

SOUTH WEST YORKSHIRE AREA PRESCRIBING COMMITTEE
**Wednesday 22nd January 2020 held in the Boardroom, Spectrum Community Health, Once Navigation Walk,
Hebble Wharf, Wakefield WF1 5RH**

ATTENDEES:

Helen Foster (HF) – Medicines Management Lead – NHS Calderdale CCG and Chair
Joanne Fitzpatrick (JF) - Head of Medicines Optimisation – NHS Wakefield CCG
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
Kate Norton (KT) – Lead Pharmacist Medicines Information & Commissioning – Mid Yorkshire Hospitals NHS Trust
Martin Sheppard (MS) – Senior Medicines Commissioning Pharmacist – NHS Greater Huddersfield CCG
Jane Otter (JO) – Prescribing Advisor Pharmacist – Leeds Teaching Hospital NHS Trust (via Teleconference)
Dr Gaye Sheerman-Chase (GSC) – Principal Medical Adviser for Medicines Optimisation Commissioning Team, NHS Leeds CCG
Andrew Walker (AW) – Pharmacist - Calderdale and Huddersfield NHS Foundation Trust
Kate Dewhirst (KD) - Chief Pharmacist – South West Yorkshire Partnership Foundation Trust
Pat Heaton (PH) – Interim Head of Medicine Management – Greater Huddersfield/North Kirklees CCG
Dr Mark Cade (MC) – GP, Prescribing Lead, NHS Bradford Districts CCG
Veronica Hirst (VH) – Medicines Commissioning Coordinator – NHS Greater Huddersfield CCG (Note Taker)

APOLOGIES

Rachel Urban (RU) – Head of Medicines Optimisation – Locala,
Chris Barraclough (CB) – GP, NHS Wakefield CCG,
Jaspreet Sohal (JS) - Chief Pharmacist – Bradford District Care,
Ruth Buchan (RB) – Chief Executive Officer – Community Pharmacy West Yorkshire
Lisa Meeks (LM) – Service Implementation and Evaluation Lead - Community Pharmacy West Yorkshire
Jo Alldred (JA) – Medicines Effectiveness Lead – NHS Leeds CCG
Tracey Gaston (TG) – Head of Medicines Optimisation – NHS Bradford Districts and Craven CCGs
Fiona Smith (FS) – Deputy Clinical Director of Pharmacy - Calderdale & Huddersfield NHS Foundation Trust
Neill McDonald (NM) – Deputy Director of Pharmacy (Medicines Governance Lead) – Bradford Teaching Hospital NHS Trust
Sue Gough (SG) – Senior Medicines Commissioning Pharmacist – NHS Greater Huddersfield CCG

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>There were no declarations made in the meeting.</p>	
3	<p><u>MINUTES OF THE LAST MEETING</u></p> <p>The minutes from the 27th November 2019 meeting were approved as an accurate record of the meeting, following minor changes to the CoaguChek® and amiodarone updates.</p>	
4	<p><u>ACTION LOG</u></p> <p>The action log to be updated from discussions held in the meeting and for members to check for accuracy, passing on any updates to VH.</p> <p>Query was raised why two Associates are required when there will be one APC.</p> <p>ACTION: JA and PS to discuss for a way forward.</p> <p>There was an update from Prabhdeep Sidhu, as NICE Associate which the APC felt was a helpful summary of the discussion held on cannabidiol based medicinal products. A commissioning statement is being drafted for the use of Sativex in Multiple Sclerosis.</p> <p>ACTION: To draft commissioning statement for the use of Sativex in Multiple Sclerosis.</p>	<p>JA/PS</p> <p>MS/TG</p>
5	<p><u>APC MERGER</u></p> <p>There is meeting of the T&F Group on Monday 27th January 2020 after which an update will be provided to SWYAPC. The Heads of Medicine Management have agreed to take it in turns to cover as chair for the SWYAPC during the interim period until the APCs merge.</p>	

