

**DONCASTER and BASSETLAW AREA PRESCRIBING COMMITTEE  
MINUTES from 28<sup>th</sup> September 2017**

**Present:**

<u>NHS Doncaster CCG</u>		<u>RDaSH FT</u>		<u>Doncaster LPC</u>	
Dr David Crichton – ( APC Chair)	✓	Mr Stephen Davies – Chief Pharmacist RDaSH FT	✓	Mr Richard Harris – LPC Representative	✓
		Mr Andrew Houston - Senior Mental Health Pharmacist		Mr M Ahmed - Deputy	
Mrs Gill Bradley – Deputy Head of Medicines Management (NHSD-MMT)	✓			<u>DBTHFT</u>	
Dr Rachel Sykes – NHS Doncaster GP	✓	Mrs Heidi Atkinson- Non Medical Prescriber Representative (RDaSH DCIS)		Mr Andrew Barker – Chief Pharmacist DBTHFT	
<u>NHS Bassetlaw CCG</u>		Ms Julie Hall - Non Medical Prescriber Representative (RDaSH DCIS)		Mr Lee Wilson – Consultant Pharmacist DBTHFT	✓
Mr Rob Wise – Head of Medicines Management (BCCG)		<u>Doncaster LMC</u>		Dr Mahmoud Al Khoffash – Medical Director representative DBTHFT	✓
		Dr Dean Eggitt - LMC Secretary	✓		
		Mr David Gibbons - LMC Deputy		<u>FCMS (When necessary)</u>	
	✓	Dr Runit Shah – LMC Chair		Mrs Nicola Sanders Mrs Tracey Edwards Mrs Alison O'Conner	

**Minutes Only :- Dr Mark Pickering Doncaster Offender Health, Chair prisons D&T Committee**

**Dr Rupert Suckling & Mr Victor Joseph DMBC  
Mrs Nicola Sanders & Mrs Tracey Edwards FCMS**

**In Attendance: Angie Machin – Minute Secretary (NHS Doncaster-MMT)**

<b>Agenda Item</b>	<b>Discussion Points</b>	<b>Action By</b>
09/17/1	<b>Apologies</b> Apologies were received from Mr R Wise	
09/17/2	<b>Declarations of Interest, Gifts or Hospitality</b> No declarations were received	
09/17/3	<b>Minutes of last meeting</b> The minutes of the last meeting held on 31 <sup>st</sup> August 2017 were agreed as a true and accurate record and will be made available on the medicines management website.	NHSD-MMT (AM)

09/17/4/1	<b>Matters Arising</b>	
11/15/8.4	<p><b>Shared Cared Protocol/Pathway update for the management of ADHD in adults, young people and Children</b></p> <p>RDaSHFT confirmed that there has been on-going discussion around the pathway of care. The Committee was advised of NICE guidelines that are due out in January 2018, the draft guidelines indicate that there will need to be some changes to the draft Shared Care Protocol to reflect changes around:</p> <ul style="list-style-type: none"> <li>• Earlier diagnosis</li> <li>• Drug selection</li> <li>• Monitoring schedules</li> </ul> <p>RDaSHFT is in the process of embedding these changes in to the draft paperwork and when complete will share with the Committee. RDaSHFT also acknowledged the suggestions and comments made by the Committee at the August meeting. The draft NICE guideline will be shared prior to the next meeting for information.</p>	<p>RDaSHFT</p> <p>NHSD- MMT (NT)</p>
10/16/8.2	<p><b>Parkinson's disease – shared Care Protocol review</b></p> <p>RDaSHFT has updated the paperwork and has shared the Parkinson Disease Nurses and Consultants for comments and the documents will then be shared with DCCG Medicines Management Group and also to return to this Committee.</p>	RDaSHFT
03/17/8.4	<p><b>Ulipristal Acetate 5mg – development of guidance</b></p> <p>The Committee was advised that all the Obstetrics and Gynaecology Department were in agreement for its use. The Committee agreed that the guidance needs to be made Doncaster specific and once the pathway of care is agreed the guidance will return to the Committee for approval.</p>	DBTHFT
04/17/8.1	<p><b>DBTHFT Dalteparin – Shared Care Protocol Review</b></p> <p>The draft paperwork will be updated with the current telephone number and will be updated on to the medicines management website</p>	NHSD- MMT(AM)
08/17/8.1	<p><b>Draft Epilepsy Shared Care Guideline Paperwork</b></p> <p>The LMC confirmed that the draft guideline had been discussed at their last meeting and advised the Committee that the LMC has been involved in discussions with the neurology department in Sheffield, DBTHFT and RDaSHFT around the on-going management of all patients that attend neurology services provided by Sheffield consultants.</p> <p>The Committee feel that the service provided by RDaSHFT Specialist Nurses should continue. The Committee asked RDaSHFT if a specific drug dose is changed/started/stopped could a full treatment plan be included in the clinic letter so that there is no doubt as to the regimen.</p> <p>The Committee did suggest to the LMC that Mr Stephen</p>	

