

DONCASTER & BASSETLAW AREA PRESCRIBING COMMITTEE (APC)

Action Notes and Log

Thursday 28th March 2019 12 Noon start,

Meeting Room 3 Sovereign House

Present :	Dr David Crichton	NHSD Chair, APC Chair
	Mr Alex Molyneux	NHSD Head of Medicines Management
	Miss V-Linn Cheong	NHSD Deputy Head of Medicines Management
	Dr Rachel Sykes	NHSD GP
	Mr R Wise	NHS Bassetlaw Head of Medicines Management, Deputy APC Chair
	Mr Richard Harris	Local Pharmaceutical Committee Representative
	Mr Lee Wilson	Consultant Pharmacist DBTHFT
	Dr Lucy Peart	Acute Physician DBTHFT
In attendance :	Mrs Angie Machin	NHSD Medicines Management Technician (Secretary)
	Dr Anuja Natarajan	Paediatric Endocrinologist DBTHFT
Minutes only :	Ms Rachel Winn	Doncaster Offender Health, D&T Committee
	Dr Rupert Suckling & Mr Victor Joseph	DMBC Representatives

Agenda Ref	Subject / Action Required	Action Required By	Timescale	Status of Action (RAG) and Date
03/19/1	<p>Apologies for Absence : Dr. R Shah, Mr. S Davies</p> <p>The Chair welcomed Miss V-Lin Cheong the new Deputy Head of Medicines Management to the meeting</p>			
03/19/2	<p>Declarations of Interest : No declarations made</p>			
03/19/2.1	<p>Fire Alarm Procedure: No alarm scheduled</p>			
03/19/2.2	<p>Notification of Any Other Business</p> <p>Pre-emptive prescribing</p>			
03/19/3	<p>Notes of the Meeting Held On: 28th February 2019, following an alteration regarding a discussion around a new traffic light status was agreed as a true and accurate record and will be made available on the medicines management website.</p>			
03/19/4	<p>Matters Arising not on the Agenda</p> <p>02/19/19.2 The Brexit effect</p> <p>The committee was advised of NHS Guidance on proposed changes to the Human Medicines Regulation 2012 to ensure the continuity of supply of medicines (including in a 'no deal' EU exit) has been published.</p> <p>02/19/19.3 Pathway for initial treatment of DVT</p> <p>The document is under development at DBTHFT, the item will be added to the agenda for further discussion at an appropriate point. The item has been added to the work plan as a reminder for later in the year.</p>	NHSD-AM		
03/19/4.1	<p>Matters Arising</p>			
02/19/4.2	<p>Management of Shared Care prescribing arrangements flowchart</p> <p>The revised document was approved by the committee and will be finalised by NHSD-AJM</p>	NHSD-AJM		
11/18/8.2	<p>Licensed Hydrocortisone granules</p> <p><i>Dr Natarajan joined the meeting</i></p> <p>The committee welcomed Dr Anuja Natarajan Paediatric Endocrinologist DBTHFT to the meeting.</p>	DBTHFT		

	<p>Dr Natarajan gave a brief explanation of the rationale behind a proposal to develop shared care for the prescribing of hydrocortisone to children. Historically the liquid preparation used for children was unlicensed, unstable and dispensed from the hospital pharmacy. A licensed preparation is now available.</p> <p>Alkindi (Hydrocortisone granules in capsules for opening) is licensed for replacement therapy of adrenal insufficiency in infants, children and adolescents (from birth to < 18 years old). Shared care would aid the prescribing of Alkindi in Primary Care.</p> <p>The committee discussed initial concerns including:</p> <ul style="list-style-type: none"> • The current traffic light status for all preparations in children and young people under the age of 18yrs is RED • GP being unfamiliar of indications requiring this treatment • Patients not attending Secondary Care reviews • What happens if a dose variation is required due to <ul style="list-style-type: none"> ○ A child presenting in crisis ○ A growth spurt <p>Dr Natarajan confirmed that:</p> <ul style="list-style-type: none"> • All children are seen every 3 month and a failsafe system is in place within the clinic for DNA's. • Sick day rules are agreed in the out- patient clinics and are managed by patients/carer • The patients have open access to the ward and can telephone with any concerns <p>The LPC informed the committee that this item is not routinely stocked in the pharmacy therefore patients should be reminded to order before they run out of the item.</p> <p>In summary the committee agreed that clinically they would support the development of shared care. The proposal will need to go through the contract/financing route for approval before returning to the APC for further</p>	<p>NHSD-AM</p>		
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	development. <i>Dr Natarajan left the meeting</i>			
01/19/8.3	Epilepsy Guidance for children NHSB advised the committee that following further discussion with Sheffield around the suggested changes to the document confirmation has been given that the acute trust are in agreement of the document and it will be ratified and distributed. The document will be made available on the medicines management website once received.	NHSD-AJM NHSD-AM		
01/19/8.6	Avastin NHSD advised the committee that an external Consultant Ophthalmologist from the Manchester area has been appointed as a facilitator to put together a plan to take to DBTHFT to discuss the use of Avastin. An initial meeting has been arranged and following that a meeting with Andrew Barker Chief Pharmacist DBTHFT will be arranged.	NHSD-AJM		
01/19/8.8	Heel balm TLS This item has been deferred until the April meeting on receipt of additional information for consideration	NHSD-AJM		
01/19/8.10	Alzheimer's disease and non-Alzheimer's Dementia SCP There was no RDaSHFT representation at the meeting the Chair agreed to request an update prior to the next meeting	RDaSHFT Chair		
02/19/8.1	Over the Counter (OTC) consultation The OTC programme has gone live across Doncaster today. The following actions have been completed. <ul style="list-style-type: none"> • Engagement with education via the Local Authority • A pack to support care homes has been distributed • General Practice packs and posters have been distributed and Optimise Rx OTC prompts are now live. <p>Any further updates will be brought to future meetings</p>	NHSD-AJM		

