

SOUTH WEST YORKSHIRE AREA PRESCRIBING COMMITTEE

Wednesday 1st May 2019 held in Discussion Room 3, Learning and Development Centre, 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
Lyndsey Clayton (LC) – Medicines Safety Officer - NHS Wakefield CCG
Kate Dewhirst (KD) - Chief Pharmacist – South West Yorkshire Partnership Foundation Trust
Helen Foster (HF) – Medicines Management Lead – NHS Calderdale CCG
Tracey Gaston (TG) –Head of Medicines Optimisation – NHS Bradford City & District CCGs
Makrand Gore (MG) – Head of Medicines Management – NHS North Kirklees/Greater Huddersfield CCGs
Sue Gough (SG) – Senior Medicines Commissioning Pharmacist – NHS Greater Huddersfield CCG
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
Fozia Lohan (FL) – Medicines Management and Medicines Safety Pharmacist – Spectrum Community Health
Neill McDonald (NM) – Deputy Director of Pharmacy (Medicines Governance Lead) – Bradford Teaching Hospital NHS Trust
Lisa Meeks (LM) – Service Implementation and Evaluation Lead - Community Pharmacy West Yorkshire
Jane Otter (JO) – Prescribing Advisor Pharmacist – Leeds Teaching Hospital NHS Trust
Debbie Pascoe (DP) – Medicines Information Pharmacist - Airedale NHS Foundation Trust
Gaye Sheerman-Chase (GSC) – Principal Medical Adviser for Medicines Optimisation Commissioning Team, NHS Leeds CCG
Fiona Smith (FS) – Deputy Clinical Director of Pharmacy - Calderdale & Huddersfield NHS Foundation Trust

APOLOGIES

Jo Alldred (JA) – Medicines Effectiveness Lead – NHS Leeds CCG
Chris Barraclough (CB) – GP, NHS Wakefield CCG
Ruth Buchan (RB) – Chief Executive Officer – Community Pharmacy West Yorkshire
Joanne Fitzpatrick (JF) - Head of Medicines Optimisation – NHS Wakefield CCG
Kate Norton (KT) – Lead Pharmacist Medicines Information & Commissioning – Mid Yorkshire Hospitals NHS Trust
Jaspreet Sohal (JS) – Chief Pharmacist – Bradford District Care
Rachel Urban (RU) – Head of Medicines Optimisation – Locala

ITEM	AGENDA ITEM	LEAD
1	<u>WELCOME AND APOLOGIES</u> Apologies were received and recorded as above.	
2	<u>DECLARATION OF INTERESTS</u> It was reported that we have a 100% completion rate of completed declaration of interest forms for the SWYAPC.	
3	<u>MINUTES OF THE LAST MEETING</u> Minutes from the March 2019 meeting were approved, with a few minor changes needed, as an accurate record of the meeting.	
4	<u>ACTION LOG</u> The action log was reviewed and updated from the discussions held in the meeting. ACTION: All members to review the action log for accuracy.	All
5	<u>WORKPLAN ON A PAGE</u> The work plan has been summarised onto one page, showing SCGs and CSs that are coming through for approval at an SWYAPC meeting, as well as showing new ones and those that are being developed, against timescales as to when they will be presented at SWYAPC. For the next HoMMs meeting the work plan will be presented in its entirety so there is a full picture of what is coming through to which SWYAPC meeting and as a final check to ensure nothing is missing or needs removing from the work plan. ACTION: Work plan to be updated for the next HoMMs meeting.	VH
6	<u>COMMISSIONING STATEMENTS</u> <u>Eltrombopag and Romiplostim for aplastic anaemia</u>	

