

SOUTH WEST YORKSHIRE AREA PRESCRIBING COMMITTEE

Wednesday 18th March 2020 held in the Meeting Room 7, Scorex House, Bradford and via teleconference due to COVID-19

ATTENDEES:

Claire Kilburn (CK) – Lead Pharmacist – Planning and Delivery – NHS Airedale, Wharfedale & Craven CCG and Chair
Tracey Gaston (TG) – Head of Medicines Optimisation – NHS Bradford Districts and Craven CCGs
Martin Sheppard (MS) – Senior Medicines Commissioning Pharmacist – NHS Greater Huddersfield CCG
Veronica Hirst (VH) – Medicines Commissioning Coordinator – NHS Greater Huddersfield CCG (Minute Taker)

Via TELECONFERENCE

Helen Foster (HF) – Medicines Management Lead – NHS Calderdale CCG
Joanne Fitzpatrick (JF) - Head of Medicines Optimisation – NHS Wakefield CCG
Debbie Pascoe (DP) – Medicines Information Pharmacist - Airedale NHS Foundation Trust
Jane Otter (JO) – Prescribing Advisor Pharmacist – Leeds Teaching Hospital NHS Trust
Pat Heaton (PH) – Medicines Management Advisor and Practice Pharmacist - NHS North Kirklees CCG
Kate Dewhirst (KD) - Chief Pharmacist – South West Yorkshire Partnership Foundation Trust

APOLOGIES

Fozia Lohan (FL) – Medicines Management and Medicines Safety Pharmacist – Spectrum Community Health
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
Dr Gaye Sheerman-Chase (GSC) – Principal Medical Adviser for Medicines Optimisation Commissioning Team - NHS Leeds CCG
Sue Gough (SG) – Senior Medicines Commissioning Pharmacist – NHS Greater Huddersfield CCG
Lindsay Greenhalgh (LG) – Head of Medicine Management – NHS Greater Huddersfield and North Kirklees CCGs
Lisa Meeks (LM) – Service Implementation and Evaluation Lead - Community Pharmacy West Yorkshire
Lyndsay Clayton (LC) – Medicines Safety Officer - NHS Wakefield CCG
Kate Norton (KT) – Lead Pharmacist Medicines Information & Commissioning – Mid Yorkshire Hospitals NHS Trust
Jo Alldred (JA) – Medicines Effectiveness Lead – NHS Leeds CCG
Dr Mark Cade (MC) – GP, Prescribing Lead - NHS Bradford Districts CCG

Rachel Urban (RU) – Head of Medicines Optimisation – Locala,
 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

ITEM	AGENDA ITEM	LEAD
1	<u>WELCOME AND APOLOGIES</u> Apologies were received and recorded as above.	
2	<u>DECLARATION OF INTERESTS</u> There were no declarations made in the meeting. However as the meeting was not quorate, any recommendations or decisions made will be ratified with the trusts after the meeting. ACTION: Recommendations and decisions to be ratified with the trusts.	VH
3	<u>MINUTES OF THE LAST MEETING</u> The minutes from the 22 nd January 2020 meeting were approved as an accurate record of the meeting.	
4	<u>ACTION LOG</u> 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.	
5	<u>APC MERGER</u> Due to the COVID-19 pandemic, the first meeting of the WY&H ICS APC has been postponed and will now take place on the 5 th August 2020. Diary invites will be sent out shortly to members. The work necessary for the first meeting has been done including the draft Terms of Reference and membership which will be finalised at the August meeting. Regarding sub-groups, the Wound Group had raised a concern regarding the currency of the wound formulary, which Calderdale would be interested to continue developing to ensure it remained in date, and it was suggested that this could be dealt with by	

