

**DONCASTER and BASSETLAW AREA PRESCRIBING COMMITTEE
MINUTES from 26th October 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 J Bane – Deputy Chief Pharmacist DBTHFT	✓
		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)

Agenda Item	Discussion Points	Action By
10/17/1	Apologies Apologies were received from Mr L Wilson	
10/17/2	Declarations of Interest, Gifts or Hospitality No declarations were received	
10/17/3	Minutes of last meeting The minutes of the last meeting held on the 28 th September were agreed as a true and accurate record with the following amendment: 11/15/8.4 – date should read January 2018.	NHSD-MMT (AM)

	The minutes will be made available on the medicines management website.	
10/17/4.1	Matters Arising	
11/15/8.4	Shared Cared Protocol/Pathway update for the management of ADHD in adults, young people and Children There is no update this month.	
10/16/8.2	Parkinson's disease – shared Care Protocol review There is no update this month.	
03/17/8.4	Ulipristal Acetate 5mg – development of guidance The Committee asked that DBTHFT prepare the changes to make the Rotherham guidance document suitable for Doncaster and Bassetlaw. This includes clarity around organisations responsibilities, requesting scans and monitoring. DBTHFT will bring the document back to the November meeting for approval by the Committee.	DBTHFT

08/17/8.3

Items which should not routinely be prescribed in Primary Care

The updated document listing the drugs suggested by either NHS England or Prescipp was presented to the Committee for further discussion.

Aliskiren

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 suggested that advice should be sought from DBTHFT clinicians. The Committee was advised that DBTHFT had not prescribed it for a long period of time. NHSD-MMT confirmed that historic prescribing in Primary Care had been initiated from the renal department.

Eflornithine cream (Vaniqua)

Feedback from the FLG at the next meeting.

Fentanyl Immediate Release formulations (buccal, lozenge, nasal spray)

This drug is an analgesic and is currently Amber- G on the TLS. The preparation is a second line option in palliative care. The Committee acknowledged that this is also used in other situations. NHSD-MMT will be looking at where the drug is being initiated and this information will be shared with the Committee. The current TLS status will remain until this is done.

Glucosamine & chondroitin preparations

These preparations are used in musculoskeletal conditions; they are already Grey on the TLS.

Lidocaine patches

These are topical analgesics and are currently Amber-G on the TLS for use in chronic pain. MMT are presently looking at where the patches are being initiated and this will be shared with the Committee. The TLS status will remain until this has been completed.

Liothyronine

This drug is used in primary hypothyroidism and is already Grey on the TLS.

Lutein and antioxidant vitamins (Ophthalmology preparations)

These preparations are used as prevention of eye sight deterioration. They are already Grey on the TLS.

Minocycline

This is used to treat acne. The Committee agreed to categorise this as Green-G non formulary.

Omega 3 Fish Oils

These are already Grey on the TLS.

Paracetamol & tramadol combination (Tramacet)

This drug is an analgesic and is not currently on the TLS. The Committee agreed to categorise as Grey.

NHSD-
MMT/BC
CG

09/17/8.2	<p>Consideration of developing guidance for the use of melatonin in dementia patients</p> <p>The Committee was advised that Dr R Kersh Consultant Physician is leaving DBTHFT and therefore the opinion of Mrs S France Lead Pharmacist in Healthcare of the Elderly & Stroke will be sought. The opinion from RDaSHFT will be requested and feedback from both organisations will be given at the November APC meeting.</p>	DBTHFT RDaSHFT
10/17/5	<p>Traffic Light – Drugs for Review</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.</p> <p>Levonorgestrel (Kyleena) used as contraception – awaiting the opinion from the sexual health department</p> <p>Liraglutide (Saxenda) used in weight management has been categorised as Green – G non-formulary.</p> <p>Naltrexone/bupropion (Mysimba) used in weight management has been categorised as Green – G non-formulary.</p> <p>Beclometasone dipropionate, fumarate dihydrate, glycopyrronium (Trimbow) used in COPD has been categorised as Green – G non-formulary.</p>	NHSD- MMT (AM)
10/17/6	<p>APC Officers actions</p> <p>All officers actions were agreed as proposed, will be updated on the traffic light system.</p>	NHSD- MMT (AM)
10/17/7	<p>Traffic Light – Additions for Consideration</p> <p>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>Avelumab (Bavencio) used in merkel cell carcinoma has been categorised as Red 1,2,3</p> <p>Telotristat (Xermelo) used in carcinoid syndrome diarrhoea in combination with somatostatin analogue (SSA) therapy in adults inadequately controlled by SSA therapy has been categorised as Red 1,2</p> <p>Atezolizumab (Tecentriq) used in Urothelial carcinoma (locally advanced or metastatic) has been categorised as Red 1,2,3</p>	NHSD- MMT (AM)
10/17/8	<p>New Business</p>	
10/17/8.1	<p>FreeStyle Libre Glucose Monitoring System</p> <p>FreeStyle Libre is a flash glucose monitoring (FGM) system which monitors glucose levels using interstitial fluid levels rather than capillary blood glucose from finger prick testing. The system is due to be available on FP10 in November 2017.</p> <p>It's availability on the NHS continues to be considered at many forums:</p> <ul style="list-style-type: none"> • Prescqiipp has issued interim guidance recommending not to prescribe. • Doncaster Diabetic Network has asked for a DCCG opinion on 	NHSD- MMT (GB)