	<p>TG had collated IFR details from the CCGs to determine whether a commissioning statement is needed as currently there isn't one in place. It was originally an issue for Leeds, but from the IFRs there isn't enough activity to warrant a commissioning statement to be written. Leeds will discuss further with their haematologists, as to whether it is a cohort of patients or not.</p> <p>ACTION: Leeds to discuss further with their haematologists.</p>	JO
7	<p><u>SHARED CARE GUIDELINES</u></p> <p><u>Comparisons between SCG templates</u></p> <p>FS had compared the SWYAPC, Leeds and Harrogate SCG templates, highlighting a preference for the Leeds version overall with the addition of the Harrogate section on communication. Leeds use an amber classification of 1, 2 and 3 where 3 is more an equivalent to current SWYAPC amber classification. As SWYAPC is moving towards having one template and linking with Leeds already, it was agreed to use the Leeds template for Amber 3 only but adding the communication section from Harrogate.</p> <p>It was emphasised that clear guidance would be needed on the changes and that the current SCG template would be updated and uploaded onto the website.</p> <p>ACTION: SG to make the necessary changes, adding SWYAPC logo and communication sections to the Leeds template ready to circulate and load onto website.</p> <p><u>Apomorphine - Parkinson's disease</u></p> <p>The change to Dacepton® brand had been added by Leeds, and concerns raised with potential risks involved around having an open system. Currently classed as Amber but to change to GSI and to prescribe domperidone according to local arrangements.</p> <p>ACTION: Change to GSI.</p> <p><u>GnRH analogue - Prostate cancer</u></p>	<p>SG</p> <p>VH</p>

	<p>TG requested to add degarelix to the existing SCG which would be approved via chair's action.</p> <p>ACTION: SCG to be updated to include degarelix and add to website following Chair's action.</p> <p><u>Liothyronine</u> - <i>Hypothyroidism</i></p> <p>FS had updated the SCG following the RMOC template shared guideline. Once the additional comments from the meeting have been added the SCG will be circulated for approval via chair's action.</p> <p>ACTION: FS to update and VH to circulate for approval through Chair's action.</p> <p><u>Desferrioxamine</u> - <i>iron overdose</i></p> <p>Currently out of date with a red classification as it is only used within Home Care.</p> <p>ACTION: Reclassify as Red</p>	<p>SG</p> <p>FS/VH</p> <p>VH</p>
8	<p><u>RAG – DISCUSSIONS AND SUBMISSIONS</u></p> <p><u>Levamisole</u> – <i>paediatric nephrology</i></p> <p>Submissions from both Leeds and Wakefield, requesting amber for steroid sensitive nephrotic syndrome and red for all other indications. Within the Nephrotic Syndrome Pathway the nephrotic syndrome in children has been under a process of review with minor or no changes but the review dates need to be checked as they are shown incorrectly within the pathway. Leeds will check with Infectious Diseases regarding hookworm and roundworm.</p> <p>ACTION: Amber for paediatric nephrology</p> <p><u>Imiquimod</u> - <i>dermatology</i></p> <p>Used extensively within dermatology at Leeds and currently classified in WY as GSI for anogenital warts and red for basal cell carcinoma. Majority of patients can be managed in primary care but due to the lack of dermatology services in some areas of secondary care patients are being referred to Leeds. It was noted that work is currently on going in developing an actinic keratosis pathway and MG will contact CB for further information. It was recommended to keep anogenital warts as GSI and</p>	<p>VH</p>

<p>change basal cell carcinoma to GSI from Red and wait to hear from CB.</p>	
<p>ACTION: GSI classification for anogenital warts and basal cell carcinoma. MG to contact CB regarding the actinic keratosis pathway.</p>	<p>VH/MG</p>
<p><u>CoaguChek®</u> - <i>paediatric haematology</i></p> <p>Following the update from Leeds regarding the monitoring and dosing of warfarin in children there was a request to classify CoaguChek® as GSI for paediatric haematology and congenital cardiac patients on warfarin. It was questioned why patients are not prescribed for the full 6 months by the service and also what happens when the child reaches 18? A commissioning statement for adults needs to be added to the work plan, and that it needs to include the transition to adult services.</p>	
<p>ACTION: Classify as red for paediatrics and add CS for adults to the work plan.</p>	<p>VH</p>
<p><u>Goserelin</u> - <i>breast cancer</i></p> <p>Leeds has it as amber 2 and it was agreed to classify it as GSI for SWYAPC area.</p>	
<p>ACTION: Classify as GSI.</p>	<p>VH</p>
<p><u>Opicapone</u>- <i>Parkinson's disease</i></p> <p>There is a pathway in place at CHFT which identifies a place in therapy for specialist initiation in advanced disease with motor fluctuations and are proposing to classify as GSI which was approved.</p>	
<p>ACTION: Classify as GSI.</p>	<p>VH</p>
<p><u>Semaglutide and Duluglutide</u> - <i>type 2 diabetes</i></p> <p>CHFT suggested these should match the others as green classification, which was agreed.</p>	
<p>ACTION: Classify as green.</p>	<p>VH</p>