02/19/8.2	Antimicrobial Formulary update NHSB gave a progress update, the committee was advised that some updates have been made and agreed by the local microbiologists. Some Public Health England updates are recommending further changes which may impact on some of the changes already done. NHSB confirmed that there was capacity issues regarding the formulary update and NHSD agreed to discuss options outside of the APC meeting.	NHSB NHSD-AJM		
03/19/5	Drugs for Review Liraglutide (Saxenda) is categorised as Green –G, following discussion it was agreed to leave the entry as is it is a present. There was agreement that promoting the TLS categories and their meaning should be considered.	NHSD-AM		
03/19/6	Officers action All officers actions were agreed as proposed and will be updated on the traffic light system	NHSD-AM		
03/19/7	Drugs for Consideration Streptozocin (Zanosar) used to treat pancreatic cancer has been categorised as Red 1,2,3 Lidocaine/prilocaine (Fortacin) used to treat primary premature ejaculation has been categorised as Amber –G the guidance is that prescribing in Primary Care follows a sexual health clinic referral Prasterone (Intrarosa) used to treat vulvar and vaginal atrophy in postmenopausal women having moderate to severe symptoms has been categorised as Grey 4 awaiting advice from FLG.	NHSD-AM		
03/19/8	New Busines			
03/19/8.1	New TLS Category Following discussion at the February APC regarding TLS categories and a suitable category to use for items such as OTC preparations the committee debated further.	NHSD-AJM		

	<p>The considerations were:</p> <ul style="list-style-type: none"> • The introduction of a Black category • An additional rationale Grey category <p>The committee commented that using the black category may lead to confusion with the NHS (General Medical Services Contracts) (Prescription of Drugs etc.) Regulations 2004 which is reproduced in Part XVIII A of the Drug Tariff. This is the list of medicinal products which cannot be prescribed on the NHS. NHB advised the committee that Sheffield do have a black category on their TLS. The Grey category has four rationales at present; another option would be to create a 5th rationale.</p> <p>NHB agreed to look at the Sheffield section and further discussion will take place at the next meeting.</p>	NHB		
03/19/8.2	<p>Fidaxomicin process</p> <p>The guidance document is due for routine review. The committee agreed the guidance can roll over for another year. The updated guidance will be made available on the medicines management website. All organisations should be reminded of the process.</p>	NHSD-AM		
03/19/9	<p>DBTHFT D&TC Update</p> <p>No minutes available</p>			
03/19/10	<p>Formulary Liaison Group Update</p> <p>No minutes available</p>			
03/19/11	<p>Doncaster Prisons Drug & Therapeutic Committee update</p> <p>No minutes available</p>			
03/19/12	<p>RDASH FT Medicines Management Committee update</p>			
03/19/13	<p>Barnsley Area Prescribing Committee Update</p> <p>The minutes of the meeting held in January 2019 were received by the Committee</p> <p>The Chair highlighted that Saxenda has been categorised as Amber –G in Barnsley</p>			

03/19/14	Rotherham Medicines Optimisation Group Update No minutes available			
03/19/15	Sheffield Area Prescribing Committee Update The minutes of the meeting held in January 2019 were received by the Committee			
03/19/16	Nottingham Area Prescribing Committee Update No minutes available			
03/19/17	SY& B SICS Medicines Optimisation Work-stream Steering Group The minutes of the meeting held in February 2019 were received by the Committee			
03/19/18	Northern Regional Medicines Optimisation Committee No minutes available			
03/19/19	Any Other Business 03/19/19.1 Pre-emptive prescribing The Chair highlighted that the current pre-emptive prescribing document is due for review.	DBTHFT		
03/19/19.1	Date and Time of Next Meeting 12 noon prompt Thursday 25th April 2019 in Meeting Room 3 Sovereign House			
	12 noon prompt Thursday 30th May 2019 in Meeting Room 3 Sovereign House 12 noon prompt Thursday 27th June 2019 in Meeting Room 3 Sovereign House 12 noon prompt Thursday 25th July 2019 in Meeting Room 3 Sovereign House 12 noon prompt Thursday 29th August 2019 in Meeting Room 3 Sovereign House			

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Completed / Closed	To Action
In Progress	To be actioned but date not yet due