

DONCASTER & BASSETLAW AREA PRESCRIBING COMMITTEE (APC)

Action Notes and Log

Thursday 27th February 2020 12 Noon start

Meeting Room 3 Sovereign House

Present:	Dr David Crichton Mr Alex Molyneux Mrs V-Lin Cheong Mr Rob Wise Dr Rachel Hubbard Mr Stephen Davies Dr Rमित Shah Mr Lee Wilson Dr Lucy Peart Miss Paula Whitehurst Andrew Shakesby	Chair, APC Chair DCCG Head of Medicines Management DCCG Deputy Head of Medicines Management DCCG Head of Medicines Management BCCG, Deputy APC Chair Doncaster GP Chief Pharmacist RDaSHFT Local Medical Committee Representative Consultant Pharmacist DBTHFT Acute Physician DBTHFT Senior Medicines Management Technician DCCG (Secretary) FCMS Representative
In attendance:	Amanda Hemmings Paul Tarantiuk Karen Leivers	Practice Support Technician (who will take over as secretary from March 2020 onwards) Strategy and Delivery DCCG Strategy and Delivery DCCG
Minutes only:	Dr Rupert Suckling & Dr Victor Joseph	DMBC Representatives

Agenda Ref	Subject / Action Required	Action Required By	Timescale	Status of Action (RAG) and Date
2/20/1	Apologies for Absence: Mr Munashe Mvududu			
2/20/2	Declarations of Interest: None			
2/20/2.1	Fire Alarm Procedure: No test planned			
2/20/2.2	Notification of Any Other Business: Timing of meeting			
2/20/3	Notes of the Meeting Held On: Thursday 30th Jan 2020 were agreed as a true and accurate record and will be made available on the Medicines Management website.			
2/20/4	Matters Arising not on the Agenda: LW confirmed that the growth hormone SCP has been completed and is ready for comment. This will be circulated and discussed at the next APC meeting in March. RS asked if there was any update regarding the end of life pre-emptive prescribing instruction to administer letters. LP had agreed to speak to specialists at DBTHFT involved in the issuing of these letters in the January APC meeting. There was nothing to feed back at this time. RS asked if it could be an agenda item at the next APC meeting. It was decided by the committee that the matter should be closed but could be raised again as a matter arising on the agenda when and if there is any information to feed back.	LW	Mar 2020	
2/20/4.1	Matters Arising			
11/19/4.2	Ciclosporin (Ikervis) eye drops LW brought back the revised SCP for the Ciclosporin (Ikervis) eye drops with the new monitoring conditions embedded into the document. The SCP had been for discussion and agreed at the February MMG meeting and has also been provisionally approved by FPIG. The committee agreed that the eye drops would be given an amber status on the TLS.	DBTHFT-LW		
2/20/4.3	Melatonin - STH prescribing enquiry VLC discussed a letter from STH with a prescribing enquiry for a Doncaster patient travelling to Sheffield in order to receive Melatonin to treat a condition of	DCCG - VLC	May 2020	

	<p>REM Behaviour Disorder (RBD). Melatonin used for RBD is an off label use of the drug and it is classified as grey on the DCCG TLS. STH have continued to prescribe for the patient but have asked for Doncaster APC to reconsider its traffic light status on the prescribing of Melatonin for this condition. SCCG does not currently have a TLS for the use of Melatonin for RBD. The reasoning for this was that originally less than 6 patients per year were prescribed the drug for this condition and so it did not meet the threshold of requiring a status. STH along with SCCG's APG and MMC are now looking to consider a status with the development of a supporting SCP as the patient numbers and frequency of the drug being prescribed for RBD has increased. It was felt by the committee that more information was needed to make a decision and we would await an update from Sheffield once the SCP was developed. Melatonin remains grey on the DCCG TLS at present.</p>			
2/20/4.4	<p>Pitolisant (Wakik)</p> <p>VLC addressed the committee regarding drugs used in the treatment of Narcolepsy. Pitolisant (Wakik) is GREY currently. It was previously classified as Grey due to a lack of supporting evidence for use. Sodium Oxybate is RED currently and was another drug brought forward for discussion in light of Sheffield APG and STH looking to develop a new pathway for drugs used in Narcolepsy. Sheffield APG had been asked to reconsider its position on its prescribing of Sodium Oxybate in response to a letter written by a representative of a Sheffield patient. It was thought that it was a possibility that an Individual Funding Request (IFR) could be put forward for this type of patient. At present it is felt that more evidence is needed to support prescribing. NICE hasn't yet published evidence to support prescribing and the committee agreed to discuss the position again once Sheffield had developed a pathway.</p>	DCCG - VLC	May 2020	
1/20/8.1	<p>Gender Dysphoria</p> <p>The committee previously discussed the situation with Porterbrook ceasing to prescribe for patients at the January APC. Porterbrook are ceasing to see new patients though at the moment should still be commissioning the service until the new specification is released. AM confirmed Porterbrook is still expected to be providing this service. The APC do not support Porterbrook discharging patients to the care of the GP at this point until a more local service is commissioned providing prescribers with guidance and resources to undertake the safe</p>	DCCG - DC	May 2020	

