

SOUTH WEST YORKSHIRE AREA PRESCRIBING COMMITTEE

Wednesday 16TH January 2019 at 13:00 to 16:00 held in Discussion Room 2, Huddersfield Royal Infirmary, Lindley, HD3 3EA

ATTENDEES:

Nigel Taylor (NT) – Chair of the South West Yorkshire Area Prescribing Committee and Prescribing Lead for NHS Calderdale CCG
 Jo Aldred (JA) – Medicines Effectiveness Lead – NHS Leeds CCG
 Kate Dewhirst (KD) - Deputy Chief Pharmacist & Medication Safety Officer – South West Yorkshire Partnership Foundation Trust
 Joanne Fitzpatrick (JF) - Head of Medicines Optimisation – NHS Wakefield CCG
 Helen Foster (HF) – Medicines Management Lead – NHS Calderdale CCG
 Makrand Gore (MG) – Head of Medicines Management – NHS North Kirklees/Greater Huddersfield CCGs
 Sue Gough (SG) – Senior Medicines Commissioning Pharmacist – NHS Greater Huddersfield CCG
 Lucy Hennessy (LH) - Senior Clinical Economy Pharmacist - Airedale NHS Foundation Trust
 Veronica Hirst (VH) – Medicines Commissioning Coordinator – NHS Greater Huddersfield CCG (Note Taker)
 Claire Kilburn (CK) – Lead Pharmacist – Planning and Delivery - NHS Airedale, Wharfedale & Craven CCG
 Neill McDonald (NM) – Deputy Director of Pharmacy (Medicines Governance Lead) – Bradford Teaching Hospital NHS Foundation Trust
 Kate Norton (KT) – Lead Pharmacist Medicines Information & Commissioning – Mid Yorkshire Hospitals NHS Foundation Trust
 Jane Otter (JO) – Prescribing Advisor Pharmacist – Leeds Teaching Hospital NHS Foundation Trust
 Debbie Pascoe (DP) – Medicines Information Pharmacist - Airedale NHS Foundation Trust
 Fiona Smith (FS) – Deputy Clinical Director of Pharmacy - Calderdale & Huddersfield NHS Foundation Trust
 Rachel Urban (RU) – Head of Medicines Optimisation – Locala
 Fozia Lohan (FL) – Medicines Management and Medicines Safety Pharmacist – Spectrum Community Health

APOLOGIES

Chris Barraclough (CB) – GP, Wakefield CCG
 David Broome (DM) – PSNC - Regional Representative for Yorkshire and Humber
 Ruth Buchan (RB) – Chief Executive Officer – Community Pharmacy West Yorkshire
 Tracey Gaston (TG) – Head of Medicines Optimisation – NHS Bradford City & District CCG
 Lisa Meeks (LM) – Service Implementation and Evaluation Lead - Community Pharmacy West Yorkshire
 Jaspreet Sohal (JS) – Chief Pharmacist – Bradford District Care

ITEM	AGENDA ITEM	LEAD
1	<p><u>Welcome, introductions and apologies</u></p> <p>Introductions were completed for all members in attendance as recorded above. Apologies were received and recorded as above.</p>	
2	<p><u>Declaration of Interests</u></p> <p>None to report. The Chair reminded the group to complete the declaration form and return back to VH.</p>	All
3	<p><u>Minutes of the last meeting</u></p> <p>The Chair proposed that the previous minutes are not to be accepted until changes have been made following any comments received and then confirmed by chair's action, which was agreed.</p> <p>Nefopam – It was suggested engagement with pain clinicians would be needed and agreed to classification as Black for new patients. Will need to develop a commissioning statement and that will need to go through the standard process. Add CS to work plan. Decision that we adopt similar process to Leeds APC and classify new drugs as black until review and await requests for use before developing CS and review status.</p> <p>ACTION: Website updated to Black for new patients, pending outcomes from commissioning statement and discussion with pain clinicians with feedback at the next meeting. To be added to the work plan.</p>	<p>SG</p> <p>ALL/SG/ VH</p>
4	<p><u>Action log</u></p> <p>The action log to be reviewed for accuracy with any changes noted and circulated to the group.</p>	VH
5	<p><u>DRAFT Annual Review</u></p> <p>There are further additions to add to the draft annual review which will be circulated for comment. Leeds would share their annual review as best practice going forward for the final annual report.</p>	

