

**DONCASTER and BASSETLAW AREA PRESCRIBING COMMITTEE  
MINUTES from 25<sup>th</sup> January 2018**

**Present:**

| <u>NHS Doncaster CCG</u>  |   | <u>RDaSH FT</u>  |   | <u>Doncaster LPC</u>  |   |
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| 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 P Chatterton - 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 Lucy Peart – Acute Physician DBTHFT  |   |
|   |   | Dr Dean Eggitt - LMC Secretary   |   |   |   |
|   |   | Dr Stuart McHardy - LMC Representative                                 | ✓ | <u>FCMS (When necessary)</u>  |   |
|   |   | Dr Runit Shah – LMC Chair  |   | Mrs Nicola Sanders<br>Mrs Alison O’Conner<br>Mrs Annie Armitage<br>Mr Andrew Shakesby | ✓ |

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

**Dr Rupert Suckling & Mr Victor Joseph DMBC**

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

| <b>Agenda Item</b> | <b>Discussion Points</b>   | <b>Action By</b> |
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| 01/18/1            | <b>Apologies</b><br>Apologies were received from Dr L Peart, Dr R Shah, Dr D Eggitt, Mr R Harris & Mrs A Armitage  |                  |
| 01/18/2            | <b>Declarations of Interest, Gifts or Hospitality</b><br>No declarations were received   |                  |
| 01/18/3            | <b>Minutes of last meeting</b><br>The minutes of the last meeting held on the 30 <sup>th</sup> November 2017 were agreed as a true and accurate record and will be made available on the medicines management website. |                  |

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| 01/18/4.1 | <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 the draft documents will be presented at the March APC meeting.</p> <p>There is currently discussion around the inclusion of the drug Guanfacine to the SCP. This is a non-stimulant treatment for children and young people. The inclusion of Lisdexamfetamine is also being discussed.</p>                                | RDaSHFT |
| 10/16/8.2 | <p><b>Parkinson's disease – Shared Care Protocol review</b></p> <p>RDaSHFT confirmed that the draft documents will be presented at the March APC meeting.</p> <p>Post meeting note – Sheffield CCG have proposed that an SY&amp;B shared care pathway is developed, including prescribing. RDaSHFT will be included in this collaboration. Sheffield CCG Medicines Management Team will lead on this collaboration, and an update will return to the APC next month.</p> | RDaSHFT |
| 03/17/8.4 | <p><b>Ulipristal Acetate 5mg – development of guidance</b></p> <p>The Committee agreed that this item be removed from the agenda until draft documentation is provided for consideration.</p>  |         |

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| 08/17/8.3 | <p><b>Items which should not routinely be prescribed in Primary Care</b></p> <ul style="list-style-type: none"> <li>Public Health England to consider removing travel vaccinations from NHS prescriptions</li> </ul> <p>The Committee was advised of a letter from NHS England asking PHE to look at whether the NHS should charge for more vaccines, when they are requested solely for the purposes of travel. Any updates regarding this will be shared with the Committee.</p> <ul style="list-style-type: none"> <li>National Consultation List - Medicines of Low Clinical Value &amp; Prescrip Drop List</li> </ul> <p>The Committee was advised of a document produced by Barnsley CCG summarising the recommendations from the recent Consultation.</p> <p>The spreadsheet completed by the Committee was compared with these recommendations and the following actions agreed:</p> <ul style="list-style-type: none"> <li>Liothyronine – was categorised as Grey for Primary hypothyroidism. Now change to Amber –G with guidance stating that the request would need to come from an NHS endocrinologist</li> <li>Omega-3 fish oils (Eicosapentaenoic acid) will remain Grey RDaSHFT agreed to advise Consultants of this.</li> <li>Oxycodone/naloxone combination (Targinact) was categorised as Grey. Now change to Amber-G.</li> <li>Tadalafil once a day (Cialis) was re-categorised as Amber –G. The guidance stating that initiation will follow assessment by a specialist service.</li> <li>Lidocaine patch – to remain Amber-G for off-label use</li> </ul> <p>All remaining drugs on the drop list will remain categorised as previously agreed unless further information is received by the Committee.</p> |         |
| 09/17/8.2 | <p><b>Consideration of developing guidance for the use of melatonin in dementia patients</b></p> <p>The Committee agreed that this item be removed from the agenda until draft documentation is provided for consideration.</p>   |         |
| 10/17/8.1 | <p><b>FreeStyle Libre Glucose Monitoring System</b></p> <p>This system was discussed at the Doncaster Diabetic Network meeting on the 15<sup>th</sup> December. The Network was asked to provide a business plan for DCCG to consider.</p> <p>Bassetlaw CCG has been contacted by RDaSHFT Paediatric Nursing Service to say that they have received supplies of this system from the manufacturer and asked when to start using it. The Committee confirmed that there is currently no system in place to issue these devices. RDaSHFT agreed to pass on this message.</p>  | RDaSHFT |

