NHS
South West Yorkshire
Area Prescribing Committee

SOUTH WEST YORKSHIRE AREA PRESCRIBING COMMITTEE
Wednesday 30th September 2020 held via MS Business Teams

ATTENDEES:

Helen Foster (HF) – Medicines Management Lead – NHS Calderdale CCG and Chair
Kate Norton (KT) – Lead Pharmacist Medicines Information & Commissioning – Mid Yorkshire Hospitals NHS Trust
Jane Otter (JO) – Prescribing Advisor Pharmacist – Leeds Teaching Hospital NHS Trust
Rachel Urban (RU) – Head of Medicines Optimisation – Locala
Claire Kilburn (CK) - Senior Head of Medicines Optimisation, NHS Bradford District and Craven CCG
Fozia Lohan (FL) – Medicines Management and Medicines Safety Pharmacist – Spectrum Community Health
Debbie Pascoe (DP) – Medicines Information Pharmacist - Airedale NHS Foundation Trust
Kate Dewhirst (KD) - Chief Pharmacist – South West Yorkshire Partnership Foundation 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
Pat Heaton (PH) – Medicines Management Advisor and Practice Pharmacist - NHS North Kirklees CCG
Jo Alldred (JA) – Medicines Effectiveness Lead – NHS Leeds CCG
Joanne Fitzpatrick (JF) - Head of Medicines Optimisation – NHS Wakefield CCG
Jane Otter (JO) – Prescribing Advisor Pharmacist – Leeds Teaching Hospital NHS Trust
Lyndsey Clayton (LC) – Medicine Safety Officer, NHS Wakefield CCG
Veronica Hirst (VH) – Medicines Commissioning Coordinator – NHS Greater Huddersfield CCG (Minute Taker)

APOLOGIES

Dr Gaye Sheerman-Chase (GSC) – Principal Medical Adviser for Medicines Optimisation Commissioning Team - NHS Leeds CCG
Chris Barraclough (CB) – GP - NHS Wakefield CCG,
Tracey Gaston (TG) – Head of Medicines Optimisation – NHS Bradford Districts and Craven CCGs
Jaspreet Sohal (JS) - Chief Pharmacist – Bradford District Care
Lindsay Greenhalgh (LG) – Head of Medicine Management – NHS Greater Huddersfield and North Kirklees CCGs
Sue Gough (SG) – Senior Medicines Commissioning Pharmacist – NHS Greater Huddersfield CCG

ITEM	AGENDA ITEM	LEAD
1	**Welcome and Apologies** Apologies were received and recorded as above. The Chair requested that questions and comments to raise the 'hands' and the 'chat' box for additional comments, as this will be checked throughout the meeting.	
2	**Declaration of Interest** None to report in relation to the agenda items, but indirectly, Jo Alldred declared an interest due to her relationship being married to Andrew Alldred, which is also recorded at both LTHT and the CCG.	
3	**Minutes of the last meeting** The minutes from the 29th July 2020 meeting were approved as an accurate record of the meeting.	
4	**Action log** 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. 152 Gender Dysphoria – It was suggested that this should be a WY&H ICS APC and in the meantime to contact CD for an update. **ACTION: VH to contact CD for an update and forward to the ICS APC.** 159 – Flash Glucose Monitoring – MS has started the audit which is taking place in secondary care with CHFT, and that the ABCD audit has published their results, which will circulated out to the group. It was reported that Mid Yorks presented some results which looked very positive and that GH/NK are looking from a primary care perspective to do some audit work to see how the review process is working. Leeds includes type 2 pregnancy in their commissioned indications. JA added that up to COVID the diabetologists have not been using it for this indication to avoid bringing patients into the hospital, and that they have been reminded to collect the audit data for all indications. JA also reported that there has recently been draft NICE guidance for diabetes in pregnancy that suggests that FGM should not be used. **ACTION: To circulate out ABCD audit summery and to set up a T&F group to review.** 176 – NICE Associate - Update from PS reported next NICE meeting is on 6.10.20 where they will be discussing the updated	

