NHS Bassetlaw Clinical Commissioning Group

NHS Doncaster Clinical Commissioning Group

DONCASTER & BASSETLAW AREA PRESCRIBING COMMITTEE (APC)

Action Notes and Log

Thursday 27th May 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
	Mr Rob Wise	Head of Medicines Management, Deputy APC Chair BCCG
	Dr Rachel Hubbard	Doncaster GP
	Mr Stephen Davies	Chief Pharmacist RDaSHFT
	Dr Rumit Shah	Local Medical Committee Representative
	Mr Lee Wilson	Consultant Pharmacist DBTHFT
	Ms Karen Jennison	Senior Medicines Management Technician DCCG (acting as secretary)
In attendance:		
	Dr Rupert Suckling &	DMBC Representatives
Minutes only:	Dr Victor Joseph	

Agenda Ref	Subject / Action Required	Action Required By	Timescale	Status of Action (RAG) and Date
5/21/1	**Apologies for Absence:** Dr Lucy Peart Acute Physician DBTHFT Mr Andrew Shakesby FCMS Representative Mr Munashe Mvududu Local Pharmaceutical Committee Representative			
5/21/2	**Declarations of Interest:** None declared			
5/21/2.1	**Fire Alarm Procedure:** N/A Meeting online.			
5/21/2.2	**Notification of Any Other Business:** None declared.			
5/21/3	**Notes of the Meeting Held On:** Thursday 29th April 2021 were agreed as a true and accurate record.			
5/21/4.1	**Matters Arising not on the Agenda:** RS asked if there were any updates about chloramphenicol eyedrops and the formulary; what was recommended to be prescribed in place of the product in children under 2yrs old. RS asked if there was any feedback from the microbiologist about alternative antibiotics for this cohort. RW fed back that initial discussions had taken place, but the microbiologist would like to involve the eye consultant at DBTHFT before committing to an alternative. RW will keep the committee updated once this happens. RS enquired about whether the new guidance published by NICE for self-limiting respiratory tract and ear infections and antibiotic prescribing including the section on sore throat including pharyngitis and tonsillitis had been considered. This was due to a change of the recommended prescribing of penicillin. The new guidance states that should penicillin be deemed necessary then prescribing should be between 5 to 10 days and not only 10 days as was the previous recommendation. RW agreed to review the guidance and make amendments as necessary to the Doncaster and Bassetlaw formulary.	**NHSB-RW** **NHSB-RW**	**June-21** **June-21**	

5/21/4.2	**SYB Epilepsy SCP:** The committee received the version 7 SCP developed by STH for the Medical Management of Epilepsy in Adults. It was shared that a version 8 was now available after feedback had been given to STH by Sheffield APG. A change and removal of the drug Retigabine and an update to the protocol with some newer hospital agents such as Cannabidiol and Everolimus, which are Red listed drugs. Stiripentol and Clobazam have been included in the protocol as Amber drugs. It was noted that these drugs should all be cross matched with the current TLS in Doncaster and Bassetlaw. There was also a new section regarding pregnancy included in the document. It was agreed that as version 8 has now been released that the committee would review this for additional changes and bring the discussion back to the June APC meeting.	**NHSB-RW**	**June-21**	
5/21/4.3	**RMOC Draft terms of reference:** The committee received the draft terms of reference for the Regional Medicines Optimisation Committee. The RMOCs are currently producing guidance and best practice documents as well as shared care in draft format for national consultation. The TOR document was developed to reflect the vision that RMOCs will be regionally focused to support their local systems in optimising medicines usage. The document outlined the structures, principles and roles of the RMOCs needed to support local implementation of regional and national policies and initiatives relating to medicines and supporting national guidance. AM brought the committees attention to the fact that the document talks about a representative from the prescribing committee feeding back in to the RMOCs. As we are moving to the ICS model there are currently different medicine and prescribing committees/groups regionally and it is not yet fully understood if these would merge and become a single group/committee or remain individually at place. This poses the question as to who would be responsible to feedback to the RMOCs and if feedback could be agreed across the whole of the ICS. Also, as to how the representative would be appointed. The other issue was that information being fed down to the ICS from the RMOCs that needed to be discussed at place. How would this then be fed back; would this be done by a representative for the whole ICS or by a representative of each individual area.	**NHSD-AM**		

