. •Next Medicines Safety Bulletin is on medicines that contain ingredients that are 		

<p>unsuitable for those with a peanut allergy. Raise awareness.</p> <ul style="list-style-type: none"> •Medicines Safety Sub-Group to liaise with Community Pharmacy Patient Safety Group around improving communication streams between GP practices and Community Pharmacy when investigating medicine related incidents. •Acute Trust and CCG MSO's to work closely to discuss the strategy to support GP practices on referring patients back to the appropriate specialist re: signing up to the valproate pregnancy prevention programme (in those patients not currently under specialist review). Resource packs are currently being sent out. •TG noted that the West Yorkshire Fire & Rescue Service has produced a YouTube video for healthcare professionals warning that even low-level paraffin based products can increase the risk of a fire developing. •The YouTube video has been added to the following sections of the South West Yorkshire APC website for information: Medicines Alerts and Safety Issues, Patient Information and Care Homes. •HF further noted that no action has been communicated with GP Practices around how to refer patients on valproate back into secondary care. •TG stated that BTHT have agreed that all female patients on valproate will be referred via e-referral back into the Community Epilepsy Service. <p><u>Wound Management</u></p> <ul style="list-style-type: none"> •Update received and acknowledged by members. •Terms of Reference for the Wound Management Formulary Group have been reviewed by the group sent to APC for approval; the members of the Wound Management Formulary Group queried whether South West Yorkshire Partnership Foundation Trust and Spectrum Community Health need to be included within the membership as currently there is no representation from either of these providers. •Fozia Lohan (Medicines Management and Medicines Safety Pharmacist – Spectrum Community Health) agreed that she would attend the Wound Management Formulary Group moving forwards. •It was noted that Kate Dewhurst (Deputy Chief Pharmacist and Medication Safety Officer from South West Yorkshire Partnership Foundation Trust) was not in 	<div>ACTION</div> <p>•TG to share Bradford Communications Action Plan re: paraffin based products with other areas for information.</p> <div>ACTION</div> <p>•HF/MG to follow up with Specialist Epilepsy Nurse re: how patients on valproate will be reviewed by a consultant.</p> <div>ACTION</div> <p>•Kate Dewhurst has confirmed that a representative from SWYPFT does not need to attend the Wound Management</p>
---	--

<p>attendance at today's meeting and all in agreement that her views should be sought before removing SWYPFT from the membership of the Wound Management Formulary Group.</p> <ul style="list-style-type: none"> •HF noted wording under quoracy relating to clinical representation required clarity; to change to 'clinicians with specialism in wound care'. <p><u>For escalation to APC:</u></p> <ul style="list-style-type: none"> •Issues around access to formulary products/dressings in secondary care. •Issues raised with MYHT pharmacy stock – not holding any of the new 'on formulary' products which means that they have to come via supplies route taking up to 48 hours to get the dressing/products required for the patients on wards. •Pharmacy department at MYHT have made an agreement to have limited stock – but they won't have all of the recommended sizes. <p><u>Amalgamating Bradford Formularies with SWYAPC:</u></p> <ul style="list-style-type: none"> •Conversations are ongoing in Bradford re: amalgamating the two formularies. <p><u>UrgoStart:</u></p> <ul style="list-style-type: none"> •New product evaluation form has been completed – all members in agreement to add to the formulary and to remove Promogran. <p><u>Highlights:</u></p> <ul style="list-style-type: none"> •MYHT - rapid process of improvement workshop completed a scoping exercise to look at prevention of leg ulceration by the management of oedema and as a result have produced a new model of care which means: <ul style="list-style-type: none"> •actively seeking oedema in community; •structured model of care; •doesn't matter where a patient accesses initial service i.e. through GP or pharmacy - patients get the same level of care; •developed flow charts for management and a patient passport (patient owns plan of care). <p><u>Antimicrobial</u></p> <ul style="list-style-type: none"> •Update received and acknowledged by members. 	<p>ACTION</p>	<p>Formulary Group. They use the wound formulary.</p> <ul style="list-style-type: none"> •RM to amend wording in the Wound Management TOR under quoracy; to reflect this needs to include clinicians with specialism in wound care.
---	----------------------	--

