

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

**Wednesday 27<sup>th</sup> November 2019 held in Meeting Room 7, Ground Floor, Scorex House, 1 Bolton Road, Bradford BD1 4AS**

### **ATTENDEES:**

Makrand Goré (MG) – Head of Medicines Management – NHS North Kirklees/Greater Huddersfield CCGs and Chair  
Claire Kilburn (CK) – Lead Pharmacist – Planning and Delivery – NHS Airedale, Wharfedale & Craven CCG  
Debbie Pascoe (DP) – Medicines Information Pharmacist - Airedale NHS Foundation Trust  
Fozia Lohan (FL) – Medicines Management and Medicines Safety Pharmacist – Spectrum Community Health  
Helen Foster (HF) – Medicines Management Lead – NHS Calderdale CCG  
Joanne Fitzpatrick (JF) - Head of Medicines Optimisation – NHS Wakefield CCG  
Kate Norton (KT) – Lead Pharmacist Medicines Information & Commissioning – Mid Yorkshire Hospitals NHS Trust  
Martin Sheppard (MS) – Senior Medicines Commissioning Pharmacist – NHS Greater Huddersfield CCG  
Neill McDonald (NM) – Deputy Director of Pharmacy (Medicines Governance Lead) – Bradford Teaching Hospital NHS Trust  
Jane Otter (JO) – Prescribing Advisor Pharmacist – Leeds Teaching Hospital NHS Trust  
Tracey Gaston (TG) – Head of Medicines Optimisation – NHS Bradford Districts and Craven CCGs  
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  
Andrew Walker (AW) – Pharmacist - Calderdale and Huddersfield NHS Foundation Trust  
Kate Dewhirst (KD) - Chief Pharmacist – South West Yorkshire Partnership Foundation Trust  
Sue Gough (SG) – Senior Medicines Commissioning Pharmacist – NHS Greater Huddersfield CCG  
Veronica Hirst (VH) – Medicines Commissioning Coordinator – NHS Greater Huddersfield CCG (Note Taker)

### **IN ATTENDANCE**

Prabdeep Sidhu (PS) – NICE Associate, Bradford CCG

### **APOLOGIES**

Rachel Urban – Head of Medicines Optimisation – Locala,  
Chris Barraclough – GP, NHS Wakefield CCG,  
Jaspreet Sohal- Chief Pharmacist – Bradford District Care,  
David Broome- PSNC - Regional Representative for Yorkshire and Humber

Ruth Buchan – Chief Executive Officer – Community Pharmacy West Yorkshire  
 Lisa Meeks – Service Implementation and Evaluation Lead - Community Pharmacy West Yorkshire  
 Jo Alldred – Medicines Effectiveness Lead – NHS Leeds CCG

ITEM	AGENDA ITEM	LEAD
1	<b><u>WELCOME AND APOLOGIES</u></b>  Apologies were received and recorded as above. MG formally thanked David Longstaff for chairing the last meeting.	
2	<b><u>DECLARATION OF INTERESTS</u></b>  There were no declarations made in the meeting.	
3	<b><u>MINUTES OF THE LAST MEETING</u></b>  The minutes from the 20 <sup>th</sup> September 2019 meeting were approved as an accurate record of the meeting.	
4	<b><u>ACTION LOG</u></b>  The action log has been updated and it was for members to check through for accuracy, passing on changes to VH.	ALL
5	<b><u>NICE ASSOCIATE</u></b>  Prabhdeep Sidhu gave an update regarding her role as a NICE Associate, acting as a facilitator, feeding through any queries or concerns received back to NICE, either through their email group or via one of the NICE Associate days. Jo Alldred is also a NICE Associate and clarity was asked in relation to the areas they both cover.  <b>ACTION: To clarify the area being covered by PS and JA.</b>  It was suggested to have a key contact within each organisation that the NICE Associate could work with to help support and manage the enquiries and that a paper would be circulated around the APC following the NICE Associate meetings as an update.	PS