	ACTION: Leeds to share their annual review format. VH to update the draft annual report for further comments.	JO/VH
6	<p><u>Work plan</u></p> <p>SG gave an update on the operational work plan for the APC following the most recent HoMMS meeting. The work plan needs to be updated and simplified for the next financial year, as a quick guide of what is outstanding for the APC.</p> <p>ACTION: To have an up to date work plan for the next meeting, showing what is pending.</p> <p>SG has drafted a guide for the production of Shared Care Guidelines to improve consistency. There needs to be quality checks within each area to approve and sign off SCGs before being submitted to SG. A meeting will be arranged with all writers to go through the process so it meets the requested quality checks and assurance shown in the draft writing process. As part of this document, the comments log will be added so all relevant information is in one place.</p> <p>The group agreed that the draft process looked useful and that this should be adopted and reviewed in 12 months.</p> <p>ACTION: Agreed to adopt the process and review in 12 months.</p> <p>The Leeds SCG on Apomorphine has previously been circulated to providers to see if we can adopt this for SWYAPC rather than writing a separate one.</p> <p>Action: Secondary care providers to confirm if they are happy with the content of Leeds APC SCG for apomorphine.</p> <p>There was discussion around the Hydroxychloroquine SCG. This requires updating but clarity and agreement required at WY&H level regarding ophthalmological monitoring and whether RCO guidance on this should be adopted. There will be Pharmacy Leadership Group representation at the Eye Care Group of the ICS to discuss this issue.</p>	<p>VH</p> <p>All</p> <p>All</p>
7	<p><u>Commissioning Statements</u></p> <p>Botulinum – Bradford have made changes to their CS following NICE guidance. The current Botulinum CS is out of</p>	

	<p>date and it was noted that RMOC are working on this with guidance expected in June 2019. The current tracker needs updating and suspended waiting RMOC guidance. No further action to be taken at this time and await guidance from RMOC, June 2019.</p> <p>Sildenafil – The urologists at Airedale hospital were very supportive of this CS.</p> <p>ACTION: APPROVED. Add to website.</p> <p>Silk Garments – A national consultation is ongoing which includes silk garments as not routinely commissioned. This supports our local CS which is not routinely commissioned. CS was approved to not commission but with a short review date due to the national consultation. To add DRAFT NHSE guidance to the document rationale.</p> <p>ACTION: APPROVED. To add CS to website including draft NICE guidance into rationale.</p> <p>Tocilizumab</p> <p>ACTION: APPROVED. Add to website</p> <p>Flash Glucose Monitoring - NMCD raised that from 1st April 2019 NHSE have signalled this will be available on the NHS for patients who meet the criteria. PrescQIPP senior briefing indicated that the RMOC guidance was being reviewed and that there would be confirmation from NHSE as to the guidance that would apply. Commissioners are awaiting further details regarding funding etc. It was noted that the original APC commissioning statement which restricts supply to hospital only still applies but will be reviewed following the publication of further national guidance or by September 2019 at latest.</p> <p>Liothyronine – A WY&H CS has been developed with stakeholders from across the area. This will now go back to PLG for agreement and then to the ICS planned care board who will be asked to recommend its adoption to the ICS and approval through governance. This may results in an increase in usage for some areas which will also have a financial impact. It was noted that an SCG will be required for liothyronine as per the RMOC guidance. A template version is available and FS will put into our format.</p> <p>ACTION: To note and when WY&H decision made to update the tracker.</p>	<p>VH</p> <p>VH</p> <p>VH</p> <p>VH</p>
8	<u>Shared Care Guidelines</u>	

	<p>Goserelin – for early Breast cancer in premenopausal patients. Originally came as a query from Leeds oncology, as there was no classification on the APC on the use for those patients. As it is classified on Leeds APC, agreed to add a link to their website.</p> <p>ACTION: Link would be added from SWYAPC to LAPC website and for Leeds to add to their traffic light list.</p>	VH
9	<p><u>RAG – Discussions and Submissions</u></p> <p><u>New Red drugs from MYHT</u> -Dupilumab, Brodalumab, Guselkumab, Tofacitinib, Sarilumab, Gemtuzumabozogamin</p> <p>ACTION: APPROVED as Red and add to website.</p> <p>Low molecular weight Heparins – CHFT proposed a Green Specialist Initiation from the current Red classification for LMWHs for bowel screening as there is a problem prescribing from their Bowel Screening Team. There are risks if not prescribed, as patients are not seen in the hospital but in the community and don't have the prescriber available, which may lead to patients not getting their bridging therapy. Further discussions as to classification for all bridging situations and bringing this in line across West Yorkshire. The GPs also need to be informed what the service has told the patient. CHFT will inform their team regarding the training needed with the patient. Airedale to send through a standard template.</p> <p>ACTION: Further consultation with GPs/LMCs</p> <p>Metolazone –some discussion around metolazone as not classified on RAG list in SWYAPC but classified as red in AWC. This is an unlicensed product but has a place in treatment of patients with heart failure and listed within the BNF. Agreed that it was appropriate to continue in primary care if initiated by specialist and classify this as GSI. Some discussion between hospital providers regarding the quality and safety of individual products that are imported. This was the reason why AWC had previously classified as red.</p> <p>ACTION: Approved as GSI and add to website.</p>	<p>VH</p> <p>All</p> <p>VH</p>

