

**The Northern Lincolnshire Area Prescribing Committee**

**M I N U T E S**

**9 March 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)

John Harper (JH) – Care Plus Group representing Sarah Spooner

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

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)

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

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

**In Attendance**:

Joanne Rowson, Pharmacy Secretary (NLaG)

**2 Apologies**

Apologies were received from:

Elizabeth Barron (EB) – RDash

Janet Clark (JC) – LPC Pharmacist Representative

Dr Kasaraneni (KK) – Local Medical Committee

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

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

Sue Peckett – Deputy Chief Nurse (NLaG)

Dr Ramesh, General Practitioner (North East Lincs)

Sarah Spooner (SS) – Clinical Lead Care Plus Group

**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 9 February 2017 were taken as read and accepted as a true record.

**Matters Arising**

1. Professional Secretary Update – The new professional Secretary will commence on 20 April 2017.
2. Emollient Recommendations – not discussed.
3. Updates to Primary Care Antibiotic Guidance – ***Email Information from AK*** *- As discussed by telephone, Rachel, Abid Ali (works with Gemma and Rachel) and I met and agreed to update the local (North Lincolnshire APC) “Guidance on the Treatment and Management of Infection in Primary Care” document, as per the APC draft*

*agenda, Matters Arising, v. according to the national Public Health England, January 2017 update of the same document.*

*We highlighted just two issues below, that we need to clarify with the North and North East Lincolnshire CCG Prescribing Leads, but hope that Rachel can present a draft to the APC on 9th March 2017, when I am absent.*

*To comply with the guidance for; “Recurrent UTI in non-pregnant women” section, I will need to submit a new-line request form to the M&T and APC for Methenamine Hippurate (Hipprex™), purely to allow this as a formulary line, if perceived need. The evidence is not strong and our Medicines and Therapeutics Committee rejected a one-off non-formulary request from a Consultant Urologist, in June 2014, on the grounds of weak evidence of benefit, but it forms part of the PHE guidance, so I feel that we must have it on formulary, but could be a zero stock figure on Emis (Ascribe) if the M&T wish.*

*Would be good if the request could be considered at both the March APC and M&T, even though the meetings are in the wrong sequence, as I can’t see an argument for refusal. However, accept that that may not be etiquette / logical order of acceptance.*

*Will submit the new-line request form to you for both committees as soon as possible.*

Methenamine Hippurate – new line request from AK as mentioned above approved by Dr Cowling, will also be sent to NLaG Medicine & Therapeutic Committee. There was discussion regarding its place in therapy, possibly third line. It was agreed that a review of the evidence was required by the APC and it would return to the next meeting with the antibiotic guidance discussed below.

**Action: JR**

Guidance on the Treatment and Management of Infection in Primary Care - circulated by RS this morning. It was agreed that any comments would be given to RS and sign off to take place at the next meeting.

**Action: RS/JR**

1. Constipation Pathway – RS is in the process of changing the current pathway from a PDF to a word document and then amendments can be made and re-circulation for approval at the next meeting along with Trans-Anal Irrigation pathway. GPs require evidence of benefits, safety and clear governance arrangements for trans-anal irrigation if this undertaken outside of specialist centres.
2. LMWH and sodium clodronate for Oncology patients funding – A meeting had been held. At the meeting Dr Levision had confirmed that in Haematology/Oncology they prescribe the LMWHs as part of the chemotherapy course of treatment for patients. Patients taking warfarin are switched to LMWH during courses of chemotherapy as it is difficult to maintain INR target range during a course of chemotherapy. Patients are initiated on LMWH due to risk or an event. Patients who were being re-staged for their cancer, the hospital team would pick up. Once cancer treatment had concluded, responsibility for prescribing and monitoring would go back to their own GP in these scenarios. However, it was confirmed that where the treatment is connected to support a patient’s chemotherapy responsibility for the prescribing of LMWH would sit with the Trust. NOACs may offer an alternative and a summary of when a NOAC would be used should be presented to the APC.
3. Sodium Clodronate – is being used to treat multiple myeloma and prescribing responsibility should remain within the Trust. Existing Primary Care patients should be re-patriated to the Trust. Currently work was being done to look at the number involved.
4. Public Membership –NS commented that it was felt that a lay person was of benefit to the Committee. This could be through the Patient Participation Groups set up within practices. GMc reported that Sally, the Comms Lead within NL was looking at this and looking at recruitment to the vacant post.

