

DONCASTER & BASSETLAW AREA PRESCRIBING COMMITTEE (APC)

Action Notes and Log

Thursday 25th February 2021 12 Noon start

Meeting held over Microsoft Teams

Present:	Dr David Crichton Mrs V-Lin Cheong Mr Rob Wise Mr Stephen Davies Dr Runit Shah Mr Munashe Mvududu Mr Lee Wilson Dr Rachel Hubbard Miss Amanda Hemmings	Chair, APC Chair DCCG Deputy Head of Medicines Management DCCG Head of Medicines Management, Deputy APC Chair BCCG Chief Pharmacist RDaSHFT Local Medical Committee Representative Local Pharmaceutical Committee Representative Consultant Pharmacist DBTHFT Doncaster GP Senior Medicines Management Technician DCCG (Secretary)
In attendance:	Mr Richard Neilson	Locality Lead Pharmacist DCCG
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
2/21/1	Apologies for Absence: Mr Alex Molyneux Head of Medicines Management DCCG Dr Lucy Peart Acute Physician DBTHFT Mr Andrew Shakesby FCMS Representative			
2/21/2	Declarations of Interest: RN declared that he works for an MSK Rheumatology service that provide services nationally, there were no links to the Doncaster and Bassetlaw area and it was accepted that this declaration would have no bearing on the items discussed at the meeting today and he could participate in discussions.			
2/21/2.1	Fire Alarm Procedure: N/A Meeting online			
2/21/2.2	Notification of Any Other Business: None			
2/21/3	Notes of the Meeting Held On: Thursday 28th January 2020 were agreed as a true and accurate record.			
2/21/4	Matters Arising not on the Agenda: None			
8/20/4.3	Denosumab: It was agreed that the shared care arrangement for Doncaster and Bassetlaw would need to differ slightly from Sheffield's, in part due to different service arrangements in our area and P1NP testing which DBTHFT does not undertake, as well as an expansion to the original cohort. It was noted that the document could do with some further editing. The DBTHFT logo adding and removal of the other logos embedded into the document. RW asked for clarification in patients who may be at risk of hypocalcemia in relation to receiving the injection and whether they should be managed by primary or secondary care. LW confirmed patients would not be referred into primary care from secondary care if the risk was high. RH suggested that it would be useful to have in an exclusions section written into the document rather	DBTHFT-LW	March-21	

	<p>than the current contra-indications section. RS also mentioned that the document would benefit from explaining what should be done if the patients' tests were out of range. VLC suggested that it may be better to have clearer monitoring responsibilities listed for both primary care and secondary care to provide clarity.</p> <p>*MM joined the meeting (12.29pm).</p> <p>The minutes received by the committee from Sheffield APG highlighted that there could be issues with obtaining denosumab for the purpose of administration by district nursing in relation to wholesaler licensing. It was thought that this could be worked around in primary care by issuing FP10s for the drug. MM is also going to look at whether there were any anticipated issues with this and that the ordering information within the document was relevant. LW will check the ordering processes within the trust.</p> <p>It was felt at this time that the document needed some further work. The document will come back to the meeting next month as a final version.</p>			
2/21/4.2	<p>Neuropathic pain in adults – NICE updated guidance: NICE are currently updating their pain guidance documents. The chronic pain guidance has now been moved back to April. There has been a recent update with the neuropathic pain in adult's guidance and VLC brought this to the committee for information.</p> <p>The neuropathic pain guidance had previously included sciatica, but this has now changed to be considered as a separate condition along with lower back pain. However diabetic neuropathy is now included in this guidance whereas it had previously been separate.</p> <p>The guidance states that patients already undertaking drug therapy can continue to do so with regular reviews to assess suitability and effectiveness.</p> <p>When the full pain guidance becomes available, it will come to the committee to be discussed fully.</p>	NHSD-VLC		
2/21/4.3	<p>Continuity of medicines supply: VLC discussed the letter communicated out from Dr Keith Ridge regarding what should be done if circumstances of the EU exit caused any issues with supply of medicines.</p> <p>There are various protocols that community pharmacies can follow that allows them to change the strength or formulation of certain drugs to allow the patient to obtain the required dose of their medicine without having to get their prescription changed.</p>	NHSD-VLC		

	<p>MM confirmed that this was the case with a very clear list of what could be used and in what dosage, also what could be combined to ensure the medication was being used in a safe way.</p> <p>The letter also talks about buffer stocks of up to six weeks of medication being held nationally. The committee had noted however that there seemed to be very little in the way of out of stock medication at the moment within community pharmacy. This was slightly different in secondary care, but it was unsure as to whether the exit from the EU had contributed to this. The committee found overall that this was reassuring.</p>			
2/21/4.4	<p>Vitamin D and Care homes guidance: Every care home in England is to receive a free four months' supply of vitamin D to help support residents' general health as well as bone and muscle health. The supply is to be delivered directly to the care homes and the programme was started at the end of January '21. The vitamin D is in liquid form, two drops which equates to 400iu daily. Patients who are already taking prescribed vitamin D either alone or in a combined preparation such as calcium and vitamin D formulations are advised not to take the additional vitamin D provided.</p> <p>The medicines management team at DCCG have liaised and communicated via emails with a list of products that contain vitamin D to make the care homes aware of existing products. It has been advised that the homes list these clearly on the residents MAR charts and that these are discussed at the MDTs to minimise the risk of a resident taking too much. If this were to happen accidentally it was felt the risk of harm to the patient would be low; however, to reduce the risk further VLC agreed that she would follow up the emails to ensure that the information was re-circulated.</p>	NHSD-VLC		
2/21/4.	<p>Flash glucose monitoring guidance: VLC led the committee in a discussion about flash glucose monitoring. The updated document has been to the MMG meeting to be discussed. The eligibility criteria has changed and includes people with type 1 diabetes or insulin treated type 2 diabetes that have learning disabilities, this is a new category that NHSE have added. Other changes were the sample letters for the GPs for both freestyle libre 1 and freestyle libre 2, the latter requiring a lesser number of sensor strips with only 2 boxes per month for patients. LW raised that the freestyle libre 1 still noted a requirement for ketone and glucose testing strips but this wasn't clear in the freestyle libre 2 letter. VLC clarified that this was still being checked as to whether the ketone and glucose strips are needed for the freestyle libre 2 patients, it was thought that they may</p>	NHSD-VLC	May 21	

