

**The Northern Lincolnshire Area Prescribing Committee**

**M I N U T E S**

**14 September 2017**

**2.00 pm – 4.00 pm. Meeting Room 2, 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)

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 Lincolnshhire (NECS)

Dr Ramesh, General Practitioner (North East Lincs)

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

Mrs Aliya Turk (AT) – Professional Secretary APC

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

Simon West (SW) – Finance Manager (NECS)

**In Attendance**:

Joanne Rowson, Pharmacy Secretary (JR)

Yousef Adcock - Consultant in palliative medicine NLAG

**2 Apologies**

Apologies were received from:

Dr Rana Ahmad (RA) – Prescribing Lead (North Lincs)

Janet Clark (JC) – LPC Pharmacist

Dr Chathley, General Practitioner (North East Lincs)

Jon Harper (JH) – Care Plus Group

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

Sarah Spooner (SS) – Clinical Lead Care Plus Group

**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 17 August 2017 were taken as read and accepted as a true record with the exception of a spelling mistake to be corrected.

**Matters Arising**

1. Primary Care Antimicrobial Guidance – RS stated that Public Health England Guidance has been updated once again and this would now be circulated prior to the October meeting for approval there.

**Action: RS**

1. Constipation Pathway – Deferred to the October APC meeting.

**Action: RS**

1. Trans Anal Irrigation Pathway – RS stated that a meeting is due to be held this afternoon and this item would, therefore, be deferred to the October meeting.

**Action: RS**

1. Review of the use of NOACs – PF reported that Dr Jalihal will lead on this from NLaG and RS would speak to Paul Twomey to check who else needs to be involved in this review. It was agreed that the GPs on the APC would be invited to attend the meeting which would be arranged to take place at Health Place, Brigg.

**Action: JR**

1. Virgin Contacts – contact to be added to APC membership and invited to attend all meetings.

**Action: JR**

**5 APC Working Arrangements**

1. NICE TA & NG Updates (August 2017) –

**August 2017 –**

Pregabalin generics – directive to prescribe by brands is no longer in place as there are generic products available with a wider range of indications.

[TA455](https://www.nice.org.uk/guidance/ta455): Adalimumab, etanercept and ustekinumab for treating plaque psoriasis in children and young people – Positive TA. Add indications covered by TA455 to formulary within 90 days..

[TA456](https://www.nice.org.uk/guidance/ta456): Ustekinumab for moderately to severely active Crohn’s disease after previous treatment – Positive accepted onto formulary NICE plus 90 days.

[TA457](https://www.nice.org.uk/guidance/ta457): Carfilzomib for previously treated multiple myeloma – Specialist commissioned, added to the formulary indicating restrictions set out by Specialist commissioner.

[TA459](https://www.nice.org.uk/guidance/ta459): Collagenase clostridium histolyticum for treating Dupuytren's contracture –Added to the formulary within 90 days.

[TA460](https://www.nice.org.uk/guidance/ta460): Adalimumab and dexamethasone for treating non-infectious uveitis – Positive opinion therefore added to the formulary formulary within 90 days.

[TA461](https://www.nice.org.uk/guidance/ta461): Roflumilast for treating chronic obstructive pulmonary disease – Specialist initiated, amber, added to the formulary.

[TA462](https://www.nice.org.uk/guidance/ta462): Nivolumab for treating relapsed or refractory classical Hodgkin lymphoma – Red, Secondary Care only.

NG (NICE Guidelines) – Noted.

1. Net.formulary Update – AT reported that Chapter 2 is almost complete and Advanced Clinical Pharmacist colleagues at NLaG have been asked for their viewpoint. AT had attended the Cardiac Governance meeting and responded to questions where appropriate. Chapter 3 will be done next. It was noted that escalation processes were in place if required at a later date. Primary Care had previously reviewed Chapters 1-4 prior which would assist with the first choice, second choice etc. It was agreed in theory that a couple of completed chapters could go live with a link from the ‘word press’ formulary that is currently used. Currently net formulary is being updated in draft mode and not going live but the current ‘word press’ formulary is kept up to date. A final decision on this would be made at the next meeting.

**6 Formulary Requests, Amendments and Actions**

1. Entresto (sacubutril/valsartan) - AT stated that a Heart Failure Consulant has been appointed to commence shortly within NLaG and will pick up all the prescribing of Entresto in the future. The decision made at the previous meeting would be upheld.
2. Abasaglar insulin glargine biosimilar – Deferred to October 2017 meeting.

**Action: RS**

1. Guanfacine (Intuniv) *–* AT had met with Dr Nelapatla and the request would be updated in line with discussions and he would be invited to attend the next Brigg meeting in November or alternatively AT would submit on his behalf.

**Action: AT**

1. Biosimilars – At the last meeting it had been agreed that a list of all biosimilars would be listed and any new ones would go through the process of a new line request. NHS England have produced a list and this would be circulated with the October agenda as well as the ones in use within NLaG.

**Action: JR**

1. Chapter Update – discussed above.

**7 Items for General Notice**

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

Discussions took place regarding the number of adrenaline auto-injector pens that should be prescribed, currently NLaG are issuing 2 as their first prescription from hospital and it was agreed that this would be the APC recommendation. Patients should be advised to carry these with them at all times.

**8 Items by Prior Notice**

1. Sodium Valproate – RS raised further information that had been received regarding this. PF agreed to write to RDash and the LMC. It was felt that all other organisations had been covered.

