

## **Doncaster and Bassetlaw Area Prescribing Committee Annual Report (2015-2016)**

### **Introduction**

The Doncaster & Bassetlaw Area Prescribing Committee (APC) co-ordinates the development of prescribing and medicines management strategies across the Doncaster and Bassetlaw Health Communities. The overarching functions of the Committee include; providing consistent, evidence based advice to Doncaster & Bassetlaw CCG's, hospital trusts, primary care contractors and non-medical prescribers.

The committee publicises and disseminates its guidance through Shared Care Protocols, Prescribing Guidance, the Traffic Light System and monthly newsletter. All approved documents and guidance are made available on the NHS Doncaster Medicines Management Website.

This report aims to summarise the activities of the APC during April 2015 – March 2016 and includes; Drug reviews; Membership details; Attendance figures and achievements of the APC.

### **Membership**

The APC serves the Doncaster and Bassetlaw healthcare communities and has representatives from professional, clinical, educational, management and commissioning backgrounds which are committed to the APC from the following organisations:

- NHS Doncaster CCG GP Representative (Chair)
- NHS Doncaster CCG GP Representative (Deputy Chair)
- NHS Doncaster CCG Head of Medicines Management
- NHS Doncaster CCG Deputy Head of Medicines Management
- NHS Doncaster CCG MMT Technician (Secretary)
- NHS Bassetlaw CCG GP Representative or deputy
- NHS Bassetlaw CCG Medicines Management Representative or deputy
- DBHFT Medical Director or deputy
- DBHFT Clinical Director Pharmacy & Medicines Management or deputy
- RDaSHFT Medical Director or deputy
- RDaSHFT Chief Pharmacist or deputy
- Non- medical prescriber representative or deputy
- Local Medical Committee Secretary or deputy
- Local Pharmaceutical Committee Representative or deputy
- FCMS Representative

### **Attendance**

The meetings are held on a monthly basis, there was a total of 11 meetings during 2015-2016

Figure 1 shows attendance figures for members of the committee or that of an appointed deputy.

It is requested that representatives of the organisation have an annual attendance at APC meetings of at least 60%.

Figure 1

Name	Job Title	Organisation	Possible no. of attendance's	Meetings Attended	% attended	Overall Organisation al Attendance
Dr Runit Shah	APC Chair	NHSD CCG	11	9	82	82%
Dr David Crichton	NHS Doncaster GP	NHSD CCG	11	10	91	91%
Mr Mark Randerson	Head of Medicines Management	NHSD CCG	11	8	73	100%
Mrs Gill Bradley	Deputy Head of Medicines Management	NHSD CCG	11	11	100	
Mr Andrew Barker	Chief Pharmacist	DBHFT	11	1	9	100%
Mr Lee Wilson	Consultant Pharmacist - Deputy	DBHFT	11	8	73	
Dr Mahmoud Al Khoffash	Medical Director Representative	DBHFT	11	7	64	
Mr Andrew Houston	Senior Mental Health Pharmacist	RDaSHFT	11	2	18	100%
Mr Stephen Davies	Principal Pharmacist	RDaSHFT	11	9	82	
Mr Rob Wise	Medicines Management Lead Pharmacist	NHSB CCG	11	9	82	91%
Mr Peter Richards	Medicines Management Pharmacist	NHSB CCG	11	1	9	
Dr Dean Eggitt	Local Medical Committee Representative	Doncaster LMC	11	3	27	27%
Dr Paul Wilson	Local Medical Committee Representative - Deputy	Doncaster LMC	11	0	0	
Mr Richard Harris	Local Pharmaceutical Committee Representative	Doncaster LPC	11	4	36	91%
Mr Paul Chatterton	Local Pharmaceutical Committee - Deputy	Doncaster LPC	11	6	54	
Ms Anne Burton	Doncaster Community Healthcare Non- Medical Prescribing	DCH	11	9	82	82%
Ms Julie Hall	Doncaster Community Healthcare Non- Medical Prescribing - Deputy	DCH	11	0	0	
Mrs Gillian Gregory	Director of Quality and Performance	FCMS	3	1	33	33%

Mrs G Gregory (FCMS) has confirmed that attendance will be based upon agenda relevance or by request from the Committee. The attendance figures for FCMS will therefore not be monitored in the next year.

