

**The Northern Lincolnshire Area Prescribing Committee**

**M I N U T E S**

**9 February 2017**

**2.00 pm – 4.00 pm. Pharmacy VTC Room, Scunthorpe General Hospital vtc to Main Meeting Room, Freshney Green**

1. **In Attendance**

Paul Fieldhouse (PF) - Chief Pharmacist & Clinical Lead for Medicines Optimisation (NLaG) (Chair)

Paulash Haider (PH) - Procurement Pharmacist (NLaG)

Andy Karvot (AK) – Consultant Pharmacist Antimicrobials (NLaG)

Gemma McNally (GM) – Strategic Lead Pharmacist (NECS)

Sarah Spooner (SS) – Clinical Lead Care Plus Group

Hazel Tait (HT) - Assistant Contracts Manager (NLaG)

Rachel Staniforth (RS) – Senior Pharmacist, North East Lincolnshire (NECS)

Margaret Henry, North East Lincolnshire Community Representative for Prescribing

Dr Chathley, General Practitioner (North East Lincs)

Dr Ramesh, General Practitioner (North East Lincs)

**In Attendance**:

Joanne Rowson, Pharmacy Secretary (NLaG)

**2 Apologies**

Apologies were received from:

Janet Clark (JC – Chief Officer, Community Pharmacy Humber (Humber LPC)

Jim Devlin (JD) – Medicines and Therapeutics Committee Chairman (NLaG)

Robert Jaggs-Fowler (RJF) – Medical Director and Director of Primary Care (NLG CCG)

Eddie McCabe (EMc) – Assistant Director Finance, Contracts & Procurement (NECS)

Neveen Samuel (NS) – Prescribing Lead for North Lincolnshire CCG

**3 Declarations of Pecuniary Interest**

**There were no declarations of financial interest.**

**4 Minutes of Previous Meeting and Matters Arising**

The minutes of the previous meeting held on 12 January 2017 were taken as read and accepted as a true record.

**Matters Arising**

1. Professional Secretary Update – pre-employment checks have now gone through and the lady is working her notice hoping to take up the new post by April 2017.
2. Emollient Recommendations – not discussed.
3. Aripiprazole formulary application – RDash do use this by prior approval but this would be RED and would not come out into Primary Care. NAVIGO would need to complete a formulary application if required.
4. Woundcare Formulary Development Updates – This had been sent out for comments, no comments had been received and therefore, this was approved.
5. Updates to Primary Care Antibiotic Guidance – The Public Health England document has been published and this will be compared with local guidance and this is a work in progress. Meetings were organised for this and this would remain on the agenda for the next meeting on 9 March 2017.
6. Constipation Pathway – Miss Kaur attended for this item. All representatives had a copy of the pathway to look at whilst the discussions were taking place. Debate took place as to where the Naloxegol should be placed. Miss Kaur had a copy of a draft that Richard Neilson had prepared but this is not on the website as the current pathway. Naloxegol should be offered as per the NICE guidance. With regard to opioid constipation this could be diagnosed in Primary Care but currently according to the pathway this could only be initiated following referral to Secondary Care. If Primary Care are happy to offer this it should move up the pathway and then it would be used if not effective referral to Secondary Care. Following the discussions it was agreed that the place of Naloxegol in the pathway would stay where it is but be amended slightly to make it clear it should be used in line with the NICE recommendation and licenced indication and making it clear that the opioids do not necessarily need to be presented for palliative or cancer treatment.

**Action: JR**

1. LMWH for Oncology patients and sodium clodronate funding – a meeting has been arranged for 7 March between Dr Levison, Hazel Tait and Paul Fieldhouse. Following this an understanding of the situation would be gained and a further meeting may then need to be organised involving commissioners. Invitation to be forwarded to Rachel Staniforth.
2. Asacol/Octasa – GMc would pick up this. No further action required by APC. GMc would discuss outside of the meeting with PH.
3. Public Membership – GMc would gather feedback from the CCG regarding the vacant membership post.

**Action:GMc**

1. Review of the use of NOACs – not discussed.
2. Chapter 11 – Mr Kotta now has the proposed last draft of the chapter with red, amber and green indications. We are now waiting to hear back from him. JR would share this with GMc and RS.

