

**The Northern Lincolnshire Area Prescribing Committee**

**M I N U T E S**

**1 February 2018**

**2.00 pm – 4.00 pm. CCG Meeting Room, Health Place, Brigg**

1. **In Attendance**

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

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

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

Ben Griffiths, Senior Medicines Optimisation Pharmacist (NECS)

Paulash Haider (PH) - Procurement Pharmacist (NLaG)

Andy Karvot, Consultant Pharmacist Antimicrobials (NLaG)

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

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

Sarah Spooner (SS) – Clinical Lead Care Plus Group

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

Mrs Aliya Turk (AT) – Professional Secretary APC

**In Attendance**:

Joanne Rowson, Pharmacy Secretary (JR)

Dr Yousef Adcock, Palliative Medicine Consultant NLaG for item 4 iv

**2 Apologies**

Apologies were received from:

Dr Rana Ahmed (RA) General Practitioner (North Lincs)

Dr Elizabeth Barron (EB) – Psychiatrist (RDash)

Dr Chathley, General Practitioner (North East Lincs)

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

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

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

**Declarations of Pecuniary Interest**

There were no declarations of financial interest.

**It was noted that there was no GP representation from NE Lincs CCG and therefore, the committee were not quorate. All decisions made would be ratified at the next meeting.**

**4 Minutes of Previous Meeting held on 11 January 2018 and Matters Arising**

There minutes of the previous meeting were taken as read and accepted as a true record with the exception of some comments received from YO and RS. The minutes would be amended accordingly and recirculated.

**Action: JR**

**Matters Arising**

1. Constipation Pathway – Resolved at the last meeting and document to now go live.
2. DOACs – AO gave a summary of the DOAC review day that had taken place on 19 January with manufacturers, members of the APC and Dr Thackery to discuss DOACs for use in AF. Three DOACs were discussed, agreement to be reached re first choice and second choice and confidentiality agreements in place regarding costs. It was noted that the event was mainly concerned with Primary Care. Feedback to be given and it was noted that Dr Thackery was in support of this and when all agreed the DOAC of choice would be added to the formulary and pathways put in place.
3. NOACs – remove from agenda and keep DOACs on as DOAC is the preferred term.

**Action: JR**

1. Anticipatory Medication Charts – Dr Yousef Adcock, Palliative Medicine Consultant NLaG attended for this item.

It was noted that this was chart for recording administration rather than a prescription chart. This was a 5 day chart that would follow the patient home and allow the nurses in the community to administer the drugs prescribed. After that it was up to the GPs to take over the prescribing of these medications. The 5 days allowed for weekends and long bank holiday periods. The patient would be discharged with the chart and the drugs.

The changes noted at the previous APC meeting where Dr Adcock had attended had been made, ie frequency box and allergy box. Algorithms have been added to the chart, and these had been taken from previous Trust charts, one addition has been made to the pain algorithm, ie Oxycodone has been added. It has been through a number of end of life committees including a multi agency committee, Trust end of Life Committee, and it will go to the Medicine & Therapeutic Committee next week. Drugs used from Palliative Care Formulary and doses taken from this publication. The following comments were made:

* PH thought it would be useful to discuss with the Macmillan Nurses re the mixing of drugs in a syringe driver and reference to other documents where information on comining medicines in a syringe driver will be added.. This was agreed.
* Signature space was given but name and GMC number to be added as this would be helpful in tracing prescriber.
* North Lincolnshire CCG logo should be included.
* Date of production and planned review date should be included and this will happen when it goes through the Trust Document Control procedures.
* Both Palliative Care contact numbers will also be included.
* Date to be included. PB also picked up on the date, ie valid from and valid to date and this would be included.
* Water for injection or occasionally normal saline for injection will be added to the chart as a ‘diluent’ should be included.

It was noted that there was no North East Lincolnshire GP representative so this would need to be ratified by them prior to final approval.

JR would email the draft discussions to Dr Adcock in order that he could make the amendments discussed this could then be circulated for final ratification and also be included on NLaG Medicine & Therapeutic agenda next week.

**Action: JR**

1. Freestyle Libre – Discussed at Regional Medicines Optimisation Committee. Discussion re the cascade process from this committee has not been set up as yet. BG would for now send the information regarding this. RMOC meet quarterly and cascade should be nationally. RMOC to be added as a standard agenda item in future.

**Action: JR**

1. Immunosuppressants following kidney transplant – PF is awaiting an update on this and would follow up for the next meeting.

**Action: PF**

1. Transanal Irrigation pathway – EMc has written to the Trust this morning regarding this and an update is awaited. This will return to the committee once resolved.
2. Aranesp Injections – This is to go to the North Lincolnshire CCG Council of Members meeting at the end of February and feedback would then be given.

**Action: PB**

* Rifaximin 550 mg Tablets – Currently this is Red on the formulary, Specialist initiated so could be interpreted as Amber. In the Chapter 5 review it is recommended as Amber for prevention of recurrence of hepatic encephalopathy. This is an appropriate treatment with no monitoring required. It should stipulate that GPs are happy to prescribe on a follow up with exclusive guidance (clinic letter) from a Consultant. Clear guidance was required as to whether this was unlicenced for prescribing following a 6 month period. Patient numbers are thought to be low. **Post meeting note - Rifaximin – at the last meeting it had been agreed that the formulary status of Rifaximin would be Amber so GPs could continue prescribing. RS stated that NEL does not agree that this should be Amber. Patients with hepatic encephalopathy are under specialist care. Prescribing and patient monitoring should be continued by tertiary (Leeds Teaching) or secondary care. If GPs are asked to prescribe then CCGs will need to pick this up with the Provider. Community status for Rifaximin to remain as ‘Red’.**
1. Shared Care DMARDs – RS had replied to PF with comments received on this and PF would now take these comments to the Rheumatology Committee.

