SOUTH WEST YORKSHIRE AREA PRESCRIBING COMMITTEE
Wednesday 26th May 2021 at 10am held via MS Business Teams

ATTENDEES:

Tracey Gaston (TG) – Senior Head of Head of Medicines Optimisation – NHS Bradford District and Craven CCGs and Chair
Helen Foster (HF) – Medicines Optimisation Lead – NHS Calderdale CCG
Samiullah Choudhry (SC) – Acting Head of Medicines Optimisation – NHS Wakefield CCG
Martin Sheppard (MS) – Senior Medicines Commissioning Pharmacist – SWYAPC
Pat Heaton (PH) – Medicines Management Advisor and Practice Pharmacist - NHS Kirklees CCG
Sue Gough (SG) – Senior Medicines Commissioning Pharmacist – SWYAPC
Dr Gaye Sheerman-Chase (GSC) – Principal Medical Adviser for Medicines Optimisation Commissioning Team - NHS Leeds CCG
Jane Otter (JO) – Prescribing Advisor Pharmacist – Leeds Teaching Hospital NHS Trust
Jo Alldred (JA) – Medicines Effectiveness Lead – NHS Leeds CCG
Kate Norton (KT) – Lead Pharmacist Medicines Information & Commissioning – Mid Yorkshire Hospitals NHS Trust
Debbie Pascoe (DP) – Medicines Information Pharmacist - Airedale NHS Foundation Trust
Kate Dewhirst (KD) - Chief Pharmacist – South West Yorkshire Partnership Foundation Trust
Dr Bert Jindal (BJ) – Y&H LMC Alliance and Medical Secretary Kirklees LMC
Veronica Hirst (VH) – Medicines Commissioning Coordinator – SWYAPC (Minute Taker)

APOLOGIES

Lindsay Greenhalgh (LG) – Head of Medicine Optimisation – NHS Kirklees CCG
Fozia Lohan (FL) – Medicines Management and Medicines Safety Pharmacist – Spectrum Community Health
Lyndsey Clayton (LC) – Medicine Safety Officer, NHS Wakefield CCG
Costas Vasiliou (CV) – Senior Medicines Optimisation Pharmacist, NHS Bradford District and Craven CCG
Jaspreet Sohal (JS) – Acting Chief Pharmacist – Bradford District Care NHS Foundation Trust

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 to use 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. DoI forms for 2021-2022 will need to be completed and if a member of a sub-group for the SWYAPC only one form needs to be completed.	
3	**Minutes of the last meeting** The minutes from the 24th March 2021 meeting were **approved** as an accurate record of the meeting.	
4	**ACTION LOG** The action log updated from discussions held in the meeting, as follows: 159 – Flash Glucose Monitoring – HF has discussed with the Diabetes Lead and drafted a CS, requesting that any data available is forwarded to HF so it can form part of the review, including the primary care audit data from Kirklees. Leeds have carried out an audit on glucose testing strips which shows that prescribing has not gone down. Pre and post patients starting on Freestyle Libre® searches have been done, and that the number of patients audited were small therefore unable to really say what was happening. 163 – Fast Acting Glucose products – To discuss at an ICS level - **CLOSED** 185 – SCG Denosumab – SWYAPC guidance is currently out of date and Leeds have recently updated their guidance which could be adopted by the SWYAPC as an interim measure, but there are differences across the ICS that need to be brought together and followed up by the CCGs. DP reported that they have also updated their guidance in Airedale which will be shared. JO added that once the new SCG template is agreed we move the information across. **ACTION: Transfer onto new template. Airedale to share their updated guidance** **ACTION: CCGs to review across the ICS as part of being one SCG.** A raised concerns from some GPs regarding shared care guidance relating to the transfer of prescribing and clinical responsibility into primary care. There is an amount of monitoring and assessment needed for some amber drugs, which some practices are not confident to manage for complex drugs due to the lack of training and knowledge and	**DP/VH** **CCGs**

	as a result they need to be prescribed by a specialist. For any shared care guideline the GP clinician has the option to opt out, which was clarified in the meeting, if they feel unable to administer and that the guidelines clearly shows where the responsibility lies both medically and legally. Secondary care has more knowledge and understanding of these complex medicines than in primary care. It was emphasised the need to get the guidelines right, so it is clear for primary care as there are implications on patients safety, regarding monitoring and that follow ups by secondary care are not always appropriate. As we merge as one ICS, there needs to be a balanced approach by each ICP; processes will differ and that it is up to the individual GP to take on the prescribing safely if the patient is stable. As we work together putting together the documentation to support the clinicians to prescribe safely it is up to the individual GP whether to take on the prescribing once handed over by secondary care. As there were such strong feelings on both sides, in relation to shared care, it was agreed that this needs to be discussed at the ICS, covering all the concerns raised at this meeting, including opt in/out and any funding implications together with clear guidance on responsibilities. It was reported that due to the variation of views that local LMCs need to be contacted and to seek their views in relation to shared care. **ACTION: To raise at ICS APC opt in/out in for shared care.** **ACTION: CCGs to follow up with local LMCs as to their views on shared care guidance.** <u>193 – Rivaroxaban TA607</u> – Healthy Hearts are aware, with an update at the next SWYAPC meeting. Leeds planning to start rolling out a pilot with practices that have a high number of coronary artery disease and peripheral artery disease patients starting end of June if funding is confirmed. **ACTION: TG will report this back to Healthy Hearts.** <u>194 – Bisacodyl Enema</u>- A pathway is to be put forward for a change of classification after looking at the impact across the ICS, by the adult and paediatric teams in Leeds. It will then go forward as an ICS – **CLOSED** <u>226 – Actinic Keratosis</u> – Currently on the work plan and will discuss further with HoMMS regarding way forward. <u>229 – Lanreotide</u> - Recommendation for a RAG classification which will be followed up by Leeds – **OPEN**	**ICS APC** **CCGs** **MS**