<p>6</p>	<p><u>WORK PLAN ON A PAGE</u></p> <p>A number of Shared Care Guidelines are ready to be emailed out to the APC for comments and then for ratification at the APC in March.</p> <p>It was noted that the retinal monitoring pathway for hydroxychloroquine will be discussed at PLG and in the meantime Leeds have developed a shared care guideline which SWYAPC agreed to adopt and link to on the website.</p> <p>The commissioning statement for CoaguChek® (for adults and children) has been emailed out to the HoMMs for comments and will be emailed out to the APC for further comments and feedback. To add to the March APC agenda if the review time for comments has elapsed</p> <p>ACTION: To circulate out SCGs and CoaguChek® and add to the March agenda if appropriate. ACTION: To adopt and link Leeds SCG for hydroxychloroquine</p>	<p>VH VH</p>
<p>7</p>	<p><u>SHARED CARE GUIDANCE</u></p> <p>RMOC are currently in consultation regarding their standard approach to shared care guidance and have asked for feedback from APCs by the 30th January deadline.</p> <p>The RMOC guidance had been previously circulated and summarised by MS to aid discussions in the meeting. MS went through the areas in question as follows:</p> <p><u>Page 6</u> – To add ‘current’ and links to documents and to state in SCG if there is agreement or not under the specialist section as part of their responsibilities.</p> <p><u>Page 11</u> – Statement regarding ‘a written summary within 14 days’ which differs to the Standard Contract. The GP Contract is currently out for consultation and this needs checking against for accuracy.</p> <p><u>NHSE guidance</u> – Raised within the documentation ‘a regular dose’, which differs from current arrangements and requires further clarity.</p> <p><u>1.3</u> – Refers to an ‘appropriately funded service’ which needs further comment.</p> <p><u>Appendix 6</u> – To remove the list.</p> <p>There were further comments and additional feedback from the meeting all of which will be entered onto the spreadsheet ready to email back to RMOC</p> <p>ACTION: MS to complete spreadsheet and send out on behalf of SWYAPC for final review and comment and return back to RMOC by 30th January 2020.</p>	<p>MS</p>

<p>8</p>	<p><u>COMMISSIONING STATEMENTS</u></p> <p><u>GammaCore®</u></p> <p>GammaCore® is NHSE commissioned and NICE guidance has extended its funding to April 2021 but it was felt that further investigations were needed to aid classification and as a check by secondary care colleagues regarding its current usage. As it is a device it doesn't always come through pharmacy and is also not prescribable on FP10. Leeds has classified as red and will share their treatment pathway to support others to investigate on its usage. Secondary care need to investigate and bring back to the next APC meeting.</p> <p>Suggestion to check with IFR teams if they have received any requests and for secondary care to investigate usage.</p> <p>ACTION: To check with IFR teams if they have received requests for gammaCore®. ACTION: Secondary care to check on usage ACTION: To bring back to March APC.</p> <p><u>Vibropulse</u></p> <p>A CS has been drafted and already been out to the SWYAPC and the Wound Subgroup for comments. We have not received any further comments from the specialist vascular nurse at Mid Yorks. Leeds already classifies this as black. To ensure there is a full record of comments received to date following previous APC member discussion and consultation, all CCGs to email comments to VH, (even if it is just a statement confirming 'no further comments') so this can be appropriately documented.</p> <p>ACTION: All comments to be logged. Once completed we will officially classify as black and update the SWYAPC website.</p>	<p>MS Trusts JO</p> <p>MS/VH</p>
<p>9</p>	<p><u>SHARED CARE GUIDELINES</u></p> <p><u>Denosumab</u></p> <p>Currently there is a variation between the SCGs approved by Leeds, AWC and SWYAPC. These variations include;</p> <ul style="list-style-type: none"> • whether GPs can administer the first dose (AWC SCG allows for diagnosis to be completed via an electronic consultation) • What the appropriate window was in terms of completing the 6 monthly injections (AWC advise +/- 10 days, SWYAPC advise +/- 1 month and Leeds advise as per SPC) • What the total duration of treatment should be (SWYAPC provide a management plan that promote review after 5 years of treatment and then either further treatment or stopping, AWC states review after 5 years but a DEXA scan will be required, Leeds advise that duration of treatment will be outlined in letter to GP but that cessation of treatment needed) 	

	<p>discussion with an osteoporosis specialist).</p> <ul style="list-style-type: none"> • What tests are required (Leeds undertake a fasting b-CTx at 3 months which is currently not advised by SWYAPC or AWC) <p>AWC requested for wording to be added to accommodate local variations. There was also a training and support need identified by GH/NK as they felt that as there are very few patients who actually need the injections it can be difficult for GPs to build up experience.</p> <p>The SCG for denosumab is due for renewal and the plan is to standardise this across the ICS. It was suggested that the points raised today should be considered when updating the SCG as well as getting local opinions from the rheumatology and endocrinology teams on how care can be shared between GPs and specialists and what tests are required.</p> <p>ACTION: Update from rheumatology and endocrinology regarding current practices and tests.</p>	Secondary Care
--	--	-----------------------

