

**The Northern Lincolnshire Area Prescribing Committee**

**M I N U T E S**

**9 November 2017**

**2.00 pm – 4.00 pm. Health Place, Brigg**

1. **In Attendance**

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

Dr Elizabeth Barron (EB) – Psychiatrist (RDash)

Dr Chathley, General Practitioner (North East Lincs)

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

Ben Griffiths, Senior Medicines Optimisation Pharmacist (NECS)

Paulash Haider (PH) - Procurement Pharmacist (NLaG)

Margaret Henry (MH) - North East Lincolnshire Community Representative for Prescribing

Alex Molyneux (AM) – Medicines Optimisation Pharmacist (NECS)

Abayomi Olusanya (AO) – Locality Pharmacist North East Lincolnshire (NECS)

Rachel Staniforth (RS) – Medicines Optimisation Pharmacist (NECS)

Sara Spooner (SS) – Clinical Lead Care Plus Group

Mrs Aliya Turk (AT) – Professional Secretary APC

Simon West (SW) – Finance Manager (NEL CCG)

**In Attendance**:

Joanne Rowson, Pharmacy Secretary (JR)

**2 Apologies**

Apologies were received from:

Dr Pratik Basu (PB) – Prescribing Lead (North Lincs)

Andy Karvot, Consultant Pharmacist Antimicrobials (NLaG)

Eddie McCabe (EMc) – Assistant Director of Finance, Contracts & Procurement (NEL CCG)

Dr Monhungo – Virgin Health Care (Item 6 iv)

Dr Ramesh - General Practitioner (North East Lincs)

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

**The meeting was declared as not quorate and email approval of all decisions will be sought following the meeting. The October meeting had also not been quorate but no comments had been received following the circulation of the minutes and it was therefore, agreed that the October decisions made at the meeting could now be ratified.**

**Action: JR**

**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 October 2017 were taken as read and accepted as a true record with the exception of a few grammatical errors which RS would provide JR with. It was also noted by RS that item 4 iv, review of use of NOACs, CCGs to ‘commission’ not ‘organise’.

**Action: JR**

Biosimilars – information provided by PH – RS asked if we need to specify which brand of the biosimilars we are currently using. It was agreed that the CCGs would need to look at any brand switches across the healthcare community and it was agreed that the brands used would be shared. ‘Gain share’ for the Trust could be discussed outside of the meeting. For the purposes of the formulary all new biosimilars/brand switches will go through the new line request process. APC to update formulary with list of existing brands that are used.

**Action: AT**

**Matters Arising**

1. Primary Care Antimicrobial Guidance – RS had circulated this at the last meeting and asked for comments via email. All changes from previous document had been highlighted. No comments had been received back and it was agreed that this was now approved.

**Action: RS**

PF raised the issued of Fidaxomicin, RAG rated Red but can be prescribed in Primary Care on the recommendation of a Consultant Microbiologist. Folowing discussion it was agreed that this would be Amber requiring Microbiology approval as opposed to Red.

1. Constipation Pathway – AO awaiting a response from Miss Kaur in terms of the layout of the document. He would now liaise with RS and put the document into the new format and send to Miss Kaur for approval before presenting final copy to APC for final ratification.

**Action: AO**

1. Trans Anal Irrigation Pathway – from an APC perspective they were happy with this but discussions between the two CCGs regarding implementation would take place outside of the meeting. Item closed.
2. Review of the use of NOACs (pathway for low molecular weight heparins) – JR has contacted Dr Jalihal who would prefer to meet on a Tuesday or a Friday afternoon. We are now awaiting the GPs coming back with dates for availability. It was however, agreed that RS had some guidelines that could be used as a starting point and then Dr Jalihal could be consulted afterwards. It was noted that the prescribing of Tinzaparin in pregnancy sits with NLaG as it is ‘in tariff’. RS would link with JR to assist with this to get a date for a meeting with the GPs initially. **Post meeting note meeting arranged for 23 November 2017 with RS, AT and GPs from APC.**

**Action: JR/RS**

1. Methocarbamol and Nefopam Notice of removal of products – AT has emailed the AMDs within NLaG with this information and they are taking to their individual meetings. The response had been that they don’t tend to initiate prescribing of these. These items will now be removed from the formulary with notice as of 1 February 2018.

**Action:AT/JR**

1. Anticipatory Medication Charts – Still awaiting further information from Dr Adcock.
2. Chapter 2 – discussions at last meeting now ratified.
3. Requests from Dispensing Appliance Contractors for practices to issue prescriptions for items requested by the hospital – PF has written internally to see where this is coming from and been informed that this has been the practice for years, ie patient nominated an appliance contractor for continued supplies. Looking at how GPs are informed of this. RS to send PF examples of where initial discharge supplies are not provided so that he can make further investigations into this. SS would also provide her examples.

**Action: RS/SS/PF**

**Post Meeting Note from SS - I have discussed examples of issues we are having with Hazel Tait and she is looking into them. Rachel Staniforth is also aware and we have had meetings to discuss these issues.**

**Main issues have been supply of ongoing products for nephrostomy care as some of these are not available on FP10 or via normal stock suppliers. We are also currently having issues with oncology not supplying the flushes for maintaining patency of central/PICC/Hickman lines, these patients are still under secondary care, but we have been informed that the ward will no longer supply the flushes.**

1. Sodium Valproate – EB informed the committee that RDash follow MHRA guidelines with regard to this. They don’t usually prescribe at all but if required the patient signs a consent form. Audits have been conducted and they are 100% compliant with the guidelines. It was therefore, noted that RDash are compliant with the safety alert/guideline regarding this. It was noted that as an APC all actions have now been taken on this guideline.