	<p>adding it to the work plan for the APC. It was mentioned that we would consider having a number of subgroups under the new APC and that they would be more like task and finish groups.</p> <p>However it was felt that this was an area for the ICS to consider as there could be potential savings to be made with NHS Supply Chain by covering a wider footprint and therefore purchasing items in larger quantities. One issue currently raised was the use of cheaper products which are not necessarily the best and needs to be looked at with NHS Supply Chain, as some preferred items are not available to purchase by this route. Leeds stated that the issue was sometimes the cheapest offer was not a readily available product.</p> <p>ACTION: Add wound formulary to work plan.</p> <p>At the T&F Group membership was discussed, especially around lay members and the confederation. TG gave an update in relation to the lay member after sending through the functions and responsibilities from the draft ToR to a lay member colleague and is awaiting a response.</p> <p>ACTION: TG to give an update regarding lay membership.</p>	<p>VH</p> <p>TG</p>
6	<p><u>WORK PLAN ON A PAGE</u></p> <p>A brief summary was given on the work plan with JO adding that the SCG Mycophenolate for adults has been updated and going to Leeds APC in April. If there are no changes it will be shared with the SWYAPC in May.</p> <p>It was also noted that Leeds has different guidelines for different indications as the blood parameters vary according to indication for azathioprine and mycophenolate. It was agreed that one sentence would be sufficient to cover a wide selection of indications instead of having individual SCGs. Historically for azathioprine the SPC and BNF have said different things and it was suggested that the SCG had a statement to seek specialist advice in relation to reducing the dose. MS also pointed out that these drugs are being looked at via RMOC so would need to take that into account at some point in the future if we are looking to adopt the national SCGs.</p> <p>ACTION: A standard sentence to be added to the SCGs for azathioprine and mycophenolate to cover more than one indication.</p> <p>ACTION: To seek specialist advice in relation to reducing the dose.</p> <p>Leeds added that SCG for mercaptopurine is being reviewed in relation to the frequency of monitoring to match other areas.</p> <p>In relation to the SCG for hydroxychloroquine/chloroquine, it was noted that the eye care working group is ongoing and there are ongoing issues with the monitoring. Leeds have the machines available but don't have the staff trained to cope with demand. The</p>	<p>MS</p> <p>MS</p>

	<p>rest of the ICS does not have the machines due to financial constraints. The agreement was that the Leeds guideline was the right one to follow so it should be published but as some CCGs can't fund the enhanced testing this should be linked to the risk register.</p> <p>The SWYAPC were in agreement that the Leeds SCG for hydroxychloroquine should be used and added to the website. It was also agreed to contact the ICS regarding a statement that could be added alongside the SCG in relation to the monitoring.</p> <p>ACTION: Add Leeds SCG for hydroxychloroquine following advice from ICS regarding monitoring.</p>	VH/MS
7	<p><u>COMMISSIONING STATEMENTS</u></p> <p>GammaCore®</p> <p>From the previous SWYAPC meeting there was a request regarding how many IFRs have been received in relation to this device and whether they were for cluster headaches or migraine. There have been 7 in the last 12 months but not clear if they were all supported. The IFR teams should be passing these back to the trusts and that funding for these devices is through the AHSN.</p> <p>ACTION: MS to check with the IFR team which of these IFRs had been supported for which indication by which trust.</p> <p>It was agreed to classify as red for cluster headaches and that funding would be through the AHSN and black for all other indications.</p> <p>ACTION: Update SWYAPC website and inform IFR team that CCGs are not funding.</p>	<p>MS</p> <p>VH</p>
8	<p><u>SHARED CARE GUIDANCE</u></p> <p><u>Azathioprine</u> and <u>Mercaptopurine</u> - Rheumatoid Arthritis</p> <p>The reduced dose monitoring still a concern as it should be the same across all indications. It was suggested to add 'refer to specialist' regarding any reduction needed with the dose. Further information is needed before a decision can be made on either of these SCGs and it was agreed to add Myasthenia Gravis to the azathioprine SCG.</p> <p>ACTION: MS to discuss further with Dr Sonwalker and the gastro team at CHFT regarding reduction in dose.</p> <p><u>Riluzole</u> – MND and <u>Somatropin (Adults) Omnithrope®</u> - Growth Hormone</p> <p>Following comments and updates made to the SCG it was agreed to adopt and add to SWYAPC website.</p>	MS