	The committee were in agreement that it wasn't clear at this stage who the appointed person/s should be and discussed the possibility of the interim lead pharmacist for the ICS acting as the representative. It was discussed as to how the issues were a structural problem and it was agreed that there should be a process in place to enable fair selection of a representative. AM has put together a templated response to the consultation regarding the issues raised by the committee today. As it is not yet known about the governance or structures of the ICS then it is possible that some of the RMOCs guidance may need to be changed to account for any structural issues going forward to make sure the necessary links are in place. It is not felt that the document can be adopted at this point due to the issues raised. Any response from the committees' comments will be fed back.			
5/21/4.4	**RMOC Draft guidance documents for national consultation:** Four draft shared care documents were received by the committee for discussion today and these were Amiodarone, Dronedarone, Lithium and Valproate: Amiodarone is currently an Amber drug listed for Arrythmias – ventricular and supraventricular in Doncaster and Bassetlaw with a current shared care document in place. The current document is up for review in June. Dronedarone is a Red listed drug currently indicated for Atrial Fibrillation. This is not currently subject to any shared care arrangement in our area and the committee discussed whether it would be of benefit locally to adopt this. The drug is mentioned in new NICE guidance NG196 which was also for discussion by the committee today but is not currently used at all in Doncaster and Bassetlaw. Lithium which is currently Amber with a shared care arrangement. RDaSH developed the original document, and the committee discussed an action by SD to look at the new draft guidance and as to whether this can be adopted or merged to fit with our local area. This would also need to consider the SMI health checks. Valproate and valproate containing medicines which have both Amber G and Red status on the Doncaster and Bassetlaw TLS for different indications. The draft shared care for these drugs is indicated for several different conditions and the committee discussed these today and whether the current TLS were still appropriate at local level.	**NHSD-AM**		

	The committee commented that there was a noticeable difference in the way the RMOC draft documents were structured, and that they contained more background information and additional information about contraindications than the current Doncaster and Bassetlaw shared care documents. The D&B documents are more simplified and contain various hyperlinks to signpost to additional information rather than it being discussed within the documents. However, it was not felt that the information contained in the main bodies of the documents were vastly different from those in the RMOCs; it was the layout of the documents that differed. Although the RMOC documents contained additional information it was all thought to be relative, useful, and well set out. If these were adopted regionally then it was thought this too could be beneficial as the monitoring and reporting would be the same throughout the wider ICS. It was felt that useful information was contained within the documents to help GPs understand very clearly how to act with out-of-range results and things such as how often monitoring should take place. It was discussed as to whether the RMOC documents could be adopted and whether they should replace the current D&B shared care documents as they came up for review. There is a section 17 in the RMOC documents that allows for localised information for referral/pathways to be added. However other relative, local, or additional information would need to be included in the documents as appendices. It was felt by the committee that the RMOC formatting could be endorsed but they accepted that this would look very different to the current D&B documents and there would be a crossover period of documents differing in the how they were set out before becoming standadised. It was also noted that not all documents would necessarily be accepted locally. It was decided that for now the draft documents discussed would not be adopted. The documents will go to the SY&B Head of Medicines Management Meeting for further discussions. AM will feedback any relevant information.			
8/20/4.2	**Fidaxomycin process:** The Committee has previously raised concerns about the existing arrangements for the obtaining and dispensing of fidaxomycin due to the requirement for FP10s (hard copy) within the process. The roll-out of EPS4 and the pandemic changed the ways of working in primary care; and electronic prescriptions being used by default. Under current	**NHSB-AM**		

	arrangements, the consultant microbiologists at DBTHFT contact the GP for a prescription to be sent to the main DRI dispensary for dispensing. 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. The committee have tried to find solutions where patients could present to community pharmacies and about whether local community pharmacies would be willing to hold stock of the drug. This had previously been a problem due to the drug being a high-cost item and not frequently enough used to keep in regular stock. AM has checked again with community pharmacies locally and although they were not able to keep stock of the drug in, they have confirmed that they could order and dispense the drug in most cases within a 24hr period and in some cases the same day as they receive a prescription. This was seen as an acceptable solution during Monday to Friday working hours; however, it was accepted that on weekends the GP out of hours service would provide an FP10 prescription to be taken to the main DRI dispensary, also for those prescriptions issued late on Friday afternoons. AH from the DCCG MMT will now amend the document to reflect this information and it will be taken to the D&T meeting and the MMG meeting respectively for information and ratification.			
8/20/4.3	**Parkinson SCP:** The Parkinson SCP was discussed today; this was developed by STH but is a wider ICS document and was ready for comments. The document has previously been discussed by the committee and feedback was given to Sheffield regarding this. The document was thought to differ vastly from the one currently hosted. The updated SPC has some formatting issues. RW drew attention to the addition of appendix c of the document; management of non-motor symptoms, which covers the other aspects of Parkinson's such as postural hypertension and hypersomnolence. The document mentions melatonin as being used for rapid eye movement in sleep behaviour disorder, it is mentioned as unlicenced, but it is not listed as a Red drug in the document. The document doesn't specify a TLS for any of the drugs used for non-motor symptoms.	**NHSD-DC**	**July-21**	

