

## **SOUTH WEST YORKSHIRE AREA PRESCRIBING COMMITTEE**

**Wednesday 31<sup>st</sup> July 2019 held in Discussion Room 1, Learning and Development Centre, Huddersfield Royal Infirmary,  
Lindley, HD3 3EA**

### **ATTENDEES:**

Tracey Gaston (TG) – Head of Medicines Optimisation – NHS Bradford City & Districts CCGs and Chair  
 Kate Dewhirst (KD) - Chief Pharmacist – South West Yorkshire Partnership Foundation Trust  
 Jo Alldred (JA) – Medicines Effectiveness Lead – NHS Leeds CCG  
 Joanne Fitzpatrick (JF) - Head of Medicines Optimisation – NHS Wakefield CCG  
 Kate Norton (KT) – Lead Pharmacist Medicines Information & Commissioning – Mid Yorkshire Hospitals NHS Trust  
 Rachel Urban (RU) – Head of Medicines Optimisation – Locala  
 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  
 Neill McDonald (NM) – Deputy Director of Pharmacy (Medicines Governance Lead) – Bradford Teaching Hospital NHS Trust  
 Debbie Pascoe (DP) – Medicines Information Pharmacist - Airedale NHS Foundation Trust  
 Fiona Smith (FS) – Deputy Clinical Director of Pharmacy - Calderdale & Huddersfield NHS Foundation Trust  
 Dr Bert Jindal (BJ) – Y&H LMC Alliance and Medical Secretary Kirklees LMC  
 Dr Mark Cade (MC) – GP, Prescribing Lead, NHS Bradford Districts CCG Bradford  
 Rachel Bastow (RB) – Medicines Management Technician, NHS Calderdale CCG  
 Patrick Heaton (PH) – Medicines Management Advisor and Practice Pharmacist, NHS North Kirklees CCG

### **APOLOGIES**

Chris Barraclough (CB) – GP, NHS Wakefield CCG  
 Ruth Buchan (RB) – Chief Executive Officer – Community Pharmacy West Yorkshire  
 Jaspreet Sohal (JS) – Chief Pharmacist – Bradford District Care  
 Lyndsey Clayton (LC) – Medicines Safety Officer - 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  
 Fozia Lohan (FL) – Medicines Management and Medicines Safety Pharmacist – Spectrum Community Health  
 Lisa Meeks (LM) – Service Implementation and Evaluation Lead - Community Pharmacy West Yorkshire  
 Jane Otter (JO) – Prescribing Advisor Pharmacist – Leeds Teaching Hospital NHS Trust

Gaye Sheerman-Chase (GSC) – Principal Medical Adviser for Medicines Optimisation Commissioning Team, NHS Leeds CCG  
 Martin Sheppard (MS) – Senior Medicines Commissioning Pharmacist – NHS Greater Huddersfield CCG  
 Dr Natarajan Chandra (NC) - Y&H LMC Alliance and Medical Secretary Kirklees LMC

ITEM	AGENDA ITEM	LEAD
1	<p><b><u>WELCOME AND APOLOGIES</u></b></p> <p>Apologies were received and recorded as above.</p>	
2	<p><b><u>DECLARATION OF INTERESTS</u></b></p> <p>KN declared a direct personal interest in relation to item 8 Botulinum A toxin with no other interests noted from the group.</p>	
3	<p><b><u>MINUTES OF THE LAST MEETING</u></b></p> <p>Minutes from the 1<sup>ST</sup> May 2019 meeting were approved as an accurate record of the meeting.</p>	
4	<p><b><u>ACTION LOG</u></b></p> <p>The action log was reviewed and updated from the discussions held in the meeting.</p> <p><b>ACTION: All members to review the action log for accuracy.</b></p> <p>Due to the decision made at the last APC to classify Goserelin as GSI, it was suggested that a new SCG would be needed for breast cancer and once approved change to Amber.</p> <p><b>ACTION: SCG for breast cancer to be developed by Bradford</b></p> <p>This led onto a wider discussion around gender dysphoria and concerns with general practitioners prescribing when they don't have the necessary skills or expertise. As NHS England commissions these services it was suggested that the SWYAPC chair writes to NHS England and Leeds Trust to raise the concerns and that BJ would also raise at the LMC conference.</p> <p><b>ACTION: SWYAPC to raise with NHSE and Leeds its concerns regarding guidance for GPs on gender dysphoria.</b></p>	<p><b>All</b></p> <p><b>TG/NMcD</b></p> <p><b>Chair</b></p>

