

DONCASTER & BASSETLAW AREA PRESCRIBING COMMITTEE (APC)

Action Notes and Log

Thursday 27th August 2020 12 Noon start

Meeting held over Microsoft Teams

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| Present: | Dr David Crichton Mrs V-Lin Cheong Mr Rob Wise Dr Rachel Hubbard Mr Stephen Davies Dr Runit Shah Mr Munashe Mvududu Mr Lee Wilson Dr Lucy Peart Miss Amanda Hemmings Andrew Shakesby | Chair, APC Chair DCCG Deputy Head of Medicines Management DCCG Head of Medicines Management, Deputy APC Chair BCCG Doncaster GP Chief Pharmacist RDaSHFT Local Medical Committee Representative Local Pharmaceutical Committee Representative Consultant Pharmacist DBTHFT Acute Physician DBTHFT Senior Medicines Management Technician DCCG (Secretary) FCMS Representative |
| In attendance: | | |
| 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 |
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| 8/20/1 | Apologies for Absence: Mr. Alex Molyneux (Head of Medicines Management DCCG) | | | |
| 8/20/2 | Declarations of Interest: None were declared | | | |
| 8/20/2.1 | Fire Alarm Procedure: N/A Meeting online | | | |
| 8/20/2.2 | <p>Notification of Any Other Business: LW and LP brought forward a discussion regarding Sucralfate. The drug is currently unlicensed and is an expensive drug. Sucralfate is mainly initiated by secondary care at this time. There is a tablet formulation of this drug that is now available which does not carry the same cost implications; on that basis it was asked if prescribing of the drug could be taken on by primary care.</p> <p>The committee felt that this drug had previously not been regularly prescribed within primary care due to availability; also as there was not enough clinical evidence to support the prescribing of the drug as it was thought to be an NHSE drug of low clinical value.</p> <p>A further issue was raised due to there being a long term supply problem with Ranitidine; and the acute trust were prescribing Sucralfate more often as an alternative option.</p> <p>It was decided by the Committee that this would be brought back to be discussed in more detail in the September meeting.</p> | DBTHFT – LW/LP | Sept-20 | |
| 8/20/3 | Notes of the Meeting Held On: Thursday 23th July 2020 were agreed as a true and accurate record and will be made available on the Medicines Management website. | | | |
| 8/20/4 | Matters Arising not on the Agenda: None | | | |
| 8/20/4.1 | Matters Arising: None | | | |
| 8/20/4.2 | <p>Fidaxomicin & Fosfomicin guidance review and suggested updates:</p> <p>The Fidaxomicin and Fosfomicin guidance were due for review. VLC discussed with the Committee the suggested changes regarding the document. A change that was put forward was to remove Fosfomicin from the document as this drug is now easily sourced in community pharmacies; historically there was an issue obtaining the drug outside of the hospital. It was also suggested that Linezolid</p> | DCCG-RH | Sep-20 | |

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| | <p>be considered into this process as it would be subject to the same kind of arrangement and this had been discussed in a previous meeting by the committee.</p> <p>Various members of the Committee raised concerns about the existing arrangements for these antibiotics due to the requirement for FP10s (hard copy) within the process. The roll-out of EPS4 and the pandemic has changed the ways of working in primary care; and electronic prescriptions being used by default. Under current arrangements, the consultant microbiologists at DBTHFT contact the GP for a prescription to be sent to the main DRI dispensary for dispensing.</p> <p>LW explained that any dispensing pharmacy must have a contract to be able to accept and issue prescriptions according to its licensed agreement. The hospital dispensary does not currently have the function to accept and dispense ETP FP10 prescriptions.</p> <p>The committee felt that this item should be brought back to a future meeting once further clarification is sought regarding the solutions to the current dispensing arrangements.</p> <p>RH to explore whether DRI dispensary/ Well Outpatient pharmacy is available on the spine for ETP prescriptions to be sent.</p> <p>Post note meeting – unfortunately Well outpatient pharmacy does not show as an EPS chemist on primary care clinical systems to send the prescription to.</p> | | | |
| 8/20/4.2 | <p>Parkinson SCP draft: VLC addressed Committee members regarding the Parkinson SCP, while still in its draft stage it is near to completion and ready for comments. The document was drafted by Sheffield but is anticipated to be a joint ICS document.</p> <p>It was noted by the committee that the document differed vastly to the previous SCP. The document suggested that patients would remain under specialist monitoring within secondary care and not be discharged from that service. The document also precluded that initiation of Parkinson drugs should only be undertaken by Secondary Care. Previous SCP contained drugs that prescribers in primary care could initiate patients (GREEN-G status). LW explained that Green-G was given as a status as GPs sought advice from consultants in secondary care and would prescribe some drugs whilst patients were waiting to</p> | DCCG-VLC | Nov-20 | |