10	<u>RAG – DISCUSSION AND SUBMISSION</u>					
Name of Drug	Indication	From who?	Proposed Classification	SWYAPC approval		
Carnoys solution	Odontogenic keratocysts	CHFT	Red	Approved		
Mepacrine	Malaria	CHFT	Red	Approved		
Tacrolimus suppositories	Active proctitis	CHFT	Red	Approved		
Biktarvy	HIV	CHFT	Red	Approved		
Ferric Maltol	Iron deficiency	CHFT	Red	Further evidence needed by SWYFPT		
Cannobidiol (Epidiolex®) with clobazam	Treating seizures associated with Lennox-Gastaut Syndrome (TA615) and seizures associated with Dravey Syndrome (TA614)	Leeds	Red	Approved		
Artesunate	Treatment of severe malaria	MYHT	Red	Approved		
Mydrane	As drug to dilate pupil and also prevent pupil becoming small during Cataract surgery	MYHT	Red	Approved		
Opicapone	Parkinson's disease	MYHT	GSI	Approved		
Epoetin (All variants)	All indications	Leeds	Reclassify to Red from Amber	Approved		

	<p>FOR INFORMATION:</p> <p>Pentosan Polysulfate has been changed to licensed following NICE.</p> <p>ACTION: Update SWYAPC website</p>	<p>VH</p>
<p>11</p>	<p><u>LOCAL AND NATIONAL GUIDELINES</u></p> <p><u>Relactation/Induced lactation prescribing information</u></p> <p>Locala raised due to the number of requests that they have had from their Breast Feeding Advisory Service. It didn't appear to be an issue elsewhere and was just for information with no prescribing guidance required.</p> <p><u>Vitamin D and Bone Health</u></p> <p>Updated National Osteoporosis Guidelines (NOS) for adults, children and young people are now available and will be added to the SWYAPC website.</p> <p>AWC vitamin D guidance was shared. Following an AWC APC, a request was made to remove '800-2,000 units' maintenance doses as patients can self-care, and purchase their own. This will be removed from their flowchart which they have done to summarise NOS guidance as well as to support their GPs, which was agreed.</p> <p>Leeds has drafted their own guidance which is currently out for consultation, and they recommend weekly/monthly doses and include pregnancy. Feedback received so far was that a flow chart was needed to provide clarity on how and when to treat in pregnancy. Leeds will send through a link to their draft pathway prior to the update at the March APC meeting.</p> <p>It was generally felt that the NOS guidance is lengthy and having a flow chart/summary was useful. There were also queries about halal certification which is commonly asked by GPs, but there is UKMI Q&A on this topic which may provide most of the answers to these questions.</p> <p>ACTION: AWC to update their flowchart ACTION: Leeds to email out their draft pathway for an update at March APC. ACTION: NOS guidelines to be added to the SWYAPC website.</p> <p>TO NOTE:</p> <p><u>Oral Vitamin B supplement in alcoholism</u></p>	<p>CK JO VH</p>

