

**The Northern Lincolnshire Area Prescribing Committee**

**M I N U T E S**

**14 June 2018**

**2.00 pm – 4.00 pm. Seminar Room 1, Freshney Green, Grimsby**

1. **In Attendance**

Dr Sean Chathley (SC) – General Practitioner (North East Lincs)

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

Andy Karvot - Consultant Pharmacist Antimicrobials (NLaG)

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

Hannah Nadin (HH) – representing Sarah Spooner – Clinical Lead Care Plus Group

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

Dr Rolan Schreiber (RS) - Medical Secretary Humberside LMC

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

Mrs Aliya Turk (AT) – Professional Secretary APC

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

**In Attendance**:

Joanne Rowson, Pharmacy Secretary (JR)

**2 Apologies**

Apologies were received from:

Dr Elizabeth Barron (EB) – Psychiatrist (RDash)

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

Janet Clark (JC) – Chief Office of Pharmacy Humber

Steve Griffin (SG) - Associate Medical Director NLaG

Paulash Haider (PH) - Procurement Pharmacist (NLaG)

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

Once again the meeting was not quorate as there was no North Lincs GP representation and no hospital medic.

***No comments on last month’s meeting when sent out so agreed ok.***

It was noted that Dr Pothina will be joining the M&T at NLAG from tomorrow and it is hoped that he will join the APC also.

**Declarations of Pecuniary Interest**

There were no declarations of financial interest.

**4 Minutes of Previous Meeting held on 10 May 2018 and Matters Arising**

It was noted that no comments had been received on the draft minutes circulated and it was, therefore, agreed that the previous meeting minutes from 10 May 2018 were taken as read and accepted as a correct record.

**Matters Arising**

1. DOACs – This is work in progress from AT and RS to return to APC when resolved. **Action: AT/RMS**
2. Anticipatory Medication list of drugs - At the last meeting RS had 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.It was noted that at the moment the palliative care service in NEL had not yet been commissioned but once this was the case there will be a further update.**Action: JC**
3. Freestyle Libre – HT and RMS have spoken outside of the meeting regarding this and it has been agreed that this will remain RED and remain with the Acute Trust but will be reviewed in February 2019, with a view to it becoming AMBER in a specific cohort of patients as per the RMOC statement. It was noted that this had been fed back to the Acute Trust and this has not gone down very well within the Women’s and Children’s section but they are aware of the stance. PF commented that other Chief Pharmacists are writing to RMOC due to problems with interpretation of the guidance released and it was hoped that RMOC would release a clarification statement.
4. Immunosuppressants following kidney transplant – At the previous meeting itwas noted that Primary Care were still getting requests to prescribe for patients. This service is commissioned by NHS England. It had been agreed that this would be raised at the meeting with Paul McManus, NHS England.He had stated that new patients should have services commissioned by NHS England but at present services not in place for repatriation of these patients. Any new patients should be done by the Specialist Service not GPs.
5. Aranesp Injections – At the last meeting it had been noted that thisis part of discussions around shared care at CCG Council of Members. This is stillongoing in terms of the enhanced service and RMS will come back to APC when an update available. **Action: RMS**
6. Dermatology Shared Care Agreements – RMS had looked at these and it was noted that some of the indications are for immunosuppression which is commissioned by NHS England and would be RED, the indications for shared care therefore need to be more specific. RMS would feed this back to Dr Mohungoo and they can then become shared care. From an APC perspective it would be about approving the documents from a clinical perspective and then it would be up to the individual CCGs regarding commissioning. RMS would take this forward and once finalised these would be circulated for virtual approval. **Action: RMS**
7. Stiripentol (Sheffield) New Line Request – AT informed the APC that a new line request was ready for approval now at M&T. Outcome would be awaited.
8. Shared Care Arrangements for managing anticoagulation when patients undergo a procedure in Secondary Care **–** RMS is currently putting together a pathway which is an amalgamation of two documents. RMS and JL are going to work on this. It was important that this was dealt with as soon as possible to help the Trust with waiting list times for endoscopy. At the end of the meeting it was agreed to use the August meeting of the APC to discuss this and JR would invite Dr Jalihal to attend. **Action: JR**
9. Enstilair **–** The NE Lincs GP were happy with this new line request as long at the guidelines were adhered to. This would be added to the formulary as AMBER with no shared care. **Action: AT**
10. Guidelines for prescribing of Stoma Care Appliances **–** The MO Team had checked with PrescQIPP who had not engaged with any patient groups. The local patient group had been emailed but no comments had yet been received. It was noted that there was no change to current practice just documenting current practice. Prior to any changes to treatment these would be discussed with each patient individually. RMS would inform Karen Hiley and this can be removed from the agenda. **Action:RMS**
11. Oxycodone (related to 5e May 2018 meeting) -- Just to note higher costs associated when patients switch from oral or parenteral compared to morphine.
12. Policy for the introduction, management and use of Biosimilar medicinal products – amendments to include CCGs - To be circulated virtually for approval to enable closure of this item. **Action: JR/PH**
13. COPD Pathway – This is to go to the relevant Respiratory Business and Governance meeting which is to take place on Monday for approval and clarification.
14. APC Working Arrangements:

1. NICE TA & CG Updates (May 2018)

All three TAs listed below would be added as RED on the formulary in line with NICE guidance.