5	<p><b><u>WORKPLAN ON A PAGE</u></b></p> <p>An updated version of the work plan was submitted and recorded for information.</p> <p><b><u>SCG Template</u></b></p> <p>The existing SWYAPC template has been merged into one document with the Harrogate and Leeds template; adding the SWYAPC logo, adding links, and the communications section. BJ remarked that this section was useful to have, knowing who to contact. BJ also mentioned that in some cases GPs may refuse to prescribe but if the communications is correct and the patient fits the criteria of the shared care that it would be under rather exceptional circumstances for a refusal. All CCGs need to know if GPs are refusing so it can be reviewed within the contract meetings.</p> <p>Once the final changes have been made, the new template will be shared with Leeds, who is currently reviewing their template, so any amendments they make could be added to the SWYAPC template, keeping to one template for the patch.</p> <p><b>Action: Template to be updated and shared with Leeds to take forward.</b></p> <p>Discussion followed on accessing blood results across the different areas, which was also a topic at a recent OPAT meeting. There is no reason for patients having the same tests done in different places when the results can't be seen by all areas. There is an ICS work stream - LHCRE (Local Health Care Exemplary) looking at sharing systems.</p> <p><b>Action: To contact Catherine Thompson at WY&amp;H regarding work streams.</b></p>	<p>VH/JO</p> <p>VH</p>
6	<p><b><u>SWYAPC</u></b></p> <p><b><u>Membership</u></b></p> <p>The SWYAPC formally recorded their appreciation and thanks for the support and commitment that Dr Taylor has given to the group and wishes him every success with his new venture.</p> <p><b>Action: On behalf of SWYAPC a letter would be drafted to Dr Taylor to formally record its appreciation.</b></p>	<p>VH</p>

	<p>With the resignation of Dr Nigel Taylor as Chair of the SWYAPC, David Longstaff a Lay Member from Greater Huddersfield CCG has been proposed as chair for the next meeting in September, which was agreed. This is a temporary measure until a decision is made on this group going forward.</p> <p><b>Action: David Longstaff to chair the September meeting and move it to the 20<sup>th</sup> from the 18<sup>th</sup>.</b></p> <p><b><u>APC Website</u></b></p> <p>Due to changes being made by THIS, from 1<sup>st</sup> October there will be no support for WordPress, the current web software used for the SWYAPC website. With the planned merger of the APCs accessing the WY&amp;H platform would seem a logical and cost effective proposal going forward. It would also allow for development of the website, making it more accessible as well as having access to reports on use and hits. It was suggested to have a clear link to the new website, to have its own page and clear that it is SWYAPC. Any further suggestions to be forwarded onto VH.</p> <p><b>Action: Draft website page to be circulated and for any suggestions back to VH.</b></p> <p><b><u>APC Merger</u></b></p> <p>At a recent PLG meeting it was agreed that a small working group would start to set the vision to see if a merger is achievable, following the option paper which was seen as a positive by all CCGs/providers. This small working group, will have one representative from Heads of Medicines Optimisation Team at CCGs, a chief pharmacist from the acute Trust, CPWY, Yorkshire Ambulance Service, SWYPFT and others, is to be scheduled for late August/early September to discuss the direction of travel for the merger. The Medicines Safety group have already started this process by sending out a questionnaire and plan to have their first merged meeting in quarter 4, which will bring the SWYAPC's Medicines Safety group together with the Leeds Exchange. Representatives from Harrogate will be invited to attend..</p> <p>With one APC the work programmes underneath, such as antimicrobial and wound care, need to look at how they can work together.</p>	<p><b>VH</b></p> <p><b>VH</b></p>
<b>7</b>	<p><b><u>TERMS OF REFERENCE FOR SWYAPC</u></b></p> <p>With the planned merger, the current ToR have been updated to cover the interim period, and approved subject to a few minor changes.</p> <p><b>Action: Once updated ToR approved and will be circulated with the draft minutes.</b></p>	<p><b>VH</b></p>