6	<p><b><u>LOW VALUE MEDICINES.</u></b></p> <p>HF gave an update in relation to managing amiodarone and that it is to be added to the work plan. NHSE guidance states it can only be use if it started in secondary care and therefore going forward the issue is those who are already on amiodarone. Suggestion to adopt Leeds SCG, as this would work for new patients and continue to work on the management of existing patients and how we should follow up with these patients as an ongoing need to be assured that reviews are going ahead and that amiodarone was still the most suitable drug for individual patients going forward. HF raised concerned that not all patients would fit the NHSE guidance and whether something needed to be in place to ensure these reviews are taking place.</p> <p>TG added that this should have been through as a system at WY&amp;H level but not clear if this had been the case, so there was a consistency in approach. There could be a capacity issue with the number of potential reviews and needs to be clarified with Cardiology. Aliskerin also needs review as low value medicine however Leeds consultants were of the opinion that they should see these patients.</p> <p><b>ACTION: Leeds to share their SCG for amiodarone, which would be circulated to APC for comments.</b></p> <p><b>ACTION: To have a single agreed document around amber guidance for the next meeting and part of that discussion around current patients.</b></p>	JO APC
7	<p><b><u>LOW MOLECULAR WEIGHT HEPARINS</u></b></p> <p>HF gave an update regarding bridging and that the LMCs where not in agreement to reclassify for bowel screening.</p> <p><b>ACTION: To close the item off the action log.</b></p>	VH
8	<p><b><u>APC MERGER</u></b></p> <p>TG continued with an update following a meeting of the T&amp;F Group who are working on the development of having one APC across the ICS which would include Harrogate for at least a year. As regards to a Chair for the new group, James Thomas has been asked to discuss with Catherine Thompson and Matt Walsh when they meet next week. TG would also attend a governing body meeting to discuss the benefits for the lay members as well as discussing with Ruth Buchan.</p> <p><b>ACTION: TG to discuss with Ruth Buchan</b></p> <p>The T&amp;F Group are also looking at a terms of reference, wider engagement of the group, sub-groups and how they would align, comparing shared care and what the APC would look like, whilst existing APCs would still operate for a period of time. The first meeting of the WY&amp;H APC has been schedule for the 1<sup>st</sup> April 2020.</p>	TG

	JF asked about wider engagement of the work and it was clarified that the new group would be strategic and for ratification purposes. There would be sub-groups/T&F groups to cover operational tasks with existing APCs running alongside, which would enable a wider discussions and updates from the wider footprint before coming to the WY&H APC for ratification.	
9	<p><b><u>WORK PLAN ON A PAGE</u></b></p> <p>There were changes to be made to the work plan following discussions in the meeting regarding modafinil following a recent PrescQIPP bulletin, and that riluzole and mycophenolate SCGs are coming to January meetings. KN also reported an update regarding azathioprine and mercaptopurine, with not having a threshold, which will be fed back to the group once the documentation has been amended.</p> <p><b>ACTION: Work plan to be updated.</b></p>	VH
10	<p><b><u>COMMISSIONING STATEMENTS (CSs)</u></b></p> <p><b><u>Nefopam</u></b></p> <p>After being approved at the APC, new CSs are sent out for public comment via Twitter. It has been out to most CCGs but due to Purdah unable to send anything further out.</p> <p>It was suggested to add the NICE guidance, and it was recommended that within all CSs to have a standard wording of '...to keep in line with NICE guidance...' going forward.</p> <p><b>ACTION: To have standard wording for CSs regarding NICE guidance.</b></p> <p><b><u>Silicone Scar gels and sheets</u></b></p> <p>Following comments received and the necessary actions taken the CS has been updated and was approved and accepted by the APC.</p> <p><b>ACTION: To approve and add to website</b></p> <p><b><u>Hydrocortisone Tablets</u></b></p> <p>Following comments received and the necessary actions taken the CS has been updated and was approved and accepted by the APC.</p>	<p>VH</p> <p>VH</p>