	232 – ADHD guidelines – A joint shared care along with individual documents had been circulated for comments where no clinical issues had been raised. There was a request to clarify whether written consent is needed for paediatrics from a safety perspective. KD suggested adding an overarching statement to the whole guidance and not for individual drugs and to take forward as an ICS. It was agreed to extend the existing guidance to 2024 to allow for RMOC to carry out their consultation and produce guidance nationally. **ACTION: Extend current guidance to 2024 and update once there is a decision from RMOC.** 235 – Antipsychotics - MS to follow up with MD.	**KD** **MS**
5	**WORK PLAN ON A PAGE** An update was given on the work plan, with a number of SCGs on the agenda for approval and discussion. Leeds had already been through the process of updating and reviewing the majority of these, and will be discussed later in the meeting. If the SWYAPC were in agreement with these SCGs they would be adopted as an interim approach, as there is currently out of date guidance on the website, whilst in transition of establishing systems and processes at an ICS level regarding shared care. BJ agreed that whilst during this transition period, there needs to be an understanding on what is acceptable and needs reviewing whilst we develop the new system. Once systems and processes are in place we can start to review as an ICS. As there appears to be dual systems running for shared care, there were concerns regarding the amount of work needed to be done before September, when the two APCs at Leeds and SWY cease to exist. Workplans need to be closing down by both APCs and running in shadow format, with a clear process on what is happening for the interim period. These concerns need to be raised with the ICS APC. **ACTION: To follow up with ICS APC chair.**	**VH**
6	**UPDATE ON ICS MERGER** **Work Plan T&F Group** TG gave an update on the work done so far, looking at what sub-groups may be needed under the ICS APC with a proposal going to the June's ICS APC meeting. **RAG Classification T&F Group**	

	MS continued with an update on the two options being proposed for the amber classifications as well as definitions regarding Red, Grey, Green, Black, all of which has been out for comments. Following the next T&F meeting we may hopefully be in a position to put forward a recommendation on the classification criteria for the next ICS APC meeting in June.	
7	**COMMISSIONING STATEMENTS** **Melatonin** SG has responded to the comments received on the CS so far although there are still concerns regarding the use of liquids, especially Colonis® which includes excipients that need to be taken into consideration when prescribing. Leeds Community are looking into using a product call Ascomel®. LTH reported that they crush tablets more than use the liquid. Sheffield have Colonis® for paediatrics with feeding tubes if less than 5 years old. Whatever is agreed the product needs to be clearly prescribable in primary care with no ambiguity for community pharmacists dispensing. The current system of prescribing unlicensed specials carries a safety risk as the prescriber cannot guarantee what product (and associated excipients) the patient is going to receive. Mid Yorks do use Colonis® and reported that prescribers are aware and unable to get hold of the unlicensed product. It was recommended to involve community pharmacy regarding what is being prescribed. Slenyto® has been included in the CS for its licensed indications only. Options needed from paediatrics for Slenyto® for a clinician view. It is currently in the draft guidance for use in licensed indications only however it was noted that the majority of indications clinicians would like to prescribe this for would be off-label. Barnsley have also been through these complications and are trying to manage the risks when putting together their shared care. **ACTION: JO to follow up with Leeds paediatrics.** **Sativex**® From the comments received there is a disparity between clinicians and a consensus is needed which JA/JO will follow up on in Leeds and then feed back into the process. JO asked if the NICE recommendation was agreed across the ICS as there is still variation in how patients access the service and how it will work due to such variation? JO suggested that these clinicians could put together a proposal for the Drug & Therapeutic Committee for discussion which will be followed up outside of the meeting. **ACTION: JA/JO to follow up with Leeds clinicians.**	**JO** **JA/JO**