**Action: JR**

1. Lurasidone – RS stated that discussions were taking place outside of the meeting regarding this and GMc is taking this up with the new prescriber for NL CCG, Dr Samuel. SD had stated that the prescribing for this would remain with RDash and GPs would not be expected to prescribe. Its place in therapy was to be agreed.

**Action: RS/GMc**

1. NL CCG Prescribing formulary changes agreed at Engine Room - not discussed.
2. Insulin Degludec – review to take place when NICE TA published.
3. Apremilast – Discussions took place regarding the commissioning of dermatology services and it was agreed that clarity of the situation was required. **Post meeting note – added to formulary in accordance with TA419 from 20 February 2017**

**5 APC Working Arrangements**

1. NICE TA & NG Updates (January 2017). The following were noted as positive NICE TAs and will be added to the formulary:

TA 427 – Pomalidomide is recommended for multiple myeloma previously treated with lenalidomide and bortezomib. PH to look into this.

**Action: PH**

TA424 – Pembrolizumab is recommended for treating PDL1 – positive non small cell lung cancer after chemotherapy – positive TA

TA429 – Ibrutinib is recommended for previously treated chronic lymphocytic leukaemia and untreated chronic lymphocytic leukaemia with 17p deletion or TP53 mutation – positive TA

TA430 Sofosbuvir – velpatasvir is recommend for treating chronic hepatitis C.

TA431 – Mepolizumab is recommended for treating severe refractory eosinophilic asthma

NG62 Cerebral palsy in under 25s – assessment and management – noted

NG63 Antimicrobial stewardship – changing risk related behaviours in the general population (Joint NICE and Public Health England guideline) – contains recommendations. AK to look at this to see whether the APC can lead on any initiatives across the health economy.

**Action: AK**

CG62 - Antenatal care for uncomplicated pregnancies - noted.

DG26 – integrated multiplex PCR tests for identifying gastrointestinal pathogens in people with suspected gastroenteritis - Negative appraisal

1. Net.formulary – PF is still working through NLaG internal processes regarding this. He had also looked at another formulary presentation tool. The APC were happy to go forward with net formulary. NEL commissioners raised the following queries about net formulary: Server maintenance was within the contract fee. Updates in terms of drug updates would need to be looked at. Initial population would be done within the Trust. NEL commissioners satisfied with these responses.

**6 Formulary Requests, Amendments and Actions**

1. Ivermectin – Dr Butt
2. Enstilr – Dr Butt

Due to uncertainty with regards commissioning of Dermatology services in the future Virgin’s input would be required. JR to ask Dr Butt again to attend. GMc and RS to provide contact details for Virgin for March meeting or after.

**Action: JR**

1. Entresto – RS had emailed Dr Jaafar regarding this. It was suggested that the new Professional Secretary picked this up once she was in post.

**Action: JR**

1. Abasaglar – new line request form is in the process of being produced and should be ready for the next meeting. GMc to send to JR.

**Action: GMc**

**7 Items for General Notice**

1. MHRA Drug Safety Update – The APC noted the contents of the alert for January 2017.

Chronic Hepatitis – recommendation re screening for Hep B when treating Hep C to be shared with colleagues.

Hep C treatment leading to Increase liver function impacting on warfarin and related anticoagulants – noted and to be shared with colleagues.

Apremilast – suicidal thoughts noted and to be shared with dermatologist colleagues.

**Action: All Members**

**8 Items by Prior Notice**

There were no items by prior notice.

**9 AOB**

1. Co-Amoxiclav Prescribing in Primary and Secondary Care – RS stated that there was a ‘Quality Premium’ in Primary Care re reducing antibiotic prescribing. It is noted that the use of Co-Amoxiclav in A&E is still quite high. AK had circulated information regarding this and it was noted that this was not a restricted antibiotic in Secondary Care. It was also noted that there were differences in A&E prescribing on both sites. AK would be attempting to align the two sites. With regard to the APC this would be take as an action and be monitored for the next few months.

Ways of moving this to be a restricted antibiotic was requested by RS but it was noted that this was in the sepsis pathway and we were also in line with United Lincolnshire. This was classed as a group one, ie ‘freely available to any sensible prescribers’. This is the highest use antibiotic within the Trust. The whole issue of this would be picked up by AK and Tunde Ashalou.