	<p>its use</p> <ul style="list-style-type: none"> • The Regional Medicines Optimisation Committee (RMOC) is discussing the impact of prescribing the system. • South Yorkshire and Bassetlaw Heads of Medicines Management are also considering its traffic light status and feel a joint positional statement will help Primary Care to manage requests for this system. <p>The Committee agreed that the status should be Grey now and there will be further consideration by the Committee following any additional advice.</p> <p>Further update at the November meeting.</p>	
10/17/8.2	<p>Sheffield Azathioprine Shared Care Protocol</p> <p>The Committee was presented with the shared care paperwork to support the use of azathioprine for indications outside of any shared care arrangements in Doncaster and Bassetlaw.</p> <p>A GP in Bassetlaw has been asked by Sheffield Teaching Hospital Neurologist to take over the prescribing for a patient with myasthenia gravis.</p> <p>The Committee discussed safety concerns around this and agreed that monitoring arrangements need to be robust. Doncaster does have the TA monitoring service for rheumatology and gastroenterology conditions, Bassetlaw operate outside of the TA monitoring service.</p> <p>The TA monitoring Service is condition not drug specific therefore monitoring would not be provided for a patient with this condition.</p> <p>The Committee suggested discussing this with the CCG Contracting Lead for DBTHFT around pathways of care providing this as an example where a gap is identified.</p>	NHSD- MMT (GB)
10/17/8.3	<p>SHARP's bins collection</p> <p>At a previous meeting the Committee was advised that the Local Authority had served notice on the collection of SHARP bins from patient's homes. The CCG has now secured a new contract with SRCL. As old bins are collected new ones will be delivered and collection details will be provided. The Local Authority will cover the interim period to enable a smooth transition. The Committee asked how to direct new patients requiring the collection service. The Chair agreed to confirm this with Mrs W Feirn Infection Prevention & Control Lead and will feedback at the next meeting.</p> <p><i>(see AOB)</i></p> <p><i>Mrs N Sanders and Mrs A Armitage (FCMS) joined the meeting</i></p>	Chair
10/17/8.4	<p>Antipsychotic medication – repatriation of patients</p> <p>NICE guidance published in 2014 suggested that stable patients taking antipsychotic medications could be discharged from the specialist service and managed in Primary Care. There has been work done on the pathway to facilitate this in Doncaster although this has not concluded. The North West Locality GP's have put together a pilot service to trial managing discharged patients, the purpose of this is to measure the work involved and monitor any problems encountered during this time. The Committee was asked to consider changing the TLS status of these drugs to accommodate this pilot.</p>	Chair

	<p>The Committee suggested that it would be easier to include the change of TLS categorisation i.e. Amber to Amber –G into the pilot specification paperwork rather than change the TLS list. The Chair agreed to put together a letter to suggest this and the Committee would then support the pilot. NHSD-MMT agreed to check the period of the pilot and will feedback at the next meeting.</p> <p>The LMC explained that they had not been part of any discussion and therefore did not feel in a position to support the pilot.</p>	NHSD-MMT (GB)
10/17/9	<p>DBTHFT D&TC Update No minutes available</p>	
10/17/10	<p>Formulary Liaison Group Update No minutes available</p>	
10/17/11	<p>Doncaster Prisons Drug & Therapeutic Committee No minutes available</p>	
10/17/12	<p>RDaSH FT & Medicines Management Committee Update No minutes available</p>	
10/17/13	<p>Barnsley Area Prescribing Committee Update No minutes available</p>	
10/17/14	<p>Rotherham Area Prescribing Committee Update No minutes available</p>	
10/17/15	<p>Sheffield Area Prescribing Committee Update The minutes of the meeting held in July 2017 were received by the Committee</p>	
10/17/16	<p>Nottinghamshire Area Prescribing Committee Update The minutes of the meeting held in July were received by the Committee</p>	
10/17/17	<p>Any Other Business</p> <ul style="list-style-type: none"> • 10/17/17.1 RDaSHFT Protocol for managing behavioural and psychological symptoms in patient with dementia. The Committee was asked if the current guidance documents produced by RDaSHFT supported GP's with the long term use/assessing of patients using antipsychotic medication. Following discussion the Committee acknowledged that it would be difficult to capture every scenario where treatment would be extended in the guidance, although agreed that the suggestion to review on a 3 monthly basis was adequate. • 10/17/17.2 Shared Care Protocol for the Management of Inflammatory Arthritis, Connective Tissue Disease & Systemic Vasculitis for Adult services (over 16) The shared care protocol has recently been updated to include mycophenolate (Amber). The suggestion was also to include methotrexate injections (Amber). Due to the uncertainty of the SHARP bin collection service this was put on hold. As there is now a new contract in place for the collection of the bins (10/17/8.3) the Committee was asked to consider updating the protocol to include the injections. It was agreed that this can move forward although feel that there is a small amount of preparation to ensure that the process will 	<p>NHSD-MMT (GB)</p> <p>DBTHFT</p> <p>LPC</p>

	<p>be problem free for patients. The Committee supported work being done outside of the APC meeting to work through the process in Secondary and Primary Care plus Community Pharmacy. The plan is to bring the SCP and the plan to the APC meeting in January.</p>	
10/17/18	<p>Date, time & venue of next meeting</p> <p>12 noon prompt Thursday 30th November 2017 in Meeting Room 3 Sovereign House</p>	
	<p>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>	