

**The Northern Lincolnshire Area Prescribing Committee**

**M I N U T E S**

**11 May 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)

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

Dr Chathley, General Practitioner (North East Lincs)

Paulash Haider (PH) - Procurement Pharmacist (NLaG)

John Harper (JH) – Care Plus Group

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

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

Miss G Kaur (GK) – Consultant Surgeon

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

Dr Ramesh, General Practitioner (North East Lincs)

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

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 (NLaG)

Dr Dadiras, Consultant Rheumatologist – attended for item 7ii

**2 Apologies**

Apologies were received from:

Elizabeth Barron (EB) – RDash

Mr Stuart Goddard (SG) – Head of Contracts & Provider Management (NLCCG)

Dr Kasaraneni (KK) – Local Medical Committee

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

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

**Matters Arising**

1. Professional Secretary Update – Aliya Turk was introduced to the members present.
2. Emollient Recommendations – GMc reported that this has been delayed. **Post meeting note: Remove from agenda and will pick this up with Chapter 10 Review**.
3. Updates to Primary Care Antimicrobial Guidance

Methenamine Hippurate – new line request submitted by Andy Karvot but sponsored by Peter Cowling, Consultant Microbiologist. Evidence is somewhat weak but was considered in a Cochrane review which concluded that ‘ Methenamine hippurate may be effective in presenting UTI in patients without renal tract abnormalities, particularly when used for short term prophylaxis. It does not appear to work in patients with neuropathic bladder or inpatients who have renal tract abnormalities. The rate of adverse events was low, but poorly described. There is a need for further well conducted RCTs to clarify this question, particularly for longer term use for people without neuropathic bladder”. It was thought that this might be an option in non-pregnant patients where all other modalities have failed. JD thought that evidence was not strong but if it was used instead of a long term prophylaxis antibiotic. A month’s course was £90. SIGN guidance advices Methenamine may be effective for short term prophylaxis in patients without renal tract abnormalities and it was agreed to include in the formulary with proviso for specialist initiation only.

Primary Care Antimicrobial Guidance – This was approved but would require some review straight away due to the recent change in PHE recommendation for antibiotics used in pregnancy. It was agreed that the document would be approved with the proviso that the update takes place from the May PHE update.

**Action: AK**

1. Constipation Pathway – RS was not available to speak on this. Miss Kaur informed the group that the irrigation pathways had been circulated this morning. With regard to the constipation pathways page 17 and page 30 were of relevance.
2. Trans Anal Irrigation pathway – (documents circulated to APC members this morning)

To be initiated by Specialist Services and the Community Continence Services. Initial funding and stabilisation for 3 months would be from the Specialist Services in secondary care or the Community Continence Team (depending on where initiated). Continued funding and review would be by Community Continence Services (see pathway). In the main pathway and constipation pathway this makes sense. Problems at weekends would be dealt with by Secondary Care (hospital) but it was suggested that problems are not usually urgent and can be dealt with on a Monday by relevant continence care team. It was noted that the St Marks guidelines circulated by Dr Samuel were now outdated and there were more modern devices available: patients are capable of self-administration of the trans-anal irrigation. Sarah Spooner pointed out problems with a shortage of prescribers in her team to issue FP10s for equipment.