	NICE guidelines on lower back pain and sciatica. If there are any comments or questions on this guideline members should email PS directly. Also NICE has produced a prescribing briefing on corticosteroids in the care of people with severe or critical COVID-19, linked to the COVID-19 rapid guideline, Critical Care in Adults. https://www.nice.org.uk/guidance/ng159/resources/covid19-prescribing-briefing-corticosteroids-pdf-8839913581 193 – Rivaroxaban for TA607 – The issue of this TA was around compliance and following recent emails from LH this will be discussed in relation to its use and that there is work needed in Leeds to fully implement. JO reported that there is good evidence particularly for peripheral heart disease, but they have potentially large number of patients that need to be screened and there is not currently agreement on how this should be done. JO also noted that unlike Leeds, SWYAPC have all the DOACs listed together and that this will need review across the ICS in order to standardise. DP reported that this isn't on the Airedale Hospital formulary for this indication and that there are only a small group of patients who would theoretically be eligible for using it. This will be going to the joint meeting with Bradford for further discussion. KN has this marked as not applicable and will add to the next NICE panel meeting to review and for consultation with their vascular team. It was noted that there isn't currently any work being done on this in primary care. **ACTION: Add to November agenda.** 194 – Bisacodyl Enema RAG status – Currently going through Leeds process after which will be circulated to the SWYAPC prior to the November meeting. There was a feeling that further work is needed on this by way of a review. **ACTION: JO to share RAG form prior to November meeting** 206 – Hydroxychloroquine monitoring – Calderdale are in the process of clarifying the situation here. It was understood that the CHFT ophthalmology department are doing some of this. Prior to COVID Leeds were due to go live in April with a system for all patients monitoring to be in line with the new shared care guideline. Patients on their list are being risk assessed, and those at a high risk are being tested but it's not running as it would in normal times. For both MY and Bradford it is a work in progress. HF had received a comment from the LMC that the pathway should ensure that the specialist initiating should have the patient join the pathway at that point and be part of the numbers instead of being picked up later. There are ongoing questions about who should be responsible for referring these patients for ophthalmology monitoring after 5 years. Leeds also stated that on review they believe that the cohort of patients who persist with hydroxychloroquine treatment beyond 5 years is relatively small. In their population they had identified around 100 patients. 215 – Danazol – Leeds currently have this classified as amber, but following a recent supply disruption notice from NHSE due to the licensed product no longer being made, they may send through a change notice requesting only for existing patients and no new patients should be initiated, as there are other products available to use. There is an alternative FOC medicine available that could be used, if approved by NICE as another option that patients could be moved onto in the longer term.	

	ACTION: Add to the January agenda	
5	**SWYAPC Terms of Reference 2020-2021** The draft terms of reference to be circulated for comments, once the following change has been made: 'Airedale NHS Foundation Trust'. It was noted that representation was missing from a prescribing GP or to have the LMC attending, which will be followed up outside of the meeting. **ACTION: Membership to be reviewed by HoMMs.**	
6	**Work plan on a Page** JO will update in relation to those relevant to Leeds regarding when they will come to the SWYAPC, and that they are all in progress with reminders sent out of the deadlines.	
7	**Commissioning Statements** **Melatonin** - MS gave an update in relation to the work being done following the feedback received from the trusts and Leeds on new indications and whether we are to include them all. HF asked for a timescale but it is unclear how long this would take going through all the comments. JO had sent through two indications, one for cluster headaches which D&T supported but yet to be agreed as a classification, and the second on post op insomnia. The bigger issues are those that come into primary care and how those patients are followed up. There is also the issue for patients on the liquid which is now no longer available. The spend on melatonin liquid in the community is significant. The chair commented that the first steps were to get all the indications and then to work out what products to be taken against each one. KD added that they have concerns that ADHD was not included and that she will forward her comments. It was also noted that Barnsley has done some switching resulting in a reduction of spending of around 75%. PH noted in the CS the use of Rosemont liquid which deals with some of the excipients issues, but assumes if this would be treated as a special as there could be an economic impact due to the Rosemont brand not being listed in the drug tariff. KN noted that they are using Colonis due to its availability as others may not be easily prescribable in primary care. KN reported using Colonis only with a request back in September to use Slenyto® for those patients who couldn't manage crushed Circadin®. There is also a new licenced Melatonin that needs to be included. MS continued that guidance is needed on what to focus on and what level of detail is needed. Until we agree on what indications we can't move onto the products. CK from a practical perspective found the table not clear and suggested that two	

