

SOUTH WEST YORKSHIRE AREA PRESCRIBING COMMITTEE

Wednesday 6th March 2019 held in Discussion Room 1, 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 Alldred (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
 Tracey Gaston (TG) – Head of Medicines Optimisation – NHS Bradford City & District CCGs
 Neill McDonald (NM) – Deputy Director of Pharmacy (Medicines Governance Lead) – Bradford Teaching Hospital NHS Trust
 Kate Norton (KT) – Lead Pharmacist Medicines Information & Commissioning – Mid Yorkshire Hospitals NHS Trust
 Jane Otter (JO) – Prescribing Advisor Pharmacist – Leeds Teaching Hospital NHS Trust
 Fiona Smith (FS) – Deputy Clinical Director of Pharmacy - Calderdale & Huddersfield NHS Foundation Trust
 Fozia Lohan (FL) – Medicines Management and Medicines Safety Pharmacist – Spectrum Community Health
 Rachel Urban (RU) – Head of Medicines Optimisation - Locala

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
 Lisa Meeks (LM) – Service Implementation and Evaluation Lead - Community Pharmacy West Yorkshire
 Jaspreet Sohal (JS) – Chief Pharmacist – Bradford District Care
 Debbie Pascoe (DP) – Medicines Information Pharmacist - Airedale NHS Foundation Trust

ITEM	AGENDA ITEM	LEAD
1	<p><u>WELCOME AND APOLOGIES</u></p> <p>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>Minutes from the November 2018 meeting were approved, with a few minor changes needed, as an accurate record of the meeting.</p> <p>Minutes from the January 2019 meeting were approved, once an action had been added under agenda item 6 for eltrombopag, as an accurate record of the meeting.</p>	
4	<p><u>ACTION LOG</u></p> <p>The action log was reviewed and updated from the discussions held in the meeting.</p> <p>ACTION: All members to review the action log for accuracy.</p>	All
5	<p><u>DRAFT ANNUAL REVIEW</u></p> <p>Following changes discussed in the meeting, the annual report to be updated and circulated for final approval.</p> <p>ACTION: To circulate following changes and to share with Leeds APC.</p>	VH
6	<p><u>WORK PLAN</u></p> <p>An update had been made with the SCG process, following a meeting of the writers as well as a separate discussion on antipsychotics, which resulted in the work plan being amended and shared. The work plan will be populated with writers and checkers alongside a timeline when documentation needs to be completed, and out for consultation together with dates of the APC meeting to ratify.</p>	

	<p>The work plan is for information at present but it will also cover all other works such as CS, RAGS, so it will have for the next APC those areas being worked on against a timeline as well as showing what will be coming through at future meetings.</p> <p>ACTION: Work plan to be updated for each APC meetings.</p> <p>There is the potential for duplication in writing the same documents across the patch, so need to check what is currently being developed within the group, working closely with Leeds and Harrogate. Part of this work will also include comparing templates across the patch, working towards a shared document, and emailed out to the APC for comments, ready for ratifications at the next APC meeting.</p> <p>ACTION: Feedback on templates to FS for the next APC meeting.</p>	<p>VH</p> <p>FS</p>
7	<p><u>COMMISSIONING STATEMENTS</u></p> <p><u>North Kirklees and Greater Huddersfield – EQIAs and QIAs</u></p> <p>Raised the quality of these documents when going through the various governance arrangements within each organisation, as there are different forms to complete as well as processes to follow. As part of sharing best practice and moving to doing things once, WY&H are considering using one EQIA and for it to be approved once.</p> <p>Action: JF to request copy of ICS template</p> <p><u>Liothyronine</u></p> <p>Liothyronine was a test case for approving a commissioning policy once at WY&H and has been approved by joint committee. The SCG will be required to allow prescribing of new patients to be transferred to primary care in line with the policy has been written and will be circulated out to clinicians for comment by a given deadline with feedback emailed to VH.</p> <p>Action: Email out for comments including Leeds and Harrogate.</p>	<p>JF</p> <p>SG/VH</p>

8	<p><u>SHARED CARE GUIDELINES</u></p> <p><u>Azithromycin</u></p> <p>A document giving prescribing guidance had been developed to define responsibilities for specialists and GPs. However further comments have been sent regarding assurance if the patient doesn't attend their appointment and making it a complete document in terms of the NICE guidance. The BTS are doing a protocol on the long term use of azithromycin which we can adopt once approved but in the meantime use what we have with a couple of minor amendments captured on comments log</p> <p>Action: To accept current guidance pending protocol from BTS.</p> <p>Action: Add to SWYAPC website once amendments made by FS</p>	<p>All</p> <p>VH</p>
9	<p><u>RAG – DISCUSSIONS AND SUBMISSIONS</u></p> <p><u>Levamisole</u></p> <p>Action: To bring to next meeting for classification</p> <p><u>Cinacalcet</u></p> <p>Currently all amber at Leeds as they get supplies from Primary Care, red for dialysis patients on SWYAPC website as NHSE commission dialysis services. Agreed to change renal cinacalcet to Amber to match practice and Leeds guidance.</p> <p>Transplant medicines (oral)</p> <p>Agreed to change those that are Red to Amber when Leeds classify as Amber. SWYAPC have discussed repatriation of NHSE commissioned transplant patients at previous meetings. However there is further work taking place before any timescales for repatriation of these patients so supply will be initiated by specialist but continued in primary care for now.</p> <p>Action: To reclassify as Amber for all indications.</p> <p><u>Chloral Hydrate oral</u></p> <p>Leeds classifies as red for short term sedation but have other uses in paediatric patients with dystonia and resistant seizures. There are various classifications across the patch and need to consider best way to prescribe to ensure most</p>	<p>LC</p> <p>VH</p>

