



Northern Lincolnshire  
Area Prescribing Committee

## The Northern Lincolnshire Area Prescribing Committee

# MINUTES

13 January 2022  
2.00 pm via Teams

## **1 Introductions**

Paulash Haider (PH) – Assistant Chief Pharmacist (NLaG)  
Andy Karvot (AK) – Northern Lincolnshire Interface Pharmacist (NLaG)  
James Ledger (JL) – Medicines Optimisation Pharmacist (NECS)  
Jane Morgan (JM) – Principal Pharmacist – Formulary, Interface & Medicines Commissioning (HUTH)  
Simon Priestley (SP) – Chief Pharmacist (NLaG) - Chair  
Sarah Spooner (SS) – Clinical Lead Care Plus Group  
Dr A Sinha (AS) – Clinical Lead for Adult Services in NEL  
Rachel Staniforth (RMS) – Medicines Optimisation Pharmacist (NECS)  
Hazel Tait (HT) – Contracts Manager (NLaG)

### **In Attendance:**

Joanne Rowson - Minute Taker (NLaG)

## **2 Apologies**

Apologies were received from:

Osman Ali (OA) – Lead Pharmacist High Cost Drugs & Procurement (NLaG)  
Dr Manish Khandelwal (MK) – LMC Chair of South Bank  
Dr Pothina (NP) – Consultant Diabetologist (NLAG) – Chair

The meeting was not quorate.

## **3 Declarations of Pecuniary Interest**

There were no declarations of pecuniary interest.

## **4 Minutes of Previous Meeting held on 9 December 2021**

The minutes of the previous meeting held on 9 December 2021 were accepted as a true record. It was noted that the next newsletter would be ready for approval at the February 2022 meeting.

## **5 Action Log & Matters Arising not on the action log**

- a) Treatment and management of Infections PC changes to consider (Item 7b action log) – There were some formatting issues and page numbers required as well as putting into pdf format. Six items within the guideline were noted to be non-formulary however the document had already been approved. It was agreed to do one new line request for all six drugs needed to be in line with the formulary and it was suggested that Sally Uren work with Shilpa Jethwa regarding this and to propose where each product should sit. OPAT models were discussed and IVs to be revisited in view of this but Co-Amoxiclav IV classification to green would not be accepted in Primary Care due to monitoring within the organisation.
- b) Inclisiran Implementation – Adele Bunch had been invited to attend but was currently not at work although happy to input when available. (Item 6e action log) – Pathway to show where this fits in was required. Noted that this was a national issue and a wider footprint

with clinician input was required. This item would be deferred and it was wondered if there was a Humber Coast and Vale group that could look at this. The CCG Guidelines group was meeting in February but as the members were not fully established as yet there may be a possibility that this would require a separate sub group with relevant members to discuss. RMS would also enquire what was happening in other surrounding areas regarding this product. A further suggestion was to circulate the information to the GPs asking for comments/feedback. Noted that NHSE have put plans in place to make this accessible in Primary Care. Feedback was required on who would be relevant to join the meeting to bring back the wider APC footprint and AK agreed to contact Adele Bunch regarding this to see who to involve to move this forward. It was also agreed to take this to the PTL sessions held in Primary Care and Dr Sinha would initiate getting this slotted into the agenda at the GP PTL. **Action Dr Sinha/JL/RMS to look at how to take this forward in Primary Care and AK to contact Adele Bunch**

- c) Atomoxetine 4 mg/ml liquid (Item 7b Action Log) – AK is at a loss as to how to take this forward. Discussion had been held under the action log and AK would make further attempts to get in touch with Dr Nelapatla who was responsible for the ADHD clinics and would look at how we consider this in view of the guideline.

Action log updated accordingly.

## **6 APC Working Arrangements**

- a) NICE TA & CG Updates – TA753 noted that we would need to mirror whatever is on the Hull formulary as the Neurology Service is now with Hull. JM stated that this was going to the next D&T. RMS spoke about the APC shadow meetings for the joint works where this would be discussed at the March meeting. Other NICE TAs were not applicable to the organisation.

With regards to Mexiletine this was a high cost drug and would remain in Tertiary Care.

- b) Newsletter – AK producing a newsletter for the February 2022 meeting as discussed above. **Post meeting note newsletter circulated for comments and approval at February APC.**
- c) Sharing of APC Agenda/Minutes and decisions
- i. HUTH Secondary CVD Prevention Pathway – JM had sent the latest version to Dr Pothina to share with the physicians involved. This was noted to link into the Inclisiran discussions.
  - ii. MMF Shared Care Formulary – this was updated following the discussions at the last meeting and an updated version that matches the drug safety information circulated. Monitoring changed to mirror the SPF monitoring. RMS made comments under the responsibilities section and noted that monitoring would need to stay with specialist until titration to a stable dose was achieved. This also brought in the discussion regarding the relevant contraception required and whether the service they had accessed this from would be visible to the prescriber. It was noted that verbal confirmation may be the only way of assurance of this and this may need to be reflected in the shared care stating that the prescribing would not be done until confirmation of contraception was received. Section 10 to be updated to reflect the section 8 monitoring requirements. To be circulated for virtual approval with the recommendations discussed and this would then go to the CCGs for their approval.  
**Action: JR/JM**

- d) NHS Net Zero – RMS stated that there was work going on in Primary Care and a collaborative approach was required. SS had been in discussions with Meridian and was looking at the different types of inhalers in use and OA would be asked to get in touch with SS regarding this including RMS in any correspondence. **Action:OA/SS/RMS**
- e) LMWH Prescribing in Primary Care – (information only) – This had originally been on the agenda for information only but had created some discussions with colleagues in Secondary Care regarding the prophylaxis dose in pregnancy. An announcement had been added to the hub on AK's behalf but it was unsure how Primary Care had received the information. Confirmed that JL had communicated this in Primary Care. DVT/PE in pregnancy had been queried by an NLaG Pharmacist and required confirmation. Noted that in pregnancy this would all be a red indication. AK to look at other forums for better dissemination of important information and he would discuss this with SP outside of the meeting.

## 7 Requests, Amendments and Actions

- a) Humber Joint Formulary – deferred discussion re hosting of documents earlier in the meeting ie HERPC become a hosting site to the joint Area Prescribing Committee and the timings of this or whether the work should be put into link the existing documents for now. RMS felt that there should be a Humber Joint Formulary section on HERPC site and this should be picked up in that forum. JM had spoken to the intranet manager at her organisation who was happy to do what was required to assist with this but did require documents in pdf format and any re-designs required and offer any training required. JM and AK would link regarding this and discuss the existing NLaG documents, the existing documents for HERPC and the joint formulary and this could feed into the discussions of the joint working group. **Action: JM/AK**

AK was looking at bringing a template along to the next meeting relating to replacement products required due to the joint discussions taking this first to the joint working group. RMS was not sure at this present time that we were looking at removing products.

- b) Blueteg – no discussion required.

## 8 Items for General Notice:

- a) MHRA Safety Updates & Spreadsheet – November & December 2021 for information.
- b) Regional Medicines Optimisation Committee (RMOC) quarterly cascade – no information.

## 9 Items by Prior Notice:

- a) Rectal Prednisolone products – query arisen from a GP raised by Sally Uren. More information was required to consider this and AK would follow up with Sally Uren and the Specialist outside of the meeting.

### Date and Time of Next Meeting:

Thursday 10 February 2022

2 pm

via 'teams meeting'