**Action:PF**

1. Shared Care Guidelines Update – RS to provide an update for October 2017

**Action: RS**

1. Methocarbamol and Nefopam – RS stated that there is limited evidence to support the use of these two items and costs had significantly increased. RS would share this information in draft form for further discussion at the next meeting. NLaG would raise awareness of this within the organisation and the review of Chapter 4 could look at this but further discussion would take place at the next meeting.

**Action:RS/JR/PF**

1. Collaboration with Lincoln South/Central and Lincoln County Hospital - this was regarding addressing discrepancies between the two formularies with regards to treating rheumatology patients. This would be removed on the agenda for now.
2. Anticipatory Medication Charts – Dr Yousef Adcock attended for this item:

* The trust dispense a small supply of diamorphine, midazolam, glycopyrronium, haloperidol but currently district nurses do not administer these until the GP has prescribed them onto a community prescription chart (there are two different charts in NEL and NL).
* This logistically takes a lot of time from the district nurses having to usually get a community chart filled in by a GP who has not seen or reviewed the patients yet (or over the weekend/OOH an OOH GP who has never met the patient). This is to avoid the risk of the patient having symptoms out of hours on the day of discharge and the DN’s not being able to administer the drugs.
* The proposal is that the patients as well as being dispensed the medication are also discharged with a temporary community prescription chart that will cover the DN team to give these drugs for a 5 day period and allow the patients GP time to review and write the drugs up on the current permanent community prescription chart.
* A five day period was to help cover over weekends and bank holiday periods – e.g to cover a patient discharged late on a Friday before a bank holiday weekend so they are covered until the Tuesday.
* Attached is a draft temporary community prescription form and an edited copy of the current NLAG anticipatory prescribing policy to discuss at the meeting.

The documents had been circulated in advance of the meeting to allow for a response and the following response had been received from the LMC:

*The LMC will not be able to attend the meeting on the 14th, but feel that I need to alert you to the potential issues with this.  Firstly, following a recent query raised by a GP, we are dealing with some information from MDOs in relation to drug administration cards which is going to create wider problems for all involved.  I have copied in Julie Wilson from NEL CCG who is working with the LMC to come up with a workable solution.  At this point in time, all I would say is that it would be helpful to turn this into an electronic solution rather than the current one that needs GP to transcribe and essentially re-prescribe something that has already been prescribed.*

The response below had also been received from Dr Chathley:

*CHATHLEY, Anuj sean (LITTLEFIELD SURGERY)****Sent:*** *08 September 2017 09:47****To:*** *FRANKS, Bryony (NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST)****Subject:*** *RE: APC Documentation – Anticipatory Medication Charts Community fo End of Life Care*

*It would be worth asking the DN team managers if the DN team would be happy for this to take place.*

*Another is to ask the consultant, would we be adhering to a particular drug list, or can patients be discharged on drugs above and beyond the four mentioned.*

*If so do we need to agree which drugs ( as there will be medication that the GP’s are not happy taking over).*

PF read out the LMC response – see above. Currently GPs are prescribing on an FP10 and then District Nurses are asking them to prescribe onto the medication chart (FP10 is retained by Pharmacy) – this is not necessary but if the FP10 is retained by the Pharmacy then unless the DNs have the electronic version they do not have a record. RS reported differing problems with different organisations within the area. It appears that a loophole has been found in the new system that already existed in the old really ie GP writing on administration chart that is used by DNs and who is responsible etc.

There was general support from the APC to the new 5 day chart proposed. There was no objections to the lay out and the drugs contained within the chart, and it was noted that an allergy box was required to comply with NICE guidance. Diamorphine dosing was left blank as this would need to be worked out depending on the individual where as the other drugs are standard doses. Dosing of Diamorphine is in the symptom guidance linked with this. Should the ranges be on for the Diamorphine and the Haloperidol and time limits on Midazolam etc. Parameters could be outlined if necessary. One of the last pages could be replaced with information regarding ranges of doses and opioid dose equivalence tables so additional safety information was contained on one chart. Details regarding updates for the document and who would be responsible for reviewing etc would need to added for both chart and policy.

It was queried how this would affect patients going to the Hospice. Dr Adcock explained that Lindsey Lodge have their own prescription chart and as the patient is transferred they are reviewed.

It was agreed that it was appropriate to have a 5 day chart coming from NLaG and that drugs are appropriate, ranges to be added, and minor correction, extra info on allergy box and opioids and guidance on anticipatory medicines that are on there and timescales for the prns. Dr Adcock would update the chart and then the new chart can be circulated as the final chart and M&T will also note this. Dr Adcock will take all these changes back to Multidisciplinary End of Life Group. Dr Adcock will lead on the communications for this when everything was in place.

1. A request had been received to share the members of the APC and it was agreed to share this on the website. **Action: JR**
2. AT – had received a query for a patient to receive a device this was discussed and a solution agreed.
3. Melatonin – PF had a query regarding the prescribing of this for a 17 year old patient through CAMHs. PF would share the recent decision made at APC with RDash.

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

It was agreed that the next meeting shall take place on Thursday 12 October 2017, at 2 pm, in Freshney Green, Grimsby – this is reverting back to the original schedule of second Thursday of the month.

JR to revise schedule for the remainder of 2017 and book rooms as appropriate. **Action: JR**