	tables were needed to help with understanding the information. **CoaguChek®** – This was agreed at the last meeting but now needs to follow the WY&H ICS process, similar to the Liothyronine for approval across the ICS footprint. JA added that GSC had raised a query which would be checked before proceeding further with the ICS. **ACTION: MS to liaise with CT on the WY&H process**	
8	**<u>Shared Care Guidelines</u>** **Azathioprine and Mercaptopurine –** Comments received with minor changes being made which brings the SCG in line with Leeds. **ACTION: Azathioprine and Mercaptopurine SCGs – APPROVED** **Mycophenolate (Adult) –** JO to follow up on the smoking comments and then forward for SMOM/LAPC. Once the SCG has been through this process it will come to the SWYAPC in November 2020. When asking for comments need to ensure we have responses back, even a 'nil' response and that all areas have been covered. **ACTION: JO to send through updated version and add to the November agenda** **Somatropin (Paediatric)** – No comments had been received for this SCG, which led to checks being made to ensure all relevant parties had seen the document. It was discussed that this is critical in order for SWYAPC to ensure the correct governance process had been followed. The comments log to be updated to show all responses, including 'no comments' from the individual organisations and providers. Once all comments have been recorded, and there are no further changes to be made the SCG is **approved** **ACTION: SCG – APPROVED once all comments and any changes have been made.** For all the above SCGs, the comments logs to be checked and completed to ensure each organisation has responded, including 'nil' comments for assurance and governance.	
9	**<u>RAG Classifications</u>** **Linezolid** - MY requesting to change from RED to AMBER which was **not approved.** CHFT have recently reviewed and kept	

	at Red along with Leeds who reviewed in April 2020 with the main concern being the potential risk that patients not getting the treatment as it's not something community pharmacy would stock as well as whether the GP could do the monitoring as it is the OPAT team who follow up on the bloods. There is work in Leeds around cellulitis which may result in further prescribing of Linezolid. It was suggested that MY could pilot the use to see how it works in practice as an option. Bradford reported that their microbiologists are not keen for GPs to prescribe. CK added that due to changes in how GPs are working that perhaps not a good time to do but we need to make sure we have the views of GPs before we go too far down the line, which was also agreed by NK and Leeds. There needs to be greater clarity on the pathway in how it could be beneficial and on the monitoring before any change is made. **ACTION: No change to the RAG classification – remains RED.** **Rifampacin –** Originally raised by a GP following a request from Prioderm, with a summary of the issue given by MS as SWYAPC and Leeds are both showing as Red. This has been an ongoing problem in Leeds for hidradenitis suppurativa and other dermatology conditions so they have produced an amber document as well as a patient information leaflet both of which are going to SMOM, for approval and then to LAPC. However as we have a WY&H ICS APC it was suggested that further comments are needed from the wider footprint. **ACTION: JO to forward on once approved at LAPC.** **Colief®** - Currently shows as grey on SWYAPC website and it was agreed to change to Black in line with other NHSE OTC guidance. **ACTION: SWYAPC website change to Black.**	
10	**<u>Supply Disruption Notice</u>** **Lithium Carbonate –** KD requested that nothing needs to be done straight away following a recent supply disruption notice as supplies are available and wholesalers have been asked to send out in monthly allocations with details for community pharmacists if they run out. KD will send a statement based on national guidance that can be shared giving the details of where supplies can be obtained from and not to switch straight away if stock levels are to remain available. KD has received some national guidance which has been approved by the Royal College of General Practitioners and Psychiatrist which is being looked at with their clinicians and if appropriate recommending those prescribing should manage the switch with a named contact in the services. When ready KD will have a document for SWYAPC to comment on along with other mental health trusts.	