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| 10/17/8.3 | <p><b>Doncaster SHARP's bins collection</b></p> <p>The Committee was advised that the transition to the new service by SRCL is still in progress. It was confirmed that when Primary Care initiated patients on medication requiring a sharp bin a small bin should be provided via the FP10 route. An interim process is in place for patients then to be entered into a system to provide an ongoing supply and disposal service. Details of this process have been forwarded to GP Primary Care via the LPC.</p> <p>Any further updates will be brought back to the Committee for information.</p>  |  |
| 10/17/8.4 | <p><b>Antipsychotic medication – repatriation of stable and well patients to Doncaster Primary Care</b></p> <p>A further collaborative meeting including DCCG, the LMC and RDASH FT to consider a Doncaster wide pathway has now taken place. The LMC asked for clarity from RDaSHFT around:</p> <ul style="list-style-type: none"> <li>• The support mechanism in place for discharged patients</li> <li>• The on-going health needs for the patients</li> </ul> <p>The assurance that this Committee focused on the clinical need and safety for patients was given.</p> <p>The Committee was reminded of its previous agreement to include support around the Traffic Light classification into the project specification.</p>  |  |
| 11/17/8.1 | <p><b>Transgender Prescribing</b></p> <p>The Chair attended the recent question and answer session hosted by Porterbrook Clinic.</p> <p>The clear message from the clinic was that medication will be initiated at the clinic with a view to Primary Care taking over responsibility at discharge. The Chair did confirm that the BMA advice was contrary to this.</p> <p>The Committee discussed the issue of prescribing and feel that all requests should be considered on an individual basis as the drugs requested are varied and guidance will not always give adequate information and support.</p> <p>The guidance developed by Rotherham CCG was discussed and the Committee was advised that Barnsley, Rotherham and Sheffield CCG's have now agreed to use this guidance. Following more discussion the Committee did agree that the guidance could be added to the medicines management website as a support for GP's that do choose to prescribe. A cover page will be added to confirm that the guidance is not mandatory.</p> <p>It was agreed that South Yorkshire and Bassetlaw Heads of Medicines Management and Porterbrook Clinic will be advised of this decision.</p> <p>The Committee also acknowledged the document circulated by NHS England around Primary Care responsibilities in regard to medication requests from private on-line providers.</p> | <p>NHSD-<br/>MMT(AM)</p> <p>Chair</p> <p>NHSD-<br/>MMT(GB)</p> |