### **Specialist Input**

Throughout the year officers of the APC worked together with General Practitioners, Secondary Care Clinicians, Specialist Nurses and Pharmacists to develop and review several shared care agreements and prescribing guidance to take to the committee for approval.

### **Shared Care & Prescribing Guidance Documents**

The following lists are Shared care Protocols (SCP), Proformas and Amber-G Guidance that have been developed, or reviewed due to new evidence, changes in good practice or expiration of existing documentation.

#### **New SCP**

- Melatonin 2mg MR Tablets in Children & Young People

#### **Review of existing SCP**

- Colistin & Tobramycin for Non-Cystic Fibrosis
- Prescribing and Monitoring of Lithium
- Rheumatology Conditions

#### **New/updated Guidance Documents**

- Process for prescribing & dispensing Fosfomycin
- Process for the prescribing and dispensing of Fidaxomicin
- Anti-epileptic drugs (AED) used in the management of bipolar disorder

The review & development of shared care documents & prescribing guidance are included as part of the committee's 12-monthly work plan. There are several shared care and Amber-G documents in development at present and are due for completion in the coming months.

### **Traffic Light System (TLS)**

The Traffic Light System (TLS) is a database which provides guidance to prescribers on prescribing responsibilities for selected medications. It aims to provide clear understanding of where clinical and prescribing responsibility rests between specialists and GPs.

Criteria for the inclusion of medicines on these lists, or the moving of medicines between the different categories of the TLS, will be primarily based on: evidence, clinical responsibility, patient safety, willingness to provide agreed shared care information and the presence of an approved shared care protocol.

Each drug is classified under one of the following categories:

- Grey

- Red
- Amber (Shared Care)
- Amber with Guidance (Amber-G)
- Green
- Green with Guidance (Green-G)

The category it is placed in determines the circumstances in which it is recommended to be prescribed and any guidance/rationale which needs to be taken into consideration. When new guidance/information is released on the drug, it is reviewed and the category it is placed in can be changed dependent on its place in therapy.

The TLS is available as a web-based version on the medicines management website

### **Review of new drugs, formulations and indications**

At each meeting several lists of drugs are reviewed. These include; new indications for existing drugs; new drugs; products granted licences for new indications; existing TLS entries which are due for review or review of existing entries when there is new or emerging evidence available. These are identified prior to the meetings by APC officers who use a review process to ensure that a robust horizon scanning process is carried out daily on existing and potential new TLS entries.

The committee considers these under:-

- **Officers Actions:** amendments or additions completed by APC officers and are circulated on the agenda for information and ratification. These actions include adding national or local guidance to support an agreed rationale, brand names and grammatical changes.
- **Additions for Consideration:** new drugs, indications or formulations which are being considered for inclusion onto the Traffic Light System.
- **Drugs for Review:** for current entries where the review date is due or new emerging evidence, such as the publication of a Summary of Product Characteristics (SPC) or new NICE guidance has been released.

The following shows a breakdown of the number of drugs that have been reviewed and agreed at the APC through the process of drugs for review, officer's actions, and considerations.

Month	Drugs for Review	Officers Actions	Considerations	Total of drugs reviewed
April	7	5	21	33
May	1	3	12	16
June	6	5	12	23
July	0	5	21	26
August	3	9	36	48
September	4	3	37	44
October	8	4	25	37
November	8	4	3	15
December	No meeting			
January	5	15	57	77
February	5	14	24	43
March	0	35	6	41
<b>Total number of drugs for the period</b>				<b>403</b>

### Monitoring prescribing patterns against APC guidance on selected traffic light entries (TLS)

The APC made the decision to re-introduce a reporting schedule to the Committee demonstrating the prescribing of Red & Grey Drugs. NHS DCCG MMT is producing a monthly report demonstrating any rise or fall in the prescribing of drugs identified as:

- Those with potential risks linked to on-going clinical review of the requirement for a monitoring schedule to be in place

Or

- not recommended for initiation or prescribing on an NHS prescription in the Doncaster & Bassetlaw Health Care Communities

Several of these reports have already been presented at the APC meetings and drugs identified in these categories have been included in the APC Bulletin (now Informer) as a reminder to prescribers of individual issues.

### Communication

The NHS Doncaster Medicines Management Website provides a useful and informative resource for the public, staff members and healthcare professionals from Doncaster, Bassetlaw and other trusts around the country. The website has been updated this year and is now a modern, user friendly site with an excellent search facility.