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| | <p>be seen in secondary care.</p> <p>RW mentioned that there were some formatting issues; he also made a point about referral being mentioned and asked if this was still relevant within the document. It was felt that shared care documents were referred to once patients were prescribed medication that required shared care and therefore, information about referrals were not as relevant. However, the group discussed about the importance of patients being treatment-naïve at the point of referral.</p> <p>The Committee agreed as a whole that the document had some duplication within it. It was thought that some information in the flowchart should be moved up towards the top of the flowchart.</p> <p>RS also asked if Dr. Oates, a Parkinson's specialist in the Doncaster area had been consulted or asked for comment while the document was being drafted. It was decided that the Committee would value his opinion about the proposed document. VLC suggested that she would liaise with Dr. Oates and also Sheffield to raise the points listed.</p> <p>The decided outcome being that this would return at a later date when feedback had been received in relation to the Committees concerns around the formatting and clarification of certain points, also when Dr. Oates' opinion had been sought.</p> | | | |
| 8/20/4.3 | <p>Desunomab: The Committee had previously discussed the SCP for Desunomab and how service arrangement in DBTHFT differ with that of Sheffield's Metabolic Bone Unit. It was felt some specialist input would be welcome to help the Committee reach a decision about whether Doncaster can adopt an altered protocol. LW had previously agreed to ask Dr Rob Stevens to a future meeting to help the Committee understand more about the differences with current arrangements; the impact this may have on patients and make a more informed decision. The Committee will be advised when the specialist can attend and it will be picked up again in a future meeting.</p> | DBTH-LW | Oct-20 | |
| 2/20/8.3 | <p>Hydroxychloroquine: DC led a discussion regarding patient's taking Hydroxychloroquine under the Shared Care Protocol for the Management of Inflammatory Arthritis, Connective Tissue Disease & Systemic Vasculitis for Adult services (over 16). There are requirements within the document relating to specialised eye monitoring :</p> <ul style="list-style-type: none"> • Baseline Retinal Screening in year 1 by Ophthalmologist • Annual optician /Amsler chart assessment after year 1 | DCCG-DC | Oct-20 | |

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| | <ul style="list-style-type: none"> • Retinal Screening by Ophthalmologist after year 5 – consideration for yearly assessment ongoing as written in the SCP. <p>The SPC states specific screening (this should include testing visual acuity, careful ophthalmoscopy, fundoscopy, central visual field testing with a red target, and colour vision). NICE guidance also 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.</p> <p>These requirements had previously been discussed by the Committee in relation to Secondary Care proposing to transfer the prescribing responsibility and monitoring of this cohort of patients to Primary Care and community optometry services. It was previously believed that the monitoring would be an issue for Community Opticians and they would need specialist equipment to carry this out. Further discussions with the LOC had advised that this was not the case and that Opticians could have the capacity to do the monitoring required. RS questioned why it would fall under Shared Care if Primary Care were undertaking responsibility for both prescribing and monitoring?</p> <p>There was acceptance that the monitoring requirements in the shared care remained but this could be undertaken by an appropriate eye specialist secondary care or community with the skills and equipment.</p> <p>DC advised that even if that was the case there was also the patients' safety to consider. If the monitoring were to move from DRI to another service then the process would need to be agreed and the shared care document updated. RW said that Bassetlaw currently had the same process as in Doncaster with regards to the monitoring arrangements so any proposed changes needed communicating via him.</p> <p>DC agreed to feedback the conversation to Karen Leiver's from the Strategy and Delivery Team and it would be brought back to the committee when relevant to do so.</p> | | | |
| 1/20/8.1 | <p>Gender Dysphoria: DC advised the Committee that there have been having preliminary discussions with the CCG primary care team about Gender Dysphoria and review of the local commissioning arrangements, consideration of</p> | DCCG-DC | Nov-20 | |

