

**The Northern Lincolnshire Area Prescribing Committee**

**M I N U T E S**

**10 May 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)

Janet Clark (JC) – Chief Office of Pharmacy Humber

Paulash Haider (PH) - Procurement Pharmacist (NLaG)

Andy Karvot - Consultant Pharmacist Antimicrobials (NLaG)

James Ledger (JL) - Medicines Optimisation Pharmacist (NECS)

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

Sarah Spooner (SS) – Clinical Lead Care Plus Group

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

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

Mrs Aliya Turk (AT) – Professional Secretary APC

Mr Simon West (SW) - Finance Manager (NECS)

**In Attendance**:

Joanne Rowson, Pharmacy Secretary (JR)

**2 Apologies**

Apologies were received from:

Dr Elizabeth Barron (EB) – Psychiatrist (RDash)

Steve Griffin (SG) - Associate Medical Director NLaG

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

Dr Ramesh (RA) – General Practitioner (North East Lincs)

Dr Rolan Schreiber (RS) - Medical Secretary Humberside LMC – (comments received and passed on to AT re drugs for erectile dysfunction)

**The meeting were not quorate as there was no NE Lincs GP representation and no hospital medic.**

Paul Fieldhouse agreed to write to various parties to raise the profile of the APC to help improve quoracy.

**Declarations of Pecuniary Interest**

There were no declarations of financial interest.

**4 Minutes of Previous Meeting held on 9 March 2018 and Matters Arising**

The minutes of the previous meeting held on 9 March were taken as read and accepted as a correct record.

**Matters Arising**

1. DOACs – RS stated that these could not be rationalised down to one or maybe even two. A lot of the documentation suggests that all have a place. Presentations from the companies showed what could be offered in terms of partnership working. One company could not present as their information was all based on price and decisions cannot be made upon price. RS tabled a clinical decision aide from prescQIPP for the committee. Wider clinical engagement may be required as only Dr Thackery attended the presentations and was able to comment on DOACS from an Atrial Fibrillation point of view. It was thought that all the DNOACs should remain on the formulary RAG rated green. AT thought that it would be useful to have charts on net formulary which gave help with what DOAC was best to be used for what indication (eg practical considerations and clinical considerations for each DOAC). This was agreed. Auditing of this within Primary Care should take place and it was thought that this should be done as part of a patients medication review at GP practices. **Action: AT/RS**
2. Anticipatory Medication list of drugs - RS stated that the list had been agreed and this had now gone live. There was a list of pharmacies available in NL who would stock these. Still awaiting NEL to see which pharmacies would stock and be contracted to do this. JC would circulate information to all GPs once this was fully up and running. **Action: JC**
3. Freestyle Libre – Information circulated from RMOC. It had been agreed within NLAG that individual units would have to fund this as there was no commissioning for this from the CCGs. AT requested an official statement from the APC regarding this due to the number of requests from patients, representatives etc. ‘The APC have adopted the RMOC statement and it has been agreed that this would be provided by the Acute Trust’ and not to be issued by Primary Care. The RMOC statement could be used on the website for official purposes. It was noted that the majority of patients who fall within the RMOC statement are already being treated by Secondary Care. If Secondary Care prescribe they would have to pick the costs up for this and this would be a cost pressure for NLaG. A discussion would be needed with Medicine & Women’s and Children are who may need to look at changing other services to accommodate this. **Action: HT**
4. Immunosuppressants following kidney transplant – It was noted that Primary Care were still getting requests to prescribe for patients. This service is commissioned by NHS England. It was thought that there were mechanisms in place for patients to receive their medications but these mechanisms were not always used. AT to seek clarity regarding this, ie patients who have to collect their prescriptions from Hull how do they go about getting these prescriptions. Most of these drugs are NHS England commissioned for Specialist Centres. This would be raised at the meeting with Paul McManus, NHS England, planned for tomorrow.
5. Aranesp Injections – this is part of discussions around shared care at CCG Council of Members. This is now for the CCGs to take this forward and an outcome would be awaited.
6. Shared Care DMARDs – This has been on the Governance agenda for a while. The content of the shared care was agreed in principle.
7. Dermatology Shared Care Agreements – discussions deferred.
8. Stiripentol – Patient had been referred back to Sheffield. From an APC perspective this should be Red on the formulary and Sheffield should do the prescribing for this until shared care agreement are in place. New line request is in process.
9. Drugs of limited clinical value/red drugs list and letter re PBR excluded drugs - action complete.
10. High Cost Drugs/Blueteq process – RS stated that from an NL perspective discussions were being held. This would be picked up in discussions outside of the meeting.