The APC Informer (formerly Bulletin) continues to be produced on a monthly. This is then distributed to the healthcare community and posted on the website. This

ensures APC decisions are well communicated throughout the area and helps to share best practice.

## Formulary

The Committee continues to support the collaborative work undertaken by the Formulary Liaison Group (FLG), which is represented by DCCG, BCCG, Primary Care, RDASH FT and DBH FT.

## Preparation and Support

Support to the APC from NHS DCCG MMT is provided by the Head of Medicines Management, Deputy Head of Medicine Management, Medicines Management Technician, administrative support and input from a DCCG Information Analyst.

## Additional Support

The APC has been involved in the following work:

- Attendance at the joint South Yorkshire & Bassetlaw APC leads meeting
- Preparation of a Q&A document to support Primary Care handle shared care requests that may not fit exactly in to the individual shared care paperwork
- Consideration of the NICE NG5 Medicines Optimisation document and the support the APC can offer to assist with adherence to its content.
- Vehicle to explore the implications of the DBHFT Anticoagulation Monitoring Service (DAWN) on multi organisations

## Governance

The Area Prescribing Committee is encompassed within the following governance processes:

- DCCG Medicines Management Group, and the DCCG Quality & Patient Safety Group
- DBH FT Drug & Therapeutics Committee
- RDASH FT Medicines Management Committee.

The Committee ensure that robust standards and governance arrangements underpin area wide decision-making and advice related to medicines

**Objectives** The Committee agrees that the over- arching functions of the APC provide adequate objectives and in future years the newly developed APC work programme will be included in the annual report to demonstrate this. Below is the 2015-2016 work-plan indicating the progress of individual items.

Month	Item	Action	Progress
April 2015	Development of new SCP for Melatonin use in children & young people	DCCG MMT to work with DBHFT & RDASH FT –	Complete
	Amiodarone – explore the development of SCP	Categorisation changing from Amber-G to Amber	On-going
May	Management of Pseudomonas aeruginosa Colonisation in Non-Cystic Fibrosis Adult patients with Bronchiectasis (Unlicensed Indication)	Review – choice of water/saline as diluent – provide greater guidance.	Complete
	Parkinson's Disease Shared Care Documents (by Jan-16)	Brought forward as the drugs listed in the protocol need to be reviewed. Awaiting action from RDaSHFT & following Parkinsons Disease pathway discussion hosted by DCCG.	On-going
June			
July	Guidance for the Prescribing of subcutaneous furosemide by Bolus or Syringe Driver for Heart Failure.	DBHFT to review the documents	<i>Due Dec 2015</i>
	Guidance for the Prescribing of ketamine injection or oral solution.	DBHFT to review the documents	Complete
	Guidance for the prescribing of Oral and Subcutaneous Methadone	DBHFT to review the documents	Complete
	Guidance for the prescribing of Octreotide injection	DBHFT to review the documents	<i>Due Dec 2015</i>
August	Consider development of Shared Care for Mycophenolate	On Sept agenda	Not moving forward following confirmation from DBH FT Rheumatology due to very low patient numbers involved.
September	Consider development of guidance for the use of melatonin in dementia patients	Once there is Committee agreement to develop this, agree the lead organisation to develop the guidance.	Defer till March 2016
October	Review progress of the work plan		Complete
	Review ToR		Complete
November	Consider development of Shared Care for Somatropin use in adults	Once there is Committee agreement to develop this, agree the lead organisation to develop the guidance	No progress from DBH FT therefore removed from the work plan until clinician engagement re-established.
	DMARD SC for gastroenterology conditions	DBHFT to develop documents	On-going
December			
January 2016	Prepare data for APC annual report	Info being gathered through-out the year (MMT)	Complete
February	Decide objectives for the next year – to be included in the annual report	Agreed last year to keep to aims in the ToR	Complete
	Development of SCP for Adults with ADHD	RDASH FT to develop	Ongoing
March	Prepare work plan for 2016-2017 period		On-going
	Consider development of guidance for the use of melatonin in dementia patients	Once there is Committee agreement to develop this, agree the lead organisation to develop the guidance.	Not actioned yet

**Prepared by:**  
**Angie Machin MMT Technician**  
**March 2016**