8	<p><b><u>COMMISSIONING STATEMENTS</u></b></p> <p><b><u>Botulinum A toxin</u></b></p> <p>Currently awaiting a decision from RMOC, in December, who is working on a recommendation for each indication listed. Once received will share with the trusts to ensure they are in line with RMOC. It's not clear if all areas within secondary care are using it and spend is high. As an ICS, this could be an area that could be worked on, as there are some areas missing from the indications listed by RMOC such as eyes, bladder. The RMOC information and NICE guidance is going to be used to produce a commissioning policy.</p> <p><b><u>Devices – flutter, Vibropulse and gammaCore</u></b></p> <p>Generally devices are not covered by the APC i.e. flutter, Vibropulse and gammaCore, although they are on the work plan. As there is no other path for them AWC APC does consider devices with the specialist giving the evidence. Going forward the newly merged APC could have a sub group to consider devices and in the meantime they would be brought to the SWYAPC. AWC offered to bring forward what they have considered so far as a start along with PresQIPP being another resource for devices.</p> <p><b>Action: AWC to pass on the devices they have covered to SWYAPC.</b></p>	CK
9	<p><b><u>SHARED CARE GUIDELINES</u></b></p> <p><b><u>Dapsone</u></b></p> <p>Agreed to adopt the updated SCG for dapsone following consultation.</p> <p><b>Action: SCG for dapsone to be added to website.</b></p> <p><b><u>ADHD</u></b></p> <p>Following a review of the current SCG, and that Leeds and Bradford have their own, KD proposed to have a joint document which could be used across the patch. Once updated will bring to SWYAPC for approval.</p>	VH

<p><b>Action: KD to discuss further with Leeds and Bradford Mental Health Trusts.</b></p> <p><b><u>Melatonin</u></b></p> <p>Due to the licensing issues around Slenyto and the cost it was agreed to continue recommending Circadin, including crushing the tablets. It was agreed to extend the expiry date of the existing SCG and wait for the outcomes from RMOC. A new 1mg/ml oral solution has been marketed for short term treatment of jet lag in adults. It was agreed to classify this as 'black' as we do not commission management of jet lag.</p> <p>JF noted that this oral solution is now in the Drug Tariff and CCGs are being charged for it when unlicensed melatonin liquid is prescribed. Prescribers do not know what excipients are in unlicensed special formulations of melatonin liquid.</p> <p><b>Action: Extend the SCG whilst waiting outcomes from RMOC and remove solution; promote crushing Circadin tablets</b>  <b>Add melatonin 1mg/ml oral solution to black list.</b>  <b>JF to take melatonin oral solution to PAG.</b>  <b>CCGs to find out how many patients they have on melatonin liquid.</b>  <b>KD to find out what excipients are in the Kidnaps brand.</b></p> <p><b><u>Liothyronine</u></b></p> <p>An additional clarification has been added by Leeds but it needs to be clear that both the SCG and CS need to have the same wording and that it's standard across the patch.</p> <p><b>Action: Additional statement to be added for consistency.</b></p> <p><b><u>Sodium aurothiomalate (IM Gold)</u></b></p> <p>This has now been permanently discontinued from the end of July 2019, therefore no SCG will be needed and to remove it from the website with a link to the manufacturer's notice.</p> <p><b>Action: Remove SCG and add link to manufacturer's notice.</b></p> <p><b><u>Ciclosporin, Azathioprine, Sulphasalazine and Pencillamine</u></b></p> <p>These all require minor changes from the discussion held in the meeting and from the old comments logs. KN to check with</p>	<p><b>KD</b></p> <p><b>VH</b>  <b>VH</b>  <b>JF</b>  <b>CCGs</b>  <b>KD</b></p> <p><b>CK</b></p> <p><b>VH</b></p>
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	<p>secondary care clinicians if the comments are valid for ciclosporin regarding dose and side effects before bringing back for approval. The azathioprine SCG needs to be reworded under the actions to be taken regarding abnormal results and to add 'if <i>in doubt give a point of contact at the provider</i>'. FS to check at CHFT. The SCG for mercaptopurine will also need changing with regard to actions for abnormal results.</p> <p><b>Action: KD to update SCGs for final approval at SWYAPC.</b></p>	<b>KD</b>
<b>10</b>	<p><b><u>RAG – Discussions and Submissions</u></b></p> <p><b>Ertugliflozin</b> – <i>Type 2 diabetes</i> - NICE technology appraisals recommend using and agreed to classify as Green.</p> <p><b>Quinidine sulphate tablets</b> – <i>antiarrhythmic</i>, <b>dequalinium chloride</b> - <i>bacterial vaginosis</i>, <b>gemcitabine</b>, <b>abemaciclib</b> and <b>brigatinib</b> - <i>Anticancer drugs</i> - agreed to classify all as Red for the indications shown.</p> <p><b>Aripiprazole injection</b> – <i>schizophrenia</i> - Currently GSI for aripiprazole. It was agreed to classify the injection as Red.</p> <p><b>Ixekizumab</b> - <i>psoriatic arthritis in adults</i> - agreed to classify as Red.</p> <p><b>Daratumumab</b> - <i>myeloma</i> - agreed to classify as Red. As this is NHSE commissioned the RAG template would be amended with an additional box to show – '<i>Commissioned by....</i>' And then add NHS England to drugs commissioned by them to the RAG list.</p> <p><b>Brimonidine gel</b> - <i>rosacea in adults</i> - agreed to leave classification as Black.</p> <p><b>Acetylcysteine</b> - <i>COPD</i> - agreed to classify as Green.</p> <p><b>Mexiletine</b> 167mg capsules– <i>myotonic disorders</i> - agreed to classify as Red.</p> <p><b>Action: SWYAPC website to be updated with all the above changes.</b></p> <p><b>Action: Add to the Red Drug template additional column for '<i>This is commissioned by....</i>'</b></p>	<p><b>VH</b></p> <p><b>VH</b></p>