	<b>ACTION: To approve and add to website</b>	<b>VH</b>
11	<p><b><u>SHARED CARE GUIDELINES (SCGs)</u></b></p> <p><b><u>Denosumab - osteoporosis</u></b></p> <p>To bring back to the next meeting.</p> <p><b><u>Hydroxychloroquine and Chloroquine Retinopathy Monitoring</u></b></p> <p>JO confirmed that their SCG had been approved at LAPC following the ophthalmology monitoring update and would shortly be on their website; however following discussions in the meeting it was felt that this was to be a WY&amp;H policy and that Harrogate was drafting the SCG which needed to be clarified by the ICS. JO would share their SCG and would not publish until the service was in place. The ICS have agreed pathway however the caveat was that the local commissioners must be able to fund the enhanced ocular screening required.</p> <p>TG would discuss with Ian Wallace who is on the ophthalmology board what is the current position.</p> <p><b>ACTION: JO to share their SCG.</b>  <b>ACTION: TG to discuss with Ian Wallace.</b>  <b>ACTION: Defer to the next meeting.</b></p> <p><b><u>Cinacalcet Hydrochloride hyperparathyroidism in adults</u></b></p> <p>The SCG had been updated following comments received and now <b>approved</b> by the APC ready to add to the website.</p> <p><b>ACTION: Approved and to add to the website.</b></p>	<p><b>JO</b>  <b>TG</b>  <b>VH</b></p> <p><b>VH</b></p>
12	<p><b><u>RAG – DISCUSSION AND SUBMISSION</u></b></p> <p><b><u>Fast Acting Glucose Products</u></b></p> <p>Further information was needed and that a draft commissioning statement would be developed to include a wider footprint as well as including what a subconscious patient's needs which MG would follow up with the dieticians. In the meantime Lift® would be classified – Black not yet classified until the CS has been approved.</p> <p><b>ACTION: MG to follow up with GH dietitian.</b>  <b>ACTION: Approved to add Lift® – Black not yet classified to website.</b></p>	<p><b>MG</b>  <b>VH</b></p>

