NHS
Bassetlaw
Clinical Commissioning Group

NHS
Doncaster
Clinical Commissioning Group

DONCASTER & BASSETLAW AREA PRESCRIBING COMMITTEE (APC)

Action Notes and Log

Thursday 28th January 2021 12 Noon start

Meeting held over Microsoft Teams

Present:	Dr David Crichton	Chair, APC Chair DCCG
	Mr Alex Molyneux	Head of Medicines Management DCCG
	Mrs V-Lin Cheong	Deputy Head of Medicines Management DCCG
	Mr Rob Wise	Head of Medicines Management, Deputy APC Chair BCCG
	Dr Rumit Shah	Local Medical Committee Representative
	Mr Munashe Mvududu	Local Pharmaceutical Committee Representative
	Mr Lee Wilson	Consultant Pharmacist DBTHFT
	Dr Rachel Hubbard	Doncaster GP
	Miss Amanda Hemmings	Senior Medicines Management Technician DCCG (Secretary)
In attendance:	Miss Victoria Boulter	Practice Support Technician
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
1/21/1	**Apologies for Absence:** Dr Lucy Peart Acute Physician DBTHFT Mr Stephen Davies Chief Pharmacist RDaSHFT Mr Andrew Shakesby FCMS Representative			
1/21/2	**Declarations of Interest:** None were declared			
1/21/2.1	**Fire Alarm Procedure:** N/A Meeting online			
1/21/2.2	**Notification of Any Other Business:** None			
1/21/3	**Notes of the Meeting Held On:** Thursday 26th November 2020 were agreed as a true and accurate record.			
1/21/4	**Matters Arising not on the Agenda:** None			
12/2/4.4 01/21/4.2	**Chair's actions – Covid-19 vaccination procedures:** DC brought the committee's attention to the actions that were taken as Chair along with the Heads of Medicines Management at both Doncaster and Bassetlaw CCGs. The Chair's actions endorsed the SPS procedures for receipt, handling and administration of the Covid-19 vaccines as a base point, accepting local variations above this minimum standard may be necessary dependent upon the vaccination sites. The legal mechanisms and PGDs in relation to the vaccines that are published by NHS England were also endorsed by the committee. It is expected as more Covid vaccines are manufactured and given approval and as differing PGD and PSD models developed, there may potentially be more Chair's actions needed to ensure safe roll out of vaccinations without delays.	**NHSD-DC**		
1/20/8.1	**Gender Dysphoria:** The Chair gave the committee an update in relation to gender dysphoria. This has been discussed at the PCN Clinical Directors' meeting. It was discussed previously by the APC about developing a model to			

	facilitate patients being supported to get medication from clinics/practices. It is thought that the best approach to this would be to work towards developing a LES arrangement. Doncaster and Bassetlaw have adopted and host the guidance developed by Rotherham CCG, however with the caveat that the document is not mandatory in Doncaster and Bassetlaw. A LES arrangement, if developed would support primary care to help to better manage these patients and the primary care team is currently working towards this. The medicines management team will also help to assist primary care as needed but it is thought that the prescribing element would need to stay the same as the rest of ICS and would be the same as in the current SCP. The committee will be updated when there is further progress to feedback.	**NHSD-DC**	**Apr-21**	
8/20/4.3	**Denosumab:** LW gave an update regarding the denosumab SCP which he has been reviewing. The committee had previously received a Consultant Rheumalologist: Dr Rob Stevens from DBTHFT to a meeting who had helped advise the committee. The information and points raised at the previous meeting are now being worked into the revised SCP and this will come to the next meeting to be discussed.	**DBTHFT-LW**	**Feb-21**	
2/20/8.3	**Hydroxychloroquine:** DC gave a verbal update about hydroxychloroquine, this had been discussed at meetings with the Trust due to issues with arrangements to perform specific eye monitoring including optical tomography for adults taking the drug. There have been local issues with capacity within the ophthalmology department at the acute trust and there was no community optometry solution evident due to the equipment required to do the testing. It was thought to be of concern due to stretched capacity at the hospital to monitor all patients annually on therapy. New guidance has now been issued from the Royal College of Ophthalmologists that states there is no longer a need for baseline screening on new initiators of the drug and that patients will only need specialist monitoring after 5 years of therapy and then annually thereafter. This relieves the burden on capacity especially as most patients will have been stopped on this therapy within a 5year timeframe. The monitoring has been discussed at the hospital who are now satisfied that the screening can be done in-house. Rheumatology will then have input as to whether or not therapy with the drug should continue.	**NHSD-DC**	**Mar-21**	

