



Northern Lincolnshire
Area Prescribing Committee

The Northern Lincolnshire Area Prescribing Committee

MINUTES

10 March 2022
2.00 pm via Teams

1 Introductions

Osman Ali (OA) – Lead Pharmacist High Cost Drugs & Procurement (NLaG)
Andrea Fraser (AF) - General Practitioner LMC
Oliver Fillingham (OF) – Pharmacist (NECS)
Paulash Haider (PH) – Assistant Chief Pharmacist (NLaG)
Andy Karvot (AK) – Northern Lincolnshire Interface Pharmacist (NLaG)
Jane Morgan (JM) – Principal Pharmacist – Formulary, Interface & Medicines
Commissioning (HUTH)
Simon Priestley (SP) – Chief Pharmacist (NLaG)
Sarah Spooner (SS) – Clinical Lead Care Plus Group
Dr A Sinha (AS) – Clinical Lead for Adult Services in NEL - (Partial Attendance)
Hazel Tait (HT) – Contracts Manager (NLaG)

In Attendance:

Joanne Rowson - Minute Taker (NLaG)
Mr Saswata Chakraborty – Consultant Urologist (SC) – for Item 5a

2 Apologies

Apologies were received from:

Anna Grocholewska (AG) – NAVIGO – (Partial Attendance)
Dr Manish Khandelwal (MK) – LMC Chair of South Bank
Dr Pothina (NP) – Consultant Diabetologist (NLAG) – Chair
Simon West (SW), Acting Head of Finance, Financial Strategy & Assurance NEL CCG

3 Declarations of Pecuniary Interest

There were no declarations of pecuniary interest.

4 Minutes of Previous Meeting held on 10 February 2022

The minutes of the previous meeting held on 13 February 2022 were accepted as a true record.

5 Action Log & Matters Arising not on the action log

- a) Overactive Bladder in Female Patients – Mr Chakraborty, Consultant Urologist, attended for this item. At the last meeting it had been stated that the pathway did not match what was available on the formulary. SC stated that Solifenacin would need to be added to the formulary, it was hoped to add a link to the pathway regarding the bladder training required for patients and the community incontinence team could also be involved in the training. This was noted to be fairly simple training for patients to follow to learn how to postpone going to the toilet when the urge arises. The link could be to the patient information leaflet if required.

It was agreed that a new line request form for Solifenacin (lowest cost anticholinergic) as second line, would be completed so that this be considered at the APC and evidence given to support. Commencement on the lower dose, 5 mg and increasing to higher, 10

mg dose if no results then if still no result Mirabegron 50 mg to be introduced and reduce Solifenacin to 5 mg and give both drugs concurrently. This was not stated in the flow chart and this would be updated. Mirabegron caution in liver impairment was noted. No investigations were required to commence treatment with anticholinergics. Cardiac side effects with Mirabegron noted and precautions taken. **Action: AK/JM to complete paperwork for joint formulary process and Mr Chakraborty to update pathway as per discussions.**

- b) Prescribing Framework for Mycophenolate Mofetil for Immunosuppression in Adults (Neurology only) – Item 6d action log. JM had provided a document for the meeting that she had updated and had everything included. This is funded shared care on the North bank with monitoring and prescribing funding. This has not yet been sent for funding on the Southbank. AS and AF were both happy with the document. Clarity on funding was required and OF would take the document to the relevant committees after consulting with RS. **Action:OF**

Action log updated accordingly.

6 APC Working Arrangements

- a) NICE TA & CG Updates – Live document updated accordingly and was for the information of the committee. Migraine treatment may have to mirror Hull, currently only prescribing through HUTH and this will be picked up through the joint formulary process.
- b) Newsletter – amendments to the last newsletter at the February meeting noted. This would be recirculated for comments and distributed next week.
- c) Sharing of APC Agenda/Minutes and decisions – information shared. Merging of the two APCs was discussed. The aim was for the first new merged APC to take place on 6 April, where the terms of reference (which have been distributed through the CCGs) will be confirmed. Noted that the Trusts involved had not received the terms of reference and they would be required to approve these prior to the meeting.

Discussion took place as to the validity of holding the next Northern Lincolnshire APC meeting on 7 April as planned and it was agreed to look at other dates later in April when this could be held but noted that the Easter break may cause a problem with the movement of this meeting and the original date would remain in the calendar in case a new date could not be agreed. This APC will be disbanded in due course but it was agreed that a close down period for the meetings was required to allow for formal closure and closure of outstanding issues. All planned meetings will remain in the diary for the time being.

The proposal was to hold a Joint APC bi-monthly and Joint formulary bi-monthly meeting on future. Clarity regarding funding of GP prescribers who were members was required from the ICS but it was thought to be unlikely that this assurance will be given. Concerns had been raised and it was hoped that these have been heard.

AK flagged up the number of Pharmacists attending and it was agreed to review attendance in line with the terms of reference and seek amendments to the terms of reference if agreed this not appropriate.

- d) NHS Net Zero – Work is required to be done around the inhalers and ensuring that we are using the most carbon friendly. This would be raised through the Humber APC as no new actions should be opened for this APC.
- e) BTS guideline for long term Macrolide use – This has come through from the NLaG Respiratory meeting. Concerns regarding Azithromycin long-term use in asthma and COPD and noted that a framework is required, although these indications feature in National British Thoracic Society guidelines. These indications were not on the joint formulary and would be required. Azithromycin has never been classified in Hull for use on formulary, but was classified as green on the NLaG formulary, including for long term use in non-CF bronchiectasis (NICE evidence summary ESUOM38).

Paulash Haider took over as Chair at this point as Simon Priestley had another urgent meeting. Simon Priestley rejoined but PH remained as Chair.

- f) Humber APC and necessary action by NLAPC – discussed in 6c above.

7 Requests, Amendments and Actions

- a) Blueteq – standing item on APC agenda. Rheumatology forms for blueteq will be brought to the next meeting.
- b) Purastat – information/hospital only and now in correct format as requested by APC. Approved.
- c) Luforbec – OF – link embedded into the agenda. Inhaler to be stored in the fridge until in use. To replace Fostair and switches to be done in Primary Care. Noted that this is not on a national contract but there are cost saving in Secondary Care and a price agreement is operating in Hull. Agreed that background/comparison work to be done before any agreement is reached on this and then taken to joint formulary. Item deferred for now. **Action: JM**
- d) Cost effective use of DOACs – This was raised through Procurement initially and AK had sent out a gentle reminder document to NLAG prescribers stating recommendations ie switching to Edoxaban where clinically appropriate would give savings across the whole health community. This email could be sent round to Primary Care prescribers but it was felt that support from GPs would not be given where patients are already on a DOAC.

8 Items for General Notice:

- a) MHRA Safety Updates & Spreadsheet – February 2022 for information.
- b) Regional Medicines Optimisation Committee (RMOC) quarterly cascade – no information.
- c) Antibiotic Formulary Prescribing Advice Version 9 – for information only. AK to ensure that links are updated. **Action: AK**
- d) Supporting document for proposed changes to Formulary Chapter 5 – these are supporting documents to propose a change to some of the RAG ratings of antibiotics in netFormulary, to ensure compliance with the Guidance on the Treatment and Management of Infection in Primary Care and some items were not included at all in the

formulary, which have been added to one New-line request form, for acceptance.
Approved. **Action: AK**

9 Items by Prior Notice:

None.

Date and Time of Next Meeting:

Thursday 7 April 2022, 2 pm via Teams but may be subject to change