6	<ul style="list-style-type: none"> •The dates of the antimicrobial sub-group have now been changed to 3 monthly. There has been no meeting since the last APC meeting. •Members of the anti-microbial sub-group are due to meet on: <u>27th September 2018</u> - where planning of the next antibiotic campaign will need to be discussed and communications teams invited. <p><u>Update on where the antibiotic guidelines are up to:</u></p> <ul style="list-style-type: none"> •Nicola Booth (Pharmacist - NHS Calderdale CCG) has sent the guidelines to Nigel Taylor to approve as chairs action outside of the APC meeting. •Currently sections on Diabetic Foot and Absent or Dysfunctional Spleen have been removed. •Surgical site infections have also not been included within the version sent for approval due to the CHFT policy still not being re-sent. •Nicola Booth has proposed that the above sections are added to the Antibiotic Group Agenda in September for discussion and action and are added, again via Nigel for approval, as update and version 2018.2. •Terms of reference are in review and will be brought to APC for approval. <p><u>Commissioning Statements</u></p> <ul style="list-style-type: none"> • Silk Garments • Tocilizumab SC • Sildenafil <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 for comments once SG has checked through them.</p> <p><u>Flash Glucose Monitoring Systems</u></p> <p>To discuss next steps</p> <ul style="list-style-type: none"> •It was noted that the Commissioning Statement for Flash Glucose Monitoring 	<ul style="list-style-type: none"> •NB has sent SG the final version. SG has uploaded to website. •SG has asked Antimicrobial Sub-group members for help with missing sections. •Surgical site infections now been received from Anu Rajgopal.
---	---	---

	Systems has been approved by the Chair and is now with individual CCGs for internal approval.	ACTION	•Now available on CCCG, GHCCG and NKCCG public websites. Once all CCGs have uploaded the final version, APC's website can be updated.
	•Agreement that all areas need to be using the same audit tool and that a meeting outside of this committee is required including both commissioners and providers to discuss implementation. •RU noted that there are audit tools already produced i.e. by the Association of British Clinical Diabetologists (ABCD) and by the Association of Children's Diabetes Clinicians.	ACTION	•SG to look at audit tool. To include Rachel Urban; all other providers and commissioners in discussions. •JO to check whether Leeds have an audit tool for Flash that they could share with SWYAPC.
	<u>For Approval:</u> •No Commissioning Statements to bring for approval this month <u>For discussion:</u> •There was agreement at the June APC meeting to discuss the process for an updated version of a commissioning statement and whether this needs to be added to the SWYAPC website for public opportunity to comment if there has been no change to the commissioning position. •RM has amended the current process which now means that an updated version of a commissioning statement where the commissioning position has not changed does not require addition to the website for public opportunity to comment. •All members in agreement and are happy to approve the updated commissioning statement process document. •HF noted that there needs to be further discussions around how we engage with the public on commissioning statements; comments noted from Calderdale CCG Communications Team were that it is not very clear what we are asking from the public as comments they provide will not necessarily mean that the statement will be changed. •Further discussions amongst members on including a lay member as part of the membership of the SWYAPC to enable further patient engagement and input. Agreement that this is something that could be further explored; JO noted that there is a lay member on LAPC.	ACTION	•RM has added the new commissioning statement process to the SWYAPC website for information.

7	<p><u>Shared Care Guidelines</u></p> <p>•No shared care guidelines have been brought to approve this month; there are a number of updated versions of shared care guidelines in development:</p> <ul style="list-style-type: none"> •mycophenolate •flutamide •leflunomide •ciclosporin •bicalutamide •azathioprine (licensed indications) •sulphasalazine •penicillamine •gold (IM) •cinacalcet •dapsone •GnRH analogues (endometriosis/uterine fibroids) •apomorphine •methotrexate (oral). <p><u>Discussion around issues regarding updating existing guidelines</u></p> <p>•KN raised issues around engagement with clinical teams in MYHT – in particular relating to GnRH analogues. Gynaecology Consultants in MYHT no longer use the SCG as there are no GPs who will accept the shared care.</p> <p>•TG noted that GnRH analogues are still used in gynaecology in Bradford – TG will approach Bradford consultants to update the existing shared care guideline for GnRH analogues.</p> <p>•Further discussions amongst members on making sure that the most appropriate clinical teams are updating shared care guidelines not just on the basis that one particular area was the original author when the guideline was first produced.</p>	<p>ACTION</p> <p>ACTION</p>	<p>•SG to send GnRH analogues to TG for Bradford to lead on the SCG.</p> <p>•SG to discuss shared care guideline workplan with KN, FS, and NM (and Airedale when they join) to ensure the most appropriate area/clinical teams are updating the guidelines.</p>
---	---	---	---