	It was noted that some of the drugs listed in the entirety of the SCP were not in line with the Doncaster and Bassetlaw TLS; the document would need to be cross matched by DCCG MMT and the committee could then decide if the document was appropriate and could be accepted or if it needed to be localised. SD also would speak to the Parkinson's specialist Dr Oates for his opinion regarding the document and would feed this back.			
5/21/4.6	**Atrial fibrillation guidance:** The committee discussed the NICE NG196 guidance for Atrial Fibrillation. This guidance ties in with some of the RMOC shared care that was discussed today. The guideline covers diagnosing and managing atrial fibrillation in adults. It includes guidance on providing the best care and treatment for people with atrial fibrillation, including assessing and managing risks of stroke and bleeding. AM discussed how the diagnostic criteria differed in the new document. Previously clinicians used the 'Has-Bled' but the document states about now using the 'Orbit' bleeding risk assessment score. This will not be available in all practice clinical systems and there maybe a need for practitioners to use external tools where it is not available in order to access this. Currently the chadsvasc programme is used in the clinical systems which links and prompts a risk score. RH told the committee how the 'Orbit' can be accessed via medicalc which is an external system but that this is not integrated into the current clinical systems. It was discussed that beta-blockers were now first line drug treatment in the document and how amiodarone was recommended for left ventricle dysfunctional heart failure and not routinely used. Digoxin is no longer routinely used. There was a change in the rate and rhythm control section of the document and dronedarone which had not been previously recommended for use is now recommended as a second-line treatment option for rhythm control; however, this has not been updated by NHSE who don't endorse treatment with the drug. LW is going to check with the consultants at DRI as to whether there would be an appetite to use dronedarone due to the guidance and feedback if there was a need to add this to a local pathway. DC suggested to review the drugs in the guidance against the current TLS to see if there was anything that would prompt a change in status or additional information to be added to entries.	**NHSD-AM**	**July-21**	

	AM will look at putting a link onto the website to direct practitioners to the 'Orbit' assessment tool, this can also be added to the MPD once established, this will not be accessible from clinical systems but will have to be accessed externally to them. It was also noted that the quick guide on the website has a link to the 'Has-Bled' tool. This will be changed and ratified through the MMG meeting to change to 'Orbit'. AM was also going to look at getting the message out through OptimiseRx and Ardens so prescribers are aware that this is the assessment tool they should be using. AM will work with LW outside of the meeting to look at updating any current guidance that is affected by the NICE document or that refers to the 'Has-Bled' score.				
5/21/4.7	**Moderna PGD:** The committee discussed the most recent PGD published by NHSE for the Moderna Covid-19 vaccine and endorses the document. The SPS procedures were also discussed and accepted as the minimum standard for the receipt, handling and administration of the vaccine.		**NHSD-AM**		
5/21/5	**Drugs for Review:** (Recommended) **Bempedoic Acid with Ezetimibe** to treat adults with primary hypercholesterolaemia was recommended to be Red 1,2,8 due to NICE TA694. As this drug is not in tariff it will be taken by AM to be discussed in the MMG meeting and will return to APC at a later date.	**Drugs for Review:** (Finalised) **Pembrolizumab** indicated for locally advanced or metastatic urothelial carcinoma in adults who have had platinum-containing chemotherapy was given the finalised TLS of Grey 1. **Natalizumab** for the indication of Multiple Sclerosis was given the finalised TLS of Grey 2,5.	**NHSD-AM**		
5/21/6	**Officers' Actions:** All officers' actions were finalised and will be updated on the medicine's management website with the exception of: **Celecoxib** indicated for anti-inflammatory in joints caused by arthritis will be highlighted as formulary, it has additional warning from the MHRA and is suggested Green, this drug will be discussed the MMG meeting before finalisation.		**NHSD-AM**		
5/21/7	**Drugs for Consideration:** (recommended) **Pertuzumab with Trastuzumab (Combined)** for treatment in HER2-positive breast cancer was given the	**Drugs for Consideration:** (finalised) **Ribociclib (taken in addition with Fulvestrant)** for Hormone +ve, HER2-ve, locally advanced or metastatic	**NHSD-AM**		

