

**DONCASTER and BASSETLAW AREA PRESCRIBING COMMITTEE  
MINUTES from 28<sup>th</sup> June 2018**

**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 Alex Molyneux - Head of Medicines Management (NHSD-MMT)	✓	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		Mr John Bane – Deputy Chief Pharmacist DBTHFT	✓
		Dr Runit Shah – LMC Chair	✓	<u>FCMS (When necessary)</u>	
				Mrs Amanda Thompson Mrs Nicola Sanders Mrs Alison O’Conner Mrs Annie Armitage 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>
06/18/1	<p><b>Apologies</b> Apologies were received from Mr L Wilson</p> <p>Mr Alex Molyneux Head of Medicines Management DCCG was formally welcomed to the meeting by the Chair. The Committee agreed that Alex should be Deputy Chair of the meeting when the need arises.</p>	

06/18/2	<b>Declarations of Interest, Gifts or Hospitality</b> No declarations were received	
06/18/3	<b>Minutes of last meeting</b> The minutes of the last meeting held on the 31 <sup>st</sup> May 2018 were agreed as a true and accurate record and will be made available on the medicines management website.	
06/18/4.1	<b>Matters Arising</b> Item 05/18/8.4 Draft SCP Growth Hormone Adults The Committee was advised that the paperwork had been ratified by S-APG prior to considerations being received from other SY&B APC's. In order to ensure all parties have adequate opportunity to send back comments on new pieces of work a meeting will be arranged with members of SY&B CCGs who support APC workstreams to agree a suitable timeframe and consider development of standard SYB shared care paperwork moving forward.	
11/15/8.4	<b>Shared Cared Protocol/Pathway update for the management of ADHD in adults, young people and Children</b> The updated draft paperwork was presented for consideration by the Committee, amendments include: Protocol <ul style="list-style-type: none"><li>• Inclusion of the NICE guidance and DSM changes</li><li>• Clarity that in Bassetlaw the age limit is 17years and 364 days</li><li>• Weight Monitoring for the &lt;18yrs</li><li>• ECG's being done by Secondary Care</li><li>• GP's being informed of incidental findings from the ECG so that relevant onward referral might be considered</li><li>• The seamless movement from children's to adult services in RDaSHFT</li></ul> Proforma <ul style="list-style-type: none"><li>• Reflect the age clarifications</li><li>• The age related monitoring as per the protocol</li></ul> RDaSHFT was also asked to reflect the brand names on the paperwork for methylphenidate.  RDaSHFT has agreed to now prepare the documents and sent to NHSD-MMT for distribution prior to approval at the July meeting.  The LMC reminded the Committee that there is at present 2 access points to the pathway these are Child and Adolescent Mental Health Services and Paediatric referral. The Committee was asked if a single point of access could be considered. The Chair agreed to follow this up.	RDaSHFT          NHSD-MMT(AM)    The Chair
10/16/8.2	<b>Parkinson's disease – Joint Shared Care Protocol</b> All comments from the May meeting have been shared with Sheffield APG including the preference to having a supporting proforma.	

10/17/8.1	<p><b>FreeStyle Libre Glucose Monitoring System</b></p> <p>The Committee was updated on the progress of the business case prepared by DBTHFT to support the prescribing of the FreeStyle Libre System.</p> <p>Dr Lovlin Joseph DBTHFT, Mrs Annette Johnson DBTHFT attended the Doncaster Medicines Management Group meeting on June 14<sup>th</sup> to present the business case. Mr R Wise also attended on behalf of Bassetlaw CCG. The group agreed that:</p> <ul style="list-style-type: none"> <li>• RDaSHFT should be included in on-going discussions as there will be an impact on their Community Nursing Service.</li> <li>• The business case should give a more accurate estimate of the financial implications of using the system.</li> <li>• Once confirmation is received that RDaSHFT has been included in the plans this will be taken to DCCG Senior Management Team Meeting</li> </ul> <p>The Committee was advised that the business case proposes that supply is via FP10 prescription; this will create a potential cost pressure to CCG's. Clear criteria for use and a process to check efficacy needs to be agreed. The Chair noted that the business case does not include the management of patients being seen out of Doncaster and Bassetlaw.</p> <p>They will be made available on the medicines management website.</p>	NHSD- MMT(GB)
11/17/19.2	<p><b>Methotrexate injections –change from Red to Amber on TLS</b></p> <p>No progress to report</p>	NHSD- MMT(GB)
03/18/8.3	<p><b>SCP for Management of Inflammatory Arthritis, Connective Tissue Disease &amp; Systemic Vasculitis for Adult services (over 16)</b></p> <p>Following the introduction of the new monitoring guidelines for patients on hydroxychloroquine it was requested that DBTHFT would confirm that existing patients will receive the additional monitoring in line with the patients newly initiated on the drug.</p> <p>The Committee confirmed that hydroxychloroquine is Amber G for Inflammatory Arthritis &amp; Connective Tissue Disease. There is no titration of this drug and therefore in line with the Amber G definition following initiation prescribing can be undertaken by Primary Care.</p>	DBTHFT

