

DONCASTER & BASSETLAW AREA PRESCRIBING COMMITTEE (APC)

Action Notes and Log

Thursday 29th April 2021 12 Noon start

Meeting held over Microsoft Teams

Present:	Dr David Crichton Mr Alex Molyneux Mrs V-Lin Cheong Mr Rob Wise Dr Rachel Hubbard Mr Stephen Davies Dr Rumit Shah Mr Lee Wilson Miss Amanda Hemmings	Chair, APC Chair DCCG Head of Medicines Management DCCG Deputy Head of Medicines Management DCCG Head of Medicines Management, Deputy APC Chair BCCG Doncaster GP Chief Pharmacist RDaSHFT Local Medical Committee Representative Consultant Pharmacist DBTHFT 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
4/21/1	<p>Apologies for Absence: Mr Munashe Mvududu Local Pharmaceutical Committee Representative Dr Lucy Peart Acute Physician DBTHFT Mr Andrew Shakesby FCMS Representative</p>			
4/21/2	<p>Declarations of Interest: DC declared that he had attended an online educational meeting discussing weight management services hosted by Nova Nordisk who manufactures Saxenda. DC also attended a virtual AHSN (academic health science network) leadership workshop sponsored by Pfizer. AM declared that he had done some work for Britannia pharmaceuticals regarding Parkinson's disease. The declarations were not deemed to have any impact or conflict with the items discussed today.</p>			
4/21/2.1	<p>Fire Alarm Procedure: N/A Meeting online</p>			
4/21/2.2	<p>Notification of Any Other Business: None</p>			
4/21/3	<p>Notes of the Meeting Held On: Thursday 25th March 2021 were agreed as a true and accurate record.</p>			
4/21/4	<p>Matters Arising not on the Agenda: It was briefly discussed that Saxenda prescribing was being considered by the weight management services at Doncaster. This was discussed in other meetings and it is thought that this may come back to APC for discussion at a later date. This does not affect the traffic light status given for this medication.</p> <p>It was also brought to the committee's attention that the national protocols and SOPs for the AstraZeneca and Pfizer Covid -19 vaccines have been updated. The PGD for the Moderna vaccine is also now available and the Chair and Heads of Medicine Management at DCCG/BCCG will look at the minimum standards for receipt, handling and administration of the vaccine and endorsing the PGDs. The green book has also been updated.</p>	<p>NHSD-AM/RW</p>		

4/21/4.2	<p>Mycophenolate: RW discussed a request from a consultant neurologist at STH regarding mycophenolate. Currently Doncaster and Bassetlaw have the drug listed as:</p> <p>Amber – Inflammatory arthritis & connective tissue disease for adult services over 16.</p> <p>Red - Prophylaxis of acute transplant rejection, Non rheumatology indications.</p> <p>The request is to consider giving mycophenolate an Amber TLS for second-line treatment as a steroid-sparing agent for the condition of myasthenia gravis.</p> <p>An Amber status would mean a shared care arrangement would need to be produced to define prescribing responsibilities between primary and secondary care. The proposal would be for the consultant neurologist to initiate prescriptions for the first 6 months and, once the patient is well established on treatment without complications for 6 months, for the GP to take over routine provision of repeat prescriptions. The patient would still remain under the consultant in secondary care.</p> <p>The consensus of the committee was that this was suitable for a shared care arrangement and RW will look at adapting the current South West Yorkshire and rheumatology documents into guidance for Doncaster and Bassetlaw. It was noted that the guidance should highlight the pregnancy prevention programme. The committee will review the document once complete.</p>	NHSB-RW	June-21	
4/21/4.3	<p>Chronic pain NICE guidance: The committee received NICE guidance for chronic pain for discussion. NICE have updated the pain guidance and the committee have previously discussed the updated guidance for lower back pain and sciatica.</p> <p>The new guideline covers assessing all chronic pain (chronic primary pain, chronic secondary pain, or both) and managing chronic primary pain in people aged 16 years and over. The guidance defines the term chronic primary pain as being pain with no clear underlying cause, or pain that is out of proportion to any observable injury or disease.</p> <p>The pharmacological management recommended in this guidance is anti-depressants for people over the age of 18. Drug therapies previously used in pain management such as opioids and gabapentinoids amongst others are not recommended to be started. For those patients already on this type of medication, the guidance advises prescribers to review and explain the risks of these types of medicines against the lack of benefit, to agree a shared plan to</p>	NHSD-AM	June-21	