	recommendation of Red 1,2,3. As this drug is not in tariff it will be taken by AM to be discussed in the MMG meeting and will return APC for finalisation. **Acalabrutinib** indicated for chronic lymphocytic leukaemia was given the recommendation of Red 1,2,3. As this drug is not in tariff it will be taken by AM to be discussed in the MMG meeting and will return APC for finalisation. **Budesonide (Inhaled)** for treatment of Covid-19 (off-label) in adults over 50 years old was given the recommendation of Green G. AM will take this to the MMG meeting to be discussed and it will return to APC for finalisation.	breast cancer in adults who have had previous endocrine therapy was given the finalised TLS of Red 1,2,3. **Fedratinib** for the indication of primary myelofibrosis, post polycythaemia vera myelofibrosis and post essential thrombocythaemia myelofibrosis (Adults) was given the finalised TLS of Red 1,2. **Micronised Progesterone (Oral)** for the treatment of hormone replacement therapy (HRT)was given the finalised TLS of Green G.			
5/21/8	**DBTHFT D&TC Update:** The Committee received minutes from the meeting held April 2021. It was discussed about steroid cards usage in the D&TC minutes. SD will liaise with FA from the DCCG MMT regarding steroid cards and this will be discussed at the RDaSH MMC meeting. An action will be sent onto RN regarding prompts in the clinical systems regarding steroid injections. RN is looking steroid cards being in an electronically format between prescribers and patients. RS mentioned the section in the minutes regarding post-operative patients and opioids. A short-term supply will currently be given to the patients where appropriate on discharge by secondary care. RS was concerned that patients would then contact primary care for an extension of opioids. LW confirmed that should a patient require a supply longer than the 5 days on discharge, a plan will be tailored for the patient to give to the primary care provider detailing doses and an agreed stop date. Any other supply from secondary care with no plan is given as the intended course. AM stated we will work on making sure the message is clear between both				

	primary and secondary care providers. LW has written an article in the 'how we share and how we care' bulletin for the acute trust outlining work on opioid use.			
5/21/9	**Formulary Liaison Group Update** The Committee have not received any up-to-date minutes.			
5/21/10	**DCCG Medicines Management Group** The Committee received minutes from the meeting held April 2021			
5/21/12	**RDaSH FT Medicines Management Committee update** The Committee have not received any up-to-date minutes. It was discussed that in previous minutes that RDaSH are taking part in research and clinical trials. It was acknowledged that this was a positive for our area and the committee are in support of this.			
5/21/13	**Barnsley Area Prescribing Committee Update** The Committee received minutes from the meeting held March and April 2021.			
5/21/14	**Rotherham Medicines Optimisation Group Update** The Committee have not received any up-to-date minutes.			
5/21/15	**Sheffield Area Prescribing Committee Update** The Committee have not received any up-to-date minutes.			
5/21/16	**Nottingham Area Prescribing Committee Update** The Committee have not received any up-to-date minutes.			
5/21/17	**SY& B ICS Medicines Optimisation Work-stream Steering Group** The Committee have not received any up-to-date minutes.			
5/21/18	**Northern Regional Integrated Medicines Management Meeting** The Committee received minutes from the meeting held March 2021. AM discussed Ramadan mentioned in the minutes of this meeting. It was thought we could look at supporting our patient during this time by adapting a letter in the minutes to support patient to safely continue taking their medication when fasting.			
5/21/19	**Any Other Business**. RS discussed an issue with prisoners being released having had their initial Covid vaccine. As some would not be registered with a primary care provider how would we communicate to them that they were due there second dose. DC clarified that since the beginning of the Covid-19 pandemic that it is now a requirement to register prisoners on discharge with a local GP to safeguard against this happening.			

	AM also confirmed that this was being discussed presently in other forums such as the healthcell to ensure that everything possible is being done to prevent any missed doses of the vaccine by this cohort. DC will also raise this in the NEY CAG meeting.			
5/21/20	**Date and Time of Next Meeting:**12 noon prompt Thursday 24th June 2021 Meeting via Microsoft Teams			

KEY

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