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| **OPTION 1** | **Treatment to be initiated and stabilised by the specialist service providers for a period of approx. 3 months. This includes the initial provision of a ‘starter kit’ (to include equipment/consumables). Prescribing of the device will be made from the ‘high cost drug/device budget’ within the NLAG contract.**  **Prescribing responsibilities to then transfer to primary care** - only where there has been a demonstrable improvement in validated measures of bowel function such as the Cleveland Clinic constipation scoring system, St Mark’s faecal incontinence score or neurogenic bowel dysfunction score.  Primary Care would then take responsibility for prescribing of equipment and consumables on an on-going basis as per secondary care recommendations. |  |
| **OPTION 2** | Treatment to be initiated and stabilised by the specialist service providers for a period of approx. 3 months. This includes the initial provision of a ‘starter kit’ (to include equipment/consumables). Prescribing of the device would be done by NLAG.  Patients to be referred to the Community Continence Team for on-going review management and prescribing of consumables and future devices if required - only where there has been a demonstrable improvement in validated measures of bowel function such as the Cleveland Clinic constipation scoring system, St Mark’s faecal incontinence score or neurogenic bowel dysfunction score.  There will need to be explicit correspondence from the specialist service outlining a clear management plan and including clear recommendations for prescribing.  A budget/framework would be established via the contracts with NLAG, HEY and Care Plus Group to enable appropriate prescribing. It is recommended that this model be undertaken as a pilot for one year to enable close review and monitoring of the patient activity and prescribing.  Patients discharged to the Community Continence Team would need to be re-referred back to secondary care if further options for management needed to be explored e.g, surgery. *The ability for direct referrals from the Community Continence Team to secondary/tertiary care is currently being explored.*  NLAG has expressed concerns regarding the capacity to deliver this additional element of service via the community Continence service, therefore the provider and CCG need to work together to agree a solution. |  |

It was agreed that option 1 is not possible due to the number of patients that would need to be seen by the GPs option 2 is feasible working with the Incontinence Service, equipment, monitoring of patients and the use of a Patient Specific Direction. Gemma McNally and Rachel Staniforth to pick this work up outside of the meeting.

**Action: GMc/RS**

1. Funding for LMWH and Sodium Clodronate for oncology patients - The appropriate commissioning and funding routes for these medicines have been agreed and this will be discussed with clinical leads.
2. Public Membership – Margaret Henry will continue as Public Membership representative.
3. Review of the use of NOACs – Gemma McNally and Paulash Haider had discussed this. A range of novel oral anticoagulants are in use across the health economy. A strategy for the use of NOACs reflecting latest published evidence is required for discussion at a future APC.

**Action: PH**

1. Chapter 11 –It was agreed to request Mr Kotta to provide any final comments on Chapter 11.

**Action: AT**

1. Lurasidone – checking NAVIGO support the inclusion of lurasidone for prescribing in specialist care only.

**Action:AT**

1. NL CCG Prescribing formulary changes agreed at Engine Room - Net-formulary presentation of the formulary will be able to reflect preferred products proposed by CCGs.
2. Co-Amoxiclav Prescribing in Primary and Secondary Care – Urgent Care departments have reviewed antimicrobial choice to encourage more appropriate prescribing of co-amoxiclav. The Trust has purchased an information tool called Refine which can provide reports on drug use.
3. Supply of medication from outpatients – The outpatient departments have been requested to review any letters that suggest patients should contact their GP for medicines supply to make it clear that medicines are not required “immediately” and should be requested in line with their GP’s normal procedures
4. NEL Continence formulary – final comments to be gathered for the next meeting. Joanne Rowson to re-circulate.

**Action: JR**

1. Eye-Com – update on minutes of previous meeting.
2. Terms of Reference – Minor changes to the Terms of Reference were agreed. Paul Fieldhouse will continue as chair. The updated terms of reference will be published on the APC website

**Action: JR**

1. Colostomy bags – not discussed
2. Formulary annotation will be added for Cinacalcet/Specialist Endocrinology Services – not discussed.