**Action:GMc**

1. Review of the use of NOACs – GMc and PH had discussed outside of the meeting. NS felt that this needed further discussion re the prevalence of NOAC use. It was proposed that the CCGs review the data provided and present the data to the Medicine & Therapeutic Committee. Further clarity is required on choice of warfarin v NOAC. Rationale for choice should be shown on discharge. GMc and RS to take back to CCGs to see what is happening with respect to discharged patients once identified this would require a small working group to be established to look at a way forward.

**Action: GMc/RS**

1. Chapter 11 – *Email from AK - Chapter 11. I have written to Mr. Kotta twice regarding acceptance of the final version of this chapter assembled, after previous consultations, by Paulash Haider. In the absence of any replies, can we ask the APC to accept the proposal as attached, as approved and take to M&T for approval too?*

It was agreed that the idea was to have had a full chapter review but in the meantime the hospital only additions were approved and will be added to the formulary as per the RAG rating provided. **Post meeting Note – all hospital only additions added to the formulary**

**Action: PH/JR**

Cefuroxime 5% Eye Drops

Cefuroxime 50 mg Intra-cameral Injection

Gentamicin 1.5% Eye Drops

Chlorhexidine 0.02% Eye Drops

Voriconazole 1% Eye Drops

Prednisolone 0.05% Eye Drops

Prednisolone 0.1% Eye Drops

Glycerin 50% Eye Drops

Glycerin BP Syrup

Mannitol 20% Infusion

Balanced Salt Solution PF 15 ml

Balanced Salt Solution PF 500 ml

Bevacizumab 5 mg/0.2 ml Intravitreal Syringe

Disodium Edetate 0.37% Solution 20 ml

Disodium Edetate 4% Solution 200 ml

The non hospital only additions green additions were delayed until the next meeting. The whole of the chapter would also be looked at for the next meeting. (Clarification of Amber classification will also be discussed. The Ophthalmologists would be asked for comments on the whole chapter prior to the May APC meeting.

**Action:PH/JR**

CCG representatives raised an issue with respect to patients running out of poster operative cataract eye drops. Provider services will be challenged to ensure sufficient treatment is supplied on discharge. **Action: PH**

1. Lurasidone –NEL have reviewed the requirement for a further formulary antipsychotic with Dr Ramesh and evidence did not suggest there was a place in therapy for lurasidone as alternatives are available. From a Primary Care point of view they would not support the use of this within Primary Care. NL also felt that this should stay with Secondary Care but it was appropriate to prescribe. In terms of this decision NAVIGO would need to discuss at their meeting and feedback should be received after that to see if this remains non formulary or Primary Care Only.

**Action: JR**

1. NL CCG Prescribing formulary changes agreed at Engine Room - RS agreed to liaise with the Engine Room (North Lincolnshire’s main decision making committee). It was noted that NL are introducing software within the prescribing system which will highlight red medicines so that prescribers are aware that these are hospital only.

**Action:RS**

1. Insulin Degludec – Previously it had been agreed to review this again when the NICE TA had been published*.* JD did not think that there was a TA in progress regarding this. JR had written to Paul Dromgoole to ask for the local outcome data he mentioned when he visited APC. In the meantime this would be removed from the agenda. **Post meeting note – JR has requested this.**

**Action: JR**

1. Dermatology Services – not discussed.
2. Co-Amoxiclav Prescribing in Primary and Secondary Care – Update from AK via email - Amoxiclav Prescribing in Primary and Secondary Care; some progress has been taken forward on the SGH site by Dr. Jo Brown, Senior Registrar in Emergency Services, but her and I are awaiting a requested appointment with Mr. Ajay Chawla, Associate Director of Emergency Care Services, to move this forward at DPOWH ECC. Pharmacy Office to arrange this. **Post meeting note – meeting arranged for 27 March 2017**

**Action: JR**

1. Letter regarding access to medicines from GP following outpatients appointment – PF had written to outpatients regarding this and was awaiting a response.

**Action: PF**

1. NEL Continence formulary – RS to share document with Group. **Post meeting note RS shared with the group via email 10 March 2017**
2. Trans-Anal Irrigation pathway to be tabled at the next meeting – no comments received. NS felt that this should be done at Tertiary Centres and remain with Secondary Care and NEL agreed with this. RS would take this recommendation forward. The question was asked ‘If there was a community continence service would this be acceptable to use’ and NS felt this was a no.
3. Biosimilars – risk of diversion – PH commented on Lloyds ie where Lloyds checked with patients stock status prior to issuing more stock but Home Care may be different.
4. Eye-Com – The APC requires information on whether provision of over labelled packs of medicines is within the contract with Eye-Com and whether the service is provided from Trust premises. Post meeting note – **Outpatient Manager at SGH has confirmed that Eye Com visit all 3 sites and see patients from their initial appointment, provide treatment required and utilise theatres**.