	<p>treat the patient at the lowest safe dose possible with the view to stopping wherever possible.</p> <p>The committee discussed issues with the management of patients with chronic pain.</p> <p>The medicines management team at DCCG are currently working to develop new pain guidance and practices across the ICS are encouraged to sign up to the CROP study which is an 'audit and feedback' study aimed to reduce harmful opioid prescribing. This will be fed back to the APC once completed for further discussion.</p>			
4/21/4.4	<p>Dosing and monitoring of Vitamin D in pregnancy: VLC informed the committee about the Royal College of Obstetricians and Gynecologists (RCOG) guidance published regarding the dosing and monitoring of Vitamin D in pregnancy.</p> <p>In summary, the RCOG guidance suggests that pregnant women should take 2,800iu daily or 20,000iu weekly for treatment of deficiency. Monitoring for this cohort of patients is suggested to be every 3-6 months.</p> <p>The current DCCG guidance of Vitamin D for adults is coming up for review in May 2021 and it was felt that this information needs to be incorporated into the document as the current guidance has no information pertaining to pregnancy and dosing/monitoring requirements.</p> <p>It was also highlighted throughout the discussion that renal patients have been advised by secondary care to take the alfacalcidol preparations rather than colecalciferol. There was no specific guidance pertaining to this, but enquiries have been made by secondary care to GP practice to prescribe alfacalcidol in place of colecalciferol for patients with kidney disease. It was thought that enquiries should be made into this and the involvement of renal specialists in the vitamin D pathway included in the review.</p>	NHSD-AM	June-21	
4/21/4.5	<p>Antimicrobial prescribing – secondary bacterial infections/skin conditions:</p> <p>RW spoke to the committee regarding updated NICE guidance in relation to antimicrobials and skin conditions. The updated NICE antibiotic guidance did not have anything specific in relation to secondary bacterial infection of psoriasis, chicken pox, shingles or scabies. There were no further recommendations other than to refer to a specialist. There were only minor differences between the NICE guidance and that of Doncaster and Bassetlaw antibiotic guidance.</p>	NHSB-RW		

<p>4/21/4.6</p>	<p>RMOC shared care best practice guidance: The guidance was previously mentioned in last month's meeting and was brought forward for a more in-depth discussion today.</p> <p>The guidance defines the principles for a national system of shared care for medicines and aims to provide a framework for the seamless sharing of care between the patient, specialist service and primary care prescribers in circumstances where this is appropriate, benefits the patient, and is supported by them.</p> <p>A notable recommendation in the guidance was that where possible, shared care should be medicine specific rather than condition specific. The group discussed that documents pertaining to various drugs may differ from current local guidance and that guidance remains guidance and that the local APC should retain the right to decide what works best for the local health system. It was however accepted by the committee that a national and regional approach to shared care was beneficial.</p>	<p>NHSD-DC</p>		
<p>4/21/4.7</p>	<p>Melatonin in adults: VLC addressed the Committee to discuss issues raised in primary care for patients over the age of 18 with learning disabilities (LD) who require melatonin. Currently melatonin is only licenced in the UK to treat adults over the age of 55 years old for short term treatment of insomnia. There is little evidence to support its use in adults for that indication, it is also not recommended for the unlicensed indication of jet lag in adults and both indications remain Grey on the TLS.</p> <p>In Doncaster and Bassetlaw there is currently a shared care protocol to support the off-label prescribing of melatonin in children with sleep disorders which has an Amber status.</p> <p>The discussion today focused on young adults 18 years old and over with LD and whether they should have continued prescribing of the drug in adulthood. Currently the shared care document discusses children moving towards adulthood and being discharged from the paediatric pathway with a review to facilitate the cessation of drug therapy if clinically possible. There is no specific pathway for LD patients using the drug within the document.</p> <p>NICE guidance for challenging behaviour and learning disabilities (prevention and interventions) NG11 discusses the use of melatonin for children, young people and adults with learning disabilities and states 'If medication is needed to</p>	<p>NHSD-AM</p>	<p>May-21</p>	