<p><u>Budesonide orodispersible tablets, diphoterine, Gonasi®, sodium oxybate, spectinomycin, atexolizumab, niraparib, alectinib, pembrolizumb</u></p> <p>Submission by CHFT for the above named drugs to be classified as red, which was approved, except for sodium oxybate for paediatrics. This is another example of what happens when children become adults with a condition who then transfer into adult services, compared to what happens to an adult who has the condition to ensure they are treated the same.</p> <p>Further works is needed on a policy with CCGs on the transition from child to adult services.</p> <p>ACTION: Classify as Red for all the above drugs.</p> <p><u>LMWH - bowel screening</u></p> <p>Update given but still awaiting national guidance.</p> <p><u>Vaginal Moisturiser</u></p> <p>Previous discussions have taken place regarding what is included within the OTC recommendations and there was a recommendation to include vaginal moisturisers, although concerns were raised for patients on HRT, but it seemed appropriate for self-care. As it wasn't part of the NHS consultation, engagement would be needed and it was suggested to use as a topic for the next consultation by the ICS/NHSE.</p> <p>ACTION: JF to forward to ICS</p> <p><u>Rimexolone</u></p> <p>This eye preparation has been discontinued. The replacement, loteprednol, is already classified as red for peri-operative use and GSI for glaucoma.</p> <p>ACTION: To remove rimexolone.</p> <p><u>Flash Glucose Monitoring</u></p> <p>HF gave an update following the recent meeting held by WY&H which resulted in a difference between the national guidance and Leeds regarding pregnancy. To ensure consistency and until there is clarity on specific issues further discussions will be</p>	<p>VH</p> <p>JF</p> <p>VH</p>
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	<p>taking place in July, so for the interim period there will be a statement referring to the national guidance.</p> <p>Clear communications are needed locally to what goes out to the GPs on an agreed date with CCGs individually informing within their areas.</p> <p>ACTION: The national criteria and guidance to be circulated and added to the website and classify as GSI.</p>	HF/SG/VH
9	<p>LOCAL AND NATIONAL GUIDELINES</p> <p><u>HRT</u></p> <p>TG had collated all the comments resulting in treatments being split between 1st and 2nd line, with issues raised regarding supply of Elleste®. SWYAPC found this to be useful as guidance and for information purposes.</p> <p><u>Vitamin D</u></p> <p>Based on national guidance comments had been received, and that endocrinologists at Leeds are working on guidance which will include pregnancy but they have a difference regarding levels compared to the national guidance. There is separate guidance for adults and paediatrics being developed and will be for discussion at the next SWYAPC meeting. It was agreed to adopt the national guidance and to add that it is being reviewed locally.</p> <p>ACTION: JO to send adult and paediatric guidance once approved.</p> <p>ACTION: To adopt the national guidance (with a note stating it is being reviewed) and remove the old guidance from the website.</p> <p><u>Collagenase clostridium histolyticum (Xiapex®) for Peyronnies disease</u></p> <p>This is a non-tariff medicine which has been supported by DTG in Leeds, a treatment that is better than surgery. LTHT CSU is considering whether or not this treatment can be offered to Leeds patients within the currently available funding. Leeds commissioners have confirmed that this would not be a priority for new funding. Close as no other urology secondary care requests for use in SWY.</p>	JO SG/VH

	<p>SWYPFT mentioned a new melatonin licenced product and they have done a review which will be going to their next D&T.</p> <p>This product, Slenyto® is more expensive than Circadin® and the SCG will need to be amended, which gives the opportunity to include treatment breaks and the differences in use when either crushing or swallowing whole.</p> <p>ACTION: Update the SCG.</p>	SG
13	<p>ANY OTHER BUSINESS</p> <p>A NICE TA572 was issued on the 27TH March with a 30 day implementation for ertugliflozin for treating type 2 diabetes and that Leeds diabetes network is currently reviewing their whole guidance and that it will also comply with NICE.</p> <p><u>Dates of Meetings for 2019-2020</u></p> <p>31st July 2019 – Discussion room 1, Learning and Development Centre, HRI 18th September 2019 – Meeting room 7, Ground Floor, Scorex House, 1 Bolton Road, Bradford 27th November 2019 – Meeting room 8, Ground Floor, Scorex House, 1 Bolton Road, Bradford 22nd January 2020 – To be confirmed 18th March 2020 – To be confirmed</p>	