	<p>Levetiracetam Injection for palliative care – CHFT proposed a GSI classification for this indication. It was noted that there may be issues around initial supply in primary care as community pharmacies will need to order this in. Palliative care teams will need to take that into account when recommending initiation. Discussion about whether this could be added to NHSE community pharmacy palliative care scheme. This could be raised with them if usage becomes more frequent however this scheme and the agreed stock lists have only been recently revised.</p> <p>ACTION: Approved as GSI and add to website</p> <p>Anti-dementia medicines – SWYPFT have reviewed their dementia guidance which was a replication of NICE guidance. The referral forms also need reviewing to reflect this guidance. SWYPFT will follow up with the services about referring to NICE guidance.</p> <p>ACTION: Agreed to use NICE guidance.</p>	<p>VH</p> <p>All</p>
10	<p><u>Pathways</u></p> <p>Biologics – there was discussion around biologic pathways and that it would be desirable to agree common pathways for WY&H. Some good examples are available from other areas and CHFT have done some good work on biologic algorithms. There is a need to future proof to allow for rapid changes as there has been a flurry of new NICE appraisals in the last 12 months particularly for dermatology indications. Referred for discussion at PLG to discuss next steps. Suggestion was to start with psoriasis pathway.</p> <p>ACTION: To add to the joint meeting of PLG in February</p>	
11	<p><u>Emollient Formulary</u></p> <p>Leeds shared their emollient formulary. A number of the other CCGs have also developed their own emollient formularies so no opportunity at this point to share work and 'do once' for the APC.</p> <p>There was discussion about the fire risk poster, which is being updated by the West Yorkshire Fire Service following latest MHRA guidance on the risk with paraffin free emollients and will be added to the APC website once available.</p> <p>ACTION: To upload risk poster once updated.</p>	<p>VH</p>

12	<p><u>Local and National Guidelines</u></p> <p><u>NICE/PHE Antimicrobial guidance</u></p> <p>Discussed moving away from local antimicrobial guidelines now there is up to date and accessible NICE/PHE guidance. General agreement this would be the correct thing to do but need to test with local microbiologists and ensure we are not missing any important local resistance issues that would mean local guidance was required. It was noted that BASH guidance also needs to be included. Leeds has moved to NICE and has links to the NICE guidance on their website.</p> <p>As a test and for consistency with responses which will aid analysis recommendation was agreed that APC members should discuss this issue with stakeholders in their organisations and check 'Are you happy with using NICE guidance and are there any gaps?' to their members and GPs. Responses will be collated by SG/VH ready for the next meeting onto the comments log.</p> <p>ACTION: ALL to ask organisational stakeholders about adopting NICE/PHE guidance with any comments back to SG/VH.</p> <p><u>National Osteoporosis Society - Vitamin D Guidance</u></p> <p>Discussion about adopting this as local guidance. Compatible with NHSE self-care guidance but need to sense check takes into account local vitamin D reference ranges. APC members to take this guidance back to their organisations to see if suitable for adoption.</p> <p>ACTION: ALL to ask organisational stakeholders if happy to adopt NOG Vitamin D guidance</p> <p>TG noted that Bradford CCGs have developed HRT guidelines which other APC members may find useful. To be circulated.</p> <p>ACTION: TG to send HRT guidelines to VH to circulate to members</p>	SG/VH
		All
		VH

	<u>Rheumatology Shared Care Guidelines</u> AWC have recently updated their DMARD SCGs. Secondary care members to review for suitability to adopt these. ACTION: CK to send VH link to AWC SCGs for circulation to secondary care members	CK/VH
13	<u>TO NOTE:</u> <u>Updates from APC's sub-groups</u> <u>Wound Management</u> – To add and update the membership to the ToR. The APC agreed that the group should continue but define their focus around quality prescribing issues and scanning for cost effective products. ACTION: ToR to be updated for APC to ratify. <u>Antimicrobial and Medicines Safety</u> – To add and update the membership to the ToR as well as the antibiotic campaign for the Antimicrobial ToR. ACTION: ToRs to be updated for APC to ratify.	VH VH
14	<u>FOR INFORMATION ONLY:</u> SWYFPT D&T minutes - Antidepressants guidelines being updated Leeds Area Prescribing Committee – for information MYHT – Red drugs which have previously approved Regional Medicines Optimisation Committee – Looking at national SCGs and a National Medicines Policy.	
15	<u>ANY OTHER BUSINESS</u> Azithromycin Prescribing: FS will update guidance following comments received and in line with NICE COPD guidance and will email out to the group for feedback prior to the next meeting. ACTION: FS to email final version	FS

<p>Leeds Dermatology has raised the lack of dermatology in other organisations in WY resulting in a number of patients turning up at Leeds. Regarding Imiquimod Leeds has a different traffic light classification from SWYAPC where it is red. Leeds classifies as Amber level 1 (GSI equivalent for AWYAPC). Discussion supported that was probably reasonable request so Leeds to complete RAG form to demonstrate rationale to go GSI for the next meeting.</p> <p>ACTION: Leeds to complete RAG form to GSI</p> <p><u>Dates of Meetings for 2019</u></p> <p>The following dates were agreed for the year:-</p> <p>16th January 2019 6th March 2019 1st May 2019 31st July 2019 18th September 2019 27th November 2019</p>	<p>JO</p>
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