NHS Bassetlaw Clinical Commissioning Group

NHS Doncaster Clinical Commissioning Group

DONCASTER & BASSETLAW AREA PRESCRIBING COMMITTEE (APC)

Action Notes and Log

Thursday 25th March 2021 12 Noon start

Meeting held over Microsoft Teams

Present:	Dr David Crichton	Chair, APC Chair DCCG
	Mrs V-Lin Cheong	Deputy Head of Medicines Management DCCG
	Mr Rob Wise	Head of Medicines Management, Deputy APC Chair BCCG
	Mr Stephen Davies	Chief Pharmacist RDaSHFT
	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:		
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
/21/1	**Apologies for Absence:** Dr Lucy Peart Acute Physician DBTHFT Mr Alex Molyneux Head of Medicines Management DCCG			
3/21/2	**Declarations of Interest:**			
3/21/2.1	**Fire Alarm Procedure:** N/A Meeting online			
3/21/2.2	**Notification of Any Other Business:** None			
3/21/3	**Notes of the Meeting Held On**: Thursday 25th February 2021 were agreed as a true and accurate record.			
3/21/4	**Matters Arising not on the Agenda:** None			
8/20/4.3	**Denosumab:** LW brought the finalised version of the shared care document to the committee to be agreed The document has had some minor alterations which were discussed in the February meeting. The document does still refer to P1NP testing for monitoring under the responsibilities of a specialist clinician within the document, it was understood that this testing is not used in Doncaster and Bassetlaw. The document also refers to using DEXA scans for monitoring which is the method used by DBTHFT. It was agreed that the document was clear and comprehensive, and the committee approved the document. This will now be hosted on the DCCG website.	**DBTHFT-LW**		
7/20/4.3	**Pre-emptive prescribing:** The committee received the palliative care, pre-emptive prescribing document today which was ready for approval. LW and RH had edited the document and checks have been carried out to ensure the information in the document is relevant and up to date. RS did raise a concern with the “Dear Sister” letter for use in the community. Some practices use a pre-populated template for the transcribing but not all will. RS stated that it was an extra burden for practices to have to do this and asked	**DBHTFT-LW**		

	if there was any update on whether DBTHFT could provide a template which has been raised previously. It was decided that LW would provide the documents used by secondary care with the renal and non-renal protocols; RH would liaise with LW to provide the letter template used by her practice to work on producing a more standardised document that would be fit for purpose. Once this is done the form will need to be embedded onto the clinical systems and utilised consistently by both primary and secondary care. The pre-emptive prescribing document was agreed by the committee today.			
3/21/4.2	**Aminophylline (Phyllocontin) discontinuation:** VLC informed the committee that the phyllocontin brand of aminophylline was to be discontinued and supplies are expected to be exhausted by April. This means prescribers will need to review any affected patients (thought to be 100 patients affected) and optimise inhaled therapies. Those on sub-therapeutic levels should be identified and may no longer require treatment. The guidance from the MHRA states that any patients who still require a methylxanthine will need to be switched to theophylline tablets.	**NHSD-VLC**		
2/21/4.2	**Flash glucose monitoring guidance:** VLC addressed the committee about the flash glucose monitoring guidance. There have been changes added to the document since it was discussed in the February meeting. Notably these were the scope within the document for flash glucose monitoring only, sections split within the guidance for type 1 and type 2/other diabetes, advice from the DVLA as well as new letters for practitioners for initially starting or switching to flash glucose monitoring. RW mentioned that he was happy for the Bassetlaw logo to be included on the document. However, he noted that in one of the letters in the document it stated the patient would need freestyle testing strips and lancets, he questioned that this was not the case. The patient did not require the particular freestyle brand of these products and if these were then switched it could cause inconvenience to patient and also carry cost implications. DC suggested that these should be left generic and that it may be better to have the letters included in the annex of the document so that future changes can be made without affecting the main document. It was also picked up that in the FAQ section in the document, that the difference between the freestyle 1 and 2 devices were not made clear. It was discussed as	**NHSD-VLC**		

	to whether this section needed to be removed as it did not add relevant information to the document itself. VLC agreed that she would discuss these comments with the DBTH diabetes team outside of the meeting to address the points raised. Meanwhile, the committee approves the document.			
3/21/4.3	**Saxenda – weight management:** Saxenda has recently been discussed by the APC due to a NICE TA recommending its use alongside a tier 3 weight management service. For Doncaster and Bassetlaw it was decided to recommend a TLS of Red as this weight service is available in Doncaster through the local authority and the Better Care funding. However across the wider ICS it poses problems with health inequalities as other areas do not have a tier 3 weight management service and so cannot give patients the drug. SD also discussed that this poses a problem to local patients who are under the care of RDaSH and have weight gain due to antipsychotic use as they do not fall under the community funding and cannot be directly referred by the trust. It was discussed as to whether these patients should be picked up via their own GP to refer them to DBTHFT. RS brought attention to BMIs of South Asian cohorts that are at risk of cardiovascular events with a lower BMI threshold compared to the general population. This is picked up within the guidance with a lower BMI. LW confirmed that there were no current requests for saxenda at DBTHFT, however because surgery cannot be performed before a 12 month period it is possible that saxenda may start to be requested soon. It was decided by the committee that the TLS should remain Red as we can facilitate any requests and have the appropriate services in place.	**NHSD-VLC**		
2/20/8.3	**Hydroxychloroquine:** It was decided that the SCP for inflammatory arthritis and connective tissue diseases that was discussed in the January meeting, could now be approved. The SCP was adapted to incorporate new guidance 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. The document expresses the need for rheumatology and ophthalmology departments within the acute trust to work collectively to ensure the safety of patients taking the drug.	**NHSD-DC**		