8	**SHARED CARE GUIDELINES** As SWYAPC have no or out of date guidance, Leeds have recently reviewed and updated rifampicin and glycopyrronium as Amber 1 which is equivalent to SWYAPC GSI. Both were approved as an interim step and link to Leeds for information that GPs can decide if they wish to take on or not. • **Rifampicin –** Treatment of Folliculitis Decalvans, Acne Keloidalis & Hidradenitis Suppurativa in Adults - **GSI** • **Glycopyrronium bromide oral –** Treatment of Hypersalivation for Adults and Paediatrics – **GSI** **ACTION: Add to SWYAPC website** The following SCGs were approved and adopted by SWYAPC as Amber. • **Hydroxycarbamide –** Treatment of Polycythaemia, Thrombocythaemia, Chronic Myeloid Leukaemia (CML) and Psoriasis • **Hydroxycarbamide –** Treatment of Psoriasis in adults • **Mepacrine –** Treatment of Systemic Lupus Erythematosus and dermatological conditions in Adults • **Modafinil –** Treatment of Adults with – Narcolepsy, Fatigue in patients with MS, Residual sleepiness associated with Obstructive Sleep Apnoea and Idiopathic Hyper-somnolence These SCGs for recommendation to update the SWYAPC website with the following statement: '*Currently under RMOC consultation and will update accordingly'* and will be updated once transferred into an ICS template. . • **Leflunomide –** Treatment of Adult Patients with RA or PsA • **Mycophenolate –** For Adults Non-Transplant Indications • **Methotrexate Oral –** For non-Cancer Indications in Adults **ACTION: SWYAPC website to be updated accordingly** **Danazol –** Treatment of Hereditary Angioedema (HAE**)** It was suggested to link to Leeds guidance, as SWY do not have any guidance to provide supportive information. There will be no new patients started on this treatment and no plans to change how current patients are obtaining supplies.	**VH** **VH**

	To be emailed out to the SWYAPC for comments and an update at the next meeting. **ACTION: SCG Danazol to be emailed out for comments to the SWYAPC.**	**VH**
9	**RAG CLASSIFICATION** The following RAG classifications had been submitted by Mid Yorks for approval: • **Fluticasone propionate/azelastine hydrochloride nasal spray –** Relief of symptoms of moderate to severe seasonal and perennial allergic rhinitis – **Approved Green** • **Insulin lispro (Lyumjev®) –** Treatment of diabetes mellitus in adults – **Approved Green Specialist Initiation** **Reclassification for**: • **Sildenafil -** Reynaud's phenomenon and digital ulceration associated with connective tissue disease – **Approved Green Specialist Initiation** from Red. **ACTION: To update SWYAPC accordingly.** The following items are currently showing as Grey on the SWYAPC website and MS would propose appropriate classifications for the next APC meeting. ▪ Cough and Cold Remedies ▪ Eflornithine cream ▪ Haemorrhoid preparations ▪ Minocycline for acne ▪ Nasal sprays ▪ Sativex® spray **ACTION: MS to propose classifications for each of the above items.**	**VH** **MS**
10	**<u>LOCAL AND NATIONAL GUIDELINES</u>** Following the publication of **RMOC Shared Care for Medicines Guidance – a Standard Approach**.	

	The first set of draft shared care protocols have been developed and are now open for national consultation here. The four medicines included in this first consultation are: • Amiodarone • Dronedarone • Lithium • Valproate medicines in women of child-bearing potential The consultation will run for five weeks, and closes at 5pm on Friday 11th June 2021. Comments should be send to rmoc.north@nhs.net by the deadline. Members were reminded to complete the template with their comments and forward as requested. With recent safety issues around valproate, Leeds would forward onto the ICS Medicine Safety group for their comments and feedback. **ACTION: Secondary care leads to forward onto colleagues.** It was noted by BJ that the LMC do not receive such documentation or notifications to allow for their feedback and unclear how RMOC feeds into the LMC. The Chair requested that any information received by RMOC is circulated to the LMC.. **ACTION: RMOC documentations to be emailed to LMC for comment and feedback.** JO also noted that RMOC have another consultation out on their terms of reference which is now open for comments, and noted that they don't have a lay member, which is currently being pursued by TG for the ICS APC. **Prescribing Specialist Infant Formula in Primary Care** TG gave an update on the feedback regarding different milks, some of which include probiotics which are more expensive, and that Mid Yorks is using these milks. The guidance does show probiotics but not the prices. It was suggested to link to the homepage for the Drug Tariff.	**Secondary Care** **VH**
11	**UPDATES/QUERIES FROM ICS AND APC'S sub groups** **Medicine Safety** - Nothing to report from the ICS Medicine Safety group.	

	Antimicrobial - MS reported on looking at what metrics are needed for the ICS Dashboard for AMR as well as looking at what groups may be needed going forward, as we work towards being under one ICS.	
12	**FOR INFORMATION ONLY** Minutes from CHFT MMC and LAPC draft minutes were noted for information only.	
13	**ANY OTHER BUSINESS** **ACBS consultation** PH asked members to respond to the proposal by the Advisory Committee on Borderline Substances (ACBS) policy about standard adult ready-to-drink oral nutritional supplements listed in part XV of the Drug Tariff, which closes at 11:45pm on 1st August 2021. **NICE TAs** PH reported a number of NICE TAs that will require a RAG classification being completed in secondary care for approval at a SWYAPC meeting: Filgotinib for treating moderate to severe RA (TA676) - Red Baricitinib for treating moderate to severe atopic dermatitis (TA681) - Red Erenumab for preventing migraine(TA682) - Red Bempedoic acid with exetimibe for treating primary hypercholesterolaemia or mixed dyslipidaemia (TA694) The next meeting of the **SWYAPC is on the 26th July 2021.**	