**Action: AK**

1. Supply of medication from outpatients – There was a query from a practice regarding length of treatment from an outpatient clinic. The contract stated that where the service user had an immediate need for the medication an adequate supply should be given. If a patient is being advised in outpatients for a medicine to be prescribed, time was required by the GP to deal with this and the correspondence used by the Outpatients Department would need to be amended to reflect this. Currently patients were demanding instant action from GPs where this was not always possible or appropriate.

**Action: PF**

1. NEL Continence formulary (for information) – Within NEL work has been done to produce a formulary and RS would share this with the APC. Discussion took place as to how the channel of communication would be opened. AK agreed to share the contact details with RS.

**Action: AK/RS**

1. Trans-Anal Irrigation Pathway (discussed under constipation pathway) – Miss Kaur explained that a group had been meeting up to discuss trans-anal irrigation. Processes in other Trusts had been reviewed and options considered for approval.

looked at and paperwork prepared for approval.

The patient would complete anal irrigation themselves following a demonstration from the company or in hospital. Responsibility of care of the patient afterwards needed to be resolved between Primary and Secondary Care. Proposals need to be circulated for wider approval by the committee. The initial reason for this change is that patients were previously being referred to Hull. Miss Kaur had been actively involved with this group.

Proposal and monitoring to be provided within the Trust but some patients are seen within the community setting by the Specialist Nurse it was wondered how those patients gained access to the device. Any patients would have ‘open access’ to the service. It was noted that this perhaps went beyond the APC it was more of a commissioning issue and related to equipment. Miss Kaur suggested that this service would be similar to that in place for stoma patients at present with free contact to Secondary Care as this was all about quality of care for patients. Miss Kaur was willing to educate GPs. GPs raised concerns about support at weekends and ongoing availability of specialists to support Primary Care. A further meeting of the group would be held on Thursday 22 March. Comments on the document should be obtained from the group and APC and then commissioning issues looked at and ultimately it would then come back to the APC with a final recommendation. It was agreed to table this at the April APC.

**Action: JR**

1. Biosimilars – The Trust are proactive in the take up of bio-similars. It was asked if any monitoring was in place to make sure patients were using rather than selling on supplies of biologics. It was noted that monitoring was in place to ensure patients only received what was required but it was unsure if monitoring re patient non-adherence was in place. Rheumatology Nurses should be alerted to the possibility of this risk.

**Action: PF**

1. New Line request for Braltus (Tiotropium) and review of COPD pathway – RS is in the process of putting together a new line request for this. This has the support of Dr O’Flynn. The COPD pathway would need to be reviewed in connection with this. This was looking at replacing Spiriva. It was agreed that JR would set up a meeting with RS providing information as to who would be required to attend. Patient views on usability of the inhaler to be included in the review.

**Action: JR**

1. Eye-Com – over labelled packs – enquiries would be made as to where Eye-Com delivered clinics and whether they have access to the over-labelled packs provided by the Trust. The Trust would need to check what Eye-Com were commissioned to do.

**Action: PH**

1. Terms of Reference – to be circulated for comments prior to next meeting. All comments to be received prior to the next meeting.

**Action: JR**

1. Colostomy bags – SS raised the issue of patients under Secondary Care not being sent home with enough bags and these were not available on FP10s. This also applied to other equipment and concerned patients at DPOWH. This should be raised with the Colostomy Specialist Nurses.

**Action: JR**

1. Metabolic Service – Dr Chatley raised the issue of a formal complaint received from a patient to a GP following a promise of a treatment from Secondary Care via Sheffield. The product required was not in the BNF and the GP practice was unable to prescribe this. Legal action is now to be taken by the patient stating that the practice was obstructive. A position statement from the APC would be helpful for this patient stating that products should not be prescribed when they are not available for prescribing on an FP10. HT stated that the care for this patient would probably lie with Sheffield and she would check this out re funding streams.

**Action: HT**

**Date, Time and Place of Next Meeting**

The next meeting is due to be held on Thursday 9 March 2017, at 2pm. Arrangements would be made for the meeting to be done again via vtc to help with attendance

Sarah Spooner’s apologies were noted for this meeting and she informed the committee that John Harper would be attending for Care Plus.