**5 APC Working Arrangements**

1. NICE TA and CG Updates

[TA474](https://www.nice.org.uk/guidance/ta474): Sorafenib for treating advanced hepatocellular carcinoma – approved in line with NICE recommendation of 90 days.

[TA475](https://www.nice.org.uk/guidance/ta475): Dimethyl fumarate for treating moderate to severe plaque psoriasis – approved in line with NICE recommnedations of 90 days. Amber with shared care protocol. Shared care protocol to be developed by the service. To be RED until shared care protocol in place.

[TA476](https://www.nice.org.uk/guidance/ta476): Paclitaxel as albumin-bound nanoparticles with gemcitabine for untreated metastatic pancreatic cancer –approved in line with NICE recommendation of 90 days. It was thought that NLaG were not commissioned for this treatment but this would be clarified with HT. **Post meeting note NLaG do not provide treatment for this**

1. Net Formulary Update – work on going on population of this.
2. Chapter 2 – discussed at September meeting and almost clarified. AT just awaiting further clarification on a couple of points.
3. Chapter 1 – This has been to CCGs and Dr Mysore, as the AMD.

This has been reviewed with a Pharamcist from NECS and Dr Mysore. AT intends to go through the removals and once confirmed send these to Dr Devlin for advice from a paediatric point of view and also to share with his colleagues.

To be removed:

Aluminium Magnesium & activated simethicone

Co-Simalcite (Simeticone/Hydrotalcite)

Simeticone

All approved.

Asilone Liquid – palliative care only – agreed to remove

Gaviscon Tablets – agreed to remove

Alverine citrate capsules – An antisposmadic is required on the formulary therefore, agreed that Mebeverine tablets should be kept.

Dicyloverine (dicyclomine) Elixir Tablets – agreed to remove.

Peppermint Water – agreed to remove

Metoclopramide – green and include in antiemtic chapter

Domperidone Suspension & Tablets – restrict to anti-emetic section - RED

Propantheline bromide – Red

Ranitidine Oral Solution and injection – green to enable GPs to follow NICE guidance – Injection to remain Red – second line in adults

Sucralfate Tablets, Suspension - Red

Misoprostol Tablets – remain Red

Omeprazole Tablets – remove

It was agreed as time had run out this would be circulated virtually for comments with a comment column.

It was agreed that approved chapters could go live using the old formulary at the sametime. Chapter 2 would go live acknowledging that there are a couple of queries.

**Action: AT**

**6 Formulary Requests, Amendments and Actions**

1. Guanafacine (Intuniv) – Dr Nelapatla - AT had not heard anything back from Dr Nelapatla. It was noted that nobody from RDash was awaiting this going on the formulary. This item would be marked as closed for now.
2. Trimbow – This has been received from Primary Care but has not been through the M&T as yet. Dr O’Flynn has put the request in. It was noted that the NECS MO team had reviewed this and felt that there is a place for this. Respiratory Governance meeting within NLaG will be reviewing this tomorrow at their meeting, headed up by Dr Baugh. AT was confident that they would do a thorough review. From a financial aspect savings were expected. It was agreed that this could be looked at next month.

**Action: AT/JR**

1. Freestyle Libre – Discussion re commissioning statement. It was noted that the Regional Medicines Optimisation Committee (RMOC) (4 of these created across the country to save APCs doing their own research) had produced a summary of recommendations detailing that there will be some patients that this is worth prescribing for. PF agreed that he would circulate the findings of this group to all members. RS stated that the local representative would be contacted and be informed of the local position regarding this. PF queried if now a statement was available from the RMOC whether IFRs should be used as they are laborious and are purely for individuals. It was agreed to include for now on the formulary as Red specialist only with IFR route and to clarify at the next meeting whether this is Red for everyone or just those that fall out of the RMOC agreement. It was noted that this is a device and not a medicine. Discussion took place as to how inpatients would get this – sensor not reader in drug tariff. Criteria in RMOC will be our policy supply if people reach criteria agreed - agreed once this is circulated and approved at next meeting. No tool to calculate impact has been provided by RMOC. Discuss next month and also look at what other areas are doing.

**Action: JR/AT**

It was also noted that as RMOCs are starting to come up with recomendations this would be added as a standard agenda item.

**Action: JR**

1. Skilarence (Dr Mohungoo) – application received but now NICE positive. Approved in line with NICE TA 475.

**Action: AT/JR**

**7 Items for General Notice**

1. MHRA Drug Safety Update – The APC noted the contents of the alert for October 2017 and these would be communicated through the usual channels.

**8 Items by Prior Notice**

1. Community DVT Pathway – Dr Basu – Dr Basu not present.
2. Triptorelin – information circulated this morning. AT spoke about this to the committee. More time would be required to look at this request and to decide its position on the formulary, ie first line etc. It would be placed on the December agenda.

**Action: JR**

1. Eplerenone - Discussion took place regarding the position of this on formulary if spironolactone (first line) was not tolerated. It was agreed that this would have to be Green but ensure that it is designated as second line with indications.

**Action/AT/JR**

1. EB asked if it was appropriate to bring the Vocational Training GP along to the next meeting. This was agreed.
2. Private Care protocol ‘Prescribing Dilemas’ – NECS guidance available to be picked up by the CCGs outside of the meeting.

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

Thursday 14 December 2017

2 pm

Seminar Room 1, Freshney Green, Grimsby