**Action: PF**

**5 APC Working Arrangements**

1. NICE TA and CG Updates January 2018

[TA492](https://www.nice.org.uk/guidance/ta492) - Atezolizumab for untreated locally advanced or metastatic urothelial cancer when cisplatin is unsuitable – added in line with NICE guidance.

[TA493](https://www.nice.org.uk/guidance/ta493) – Cladribine tablets for treating relapsing–remitting multiple sclerosis. This will be added in line with NICE recommendations but it was noted that we are not a specialised centre.

[TA494](https://www.nice.org.uk/guidance/ta494) – Naltrexone–bupropion for managing overweight and obesity not positive TA.

[TA495](https://www.nice.org.uk/guidance/ta495) – Palbociclib with an aromatase inhibitor for previously untreated, hormone receptor-positive, HER2-negative, locally advanced or metastatic breast cancer added in line with NHS England recommendations.

[TA496](https://www.nice.org.uk/guidance/ta496) - Ribociclib with an aromatase inhibitor for previously untreated, hormone receptor-positive, HER2-negative, locally advanced or metastatic breast cancer – added in line with NHS England recommendations.

This month’s Guidance was noted but does not include any medication.

1. Net Formulary Update – AT reported that Net Formulary is steadily being populated. Chapters 2,3 and 11 are live and hopefully after today Chapter 7 can go live. Parts of Chapter 6,7,8 have been ratified by Urologists for their sections. Chapter 5 has also been reviewed. AT would be grateful if all members could look at chapters as she puts links up on the APC website, prompts will be sent out to alert members to this.
2. Document Control on Net Formulary - AT raised the issue of linking to documents on NLaG intranet and it was thought that an icon to show this where it occurred would be helpful. Document control could be involved at NLaG to put these in a different place but ensure that they are available. Approved minutes can be displayed on net formulary as well as a schedule of APC of meeting dates. Logos to be included.
3. Chapter 7 Urology – Discussions took place and were noted by AT to amend in line with these comments and recirculate for approval.
4. Previous NICE TAs – Some NICE guidance had previously been missed in the interim before AT came into post. All TAs were listed on the agenda and will be flagged as Red:
* Manitol NICE TA266 – JD stated that this was used in cystic fibrosis in adults and NLaG was not commissioned for the treatment of adults with cystic fibrosis therefore, there would be no prescribing – mark as specialist centre only.
* Nintedanib NICE TA 379
* Pirfenidone NICE TA 282
* Reslizumab NICE TA 479
* Mepolizumab NICE TA 431
* Bee & Wasp Allergen Extracts NICE TA 246
1. Previous Formulary Decisions – circulated for information.
2. Chapter 6 -

**6 Formulary Requests, Amendments and Actions**

Nothing to discuss.

**7 Items for General Notice**

1. MHRA Drug Safety Update – The APC noted the contents of the alert for January 2018 and these would be communicated through the usual channels where appropriate.

**8 Items by Prior Notice**

1. Efudix - BA – Red or Amber - agreed Red with hospital initiation with GP to continue prescribing. To be discussed at the next meeting when Dermatology Consultant will be present.

**Action: JR**

1. Octreotide – indications for prescribing - AT – Should be RED for Acromegaly. It was noted that this was an excluded high cost drug. Wider review of its many uses would be required a paper would be produced for the next meeting, AT to liaise with Pharmacists that work within gastroenterology to ascertain when Octreotide is being used to treat unlicensed indications.

**Action: AT**

1. Stiripentol – A practice in NEL has been asked to prescribe by Sheffield Children’s Hospital. On their formulary the drug is classed as amber but there doesn’t appear to be a shared care protocol or a prescribing guideline. The practice have asked whether this should be prescribed by them or by the Paediatric Department at the hospital as the child is also under their care, however at present the drug is not on our formulary. It was noted that some Trusts have this as amber with specialist care agreement. HT agreed to speak to EMc regarding this from a contracting perspective. A new formulary request would be needed for this and AT would contact Dr Al-Moasseb and Dr Nelapatla.

**Action: HT/AT**

1. Drugs of limited clinical value/red drugs list and letter re PBR excluded drugs – information was circulated late re the above which had been shared from South Lincolnshire CCG. Each drug should be considered to see what an impact they had on this. PH to give an indication of what is used in hospital. AM to take the lead on this and request NLaG data if available.

**Action: AM**

1. Time Line for Chapter Reviews – At the next meeting AT felt that she would be in a better position to give more information regarding this.

**Action: AT**

1. RDash formulary – AT has a copy of this and would send the link out to all members.

**Action: AT**

1. High Cost Drugs/Blueteq process – South Lincs are funding some staff in NLaG to implement the blueteq to attempt to control the issue. This could be worth working jointly to have a system and create monitoring for the future. A meeting outside of the APC would discuss this and report back.

**Action: BG**

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

Thursday 8 March 2018

2 pm

Health Place Brigg