	management of patients.			
11/19/4.8	<p>Red and Grey drugs</p> <p>Grey drugs analysis by PCN was submitted and the top 10 highest grey drugs (items) were discussed.</p> <p>Tadalafil 5mg tabs (2821 items); Cialis 5mg tabs (440 items) both grey on the TLS had been part of the MMT agenda to de-prescribe. It was thought that some of these items were there due to historical prescribing.</p> <p>Dosulepin 25mg caps (1550 items), Dolsulepin 75mg tabs (1242 items); these are felt to be historical patients prescribed, as no new patients are to be initiated as per guidance. This should continue to fall over time.</p> <p>Movelat gel (2403 items), Movelat cream (538 items), Algesal cream (414 items) were at a higher than expected level which could be due to the de-prescribing of rubefaciants self-care initiative on the MMT agenda.</p> <p>Omacor caps (575 items), Blephaclean eye lid wipes (238 items) and Duraphat 5000ppm toothpaste were also on the list. It is believed that some of these items may have been added historically on recommendations from opticians and dental services and had never been removed.</p> <p>The general consensus was that there was a need for the localities to act to support the MMT agenda with de-prescribing initiatives. It needs to be a priority at practice level to ensure the removal of these items. The exclusion being Dosulepin. DC reaffirmed that this is a national steer. He proposed that he would support the CCG Medicines Management Team by writing to the localities to ask them to support the agenda and to review prescribing.</p>	DCCG-VLC	Mar 2020	
2/20/5	<p>Drugs for Review</p> <p>Ingenol mebutate (Picato) used for Keratosis has been classified as GREY 1</p> <p>Botulinum toxin type A (Xeomin) used for blepharospasm and hemifacial spasm in adults has been classified as RED 1,2</p> <p>Ustekinumab (Stelara) used for active psoriatic arthritis use in children over 6yrs (licence extended from adults) has been classified as RED 1,2</p> <p>Osimertinib (TAGRISSO) used for advanced or metastatic EGFR T790M mutation-positive non-small cell lung cancer has been classified as GREY 2</p> <p>Melatonin 2mg MR tablets (Circadin) for short term treatment of primary insomnia in those over 55yrs is still classified as GREY – (It should be noted that the previous decision to give this drug a grey status was taken due to no good</p>	DCCG-VLC		

	quality evidence being provided historically. The committee feel there is still a lack of evidence to support a change in status but have agreed to review this when STH update their TLS and guidance in relation to the drug) Tofacitinib (Xeljanz) used for ulcerative colitis has been classified as RED 1,2,3			
2/20/6	Officers' Actions All officers' actions were agreed as proposed and will be updated on the traffic light system.	DCCG-VLC		
2/20/7	Drugs for Consideration Glycerol phenylbutyrate liquid used for urea cycle disorders has been classified as RED 1,2 Botulinum toxin type A (Dysport) used for cerebral palsy in paediatric (upper limbs) has been classified as RED 1,2 Voretigene neparvovec (Luxturna) used for with vision loss due to inherited retinal dystrophy has been classified as RED 1,2 Solriamfetol (Sunosi) used for narcolepsy has been classified as GREY 2 Siponimod fumaric acid (mayzent) used for multiple sclerosis has been as GREY 2 Lusutrotopag (Mupleo) used for severe thrombocytopenia has been classified as RED 1,2	DCCG-VLC		
2/20/8	New Business			
2/20/8.3	Hydroxychloroquine Karen Leivers and Paul Tarantiuk from the Strategy and Delivery team attended the meeting to discuss the current requirements around the prescribing and monitoring of Hydroxychloroquine used for rheumatoid arthritis. This was raised due to Ophthalmology highlighting that they feel they do not have the capacity to review Rheumatology patients. Hydroxychloroquine is a DMARD and is indicated for use in Inflammatory Arthritis & Connective Tissue Disease for Adults and is classified as Amber G on the TLS. This status requires that drugs must be initiated and titrated to stable dosage by specialist (at least 1 month duration) before GPs take over prescribing responsibility. This drug comes under the Shared Care Protocol for the Management of Inflammatory Arthritis, Connective Tissue Disease & Systemic Vasculitis for Adult services (over 16). The prescribing requires specialist monitoring for this drug of; <ul style="list-style-type: none"> • Baseline Retinal Screening in year 1 by Ophthalmologist 	DCCG-DC	May 2020	