**5 APC Working Arrangements**

1. NICE TA & NG Updates (March/April). NICE guidance discussed:

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| IPG578 | [Minimally invasive sacroiliac joint fusion surgery for chronic sacroiliac pain](https://www.nice.org.uk/guidance/ipg578) | Noted |
| NG68 | [Sexually transmitted infections: condom distribution schemes](https://www.nice.org.uk/guidance/ng68) | Noted |
| TA440 | [Pegylated liposomal irinotecan for treating pancreatic cancer after gemcitabine](https://www.nice.org.uk/guidance/ta440) | Not recommended by NICE |
| TA441 | [Daclizumab for treating relapsing–remitting multiple sclerosis](https://www.nice.org.uk/guidance/ta441) | Specialist initiation and maintenance of prescribing |
| TA442 | [Ixekizumab for treating moderate to severe plaque psoriasis](https://www.nice.org.uk/guidance/ta442) | Recommended and will be added to formulary in line with NICE TA approval schedule |
| TA443 | [Obeticholic acid for treating primary biliary cholangitis](https://www.nice.org.uk/guidance/ta443) | Recommended and will be added to formulary in line with NICE TA approval schedule |
| CG100 | [Alcohol-use disorders: diagnosis and management of physical complications](https://www.nice.org.uk/guidance/cg100) | Noted. Pharmacological recommendations already available in local formulary |
| CG61 | UPDATE [Irritable bowel syndrome in adults: diagnosis and management](https://www.nice.org.uk/guidance/cg61) | Noted |

It was agreed that the drugs with positive NICE TAs were approved for inclusion in the formulary. March TAs would be reviewed by Paul and he would circulate if there were any appropriate for the committee.

**Action: PF**

1. Net.formulary – a requisition has been generated and an order was being placed by our Procurement Team. Population of this would be in line with current formulary and updated with each review of a chapter.

**6 Formulary Requests, Amendments and Actions**

1. Ivermectin – responses received to Dr Samuel’s questions. It was agreed that there was not sufficient evidence to include this in the formulary and the request would be rejected. Requestor to be informed (Dr Butt).

**Action: AT**

1. Enstilr – It was agreed that more detailed responses to the comments raised by Dr Samuel were required and Aliya Turk would take this up with him.

**Action: AT**

1. Entresto – heart failure pathway. Now that Aliya Turk is in post she will take this up with Dr Thackray, Consultant Cardiologist.

**Action: AT**

1. Abasaglar (insulin glargine)– new line request from RS and GMc awaited.

**Action RS/GMc**

1. Guanfacine (Intuniv) – Dr Nelapatla – to attend the June meeting
2. Perampanel (Fycompa) Tablets – approved.

**Action: AL/JR/PH**

1. Braltus – Dr O’Flynn – to be circulated for virtual approval.

**Action: JR**

1. Apremilast in Psoriatic Arthritis – Tim Gillott – Approved in line with NICE TA.

**Action: AL/JR/PH**

**7 Items for General Notice**

1. MHRA Drug Safety Update – The APC noted the contents of the alert for March and April 2017. It was noted that local teams need to adopt the recommendations for sodium valproate and early review of all female patients receiving sodium valproate.
2. Shared Care Guidelines for Rheumatology DMARDs – Dr Dadiras attended for this item. It was noted that previously there had been shared care agreements in place for DMARDs but there were funding issues regarding these for GPs. The lack of Shared Care arrangements causes problems for patients. E.g. in the Skegness area patients who do not have access to a GP for blood tests have to travel to Louth Hospital for these. . Each of the following prescribing frameworks were clinically approved

* Azathioprine
* Hydroychloroquine
* Methotrexate
* Leflunomide
* Sodium Aurothiomalate
* Sulfasalazine

Funding for GPs to support these frameworks would need to be agreed between the CCGs, GPs and NLaG commissioning/contracting teams.

An additional Specialist Nurse in Grimsby can help with any support required from NLaG. The specialist nurse can help with information/urgent queries etc manned from 9 am to 5 pm weekdays. With regard to the maintenance framework for methotrexate titration, some practices would be competent with this and others would need further support.

Contract negotiations will be picked up by the CCG Medicines Management leads

**Action GMc**

**8 Items by Prior Notice**

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

Thursday 8 June 2017, 2 pm to 4 pm, in Freshney Green.

It was agreed following the ‘survey monkey’ that the meetings would still take place on a Thursday afternoon but would alternate between sites, ie Freshney Green and Health Place Brigg. The survey showed equal support for first and third Thursdays – currently we are second Thursday. Joanne Rowson to arrange.

**Action: JR**