	<p>ACTION: Add link to Leeds SCGs to SWYAPC website</p> <p><u>Modafinil</u></p> <p>Leeds have had discussions regarding using this for Multiple Sclerosis and another respiratory indication at their D&T meetings as clinicians want to use it for these indications. It was mentioned that the Multiple Sclerosis guidance has been updated and that the sleep clinics still want to use it and that there is only a small cohort of patients outside of that who need it.</p> <p>There is a sleep service at Mid Yorks and some patients choose to come to Leeds but unclear what other sleep services are available in West Yorkshire. Unlicensed indications are shown on the SCG and following the MHRA alert modafinil is restricted to narcolepsy. Leeds has had this used in MS endorsed by their Quality Committee based on the evidence given even though it's against MHRA guidance. Clinicians have been challenged within Leeds regarding which indications it is used for.</p> <p>As it is outside of its licence and MHRA have stated not for a particular use then further discussion is needed regarding what is being adopted by the SWYAPC.</p> <p>JF mentioned that decisions like this need to be made on an ICS level going forward.</p> <p>ACTION: To add to work plan for ICS APC.</p> <p><u>Amiodarone</u> - Cardiology</p> <p>Leeds has updated their SCG and after receiving comments from the APC group it was agreed to adopt and add to the SWYAPC website.</p> <p>ACTION: Add link to Leeds SCG to SWYAPC website.</p>	<p>VH</p> <p>VH</p> <p>VH</p>																									
9	<p><u>RAG – DISCUSSION AND SUBMISSION</u></p> <table><tr><th>Name of Drug</th><th>Indication</th><th>From who?</th><th>Proposed Classification</th><th>SWYAPC approval</th></tr><tr><td>Racaparib</td><td>Primary peritoneal cancer</td><td>MYHT</td><td>Red</td><td>Yes</td></tr><tr><td>Mogamulizumab</td><td>Sézary Syndrome</td><td>MYHT</td><td>Red</td><td>Yes</td></tr><tr><td>Alprostadil cream</td><td>Erectile dysfunction</td><td>MYHT</td><td>GSI</td><td>Yes</td></tr><tr><td>Patiromer (Veltassa)</td><td>Hyperkalaemia</td><td>CHFT</td><td>Red</td><td>Yes</td></tr></table> <p>ACTION: SWYAPC website to be updated following retrospective form completed for Patiromer</p>	Name of Drug	Indication	From who?	Proposed Classification	SWYAPC approval	Racaparib	Primary peritoneal cancer	MYHT	Red	Yes	Mogamulizumab	Sézary Syndrome	MYHT	Red	Yes	Alprostadil cream	Erectile dysfunction	MYHT	GSI	Yes	Patiromer (Veltassa)	Hyperkalaemia	CHFT	Red	Yes	<p>VH</p>
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	ACTION: Email draft annual report for comments and feedback and add to May's agenda.	VH
13	<p><u>UPDATES/QUERIES FROM THE APC'S SUB-GROUPS</u></p> <p>Nothing to note from the sub groups as the Medicines Safety was postponed and the Antimicrobial group are meeting in early April 2020.</p>	
14	<p><u>MINUTES FROM COMMITTEES</u></p> <p>Minutes from other groups to note and for information only.</p>	
15	<p><u>ANY OTHER BUSINESS</u></p> <p>Due to COVID-19 MS may be required to work full time at CHFT which was agreed by the HoMMs and he would notify relevant staff members as and when it happens.</p> <p><u>Repeat Prescriptions</u></p> <p>Wakefield is sending out a briefing to their GPs regarding repeat prescriptions along with other items.</p> <p>ACTION: Wakefield to share briefing with the group</p> <p><u>Dates of Meetings for 2020-2021</u></p> <p>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>	JF