	Emmerson the DCCG Commissioning Manager should be made aware of any proposed pathway changes.	
08/17/8.3	<p><b>Items which should not routinely be prescribed in Primary Care</b></p> <p>The document listing the drugs suggested by either NHS England or Prescipp was presented to the Committee. Each drug on the list will be discussed and the Committee will either:</p> <ul style="list-style-type: none"> <li>• Agree to change the classification of the drug to Grey</li> <li>• Seek further information/advice from outside of the Committee before deciding if re-classification is suitable</li> </ul> <p>This may take several months to complete. Drugs considered this month:</p> <p><b>Aliskiren</b> This drug is used in hypertension, it is currently classified as Red, it is non-formulary and Prescipp suggested that it be added to the list. The Committee agreed that advice should be sought from DBTHFT clinicians to aid further discussion.</p> <p><b>Amiodarone</b> This drug is used for long-term heart rate control; it is currently classified as Amber and is on the formulary. Prescipp suggested that it be added to the list. The Committee agreed that use is decreasing and that repatriation to Cardiology is progressing, the category should remain as Amber at present.</p> <p><b>Cannabis sativa, Complementary therapies, herbal supplements &amp; homeopathy and co-proxamol</b> These items are already Grey on the TLS.</p> <p><b>Dental products</b> This includes Fluoride tablets, toothpaste, specialist mouth washes, and these items are not currently on the TLS and have not been reviewed by the Formulary Liaison Group (FLG). Prescipp suggested that they are added to the list. It was agreed that items requested to be initiated by dentists should not be prescribed by a GP and the request should be sent back to the dentist. The Chair agreed to support communicating this process to the Local Dental Committee. Items other than ACBS items will be changed to Grey on the TLS.</p> <p><b>Dosulepin</b> This drug is already Grey on the TLS.</p> <p><b>Doxazosin MR</b> This drug is used in hypertension it is not on the current TLS, the MR preparation is non-formulary. Both NHS England and Prescipp suggest that it be added to the list.</p>	<p>NHSD-MMT(GB)</p> <p>DBTHFT</p> <p>NHSD-MMT (AM)</p> <p>The Chair</p>

	<p>The Committee agreed that this preparation should be added to the TLS as Grey and that a reminder should be added to the newsletter to advise Primary Care of this decision.</p> <p><b>Eflornithine cream (Vaniqua)</b> This is used to treat hirsutism and is currently on the TLS as Amber-G, it has not been reviewed by the FLG. The Committee agreed that advice should be sought from the FLG before any decision is made.</p> <p><b>Oxycodone/naloxone combination (Targinact)</b> Doncaster is the top prescriber in the country of Targinat. It is a restricted use item on the formulary. Both NHS England and Prescripp suggest that it be added to the list. DCCG-MMT is doing work at present to identify where prescribing is initiated. DBTHFT are also looking at this. Once complete the Committee will have a further discussion around re-categorisation.</p>	
09/17/5	<p><b>Traffic Light – Drugs for Review</b> All drugs for review were agreed as proposed, will be updated on the traffic light system and the details included in the Medicines Management T@blet Newsletter. Idelalisib (Zydelig) used in Leukaemia-chronic lymphocytic has been categorised as Grey 2 Methylnaltrexone (Relistor) used in Opioid-induced constipation has been categorised as Grey 2</p>	NHSD- MMT(AM)
09/17/6	<p><b>APC Officers actions</b> All officers' actions were agreed as proposed, will be updated on the traffic light system.</p>	NHSD- MMT(AM)
09/17/7	<p><b>Traffic Light – Additions for Consideration</b> All additions for consideration were agreed as proposed, will be updated on the traffic light system and the details included in the Medicines Management T@blet Newsletter. Ribociclib (Kisqali) used in Breast Cancer has been categorised as Red 1,2,3. Regorafenib (Stivarga) used in Hepatocellular carcinoma (HCC) has been categorised as Red 1,2,3.</p>	NHSD- MMT(AM)
09/17/8	<p><b>New Business</b></p>	
09/17/8.1	<p><b>Rheumatology TA monitoring contact review</b> The DCCG Contracting manager is looking at the DBTHFT block contract, part of this work is to consider if the TA monitoring service should be removed from the contract. The opinion of the APC has been sought to aid this decision. The overall opinion of the Committee was that the TA monitoring service works really well, DBTHFT advised the Committee that the Gastroenterology Department is about to also start using this</p>	The Chair