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| 11/17/8.3  | <p><b>Sheffield Epilepsy Shared Care Protocol</b></p> <p>The Protocol was received by the Committee for approval. The categorisation of paraldehyde will be discussed in Sheffield at a later date.</p> <p>The document now contains details of the Doncaster commissioning model.</p> <p>The protocol will be added to the medicines management website.</p> <p>Dr Sykes did advise the Committee of an instance recently where the Doncaster commissioning model had failed and General Practice had been asked to prescribe before the patient had been referred into the RDASH FT Epilepsy Specialist Nurse service. Dr Sykes was advised that this could be fed back to the DCCG Commissioning Lead if the patient was identified.</p>        |                  |
| 11/17/19.2 | <p><b>Methotrexate injections –change from Red to Amber on TLS</b></p> <p>The meeting to discuss the process and pathway for patients to receive the injections via Community Pharmacy has been arranged for February 22<sup>nd</sup> following the next APC meeting.</p>  |                  |
| 01/18/5    | <p><b>Traffic Light – Drugs for Review</b></p> <p>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. Below are the significant changes:</p> <p>Vismodegib (Erivedge) used to treat Metastatic basal cell carcinoma or locally advanced basal cell carcinoma has been categorised as Grey</p> <p>Naltrexone/bupropion (Mysimba) used in weight management has been categorised as Grey</p> <p>Potassium acid phosphate oral solution had an indication of potassium deficiency on the TLS this has been corrected to Phosphate deficiency</p> <p>Fluoride Tablets and Sodium Fluoride Toothpaste (Duraphat) are grey on the TLS.</p> | NHSD-<br>MMT(AM) |
| 01/18/6    | <p><b>APC Officers actions</b></p> <p>All officers actions were agreed as proposed, will be updated on the traffic light system.</p>   | NHSD-<br>MMT(AM) |

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| 01/18/7   | <p><b>Traffic Light – Additions for Consideration</b><br/> 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.</p> <p>Mercaptamine hydrochloride (Cystadrops) has been categorised as Red 1,2<br/> Parathyroid Hormone (Natpar) used to treat chronic hypoparathyroidism has been categorised as Red 1,2,3<br/> Darunavir/ cobicistat/ 2 emtricitabine/ tenofovir alafenamide (Symtuza) used to treat HIV has been categorised as Red 1,2,3<br/> Budesonide (Entocort) used to treat microscopic colitis in Crohn’s disease has been categorised as Amber G, the guidance will be as advised by the specialist<br/> Guselkumab (Tremfya) used to treat plaque psoriasis has been categorised as Red 1,2,3<br/> Fluticasone/umeclidinium/ vilanterol (Trelegy) used in chronic COPD has been categorised as Grey 4 to enable further discussion at the FLG.<br/> Niraparib (Zejula) used to treat platinum-sensitive relapsed high grade serous epithelial ovarian, fallopian tube, or primary peritoneal cancer has been categorised as Red 1,2,3</p> | NHSD-<br>MMT(AM) |
| 01/18/8   | <b>New Business</b>  |                  |
| 01/18/8.1 | <p><b>Conditions for which over the counter items should not routinely be prescribed in primary care</b><br/> NHS England has published a consultation based on specific conditions, this ends on the 14<sup>th</sup> March 2018. The Committee was asked to take this to their organisations to consider responding. DCCG Medicines Management Group is responding on behalf of the CCG. Opinion will be sought locally by DCCG during the national consultation period.</p>  |                  |
| 01/18/8.2 | <p><b>Melatonin for REM Sleep Disorder – in Parkinson’s Disease</b><br/> The Committee was advised that on 2 occasions GP’s in Bassetlaw have been asked to prescribe melatonin for REM in Parkinson’s Disease. BCCG also advised the Committee that this treatment is also listed as treatment in NICE NG71 (Parkinson’s disease in adults). Following discussion it was suggested that opinion should be sought from Sheffield Area Prescribing Group for greater clarity on the Sheffield Traffic Light.</p>  | BCCG             |
| 01/18/8.3 | <p><b>Amiodarone Pathway update</b><br/> The existing SCP paperwork mentions the process by which a patient is added to the thyroid register in the monitoring section. This need to be removed. The Committee approved this change and the amended version will be added to the medicines management website.</p>   | NHSD-<br>MMT(AM) |
| 01/18/8.4 | <p><b>Red Drug Monitoring</b><br/> The APC periodically looks at Primary Care prescribing of red and grey drugs. This process will take a number of months. The first drugs were presented this month.</p>   |                  |