	The SCP for inflammatory arthritis and connective tissue diseases has now been adapted to incorporate this new information and expresses the need for rheumatology and ophthalmology departments within the acute trust to work collectively to ensure the safety of patients taking the drug. Contracting arrangements will still need to be considered outside of this meeting, however the committee agreed to the amending of the document to reflect the current guidance whilst this is being done.			
7/20/4.3	**Pre-emptive Prescribing (Palliative Care) Guidance:** The palliative care pre-emptive prescribing document has been under review and was brought to the committee for an update on the progress. The committee asked for some alterations to do with; dating and versioning of the document. It was also noted that some of the appendices did not marry up and the document needed some further formatting. Also a list of pharmacies that hold stock of medications used in palliative care may need to be checked; it was noted that a pharmacy that was on the list had since been closed. The committee did however agree that the content of the document was fine and with the checks completed and some editing that it could come back to the meeting next month to be approved. LW will work on the requested edits and RH will check this once complete and add any further input as needed. AM will check with the primary care team to ask that they check all the pharmacies listed in the document are aware of their responsibilities regarding the SLA to provide palliative care medications and that these lists are up to date, also that they are accessible in an online format. MM will pick this up at the LPC to remind pharmacies of their responsibilities under the SLA and if they cannot meet the arrangement to notify the CCG straight away. AM will also liaise with FCMS about their communications form which is within this document and check this is up to date and what the requirements are.	**DBTHFT-LW**	**Feb-21**	
11/20/4.3	**TLS Considerations – Leger Clinic:** Requests were submitted by the Leger Clinic in the November meeting to give a recommended traffic light status for: • Testosterone – treatment of testosterone deficiency (to move to shared care Amber or Amber G status) • Tamoxifen – management of gynecomastia in men (request for Red) • Clomifene – testosterone deficiency in men where preservation of fertility is a high priority (request for Red)			

	The committee discussed the submission and for the testosterone felt that a LES agreement could be worked up for the prescribing and monitoring of this drug and this is now being considered. It has also now been raised at the CCG executive committee meeting and will be taken to a future Primary Care Committee. Once accepted and with appropriate wording for monitoring by primary care is received by the Leger Clinic, then the appropriate TLS can be given. However for tamoxifen and clomifene for the off-license indications submitted for TLS, it was felt there was a lack of evidence for the committee to be able to make an informed decision about the drugs at the time. These drugs were given a TLS of Grey 2 due to lack of evidence. Dr. Savage was informed by letter of the committee's decisions and he has submitted a response. He did not agree with the committee's views regarding clomefene; however he accepted the decision regarding the tamoxifen. Dr. Savage is now going to seek further opinion from a leading reproductive endocrinologist and will feedback any further supporting evidence which the committee will be happy to receive.	**NHSD-VLC**	**Mar-21**	
11/20/5	**APC terms of reference:** The APC terms of reference came to the committee for discussion. This has been reviewed to ensure that it is clear what the responsibility of the committee is and what the processes and pathways are which need to be followed for items that come to the meetings. It was discussed as to whether a PCN representative should be asked to sit on the APC and this was mentioned within the document. However it was the committee's view that every PCN is different and one member would not be able to express the views of all PCNs. RS told the committee that PCNs are not statutory bodies and that the federation acts on behalf of all practitioners. All GP practices and GP members are represented by the LMC and as Chair of the LMC any views can be brought to the committee or be taken to the LMC by himself. It was agreed that this clause regarding a PCN member be removed from the document. The TOR also explains the strong links between itself and the MMG and when the APC may have more decision making responsibilities. Within the document there are several flow charts which show how things should be processed dependent on whether an item has a financial element to be	**NHSD-AM**		

	considered. Some items may be more straightforward and will have had such costing considered previously and been to other meeting already for consideration. If this is not the case then these elements must to taken in to account before they can be passed through the APC and the document outlines where to send the items and notes the links between other departments and meetings within the CCG. There shouldn't however be a delay in approving or giving TLS consideration to drugs and any final decisions should not be delayed past 90 days. The committee discussed and was shown examples of how the process will work in practice. They accepted the document on the basis that the PCN clause be removed.			
1/21/5	**Drugs for Review** **Sebelipase alfa:** indicated for Lysosomal acid lipase (LAL) deficiency - long term enzyme replacement therapy (ERT) has requested to be changed from Red 1,2,3 to Grey 1 as it is not recommended by NICE. **Mercaptamine**: Indicated for Corneal cystine crystal deposits in adults and children from 2 years of age with cystinosis is also a requested change from Red 1,2,3 to Grey 1 as it is not recommended by NHSE clinical commissioning policy. **Sapropterin:** for the indication of Phenylketonuria (PKU) has a recommended change from Red 1,2,3 to Grey 1 as it is not recommended by NHSE clinical commissioning policy. **Siponimod fumaric acid:** Indicated for Multiple Sclerosis has a requested change from Grey 2 to Red 1,2 as it is NICE recommended. **Azathioprine:** For Non-Rheumatology indications recommended to remain as Red 1,2. **Tocilizumab:** Recommended to remain as Red 1,2,3,4,5,6 with a new indication to be added to the existing entry for Covid-19 pneumonia alongside the entry for Rheumatoid Arthritis. **Amifampridine (3,4 diaminopyridine phosphate):** Indicated for Lambert-Eaton Myasthenic Syndrome (LEMS) in adults has a recommended change from Red 1,2 to Grey 1,5 as it is not recommended by NHSE clinical commissioning policy.	**NHSD-VLC**		