	<p>service. The Committee does not support removing the TA Monitoring Service from the contract and will feed this back to the contracting manager.</p>	
09/17/8.2	<p><b>Consideration of developing guidance for the use of melatonin in dementia patients</b> The Committee was approached by Dr R Kersh Consultant Physician at DBTHFT some time ago to consider the development of a shared care protocol to support melatonin prescribing for patients with dementia. The Committee was asked for their opinion on this. Melatonin is licensed for short term use in people over 55 years. The Committee agreed that opinions from RDaSHFT and DBTHFT geriatricians should be sought followed by further discussion at this meeting.</p>	DBTHFT RDaSHFT
09/17/8.3	<p><b>Sheffield Shared Care Protocol for Riluzole</b> Riluzole is a drug used to extend the life of patients with motor neurone disease. The Committee was asked if the protocol developed in Sheffield should be adopted by Doncaster and Bassetlaw. The Committee do agree that this would be appropriate. NHSD-MMT will confirm if the protocol has been approved in Sheffield and will feed back to the Committee at the next meeting. <i>Post meeting note: The protocol has been approved for use in Sheffield.</i></p>	NHSD- MMT(GB)
09/17/8.4	<p><b>Thyroid Register update</b> The Committee was informed of a letter that has been sent to Primary Care colleagues from DCCG. The letter describes the position at present in the management of this cohort of patients. The CCG has now agreed with DBTH to maintain the current situation until a decision has been made. The Committee agreed that the process for management should be finalised as quickly as possible. The Chair confirmed that he would raise this at the Clinical Reference Group meeting. An update will be brought back when available.</p>	
09/17/8.5	<p><b>Transgender Update</b> The National Consultation closes on 16<sup>th</sup> October; the outcome of this may take some-time to be published. There has been some preparatory work done locally to provide guidance to support Primary Care.  The Committee had sight of draft documents prepared by Rotherham CCG on behalf of South Yorkshire and Bassetlaw Medicines Management.  The LMC has also had discussions with Porterbrook Clinic in</p>	NHSD- MMT(GB)

	<p>Sheffield and have developed a draft direct enhanced service (DES) this supports the model of GP's with special interest managing patients.</p> <p>The Committee did express concern for patient safety around prescribing and acknowledged that comprehensive guidance/support is required to help in this area.</p> <p>The LMC also highlighted that the term 'bridging prescription' is being used when requests for medication are received in Primary Care. This term suggests that GPs should consider prescribing hormone treatment to transgender patients while they await specialised gender identity treatment. There was agreement that the Committee would support a GP declining a request to prescribe. Where a GP agrees to prescribe 'bridging' medication a reminder that the responsibility of monitoring side effects sits with the Prescriber.</p> <p>The Committee agreed that information will be added to the next medicines management newsletter.</p>	
09/17/9	<p><b>DBTHFT D&amp;TC Update</b> The minutes of the meeting held in June 2017 were received by the Committee</p>	
09/17/10	<p><b>Formulary Liaison Group Update</b> No minutes available</p>	
09/17/11	<p><b>Doncaster Prisons Drug &amp; Therapeutic Committee</b> No minutes available</p>	
09/17/12	<p><b>RDaSH FT &amp; Medicines Management Committee Update</b> No minutes available</p>	
09/17/13	<p><b>Barnsley Area Prescribing Committee Update</b> No minutes available</p>	
09/17/14	<p><b>Rotherham Area Prescribing Committee Update</b> The minutes of the meeting held in June 2017 were received by the Committee</p>	
09/17/15	<p><b>Sheffield Area Prescribing Committee Update</b> No minutes available</p>	
09/17/16	<p><b>Nottinghamshire Area Prescribing Committee Update</b> No minutes available</p>	
09/17/17	<p><b>Any Other Business</b> 09/17/17.1 Following the recent addition of Mycophenolate to the Rheumatology Shared Care Protocol, requests are now being</p>	DBTHFT

	<p>seen in Primary Care to prescribe this drug. NHSD-MMT asked that the drug formulation is made clear on the request with a steer to tablets would be agreeable. DBTHFT agreed to feed this back to the clinicians</p>	
09/17/18	<p><b>Date, time &amp; venue of next meeting</b></p> <p>12 noon prompt Thursday 26th October 2017 in Meeting Room 3 Sovereign House</p> <p>12 noon prompt Thursday 30th November 2017 in Meeting Room 3 Sovereign House No December meeting</p> <p>12 noon prompt Thursday 25th January 2018 in Meeting Room 3 Sovereign House</p> <p>12 noon prompt Thursday 22nd February 2018 in Meeting Room 3 Sovereign House</p> <p>12 noon prompt Thursday 29th March 2018 in Meeting Room 3 Sovereign House</p> <p>12 noon prompt Thursday 26th April 2018 in Meeting Room 3 Sovereign House</p> <p>12 noon prompt Thursday 31st May 2018 in Meeting Room 3 Sovereign House</p> <p>12 noon prompt Thursday 28th June 2018 in Meeting Room 3 Sovereign House</p>	