05/18/8.5	<p><b>Items which should not routinely be prescribed in Primary Care</b></p> <p>The finalised list of drugs not routinely prescribed in Primary Care was presented to the Committee for information. This document is being shared across Doncaster. DCCG-MMT are discussing it with Primary Care colleagues and are offering additional support to practices to aid the review of patients on individual high cost items. The items listed on the document have been aligned to messages on Optimise Rx. The document will be presented at DBTHFT Formulary Liaison Group Meeting.</p> <p>DBTHFT confirmed that they are already looking at switching drugs for patients on Doxazosin MR and Perindopril arginine. The high prescribing of Targinact has also been highlighted with the pain clinic. The Committee was advised of discussions with Dr Savage from the Ledger Clinic around the increasing use of Cialis once a day. Although the generic price of this has dropped considerably the appropriateness of the prescribing has been explored.</p>	
05/18/8.2	<p><b>MHRA Drug Safety Update - Valproate (Risk Acknowledgement Form)</b></p> <p>An update of the recommendations from the May meeting include:</p> <ul style="list-style-type: none"> <li>• DCCG-MMT confirmed that contact had been made with Ben Dorward Lead Neurosciences Pharmacist at STH to ask if this has been discussed in the Trust. There has been no reply to date.</li> <li>• RDaSHFT is also discussing the impact of the requirement and the possibility of a new referral to the service in order to complete the risk acknowledgement form</li> <li>• DBTHFT will be influenced by the decision made at STH</li> <li>• BCCG confirmed that STH are not clear on how to manage this as the service is not prepared for additional referrals</li> <li>• DCCG-MMT has flagged up this issue to Contracting colleagues</li> </ul> <p>The LPC advised the Committee of an audit tool that may be used in Community Pharmacy around the risk acknowledgement form. This will be shared prior to the next meeting.</p>	<p>NHSD-MMT(GB)</p> <p>LPC</p>
06/18/5	<p><b>Traffic Light – Drugs for Review</b></p> <p>There are no drugs for review to report on.</p>	
06/18/6	<p><b>APC Officers actions</b></p> <p>All officers actions were agreed as proposed, will be updated on the traffic light system.</p>	
06/18/7	<p><b>Traffic Light – Additions for Consideration</b></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>Dolutegravir/ Rilpivirine (Juluca) used in HIV has been categorised as Red 1,2</p> <p>Darvadstrocel (Alofisel) used to treat perianal fistulas in adult patients with non-active/mildly active luminal Crohn's disease) has been categorised as Red 1,2.</p>	

06/18/8	<b>New Business</b>	
06/18/8.1	<b>Bicalutamide: Amber G (current status) vs Amber</b> The Committee has been asked to consider the appropriateness of the current status of Bicalutanide used in prostate cancer. Following discussion and comparison of other Amber G drugs it was agreed that the drug/condition was better suited to the Amber category. DCCG-MMT will initially contact Ms T Soar Urological Specialist Nurse to discuss the changes for consideration and how best to take this forward.	NHSD-MMT(GB)
06/18/8.2	<b>Aromatase Inhibitor – Letrozole Amber G</b> Letrozole is a drug used to treat breast cancer the Committee was asked to clarify the process for monitoring bone mineral density. The Committee agreed to contact the breast care sister regarding the pathway for referral and will feedback to the Committee.	NHSD-MMT(GB)
06/18/9	<b>DBTHFT D&amp;TC Update</b> The minutes of the meeting held in May were received by the Committee	
06/18/10	<b>Formulary Liaison Group Update</b> The minutes of the meeting held in April and May were received by the Committee	
06/18/11	<b>Doncaster Prisons Drug &amp; Therapeutic Committee</b> No minutes available	
06/18/12	<b>RDASH FT &amp; Medicines Management Committee Update</b> The minutes of the meeting held in March and April were received by the Committee	
06/18/13	<b>Barnsley Area Prescribing Committee Update</b> The minutes of the meeting held in April were received by the Committee The Chair noted that Barnsley had taken the same line as Doncaster and Bassetlaw around the Gender Incongruence in Primary Care document.	
06/18/14	<b>Rotherham Medicines Optimisation Group Update</b> No minutes available	
06/18/15	<b>Sheffield Area Prescribing Committee Update</b> The minutes of the meeting held in April were received by the Committee The Chair asked that Sheffield be advised of the position held in Doncaster regarding the transgender prescribing guidance.	NHSD-MMT(GB)
06/18/16	<b>Nottinghamshire Area Prescribing Committee Update</b> No minutes available	
06/18/17	<b>SY&amp; B Accountable Care System Medicines Optimisation Work-stream Steering Group</b> No minutes available	
06/18/18	<b>Northern Regional Medicines Optimisation Committee</b> No minutes available	
06/18/19	<b>Any Other Business</b> 06/18/19.1 Methotrexate cessation during infections The LPC queried if there was any guidance available around stopping methotrexate treatment when a person has an infection. Following	DBTHFT

	discussion DBTHFT agreed to ask if there are any guidelines available in Secondary Care that could be shared.	
06/18/20	<b>Date, time &amp; venue of next meeting</b> 12 noon prompt Thursday 26th July 2018 in Meeting Room 3 Sovereign House	
	12 noon prompt Thursday 30th August 2018 in Meeting Room 3 Sovereign House  12 noon prompt Thursday 27th September 2018 in Meeting Room 3 Sovereign House  12 noon prompt Thursday 25th October 2018 in Meeting Room 3 Sovereign House	