1. APC Terms of Reference (May 2018) **–** sent out for virtual consideration – approved.
2. Shared Care Arrangements for managing anticoagulation when patients undergo a procedure in Secondary Care **–** awaiting AO/RS amalgamating two documents for consideration – work still to be done.
3. Sumatriptan injections for cluster headaches **–** circulated 13.3.18 for virtual consideration. It was agreed that this should be placed on the formulary Amber with specialist initiation. **Action: AT**
4. Enstilir **–** discussed at March meeting for consideration outside of the meeting. Previously rejected. Comments still awaited from NE Lincs. **Action: RS**
5. Guidelines for prescribing of Stoma Care Appliances **–** Karen Hiley/Rachel Staniforth – circulated 5 April 2018 for comments by 21 April 2018 **–** This is just a guideline developed in conjunction with the Stoma Nurses at the hospital. Karen Hiley attended for this part of the meeting. Guidance written with the Stoma nurses from NLaG. This is not designed to restrict patient choice. The Stoma nurses would make the recommendations this would not be up to the Dispensing Appliance Contractor. The wording ‘preferred choice’ would be used on the documentation. **Action: Karen Hiley approved with changes ‘preferred’ or ‘recommended’ – Authors were asked to seek comments from a patients forum before circulating widely Action: Karen Hiley**
6. APC Working Arrangements:

1. NICE TA & CG Updates (March & April 2018)

March 2018:

AT raised the issue of Highly specialised technology appraisals. HST7 Strimvelis for treating adenosine deaminase deficiency – severe combined immunodeficiency – A link should appear on net formulary to this but it should be left as highly specialised and marked Red.

April 2018:

TA511 Brodalumab for treating moderate to severe plaque psoriasis - It was thought that this would be RED. It would be added to the formulary at 90 days.

1. Net formulary update – awaiting ratification of some chapters sent out by AT. RS has some comments from prescribing leads that she would collate and send to AT.

1. Time Line for Chapter Reviews – AT stated that November 2018 but this would be subject to how quickly comments are received and chapters ratified. Where chapters have been draft uploaded users can see this as they go into existing chapters.

1. Chapters 5,6 & 13 – APC members informed via email that these are on for review (9.3.18) – to be approved. It was agreed that these should be ratified at a future APC meeting or separate meeting for this purpose if required. Initially they would be sent out via email for final comments by the end of May (Chapters 5,6,7,8 & 13).
2. Pain & Symptom Management Guidance in the last days of life (DCM029 - Dr Adcock) – A discussion took place about the use of more oral oxycodone which would lead to large cost increases particularly when patients switch to subcutaneous administration. Best practice recommendation is not to switch from oral oxycodone to parenteral diamorphine but to continue with parenteral oxydone. It was agreed that the committee were happy with the guideline.
3. Midodrine RAG Rating – (AO) – agreed RAG rating - it is unclear from the licencing as to how this would be RAG rated without shared care being in place. It was agreed that it would be RAG rated RED initially until shared care was in place.
4. Policy for the introduction, management and use of Biosimilar medicinal products – Paulash Haider – Biosimilars are now becoming more prevalent and it was agreed that some sort of policy was required within the Trust. RS made some comments on this regarding mention of the CCGs within the document. The policy that PH had produced related to the Trust and it was noted that there were savings to be had for the CCGs if they were to take these up. Again this would be discussed at the meeting tomorrow with NHS England. It was agreed that the documents was here for information only but reference would be made to the CCGs within the document. **Action: PH**
5. COPD Pathway for approval – Abayomi Olusanya – the COPD pathway on the current formulary is out of date. The new pathway for COPD had been done in conjunction with organisations outside of the Trust and Dr O’Flynn as part of her role within the CCGs. This pathway/template needed approval by the APC. AT agreed to check that this had been discussed within NLaG. AO would send this to AT for approval at the Trust Respiratory Committee. This was approved as an APC pathway. **Action: AO/AT**
6. Chapter 7 final version (also circulated) ready for upload – AT required clarity on Tadalafil – discussed above. It was decided to leave Tadalafil 10 mg and 20 mg tablets as Green and to mark the once daily tablets as Red.
7. Chapter 8 – discussed above.
8. Formulary Requests, Amendments and Actions:
9. Azathiorprine – New Line Request awaited – RS – RS to pick this up outside of the meeting.
10. Verapamil for cluster headaches – RS – RS to pick this up outside of the meeting.