[TA517](https://www.nice.org.uk/guidance/ta517): Avelumab for treating metastatic Merkel Cell carcinoma

[TA518](https://www.nice.org.uk/guidance/ta518): Tocilizumab for treating giant cell arteritis

[TA519](https://www.nice.org.uk/guidance/ta519): Pembrolizumab for treating locally advanced or metastatic urothelial carcinoma after platinum-containing chemotherapy

1. Net formulary update – the chapters (Chapter 5 & 6) were discussed and all notes made by AT during the meeting. The updated chapters would be circulated with the draft minutes following this meeting for ratification.

Newsletter – AT had produced a newsletter which PF had sent to NLAG Comms Team for comment. Comms Team suggested a summary of key points/messages on the first page. RMS felt that this was too long for a newsletter and wondered if the formulary additions could be displayed in table format for a quick glance and if further information was required as to the background decision this could be sought from AT or RMS giving contact information. AT should also put her picture and some information in the form of an introduction as this was the first newsletter AT had produced. Main points should be listed on the front page for quick glance purposes. AT would send this to the CCG Comms, address to be supplied by RMS, for distribution purposes. RMS would also check who their Comms covered. AT would also distribute to APC members asking them to cascade as appropriate. **Action: AT**

1. Tackling inappropriate supplies of CDs/High Risk Drugs - This issue is to be raised at every forum where prescribing is discussed. This should be added to the next edition of the newsletter. It had already been circulated by CCGs. It was noted that the CCGs and Acute Trusts had acted on this information accordingly. CCGs had sent it to the Out of Hours providers.
2. Guidelines for the prescribing of Sacubitril/Valsartan (Entresto) – It was noted that this still required approval by the relevant governance committee prior to going on the M&T agenda. RMS made comments that the specialist should supply for the first 3 months until all monitoring has been done, longer if further monitoring is required. This was noted by AT who would take this back to the requestor. It was also noted that the ‘alert card’ should be mentioned and under Section 12, implementation, the specialist provider is given training and this would be required for the GPs also. AT to take all comments back to requestor. **Action: AT**
3. Draft Newsletter – discussed above.

1. Formulary Requests, Amendments and Actions:

Comments received by AT for all the chapters (deadline agreed of end of May 2018):

Chapter 5, 6, 7 & 8 - AT took notes during the discussions and the ratified chapters would be circulated with the draft minutes.

1. Items for General Notice:
2. MHRA Safety Updates – (May 2018) – Reminder about Sodium Valproate and extra information available in the Epilim packs re pregnancy. This was noted. LMC raised the issue of whether the hospital consultants were seeing patients again and PF agreed to check this out at M&T tomorrow. Braltus (Tiotropium) risk of inhalation of capsule if placed in the mouthpiece of the inhaler – this should be shared with patients at the point of dispensing. RMS would notify Janet Clark of this. **Action: RMS/PF**
3. Regional Medicines Optimisation Committee quarterly cascade – not due.
4. RMOC – Access to pan regional antidotes and other rarely used medicines position statement – it was noted that NLaG hold antidotes for various poisons and venoms. Clarification was going to be made on where all should be stored and when this information is available it will be shared with the APC.
5. Items by Prior Notice:
6. Metformin for individuals who have been diagnosed with pre diabetes – RMS – APC view on this for pre-diabetes. Cannot use an unlicenced product when a licenced product is available. APC endorse the use of metformin in line with NICE guidance.
7. Ketamine – RMS was asked re the use of Ketamine for a patient who is palliative care potentially needed for the hospice to try oral ketamine for this patient (North Lincs patient) if required. This would be up to the individual GP who would need a discussion with the Hospice should the need arise. Currently Ketamine is on the formulary in the anaesthesia section but it was agreed that the Hospice should be asked for a new line request for this unless it was already in the anticipatory guidelines recently approved.
8. Trelegy – It was noted that NLAG were getting a lot of patients coming in on Trelegy which was non formulary. It is known that there is a new line request in the pipeline for this product.
9. Tadalafil – decision of APC is to go ahead and remove unless Mr Mark Rogers can come along and present stronger evidence – evidence he has already provided is not strong enough. **Action: AT**
10. Tamoxifen for risk reduction of breast cancer should be RED and not prescribed by GPs as this is an unlicenced indication.
11. August meeting – to be used for low molecular weight heparin discussion and any other urgent business or any chapter reviews. **Action: JR (Check GPs are not on leave)**

**Date and Time of Next Meeting:**

**Thursday 12 July 2018**

**2 pm**

**Health Place, Brigg**