	<ul style="list-style-type: none"> • Annual optician /Amsler chart assessment after year 1 • Retinal Screening by Ophthalmologist after year 5 – consideration for yearly assessment ongoing as written in the SCP. <p>It was discussed that if the screening was something that opticians could carry out? The SPC refer to very specific screening needs (should include testing visual acuity, careful ophthalmoscopy, fundoscopy, central visual field testing with a red target, and colour vision). NICE states that patients should have baseline formal ophthalmic examination, ideally including objective retinal assessment, using optical coherence tomography, within 1 year of commencing hydroxychloroquine. For people on long-term therapy (5 years or more), an annual eye assessment (ideally including optical coherence tomography) should be carried out. RS said prescribers would not be happy to take over prescribing of the drug in primary care if patients were not monitored appropriately. It is not feasible for opticians to do the screening as only one optician in the area has the equipment to do the complex screening. There are also concerns raised as to whether patients would book follow-up optician’s appointments if the service arrangements changed to recommend this. It would also be difficult to monitor if a patient had been seen outside of DBTHFT.</p> <p>Currently NICE guidance differs slightly to that of the SCP. DC suggested that we combine the recommendations from the two documents. It was recommended that the SCP needed updating to reflect the monitoring requirements and current guidance but monitoring would generally carry on being as is outlined in the SCP currently.</p> <p>The commissioning team agreed to look into the 1- 4yr monitoring requirements with opticians and communication back to GPs that this has been undertaken.</p>			
2/20/9	<p>DBTHFT D&TC Update No minutes available</p>			
2/20/10	<p>Formulary Liaison Group Update No minutes available</p>			
2/20/11	<p>Doncaster Prisons Drug & Therapeutic Committee update No minutes available</p>			
2/20/12	<p>RDASH FT Medicines Management Committee update No minutes available</p>			

2/20/13	Barnsley Area Prescribing Committee Update The minutes of the meeting held in Jan 2020 were received by the Committee.			
2/20/14	Rotherham Medicines Optimisation Group Update No minutes available.			
2/20/15	Sheffield Area Prescribing Committee Update The minutes of the meeting held in Nov2019 were received by the Committee.			
2/20/16	Nottingham Area Prescribing Committee Update The minutes of the meeting held in Nov 2019 were received by the Committee.			
2/20/17	SY& B ICS Medicines Optimisation Work-stream Steering Group No minutes available			
2/20/18	Northern Regional Medicines Optimisation Committee No minutes available			
2/20/19	<p>Any Other Business:</p> <p>Timing of meeting AM asked if there was any scope to alter the timings of the APC meeting going forward. It was proposed that the meeting take place 30 minutes later at 12:30 instead of 12 noon. DC attends another meeting immediately afterwards so this would be difficult. The meeting will continue to be held at 12 noon. If attendees need to have lunch they are welcome to eat this during the meeting. It is appreciated that everyone has a busy schedule.</p> <p>SD raised prescribing of silver dressings in primary care. The TLS for silver dressings is currently RED. The new wound care formulary is due in June. SD discussed that it is an issue for patients who are discharged from secondary care as the silver dressing would then no longer be supplied by primary care. RDaSH was not initially aware of the new service and said that it posed a problem for their patients. There is currently not enough evidence to support the prescribing of Silver dressings in primary care and they are not indicated for long term use. It was suggested that TVAL / DBTHFT submit evidence or rationale to support the request for a review of status. The committee feel the classification of RED is appropriate at this time. Other antimicrobial dressings are available to prescribe such as iodine or honey. If continuation of the silver dressing is deemed necessary then the secondary care prescriber could support patients with the required amount and ensure the patient is reviewed.</p>			

	RS and AH both gave apologies in advance for their proposed absence at the next meeting on Thursday 26 th March 12 noon.			
2/20/19.1	Date and Time of Next Meeting: 12 noon prompt Thursday 26th March 2020 Meeting Room 3 Sovereign House			

KEY

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