1. Items for General Notice:
2. MHRA Safety Updates – (March & April 2018) – noted with particular reference to the Ulipristal do not initiate or restart treatment (monitor liver function) warning. The formulary position of this would be reviewed, follow actions up on the Trust and Primary Care would look at putting alerts out through their ‘Optmise’ system. If this is to be removed from the Formulary clinical leads would be notified. AT would put the MHRA alert next to this on net formulary and communicate with clinical leads about the MHRA alert) and inform clinicians that use this product. This would be listed as RED whilst the temporary measures are in place and there was more evidence from the safety review being conducted. The message from the April MHRA alert re Valproate was noted and it was noted that NLAG was compliant with this. Joint working on communicating and maintaining awareness of the issues could take place between NLAG and the CCGs.
3. Regional Medicines Optimisation Committee quarterly cascade – It was noted that information was starting to come through from RMOC. This cascade was noted which referred to NHS guidance on medicines optimistion – conditions for which OTC items should not routinely be prescribed in Primary Care, Guidance for CCGs. It was agreed that the minor ailment scheme would need to be looked at in conjunction with this guidance. These discussions would take place within the CCGs and it was noted that as yet there was no action required by the APC.

Responsibility for prescribing mentioned in the RMOC – it was noted that the APC were following the guidance published.

1. Items by Prior Notice (Aliya Turk):
2. Sodium Clodronate (Bonefos®) Capsules 400mg, Injection   
   Sodium Clodronate (Loron®) Tablets 520mg Disodium Pamidronate Injection

It was noted that both the above products are hospital only.

1. Tinzaparin RAG Rating – It was agreed that this should be Red but in some cases where clinical discretion was required GPs may prescribe. To currently remain Red until the Low Molecular Weight Heparin guidance is approved.
2. Tadalafil once daily – Clinical Leads have expressed that there is still a need for this once daily preparation and are reluctant to remove this from the formulary. Tadalafil once daily should be Red but the other Tadalafil was ok to remain as Green. The evidence that AT had received from Mr Rogers, Urologist, would be shared to support this. For now Tadalafil would remain as Red Hospital Only.
3. Trulicity RAG Rating – Paul Dromogoole had presented a new line request in February for this. The RAG rating was agreed to be Amber initiation by prescribers with specialist interest. Drug companies had challenged the position of Trulicity on the formulary alongside Diabetes Consultants, as the decision was not in line with other GLP1 analogues. Decision was for this to remain Amber but to include following phrase from the diabetes pathway ‘Initiation of GLP1 analogues to be carried out by only prescribers trained in insulin therapy’ to enable prescribers sufficiently trained to prescribe it.
4. Dimethyl Fumarate has a positive NICE TA for dermatology. Virgin Health wish to use – Mark as Red.
5. Zomorph – no annotation was required on the formulary for this. Annotation can be removed.

Other Attachments:

1. Responsibility for prescribing between Primary and Secondary Care – discussed under RMOC but the NHS England information was shared for information.
2. Patient Referral leaflet – information only for patients as to what to expect. It was noted that some queries may arise from this information given to patients but that the information within the leaflet was useful for patients – approved for use.

**Any Other Business:**

1. Aliya requested permission to invite Antonio Ramirez from Hull and East Yorkshire to the next meeting – it was agreed that he would be invited for a slot on the agenda.
2. Yomi thanked everyone for their help during his time on the APC and it was noted that it was his last meeting. He was thanked on behalf of the committee for his work.
3. Triantine prescribing – RS It looked like the patient was under the care of Sheffield. The response would be to Sheffield that this was not on our formulary.
4. Ophthalmology Consultant – preservative free eye drops prescribed are often changed to non-preservative free within Primary Care. The APC was asked to note the risks and accountability of GPs when changing recommendations of a Consultant. The APC agreed it would not be appropriate for a GP to switch a preservative-free to a preservative containing eye drop without discussion with the Consultant. It was noted that AT was meeting with the Ophthalmologists in the future regarding their chapter whee the preservative-free products would be reviewed.

**Date and Time of Next Meeting:**

**Thursday 14 June 2018**

**2 pm**

**Freshney Green, Grimsby**