	<p>In December 2019, RMOC issued a position statement which the SWYAPC found to be a helpful document. Leeds raised a query regarding whether there is evidence to support using divided doses of thiamine rather than single daily dose ie 200mg taken once a day would be better than 100mg twice a day. RMOC are still recommending 200mg to 300mg (100mg twice or three times a day) and for these patients this is not realistic due to known compliance issues. This could result in wastage of thiamine and poor adherence. Leeds are following this up with RMOC directly and awaiting a response.</p> <p>FOR INFORMATION:</p> <p>Impetigo: antimicrobial prescribing – NICE guidance expected publication 11th February 2020, which will be added to the SWYAPC when available.</p>	
12	<p><u>UPDATES/QUERIES FROM THE APC'S SUB-GROUPS</u></p> <p>Wound Management - In view of the APC merger there is a need to rethink the purpose of sub-groups, with wound being part of that discussion. This group would be suspended awaiting decision from the T&F Group who is looking at the merger of the APCs. The current formulary is still being used and whilst in this interim period, the wound group would be contacted in relation to any outstanding areas that may need to be addressed.</p> <p>ACTION: Wound group asked for any outstanding issues</p> <p>Medicines Safety – The current group is meeting for the last time next week, with the first merged group meeting scheduled for March 2020.</p> <p>Antimicrobial – An update was given by MS regarding merging the AMR group with Leeds and will be attending the next LAPC meeting in March. There were also queries regarding the SWYAPC website and what patients/clinicians are using and what 'hits' are on the various pages. Data is now available on 'hits' and access which will be summarised. There was also a suggestion as to whether there should be a social media site which would enable engagement with the public, especially in relation to consultation.</p> <p>CHFT have updated their formulary and have removed metronidazole for use in C.diff as a first line treatment. Metronidazole is still in the PHE NICE guidance and current Leeds guidance; however the information from the CHFT microbiologists is that the evidence has moved on since NICE published their antimicrobial guidance. Further discussion is needed here before any changes are made on an ICS level.</p> <p>ACTION: Leeds to check their guidance before any changes is made.</p> <p>ACTION: AMR subgroup to get information on what guidelines are being followed at Airedale, Bradford and Mid Yorks hospitals</p>	<p>VH</p> <p>JO MS/VH</p>

<p>13</p>	<p><u>MINUTES FROM COMMITTEES</u></p> <p>These minutes are for information with only one issue raised by Leeds from the Bradford D&T minutes regarding the adoption of NICE TAG607 Rivaroxaban.</p> <p>Due to the wide criteria stated by NICE, Leeds have identified a potentially large cohort of patients within primary care who will need to be reviewed. It was highlighted that there are potential risks if reviews are not done. Leeds are looking into what needs to be done but felt it should be pharmacy led by someone able to carry out reviews who is able to accurately convey the risks and benefits to patients. Leeds is looking into PCN level pharmacists doing these reviews as they could form part of a wider review of all patients' medications.</p> <p>Wakefield has asked the Healthy Hearts team to look into this as the issue is around prioritisation and use of resources. The TA does say it's an option and it is not necessary to review everyone. Leeds questioned the wording that is found in Section 4 Implementation in terms of making treatments available to patients if doctors responsible for the patients care feel that it is appropriate treatment e.g. rivaroxaban for PAD/CAD. Leeds concerns are that for some patients who may not have many other options it could lead to a number of amputations being done.</p> <p>ACTION: Leeds to give an update following their review.</p>	<p>JO</p>
<p>14</p>	<p><u>ANY OTHER BUSINESS</u></p> <p><u>TO NOTE:</u></p> <p>RMOC guidance is out for Sequential Use of Biologic medicines which should be reflected within pathways.</p> <p><u>Continuous Blood Glucose Monitoring</u></p> <p>IFRs are being received and questioned whether there should be an ICS wide policy. It was decided that the policy is outside the remit of SWYAPC and possibly should be overseen by the 'Diabetes Programme group'. Leeds has a policy which can be shared.</p> <p><u>Terms of Reference – GP on the membership</u></p> <p>Currently our Terms of Reference doesn't require a GP to be present to be quorate which will be raised with the T&F Group for the APC Merger.</p> <p><u>Bisacodyl Enema</u></p>	

	<p>It was questioned why more are being prescribed in West Yorkshire primary care given that it is classified as red for Leeds. JO reported that Leeds is currently working on this issue with their adult services and paediatricians.</p> <p>ACTION: Leeds to give an update at the May APC meeting.</p> <p><u>Dates of Meetings for 2019-2020</u> 18th March 2020 at 13:00 in Meeting room 7, Ground Floor, Scorex House, 1 Bolton Road, Bradford BD1 4AS 27th May 2020 at 9:30am in Meeting room 7, Ground Floor, Scorex House, 1 Bolton Road, Bradford BD1 4AS 29th July 2020 at 9:30am in Meeting room 7, Ground Floor, Scorex House, 1 Bolton Road, Bradford BD1 4AS 30th September 2020 at 9:30am in Meeting room 7, Scorex House, 1 Bolton Road, Bradford BD1 4AS 25th November 2020 at 9:30am in Meeting room 7, Scorex House, 1 Bolton Road, Bradford BD1 4AS</p>	<p>JO</p>
--	--	------------------