	<p>cost effective product is used and from a safety perspective.</p> <p>Action: To classify as GSI for paediatric neurology and palliative care and Red for all other indications.</p> <p><u>New Red Drugs from MYHT</u> – <i>liposomal daunorubicin + cytarabine, pembrolizumab, caplacizumab, ocrelizumab, cladribine (oral), venetoclax</i></p> <p>Action: Classify all as Red.</p>	<p>VH</p> <p>VH</p>
10	<p><u>SHARPS AND FREESTYLE LIBRE</u></p> <p>Issues raised regarding the disposal of the sensors and applicators and who covers the costs. The company will provide disposal bags but these need to be dealt with as clinical waste. There are various practices within councils to who will collect to those who don't. There should be a standard process to follow and should be followed up by RMOC, who are due to issue guidance on 1st April 2019.</p> <p>Action: To contact england.diabetestreatment@nhs.net regarding the issue of disposal of sharps due to differences within councils for collection, sending them the link to procedures agreed in London.</p>	SG
11	<p><u>SAFETY ON EMOLLIENTS</u></p> <p>The West Yorkshire Fire Service is updating the posters regarding the risks whilst using emollients. In the interim will use examples from Leeds and Bradford.</p> <p>Action: To add poster to website.</p> <p>Post Meeting: Information from Leeds is not being used as it still includes word 'paraffin'.</p>	VH
12	<p><u>RMOC FOC MEDICINE SCHEME POLICY</u></p> <p>This policy was ratified by RMOC, as noted in their 2019 Issue 1 update, which Leeds had adopted to write their trusts policy for Free of Charge Medicines Schemes, which will shared with SWYAPC.</p>	

	Action: Commissioners and Providers to review own policies with regard to RMOG guidance	All
13	<p><u>LOCAL AND NATIONAL GUIDELINES</u></p> <p><u>HRT Guidance</u></p> <p>Comments have been received from members which will be considered and added to the guidance.</p> <p>Action: Make amendments and table for approval at the next APC meeting</p>	TG
14	<p><u>APC MERGER</u></p> <p>An option paper was presented on the development of having one APC across WY&H, showing the comparisons and differences between the existing 3 APCs and including the role of the D&T committees. It also outlined the potential pros and cons of a HCP-wide APC.</p> <p>Of the two options – one to maintain the 3 APCs across WY&H and two to combine the APCs to produce one WY&H APC – discussion followed where the SWYAPC was supportive of option two in having one APC. This would deliver the requirements of the ICS, but there are concerns of the potential risk to the existing relationship across the ICS and creating long-term problems as well as the need for resources to deliver.</p> <p>It was discussed at the joint Pharmacy Leadership Group for the ICS, where the general consensus was agreement for option 2 but aim for a remit that only covers the duties that are common to all three APCs first, as a starting point. This would be a good opportunity having a new APC using the same language and removing duplication as well as having one governance arrangement.</p> <p>The SWYAPC agreed in principle with option two but to add to the proposal for the ICS, the need for funding a dedicated resource for the project as well as having a task and finish group.</p> <p>Action: For all to discuss within their organisations with feedback to JA/TG</p>	JA/TG
15	<p><u>EU EXIT</u></p> <p>Heads of Medicine Management have been emailed a summary of Keith Willetts standard messages, giving national guidance and advice as per the NHS website, together with FAQs for patients and for practices.</p>	

16	<p><u>TO NOTE:</u></p> <p><u>Updates from APC's sub-groups</u></p> <p>Wound Management, Antimicrobial and Medicines Safety– updates noted at the meeting.</p>	
17	<p><u>FOR INFORMATION ONLY:</u></p> <p>Minutes from various committees were noted in the meeting.</p>	
18	<p><u>ANY OTHER BUSINESS</u></p> <p><u>Vitamin D</u> – NOS for Adults and Children the group were asked to consider using than rather updating the current vitamin D guidance, Leeds report they are not going to use as don't include pregnancy. CHFT are happy to use for adults but awaiting feedback from paediatrics and Obstetrics. Also need a pathology view as different assays used across WYH laboratories.</p> <p>Action: Add to the agenda for an update from providers at next meeting re way forward</p> <p><u>Sevelamer</u> - dialysis is amber but renal is red – change to Amber in line with discussion at 9 around cinacalcet</p> <p>Action: To update website</p> <p><u>Clomifene</u> – Red for IVF - as a specialist drug this needs to remain Red</p> <p><u>Antipsychotics</u> – The need to have a classification for all across the APC. There is the parity of esteem between mental health and the need in having the same level of supervision together with continued monitoring.</p> <p>Action: SCG being developed</p> <p><u>Collagenase clostridium histolyticum (Xiapex®) injection for the treatment of Peyronie's Disease.</u></p> <p>LTHT had asked Leeds CCG about using this as an option instead of surgery. Other CCGs may wish to discuss with their</p>	<p>VH</p> <p>VH</p> <p>KD</p>

	<p>Urologists to clarify commissioning position.</p> <p>Action: Leeds will circulate their D&T Minutes and as an agenda item at the next APC.</p> <p><u>Dates of Meetings for 2019-2020</u></p> <p>1st May 2019 – Discussion room 3, Learning and Development Centre, HRI</p> <p>31st July 2019 – Discussion room 1, Learning and Development Centre, HRI</p> <p>18th September 2019 – Meeting room 7, Ground Floor, Scorex House, 1 Bolton Road, Bradford</p> <p>27th November 2019 – Meeting room 8, Ground Floor, Scorex House, 1 Bolton Road, Bradford</p> <p>22nd January 2020 – To be confirmed</p> <p>18th March 2020 – To be confirmed</p>	<p>JO</p>
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