	<p><b><u>Levonorgestrel</u> - contraception</b></p> <p>The APC approved the proposal to classify as Green.</p> <p><b>ACTION: Approved and add to website</b></p> <p><b>Xiapex</b> – <i>Peyronie’s disease</i>, <b>durvalumab</b> – <i>cancer</i>, <b>neratinib</b> - <i>breast cancer</i>.</p> <p><b>ACTION: Xiapex has been discontinued. Approved to classify as Red for durvalumab and neratinib.</b></p> <p><b><u>Empagliflozin</u></b> - <i>Type 2 diabetes</i></p> <p>It was also agreed to include canagliflozin and dapagliflozin.</p> <p><b>ACTION: Approved to classify all as Green</b></p> <p><b><u>Paravit™ CF capsules</u></b></p> <p>A request to classify GSI for cystic fibrosis, cholestatic liver disease and for bariatric surgery patients who have had a duodenal switch. As the bariatric surgery is under review with guidance being developed it was agreed not to have this included and classified as GSI. It was agreed to only classify cystic fibrosis and cholestatic liver disease as GSI.</p> <p><b>ACTION: Approved GSI only for cystic fibrosis and cholestatic liver disease.</b></p> <p><b><u>CoaguChek®</u></b></p> <p>Currently red for SWYAPC but Leeds have as grey as the restricted use allows prescribing by GPs for children who are managed under their tertiary Paediatric Haematology and Congenital Cardiac service at LTHT who have warfarin and are managed over the phone as part of the service. Test strips are supplied by the GP and there are different classifications for different areas and as they don’t see the patients physically to prescribe the strips they can run out. However as the classification has changed to red, it is making it difficult for the patient and as there are different services across the patch, it is more a mechanism for supply from the GP.</p> <p>In Wakefield they came from an assurance perspective that calibration is being done and that having an agreement on this would be useful. Leeds clarified that it is just for children under their service not adults and that this is made clear to their patients.</p>	<p>VH</p> <p>VH</p> <p>VH</p> <p>VH</p>
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	<p>MS is working on a CS for CoaguChek for both adults and children with a first draft out shortly for comments. Communications in newsletter, Optimise Rx to make it clear about ongoing calibration and assurance in the letter to GPs.</p> <p><b>ACTION: To classify as GSI for this specific cohort only.</b></p>	<b>VH</b>
13	<p><b><u>LOCAL AND NATIONAL GUIDELINES</u></b></p> <p><b><u>Vitamin D Paediatric</u></b></p> <p>It was noted that Leeds has separate guidelines to national guidance that was previously agreed for both adults and paediatrics. However the Leeds version does list products to use and is slightly a shorter version</p> <p><b>ACTION: To note.</b></p> <p><b><u>Osteoporosis guidance</u></b></p> <p>A query was raised regarding the length of time, before being able to eat or drink which appeared to be based on what particular brand is used.</p> <p><b>ACTION: Approved and add to website.</b></p> <p><b><u>Relaxation/induced lactation prescribing information</u></b></p> <p>MG gave a brief summary regarding the care plan based on the Newman Goldfarb protocols which in the regular protocol recommends prescribing of oestrogen and progesterone and domperidone. It requires a GP to be prepared to prescribe these medications which are freely available online for parents to view. There was a request to have a policy or protocol that standardises the prescribing of such medications across the CCGs.</p> <p>However the APC felt further evidence was needed that clearly demonstrated what was needed and by who.</p> <p><b>ACTION: MG to discuss further with RU.</b></p> <p><b><u>Cannabis-based medicinal products</u></b></p> <p>This was for information regarding NICE NG144 that required further evidence and costings regarding Sativex (nabiximols). It was agreed to wait for ICS guidance. TG coordinating working group.</p> <p><b>ACTION: To wait for ICS guidance.</b></p>	<p><b>VH</b></p> <p><b>MG</b></p>

	<p><b><u>Sodium Oxybate in adult patients</u></b></p> <p>To note following RMOC advisory statement regarding the commissioning in adult patients with narcolepsy with cataplexy, due to inconsistencies across England regarding access to sodium oxybate when a patient prescribed sodium oxybate as a child transitions to adulthood. The RMOC also states about having a sleep service in each area.</p> <p>It was suggested to escalate to ICS for a system decision and due to lack of resources to be mindful of what could be covered as well as of any governance arrangements at the ICS.</p> <p><b>ACTION: To note and support the RMOC to bring back to March meeting.</b></p>	VH
14	<p><b><u>UPDATES/QUERIES FROM THE APC'S SUB-GROUPS</u></b></p> <p>With the next Wound meeting scheduled for Monday 2<sup>nd</sup> December 2019 and Medicines Safety meeting on the 28<sup>th</sup> November, who have their first WY&amp;H meeting scheduled in March 2020; MS gave an update on behalf of the Antimicrobial sub group, regarding - updates that had been made to the AMR website in time for the antimicrobial campaign; that AMR indicator data is being collated and presented for the group to review, and that he would be attending an AMR Workshop in early December.</p>	
15	<p><b><u>MINUTES FROM COMMITTEES</u></b></p> <p>These minutes are for information with no issues raised by the APC.</p>	
16	<p><b><u>ANY OTHER BUSINESS</u></b></p> <p>As this would be MG last APC meeting, he thanked everyone for their support and contributions to the group and that he wished everyone all the best for the future.</p> <p><b><u>Dates of Meetings for 2019-2020</u></b>  22<sup>nd</sup> January 2020 – The Boardroom at Spectrum Community Health, One Navigation Walk, Hebble Wharf, Wakefield WF1 5RH  18<sup>th</sup> March 2020 – Meeting room 7, Ground Floor, Scorex House, 1 Bolton Road Bradford BD1 4AS</p>	