**Action: PH**

1. Terms of Reference – The terms of reference had been circulated with the previous minutes. These would be updated to include the new representation of Lead Prescribers. Regards the two site meeting and the best day to meet this would be enquired via a quick survey using Monkey Survey.

**Action: PF/JR**

1. Colostomy bags – who is responsible for the ongoing supply. JR to set up a meeting

between RS, HT and SS. **Post meeting note meeting arranged for 11 May 2017**

**Action: JR**

1. Metabolic Service – HT stated that she felt that the particular patient in question would be under the Tertiary Centre and NHS England were responsible for the funding stream.

**5 APC Working Arrangements**

1. NICE TA & NG Updates (February 2017). NICE guidance discussed:

* NG65 – Spondyloarthritis in over 16s – diagnosis and management
* TA432 – Everolimus for advanced renal cell carcinoma after previous treatment – on formulary
* TA433 – Apremilast for treating active psoriatic arthritis – on formulary
* CG173 Update – Neuropathic pain in adults - it was felt that this could be looked at in more detail at the next meeting. The pathway in existence on the website should be checked to ensure it is in line. However it was thought that there wasn’t a general pain pathway within NLaG or supplied by NICE. Oxycodone and Pre-gabalin were raised as issues and GMc would discuss this with her colleagues.
* CG146 – Osteoporosis – Assessing the risk of fragility fracture

1. Net.formulary – no further progress. More developments once Professional Secretary in post.

**6 Formulary Requests, Amendments and Actions**

1. Ivermectin – Dr Butt – NS commented on this new line request and raised questions about the evidence base. These comments would be forwarded to JR to pass to Dr Butt.

**Action:JR**

1. Enstilr – Dr Butt – as above.

It was noted that NLaG were still providing dermatology services to patients in Lincolnshire who fall into our care and therefore, the formulary would still be relevant to Dr Butt for his patients. The question was raised as to whether the new providers were adhering to the formulary and this was in fact the case.

1. Entresto – To be picked up by new APC Secretary
2. Abasaglar – new line request from RS and GMc awaited.
3. Riamet – new line request from AK attached – supported by Dr Cowling Consultant Microbiologist. This was for the treatment of uncomplicated Falciparum malaria and would stay within Secondary Care – approved.

**Action: JR/PH**

1. Methenamine Hippurate – discussed under 4iii above.

**7 Items for General Notice**

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

**8 Items by Prior Notice**

1. Shortage of Hyoscine for the treatment of hypersalivation – not discussed.
2. Formulary annotation for Cinacalcet – Confirmation sought as to where prescribing responsibility lies and where does the monitoring responsibility lie for cinacalcet prescriptions. This related to two letters PF and received from Dr Luxy about cinacalcet for primary hyperparathyroidism.

The following written response had been received from Dr Krishna Kasaraneni, Medical Director at the Humberside Group of Local Medical Committees:

**I just wanted to flag up Item 8 ii.  The GMC guidance on this is very clear (**[**http://www.gmc-uk.org/guidance/ethical\_guidance/14317.asp**](http://www.gmc-uk.org/guidance/ethical_guidance/14317.asp)**).  The answers to the two questions raised are as following:**

**Where does prescribing responsibility lie?**

**It lies with the clinician who made the clinical decision that the patient needs this medication (even if it is delegated to other clinicians)**

**Where does monitoring responsibility lie?**

**It lies with the clinician who prescribed the medication**.

NHS England do not commission Specialist Endocrinologist services were required which NLaG do not have and this will be picked up outside of the meeting. HT would do some more work on this. The question was raised as to what happened to the patients who were seen by Dr John within NLaG.

**Action: PF/HT**

1. Use of the NLaG Hub for meeting papers – JR enquired of Stuart Winridge, Systems Developer, NLaG, who explained that we cannot grant secure access to anyone outside of NLaG so if we have external people needing to access the papers, the meetings papers would need to be ‘non-secure’ which would mean that all papers posted would have to be non confidential. It was agreed that this would stay as it is for now with the zip folder being emailed to members and also uploading onto the member zone of the APC site. **Post meeting note for all members – reminder re the password – goldplated**.
2. Day/Time of Meeting – discussed under terms of reference (item 4 xix above) and survey to be sent out.

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

The next meeting was due to be held on Thursday 13 April 2017. However with this falling within the Easter period it was agreed that the next meeting would be held on Thursday

11 May 2017, at 2 pm, vtc between the Pharmacy Scunthorpe General and the Seminar Room, at Freshney Green, Grimsby unless a different outcome from the survey was agreed.