8	<p><u>RAG Submissions</u></p> <p>a) Cyproterone</p> <ul style="list-style-type: none"> •A RAG submission from HF has been received to re-classify cyproterone for prostate cancer as red for new patients and amber for existing patients. •HF noted that CHFT have specific niche situations where they would prescribe cyproterone i.e. where patients are unable to tolerate bicalutamide. •HF further noted that CHFT will lead on updating the shared care guideline for cyproterone so that there is still some guidance available for clinicians in primary care. •There is an active switch programme in place in other CCGs to review existing patients for suitability for switch to bicalutamide. Cyproterone is more expensive than bicalutamide so it is not first line choice in prostate cancer pathway. •Agreement amongst members to classify cyproterone for prostate cancer as red for new patients and amber for existing patients. <p>b) Midodrine</p> <ul style="list-style-type: none"> •RAG submission received from NM to re-classify midodrine as Green with Specialist Initiation for the treatment of severe orthostatic hypotension due to autonomic dysfunction when corrective factors have been ruled out and other forms of treatment are inadequate in adults. •NM noted that he has reviewed how midodrine is used within BTHFT; the POTS service no longer exists and all patients have been referred back to their base hospitals for review. •Midodrine is only used for licensed indications; NM confirmed that the tilt test is no longer required as part of the monitoring; the only requirements are regular BP monitoring which does not need to be done by a specialist. •Agreement amongst members to classify as Green with Specialist Initiation. <p>c) Nefopam</p> <ul style="list-style-type: none"> •RAG submission received from Lyndsey Clayton (NHS Wakefield CCG) with the proposal to classify as Black based on the low efficacy and comparatively high side effect profile for the treatment of persistent pain unresponsive to other non-opioid analgesics. •Prescribing analysis suggests that approximately 50% of CCGs (nationally) did not prescribe any nefopam (data from March 2018) and the direction of travel in other 	<p>ACTION</p>	<ul style="list-style-type: none"> •FS/CHFT to update the SCG for cyproterone
---	--	----------------------	--

<p>areas is a black classification.</p> <ul style="list-style-type: none"> •Nefopam is not generally recommended and tended to be considered 5th line to manage central nociceptive pain after amitriptyline, gabapentin, duloxetine or pregabalin have proven to be either ineffective or not tolerated. •Discussions amongst members as to whether a black classification was the most appropriate classification. •Members in agreement that it would not be appropriate to classify as black without consulting with pain consultants and that the best way forward would be to add to the APC work plan for a commissioning statement to be written for further consultation with clinicians. •SC to ask LC to find out what percentage of patients at 5th line, where it was initiated and how long has the patient been on it. <p><u>Red drugs from MYHT</u></p> <ul style="list-style-type: none"> •New red drug submission form submitted by KW for all red drugs between April and June. <p>d) Reslizumab</p> <ul style="list-style-type: none"> •As an add-on therapy, is recommended as an option for the treatment of severe eosinophilic asthma that is inadequately controlled in adults despite maintenance therapy with high-dose inhaled corticosteroids plus another drug, only if the agreed criteria are met. <p>e) Phenol 2% in zinc paste</p> <ul style="list-style-type: none"> •For the treatment of intractable pruritus ani. <p>f) Quinidine</p> <ul style="list-style-type: none"> • For the treatment of short QT syndrome, Brugada syndrome, and idiopathic ventricular fibrillation (VF). <p>g) Obinutuzumab</p> <ul style="list-style-type: none"> • For the treatment of cancers. 	<p>ACTION</p>	<ul style="list-style-type: none"> •RM has added nefopam to the work plan for a commissioning statement to be produced
---	----------------------	---

<p>h) Pembrolizumab</p> <ul style="list-style-type: none"> •For locally advanced or metastatic urothelial cancer previously treated with platinum-based chemotherapy only if the agreed criterion is met. <p>l) Atezolizumab</p> <ul style="list-style-type: none"> •For treating previously platinum-treated locally advanced/ metastatic non squamous or squamous non-small cell lung cancer. •For locally advanced or metastatic urothelial cancer previously treated with platinum-based chemotherapy only if the agreed criterion is met. <p>j) Nivolumab</p> <ul style="list-style-type: none"> • For the treatment of cancers. <p>k) Blinatumomab</p> <ul style="list-style-type: none"> • Recommended as an option for treating Philadelphia-chromosome-negative relapsed or refractory precursor B-cell acute lymphoblastic leukaemia in adults. <p>l) Avastin</p> <ul style="list-style-type: none"> • For the treatment of neovascular glaucoma and neovascularization of the retina. <p>m) Neomycin oral tablets</p> <ul style="list-style-type: none"> • For surgical prophylaxis alongside oral metronidazole, plus standard intravenous surgical prophylaxis for colorectal surgery – with mechanical bowel preparation. •Agreement amongst members to classify all the above drugs submitted from MYHT as red. •KW further noted that she still felt that the new form specifically for red drugs was still too long and requested too much information. •It was noted that the indication is still required to enable addition to the website. 	<p>ACTION</p>	<ul style="list-style-type: none"> •RM has updated the website with <u>all</u> RAG submissions
---	----------------------	--