11	<p><b><u>LOCAL AND NATIONAL GUIDELINES</u></b></p> <p><b><u>Azithromycin</u></b></p> <p>Minor changes to the prescribing requirements were proposed in relation to hearing loss or tinnitus and stopping azithromycin, which were approved.</p> <p><b>Action: Website to be updated with revised guidance.</b></p> <p><b><u>Lipid Guidance</u></b></p> <p>The WY&amp;H have developed guidance and supporting information which was discussed at Healthy Hearts, who are promoting programmes designed to reduce the risk of cardiovascular disease. There were discussions regarding the inclusion of ezetimibe in the guidance. An issue relating to the CK levels were also raised which the AHSN had agreed to change.</p> <p><b>Action: TG to check guidance has been updated.</b></p> <p><b><u>Clozapine</u></b></p> <p>Originally raised through the Medicines Safety Group who is asking for agreement of the SWYAPC to develop a standard guideline. This will be done through a task and finish group including SWYFT and Acute Trusts.</p> <p><b>Action: KD and JS to review Leeds guidance and forward onto the Medicine Safety Committee.</b></p> <p><b><u>NICE TAs</u></b></p> <p>Currently managed in different ways across the patch in registering compliance. Proposal to map across all CCGs and review once the newly merged APC group has been established.</p> <p><b>Action: To be picked up by the newly formed APC group.</b></p>	<p><b>VH</b></p> <p><b>TG</b></p> <p><b>KD/JS</b></p> <p><b>VH</b></p>
12	<p><b>UPDATES/QUERIES FROM THE APC SUB GROUPS</b></p>	



	The group noted the comments from the three sub groups and ratified the ToR from the Medicines Safety Group for this interim period, until the newly merged Safety Group has been established.	
13	<b>FOR INFORMATION ONLY</b>  Minutes from other committees recorded for information only.	
14	<b>ANY OTHER BUSINESS</b>  <u><b>HRT Guidance</b></u>  Calderdale CCG to use agreed HRT guidance. There are still stock issues.  <u><b>OPAT regional meeting</b></u>  This regional meeting was attended by some pharmacists and commissioners. It looked at joining up OPAT services to help with out of area referrals.  <b>Action: RU to share for circulation</b>  <u><b>Sodium Valproate</b></u>  It was suggested to add to the website as evidence of good practice the link to the review of women of child bearing potential on valproate products.  <b>Post-meeting note: this is already on our website.</b>  <u><b>Glycopyrronium</b></u>  It was asked if the current SCG is likely to be updated as currently using the Leeds version, which recommends tablets rather	RU