	Leeds reported that they have sent out interim guidance to their community pharmacies and GPs with a link to their Leeds Health Pathway. Wakefield has started doing some switches but will contact GPs not to do any more. **ACTION: KD to send out statement.**	
11	**<u>Local and National Guidelines</u>** **Vitamin D for Adults –** Further changes to be made following comments received which now brings it in line with NICE as well it also including pregnancy. **ACTION: JO to send through updated versions** **Vitamin D for Paediatrics -** This is current but needs to show the different levels and needs to be the same as the adult version. **ACTION: JO to send through updated versions** **COPD Nebuliser Guidance** – LC added that this was part of a suite of guidance produced whilst reviewing COPD and Asthma guidelines due to concerns with the use of nebulisers which has been raised as part of the National Safety group as they are easily purchased over the counter without any specialist review.	
12	**<u>SWYAPC Annual Report 2019-2020</u>** The SWYAPC Annual Report will be complete once the final signatures have been added for 2019-2020.	
13	**<u>Updates/Queries from Sub Groups</u>** **ICS Medicine Safety Group** – LC gave a brief summary of the work being done so far by the group, reporting that from the 3 meetings held, there has been a good attendance with positive feedback. Outcomes from the meetings so far regarding methotrexate 10's being stopped in Leeds, around reporting the risks when using emollients and sharing good practice for prescribing adrenalin pens in having the correct instructions. There will be a bulletin produced giving key messages and information for items raised in the meetings. **Antimicrobial Group** – MS reported that there has been no merger with the Leeds AMR group however he has been invited to their next ICS level AMR group meeting where ongoing plan with respect to AMR management across the ICS will be discussed. There with be a local 'Antimicrobial campaign' starting w/c 18th November 2020, the same week as WHO Antibiotic week, as there will be no national campaign, due to PHE focusing on COVID and winter pressures (including flu). Updates	

	have been made to the UTI bulletin regarding patients who are on long term prophylaxis and he is currently putting together antimicrobial guidance for the GPs to aid appropriate prescribing on the most common conditions likely to be faced in community this winter.	
14	**For Information** The Leeds D&T Annual report and the CHFT MMC minutes were noted and for information.	
15	**Any Other Business** **Ustekinumab** – MY raised due to a few patients in relation to the frequency of their injections, with the licensed dose being every 12 weeks but the dermatologists have been prescribing every 9 to 10 weeks in some patients where the response has worn off after 10 weeks. Use in this way is supported by The British Association of Dermatology guidance. MY have submitted 2 IFRs both of which have been rejected and that a third IFR was approved due to them being a paediatric patient already on the increased frequency and having moved from Leeds. KN asked what is happening elsewhere and if there is consistency and perhaps to have an area wide commissioning policy. HF added that consistency is needed and MS and JA have been discussing biologics and have a proposal that a T&F group is needed for each condition but that the cost is the issue. Leeds has had the evidence based discussion for patients on 10 weekly and didn't agree as there are other agents. Last year Psoriasis was reviewed and raised the issue of stepping up ustekinumab more frequently but was told that there are other more cost effective products available. JA added that no IFRs have been received in Leeds for reduced frequency.	
16	**Date of Next Meeting** Wednesday 25th November 2020 at 9:30 to 11:30 via MS Teams	