	Simeprevir + Sofosbuvir: Indicated for Hepatitis C (chronic) - genotype 1 and 4 is to be removed from the TLS as NICE cannot make a recommendation due no evidence submitted by manufacturer for a technology approval. **Ruxolitinib:** Recommended to remain as Red 1,2 for current listing of Myelofibrosis - Chronic idiopathic myelofibrosis and treatment of myelofibrosis secondary to polycythaemia vera or essential thrombocythaemia. An entry for the indication of Graft versus host disease (GvHD) Acute and Chronic is also to be added with the same status of Red 1,2. **Liraglutide:** For the indication of weight management has a recommended change from Grey 2 to Red 1,2 as this is now NICE recommended. **Venetoclax:** Indicated for Leukaemia chronic lymphocytic (CLL) remains a recommendation for Red 1,2 with Untreated Chronic Lymphocytic Leukaemia to be added to the entry as this is now a NICE recommendation. **Obinutuzumab:** Also indicated for Leukaemia chronic lymphocytic (CLL) and Follicular Lymphoma (FL) recommend to remain as Red 1,2 with Untreated Chronic Lymphocytic Leukaemia to be added to the entry as this is now a NICE recommendation. **Atezolizumab:** Recommend to remain Red 1,2,3 for its current indication of Urothelial carcinoma (locally advanced or metastatic) and Lung cancer- metastatic non-squamous non-small cell lung cancer (NSCLC) which should be used in combination therapy (bevacizumab, paclitaxel and carboplatin) with Advanced or Unresectable Hepatocellular Carcinoma in Adults to be added to the entry as a new indication. **Bevacizumab:** For the new indication of Advanced or Unresectable Hepatocellular Carcinoma in Adults will be given a recommended status of Red 1,2,3 as it is NICE recommended. However it remains Grey for its other entries. **Encorafenib:** Remains a recommendation of Red 1,2,3 with 8 added and a new indication to add to entry of Mutation-positive metastatic colorectal cancer in adults. **Cetuximab:** Remains a Red 1,2,3,8 recommendation for Colorectal cancer (metastatic) only (First-line treatment, with the new indication of Mutation-positive metastatic colorectal cancer in adults to be added to the entry as this is a NICE recommendation.			

	Vortioxetine: For the indication of Major Depression in adults remains with the recommendation of Amber G. This is a NICE recommended drug and is within the RDaSH formulary. **Prucalopride:** It was decided to recommend and keep the TLS of Green G for the indication of Chronic constipation in whom laxatives fail to provide adequate relief for women. It was decided that some wording needed to be added to the entry to review after 4 weeks and then annually.			
11/20/6	**Officers' Actions** All officers' actions were agreed as proposed. It was noted that the entry for Rifaximin contain the incorrect strength used by the acute trust. This will be rectified to reflect on the TLS update.	**NHSD-VLC**		
1/21/7	**Drugs for Consideration:** **Bilastine:** Was given a recommended TLS of Green for the indications of Allergic Rhino-Conjunctivitus (seasonal and perennial) and Urticarial in children 6-11 yrs. **Lidocaine hydrochloride, phenazone 40mg/10mg ear drop solution:** Indicated for Acute congestive otitis media; otitis in influenza and barotraumatic otitis were given a recommended TLS of Grey 5. **Galcanezumab:** Indicated for Prohylaxis of episodic and chronic migraine was given the recommended status of Red 1,2. **Darolutamide:** To treat Hormone-relapsed prostate cancer in adults was also given the recommended status of Red 1,2. **Upadacitinib:** Indicatied for Severe Rheumatoid Arthritis in Adults was given the recommendation of Red 1,2. **Methylprednisolone (oral):** Used in treatment of Multiple sclerosis - acute relapse has a new product to add to entry and the entry will remain with a recommendation of Green G.	**NHSD-VLC**		
1/21/8	**New Business**			
1/21/9	**DBTHFT D&TC Update** The Committee received minutes from the meeting held December 2020 and January 2021.			
1/21/10	**Formulary Liaison Group Update** The Committee received minutes from the meeting held January 2020. It was noted that the group is due to start meeting again.			

1/21/11	**DCCG Medicines Management Group** The Committee received minutes from the meeting held November 2020			
1/21/12	**RDaSH FT Medicines Management Committee update** The Committee received minutes from the meeting held July 2020.			
1/21/13	**Barnsley Area Prescribing Committee Update** The Committee received minutes from the meeting held November 2020.			
1/21/14	**Rotherham Medicines Optimisation Group Update** The Committee received minutes from the meeting held October 2020			
1/21/15	**Sheffield Area Prescribing Committee Update** The minutes of the meeting held in Nov2019 were received by the Committee.			
1/21/16	**Nottingham Area Prescribing Committee Update** The minutes of the meeting held in Nov 2019 were received by the Committee.			
1/21/17	**SY& B ICS Medicines Optimisation Work-stream Steering Group** No minutes available			
1/21/18	**Dr Shah had to leave the meeting at this point**			
1/21/19	**Northern Regional Medicines Optimisation Committee** No minutes available			
1/21/19.1	**Any Other Business:** None brought.			
	Date and Time of Next Meeting: 12 noon prompt Thursday 25th February 2021 Meeting via Microsoft Teams			

KEY

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