	<ul style="list-style-type: none"> •Agreement to simplify the form to include drug and indication <p>Ketogenic Dietary Products for Paediatric Patients with Epilepsy</p> <p>To consider adopting LAPC RAG classifications</p> <ul style="list-style-type: none"> •JO highlighted issues in Leeds relating to new ketogenic products. •The Ketogenic diet is a medically recognised treatment (supported by NICE guidelines) for controlling epilepsy. • LTHT has a specialist trained ketogenic team and takes referrals from 16 CCGs in the Region. •Amber 1 classification in Leeds for all products has been recommended as they will only be used on specialist advice. •JO proposed that SWYAPC adopt the equivalent classification of Green with Specialist Initiation for ketogenic dietary products ONLY in paediatric patients with epilepsy who are under the care of Regional Service. •Agreement amongst members to adopt the classification from Leeds and classify Ketogenic dietary products as Green with Specialist Initiation for paediatric patients with epilepsy who are under the care of Regional Service. 	ACTION	<ul style="list-style-type: none"> •RM has uploaded a simplified ‘red drug only’ form on the website
9			
	<p>How we manage devices</p> <p>Following requests to prescribe ActiPatch</p> <ul style="list-style-type: none"> •MG explained to members that he had received a request from a Greater Huddersfield GP to prescribe ActiPatch – which is drug-free technology used for patients with chronic muscle and joint pain. •MG further noted that although there is very little prescribing across the 6 CCGs within the APC he felt that a discussion was required amongst members as these are prescribable products that are being promoted to GPs. •JO described the current process in Leeds; where they use MIMS to find all the new and prescribable products and carry out a review of the products. •Agreement amongst the members that adopting a process similar to the MIMS process undertaken in Leeds would be beneficial. •Agreement for the HoMM’s to take this forward via a joint meeting with WY&H 	ACTION	<ul style="list-style-type: none"> •RM has updated the website with ketogenic dietary products for paediatric patients with epilepsy as GSI.
10			
		ACTION	<ul style="list-style-type: none"> •Post-meeting note: LAPC have classified a magnetic knee pad as black lighted not yet reviewed as no submission has been made. •HoMM to discuss adopting a process similar to the process undertaken in Leeds to find all the new and

11	<p>HoMM's and Chief Pharmacists.</p> <p>NHS England guidance on over the counter medicines that should not be routinely prescribed. https://www.england.nhs.uk/2018/03/nhs-england-frees-up-millions-of-pounds-which-could-be-used-for-frontline-services/</p> <p>To update on what actions are being taken across the APC footprint</p> <ul style="list-style-type: none"> •HF noted that in Calderdale the guidance has been approved at Governing Body and they are currently working on the communication and implementation plans. •MG noted that in Greater Huddersfield and North Kirklees the guidance has also been approved at Governing Body and they are currently aligning processes for implementation. •It was further noted that walk in centres, A&E's and Community Pharmacies need to kept up to date and made aware of the CCGs plans to adopting the OTC guidance. •JO noted that this has also been approved in Leeds and they are looking to implement the guidance towards the end of September 2018. Currently awaiting national resources from PrescQIPP. •SC noted that in Wakefield the guidance has not yet been approved; but they do have a communications plan in place. To note that Wakefield is the lowest within the ICS for all the drugs listed in the guidance. •TG updated members that this has been approved by the Joint Clinical Committee and has now been implemented across Bradford and Airedale, Wharfedale and Craven. GP Practices, Community Pharmacies and BTHFT have been made aware to ensure that the message is consistent. •KW explained that this has been discussed at MYHT MOG – but further conversations with A&E are required. 	<p>prescribable products and carry out a review of the products using resources such as MIMS (SG – post meeting note: a single user subscription cost £195 +VAT).</p>
----	---	---

14	<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>		
15	<p><u>AOB</u></p> <p>Date of next meeting: 7th November 2018 (this is the last date booked in for 2018)</p> <p>Venue – Meeting Room 3, Acre Mill Outpatients Building, Lindley, Huddersfield, HD3 3EB</p> <p>Agenda items to be sent to: sue.gough@greaterhuddersfieldccg.nhs.uk</p>	ACTION	<p>•JO to discuss with Sharon Hainsworth re: sending the LAPC minutes for information. Post-meeting note: SG went to LAPC on 17.10.18 so is now on mailing list.</p>