	<p>not be as the libre 2 is thought to give more accurate readings and they may not be needed.</p> <p>Freestyle libre1 and freestyle libre 2 are both mentioned in the document and while there are no known plans for the discontinuation of the freestyle libre 1 , it was noted that the libre 2 product was being pushed quite heavily and that secondary care were changing patients over at the point of review. The freestyle libre 2 has some extra features such as an alarm when a patient's blood sugar levels are too low or too high.</p> <p>RH mentioned that there was a problem at the point of prescribing in primary care with the freestyle libre 2 product; this is because the EMIS clinical systems used in some GP practices do not currently have the product listed within the system to be able to produce a prescription for it. This makes it especially difficult with prescriptions sent electronically. DC mentioned that there may be a delay in the system as the freestyle libre 2 was a recent product and the systems were due to update.</p> <p>Clarification is needed about both the freestyle libre 1 and 2 models being suitable for certain cohorts such as HGV drivers and there is still no confirmation from the DVLA of this.</p> <p>It was also questioned as to whether the differences in the two devices needed to be clarified in the document. Separate sections for type 1 and type 2 diabetics.</p> <p>It was decided that the document needed updating and to come back to the meeting for further discussion.</p>			
2/21/5	<p>Drugs for Review</p> <p>Carbamazapine: Indicated for Bipolar Disorder, Management of Stable Condition Anticonvulsant was recommended to keep its current status of Amber G.</p> <p>Trifluridine/Tipiracil: Indicated for Metastatic Gastric Cancer or Gastro-Oesophageal Junction Adenocarcinoma in adults was given the recommendation of Grey 1.</p> <p>Tocilizumab: For the indication of Covid-19 Pneumonia was recommended to be Red 1,2,3.</p> <p>Sarilumab: Indicated Covid-19 Pneumonia was also recommended to be Red 1,2,3.</p>	NHSD-VLC		

2/21/6	Officers' Actions All officers' actions were agreed as proposed.	NHSD-VLC		
2/21/7	<p>Drugs for Consideration:</p> <p>Glycopyrronium/formoterol fumarate dihydrate 7.2mcg/5mcg pressurised inhalation suspension (Bevespi Aerosphere): Indicated for Chronic Obstructive Pulmonary Disease (Adults) was given a proposed recommended TLS of Green G but as this is a new product it would need to be discussed at FLG before a final decision as to its formulary status is made.</p> <p>Formoterol fumaratedihydrate/budesonide/glycopyrronium 5mcg/7.2mcg/160mcg pressured inhalation suspension (Trixeo Aerosphere): Indicated for Maintenance Treatment in adults with Moderate to Severe COPD was given a proposed recommended TLS of Green G but as this is a new product it would need to be discussed at FLG before a final decision as to its formulary status is made.</p> <p>Bempedoic Acid: Indicated for adults with Primary Hypercholesterolaemia (heterozygous familial and non-familial) or Mixed Dyslipidaemia was given a recommendation of Grey 2.</p> <p>Inclisiran: Indicated for adults with primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia was also given the recommended status of Grey 2.</p> <p>Brolucizumab: To treat Wet Age - Related Macular Degeneration was given the recommendation of Red 1, 2, 8.</p> <p>Vaginal lubricant/moisturisers: To treat Moderate to Severe Vaginal Dryness or Atrophy was given a suggested TLS recommendation of Green G, to be prescribed for patients only under certain circumstances such as cancer patients and those with endocrine reasons for needing the treatment.</p> <p>Oral Semaglutide: Indicated for treatment of Type 2 Diabetes was given the recommended status of Green G along with the injectable formulation.</p>	NHSD-VLC		
2/21/8	New Business:			
2/21/9	DBTHFT D&TC Update The Committee received minutes from the meeting held December 2020 and January 2021.			

2/21/10	Formulary Liaison Group Update The Committee received minutes from the meeting held November 2020. It was noted that the group is due to start meeting again.			
2/21/11	DCCG Medicines Management Group The Committee received minutes from the meeting held November 2020			
2/21/12	RDaSH FT Medicines Management Committee update The Committee received minutes from the meeting held December 2020.			
2/21/13	Barnsley Area Prescribing Committee Update The Committee received minutes from the meeting held January 2021.			
2/21/14	Rotherham Medicines Optimisation Group Update The Committee received minutes from the meeting held October 2020			
2/21/15	Sheffield Area Prescribing Committee Update The minutes of the meeting held in Jan 2021 were received by the Committee.			
2/21/16	Nottingham Area Prescribing Committee Update The minutes of the meeting held in Nov 2019 were received by the Committee.			
2/21/17	SY& B ICS Medicines Optimisation Work-stream Steering Group No minutes available			
2/21/18	Dr Shah had to leave the meeting at this point			
2/21/19	Northern Regional Medicines Optimisation Committee No minutes available			
2/21/19.1	Any Other Business: None brought.			
	Date and Time of Next Meeting: 12 noon prompt Thursday 25th March 2021 Meeting via Microsoft Teams			

KEY

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