	aid sleep, consider melatonin'. As this has not previously been considered for over 18s with LD it was decided that this would need some guidance developing to support this. AM agreed to work on this and bring it back to the next meeting for discussion.			
4/21/4.8	<p>Chloramphenicol eye drops: There has been a change in the Summary of Product Characteristics (SPC) of chloramphenicol eye drops regarding the presence of boron in the medicine and subsequent contraindication for use in children under 2 years old.</p> <p>Boric acid (Boron) is used as an excipient due to antimicrobial and buffering properties, however it has been identified that toxicity levels in the medicine may affect fertility and cause damage to other organs.</p> <p>The Royal College of Ophthalmologists (RCO) safety alert was discussed, and it was decided by the Committee to traffic-light chloramphenicol eye drops as Green G NOT for children under the age of 2 years old due to the manufacture's recommendations. Chloramphenicol eye ointment could be used in place of the drops. It was also discussed that there are other licenced eye drops to treat eye infections for this age group such as Azithromycin. RW also agreed to discuss what preparations/medication was being advised with the Microbiologist/Ophthalmologist at DBTHFT outside of todays meeting.</p>	NHSD-DC		
4/21/4.9	<p>APC Annual report: The Committee received the annual report for comment and review. The report captured the work and progress of the Committee over the last 12 months and noted the upcoming work. The Committee accepted this as a true reflection and the report will be published on the medicine's management website.</p>	NHSD-VLC		
4/21/5	<p>Drugs for Review:</p> <p>Clobazam (taken alongside Cannabidiol): indicated for epilepsy was given a recommendation of Grey 5.</p>	NHSD-VLC		
4/21/6	<p>Officers' Actions</p> <p>All officers' actions were agreed as proposed with the exception of Lumacaftor/ivacaftor. This was suggested as Grey 1 but the committee thought the TLS of Red 1,2,3 was more appropriate, the combination drug is not NICE recommended but is included in an NHSE commissioning statement for which Lumacaftor/ivacaftor for patients who are aged 2 years and older with homozygous for the F508del mutation in the CFTR gene should have treatment made available.</p>	NHSD-VLC		

4/21/7	<p>Drugs for Consideration:</p> <p>Metreleptin: indicated for lipodystrophy in children and adults was recommended a TLS of Red 1,2.</p> <p>Baricitinib: considered for the new indication of severe atopic dermatitis was given the recommendation of Red 1,2, 3.</p> <p>Lenalidomide: for maintenance treatment after an autologous stem cell transplant for newly diagnosed multiple myeloma in adults was recommended as Red 1,2,3.</p> <p>Misoprostol: to induce labour was given the recommendation of Red 1,2.</p> <p>Adalimumab: for the newly considered indication of refractory chronic non-bacterial osteomyelitis/ osteitis was given the recommendation of Grey 1.</p> <p>Nivolumab: for adjuvant treatment of completely resected melanoma in adults with lymph node involvement or metastatic disease was recommended to have a TLS of Red 1,2,3,8.</p> <p>Elexacaftor/Tezacaftor/Ivacaftor: to treat cystic fibrosis with transmembrane conductance regulator (CFTR) mutations was recommended as Red 1,2.</p> <p>Anakinra: to treat still's disease and to treat systemic juvenile idiopathic arthritis in people 8 months and older was given the joint recommendation of Red 1,2,8.</p>	NHSD-VLC		
4/21/8	DBTHFT D&TC Update: The Committee received minutes from the meeting held March 2021.			
4/21/9	Formulary Liaison Group Update The Committee received minutes from the meeting held March 2021.			
4/21/10	DCCG Medicines Management Group The Committee received minutes from the meeting held March 2021			
4/21/12	RDASH FT Medicines Management Committee update The Committee received minutes from the meeting held March 2021.			
4/21/13	Barnsley Area Prescribing Committee Update The Committee received minutes from the meeting held February 2021.			
4/21/14	Rotherham Medicines Optimisation Group Update The Committee have not received any up-to-date minutes.			
4/21/15	Sheffield Area Prescribing Committee Update The Committee have not received any up-to-date minutes.			
4/21/16	Nottingham Area Prescribing Committee Update			

	The Committee have not received any up-to-date minutes.			
4/21/17	SY& B ICS Medicines Optimisation Work-stream Steering Group The Committee have not received any up-to-date minutes.			
4/21/18	Northern Regional Medicines Optimisation Committee The Committee have not received any up-to-date minutes.			
4/21/19	Any Other Business: DC thanked V-Lin for all of her work with the APC, this is her last meeting, on behalf of the group he wished her well in her future career.			
4/21/20	Date and Time of Next Meeting: 12 noon prompt Thursday 27th May 2021 Meeting via Microsoft Teams			

KEY

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