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|          | <p>Acknowledgements/Actions:</p> <ul style="list-style-type: none"> <li>Linezolid is an antibacterial, the Committee agree that the Red category is correct although acknowledge that on occasion the drug is prescribed in a Primary Care setting.</li> <li>Dapsone prescribing is up by 81%, it was agreed that DCCG MMT will look in to this as part of the routine Red/Grey drug monitoring</li> <li>Grazax prescribing is up by 400% this does equate to 5 items DCCG MMT will look in to this as part of the routine Red/Grey drug monitoring</li> <li>Macrogol 3350 is a bowel cleaning preparation used prior to a medical procedure. There has been 9 items. It was agreed that this was most likely a picking error on the GP system. It was agreed to add a message to Optimise Rx warning prescribers to take care.</li> <li>Isotretinoin is used to treat acne prescribing is up by 500% this equates to 5 items. DCCG MMT will look in to this as part of the routine Red/Grey drug monitoring</li> </ul> <p>Further drugs will be reviewed at next month's meeting</p> | NHSD-<br>MMT |
| 01/18/9  | <b>DBTHFT D&amp;TC Update</b><br>No minutes available   |              |
| 01/18/10 | <b>Formulary Liaison Group Update</b><br>No minutes available   |              |
| 01/18/11 | <b>Doncaster Prisons Drug &amp; Therapeutic Committee</b><br>The minutes of the meeting held in November 2017 were received by the Committee  |              |
| 01/18/12 | <b>RDASH FT &amp; Medicines Management Committee Update</b><br>No minutes available   |              |
| 01/18/13 | <b>Barnsley Area Prescribing Committee Update</b><br>The minutes of the meeting held in September October and November 2017 were received by the Committee  |              |
| 01/18/14 | <b>Rotherham Area Prescribing Committee Update</b><br>The minutes of the meeting held in July, August and September 2017 were received by the Committee   |              |
| 01/18/15 | <b>Sheffield Area Prescribing Committee Update</b><br>The minutes of the meeting held in October 2017 were received by the Committee  |              |
| 01/18/16 | <b>Nottinghamshire Area Prescribing Committee Update</b><br>The minutes of the meeting held in September 2017 were received by the Committee  |              |
| 01/18/17 | <b>SY&amp; B Accountable Care System Medicines Optimisation Work-stream Steering Group</b><br>No minutes available  |              |

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| 01/18/18 | <b>Northern Regional Medicines Optimisation Committee</b><br>No minutes available  |  |
| 01/18/19 | <b>Any Other Business</b><br>No other items of business were received  |  |
| 01/18/20 | <b>Date, time &amp; venue of next meeting</b><br>12 noon prompt Thursday 22nd February 2018<br>in Meeting Room 3 Sovereign House   |  |
|          | <p>12 noon prompt Thursday 29th March 2018<br/>in Meeting Room 3 Sovereign House</p> <p>12 noon prompt Thursday 26th April 2018<br/>in Meeting Room 3 Sovereign House</p> <p>12 noon prompt Thursday 31st May 2018<br/>in Meeting Room 3 Sovereign House</p> <p>12 noon prompt Thursday 28th June 2018<br/>in Meeting Room 3 Sovereign House</p> <p>12 noon prompt Thursday 26th July 2018<br/>in Meeting Room 3 Sovereign House</p> <p>12 noon prompt Thursday 30th August 2018<br/>in Meeting Room 3 Sovereign House</p> <p>12 noon prompt Thursday 27th September 2018<br/>in Meeting Room 3 Sovereign House</p> <p>12 noon prompt Thursday 25th October 2018<br/>in Meeting Room 3 Sovereign House</p> |  |