	The document will now be published on the DCCG medicines management website.			
11/20/4.2	**Leger clinic:** There is no further action required by the APC regarding the TLS status of testosterone. The clinic has reduced it waiting time and will continue to prescribe and monitor patients under this service and there is no longer a pressure to adapt this to a shared care model.	**NHSD-DC**		
3/21/4.3	**Drugs for Review:** **Dapagliflozin** for the indication of Chronic Heart Failure was given a recommendation of **Amber G.**	**NHSD-VLC**		
3/21/4.4	**Officers' Actions** All officers' actions were agreed as proposed.	**NHSD-VLC**		
3/21/4.5	**Drugs for Consideration:** **Amikacin** for the treatment of non-tuberculous mycobacterial (NTM) lung infections caused by mycobacterium avium and complex (MAC) in adults with limited treatment options who do not have cystic fibrosis was given the suggested TLS of **Red 1,2,5.** **Filgotinib** for moderate to severe rheumatoid arthritis in adults was given the recommendation of **Red 1,2.**	**NHSD-VLC**		
3/21/5	**DBTHFT D&TC Update:**The Committee received minutes from the meeting held February 2021.			
3/21/6	**Formulary Liaison Group Update** The Committee received minutes from the meeting held January 2021. It was noted that the group is due to start meeting again.			
3/21/7	**DCCG Medicines Management Group** The Committee received minutes from the meeting held January 2021			
3/21/9	**RDaSH FT Medicines Management Committee update** The Committee received minutes from the meeting held December 2020.			
3/21/10	**Barnsley Area Prescribing Committee Update** The Committee received minutes from the meeting held January 2021.			

3/21/11	**Rotherham Medicines Optimisation Group Update** The Committee received minutes from the meeting held October 2020			
3/21/12	**Sheffield Area Prescribing Committee Update** The minutes of the meeting held in Jan 2021 were received by the Committee.			
3/21/13	**Nottingham Area Prescribing Committee Update** The minutes of the meeting held in Nov 2019 were received by the Committee.			
3/21/14	**SY& B ICS Medicines Optimisation Work-stream Steering Group** No minutes available			
3/21/15	**Northern Regional Medicines Optimisation Committee** The minutes of the meeting held February 2021 were received by the Committee.			
3/21/16	**Any Other Business:** The committee had picked up in the RMOC minutes about best practice arrangements for shared care. The committee have decided to bring this for a discussion at the April meeting. There was a brief discussion around the Modena vaccine for Covid immunisation being signed off in the future by the committee for local use, it has been licensed by the MHRA but currently there is no PGD available. The vaccine is currently being trialed at 5 hospital sites. SD brought the committee's attention to the new PGD for the AstraZeneca Covid vaccine. Anyone who is working as a vaccinator under a PGD model would need to sign up to the latest PGD. There is variable uptake of the vaccine in cohorts 1-9 and so it was questioned whether we should look at vaccinating cohort 10 with the AstraZeneca vaccine as some of the vaccine has a short expiry date and we would need to ensure we avoid any waste. The new PGD sets out the legal framework and includes phase 2 extension for cohort 10-12, 'which should be offered in accordance with national recommendations'. The MRHA have licensed this vaccine for adults over the age of 18yrs so this already covers the extended age cohorts. The guidance to extend the cohorts was felt to be a separate issue and not a decision for the APC. The document has been signed off by the medical director at NHSE so it was felt the APC did not needed to take any actions. It was raised that nobody under the age of 18 years old should be offered the AstraZeneca vaccine, Pfizer is licensed for ages 16-18yrs.			

	RW requested that any minutes received from other groups that aren't current be removed from the agenda going forward. RW also brought attention to the fact that the SYB QUIT programme has an initiative to provide smoking cessation services to patients admitted into secondary care. This is for patients admitted for any reason and they will be given advice about stopping smoking. This will then be passed back to local services to continue. The programme is due to start in May and the 5 CCGs within the ICS have been sent a PGD to sign that has been produced by Sheffield. Once the PGD has been agreed it will allow local pharmacies to continue to supply patients on their discharge from hospital.			
3/21/17	**Date and Time of Next Meeting:** 12 noon prompt Thursday 29th April 2021 Meeting via Microsoft Teams			

KEY

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