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| | <p>a LES arrangement for Doncaster that he was hoping to work on with the help of RS.</p> <p>RS was going to discuss this at the LMC meeting and also AM from the Medicines Management Team would be taking this to the Prescribing Leads meeting for an update.</p> <p>DC talked about Rotherham CCG having already produced a policy which Sheffield had also adopted. Doncaster have this available on the medicine management website but didn't formally adopt this at the time it was produced. Now the National Guidance has been agreed it felt that a LES agreement is supported the best course of action. This is to try and standardise requirements and protocols so they work at both a Regional and National level.</p> <p>A further query had been received from a local practice from the Leeds service. Once an agreed shared care guideline is in place this should facilitate prescribing from any specialist centre.</p> | | | |
| 7/20/4.3 | <p>Pre-emptive Prescribing (Palliative Care) Guidance: SD and LW had nothing further to discuss in relation to the Palliative Care Guidance at this time. Both were going to continue to liaise and then feedback to the Committee when appropriate.</p> | <p>RDaSH-SD DBTHFT-LW</p> | <p>Nov-20</p> | |
| 8/20/4.4 | <p>Highest prescribed RED drugs by PCN: It was generally felt by the Committee that the prescribing of RED drugs was in decline. However Tacrolimus was on the list and it was thought that the prescribing of this drug was a concern; especially in the North locality. Methadone tablets, Lixdexamfetamine and Glycopyrronium were also all listed a number of times. These drugs however are classed as "rainbow" drugs and can be traffic lighted for more than one indication and be coloured differently for each indication listed. As an action, VLC has already started work with a data analyst to be able to filter this and ensure we are providing the correct data for analysis.</p> | <p>DCCG-VLC</p> | | |
| 8/20/5 | <p>Drugs for Review</p> <p>There are currently no drugs for review at this time.</p> | <p>DCCG-VLC</p> | | |
| 8/20/6 | <p>Officers' Actions</p> | <p>DCCG-VLC</p> | | |

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| | All officers' actions were agreed as proposed and will be updated on the traffic light system. | | | |
| 8/20/7 | <p>Drugs for Consideration</p> <p>Fremanezumab – Indicated for migraine prophylaxis was given the proposed status of RED 1,2.</p> <p>Fostamatinib – Indicated for use of chronic immune thrombocytopenia refractory to other treatments was given the proposed status of GREY 4.</p> | DCCG-VLC | | |
| 8/20/8 | <p>New Business – SD mentioned about the discontinuation of Priadel. This is a brand of Lithium and is the preferred brand of the drug used by RDaSH. SD mentioned that he and his team are already liaising with GPs, CCGs and other services to explain that this is the case and that a new guidance document is being drawn up to support the switching of this brand to the brand Camcolit. Camcolit is another brand of Lithium, however it is not bio-equivalent and does not come in the same strengths so poses a problem with incremental dosing as it cannot be split. VLC will also be taking this for discussion to the MMG meeting and making the CCGs Medicines Management Team aware. It is thought this will affect approximately 150-180 patients.</p> <p>RS also addressed SD as to whether the SMI register has been re-instated. SD will look into this and feedback once he is able to confirm this.</p> | RDaSH-SD | Nov-20 | |
| 8/20/9 | <p>DBTHFT D&TC Update</p> <p>No minutes available</p> | | | |
| 8/20/10 | <p>Formulary Liaison Group Update</p> <p>No minutes available</p> | | | |
| 8/20/11 | <p>Doncaster Prisons Drug & Therapeutic Committee update</p> <p>No minutes available</p> | | | |
| 8/20/12 | <p>RDaSH FT Medicines Management Committee update</p> <p>No minutes available</p> | | | |
| 8/20/13 | <p>Barnsley Area Prescribing Committee Update</p> <p>The minutes of the meeting held in Jan 2020 were received by the Committee.</p> | | | |
| 8/20/14 | <p>Rotherham Medicines Optimisation Group Update</p> <p>No minutes available.</p> | | | |
| 8/20/15 | <p>Sheffield Area Prescribing Committee Update</p> <p>The minutes of the meeting held in Nov2019 were received by the Committee.</p> | | | |

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| 8/20/16 | Nottingham Area Prescribing Committee Update The minutes of the meeting held in Nov 2019 were received by the Committee. | | | |
| 8/20/17 | SY& B ICS Medicines Optimisation Work-stream Steering Group No minutes available | | | |
| 8/20/18 | Northern Regional Medicines Optimisation Committee No minutes available | | | |
| 8/20/19 | Any Other Business: | | | |
| 8/20/19.1 | Date and Time of Next Meeting: 12 noon prompt Thursday 24 th September 2020 Meeting via Microsoft Teams | | | |
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| Completed / Closed | To Action |
| In Progress | To be actioned but date not yet due |