

DONCASTER & BASSETLAW AREA PRESCRIBING COMMITTEE (APC)

Action Notes and Log

Thursday 29th July 2021 12 Noon start

Meeting held over Microsoft Teams

Present:	Dr David Crichton Mr Alex Molyneux Ms Charlotte McMurray Mr Rob Wise Dr Rachel Hubbard Dr Dean Eggitt Mr Lee Wilson Mr Anil Rajpal Miss Amanda Hemmings	Chair, APC Chair DCCG Chief Pharmacist, Medicines Management DCCG Deputy Chief Pharmacist, Medicines Management DCCG Head of Medicines Management, Deputy APC Chair BCCG Doncaster GP Local Medical Committee Representative Consultant Pharmacist DBTHFT Senior Pharmacist RDaSHFT Senior Medicines Management Technician DCCG (Secretary)
In attendance:	Ms Faiza Ali	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
7/21/1	<p>Apologies for Absence: Mr Stephen Davies Chief Pharmacist RDaSHFT Mr Munashe Mvududu Local Pharmaceutical Committee Representative Mr Andrew Shakesby FCMS Representative Dr Lucy Peart Acute Physician DBTHFT</p>			
7/21/2	<p>Declarations of Interest: DC attended a third AHSN leadership workshop sponsored by Pfizer, the committee agreed that this would have no impact on today's agenda items.</p>			
7/21/2.1	<p>Fire Alarm Procedure: N/A Meeting online.</p>			
7/21/2.2	<p>Notification of Any Other Business: RW/DC notified the committee of news regarding the Bassetlaw position in relation to the upcoming merge towards the ICS.</p> <p>RW also wished to discuss palliative care template letters.</p> <p>CM notified the committee of a CAS alert regarding inappropriate anticoagulation of patients with a mechanical heart valve.</p> <p>AM wished to discuss the HEAL (covid protocol).</p>	<p>NHSB-RW</p> <p>NHSD-CM</p> <p>NHSD-AM</p>		
7/21/3	<p>Notes of the Meeting Held on: Thursday 24th June 2021 were agreed as a true and accurate record.</p>			
7/21/4.1	<p>Matters Arising not on the Agenda: RW update the committee about the task to look at evidence for prescribing of Stiripentol in the recent SYB Epilepsy SCP for consideration by the APC. This was to give the drug a formal TLS and to confirm whether it would be viable for Doncaster and Bassetlaw to adopt the shared care.</p> <p>RW has contacted STH to obtain further information about their rationale for the TLS of Stiripentol and its position in the shared care document. However there has so far been no response to the query. Once feedback is achieved RW will bring this information back to a future meeting so the committee can take a stance.</p>	<p>NHSB-RW</p>	<p>Sept-21</p>	

	<p>RW also confirmed that he was reviewing part of the anti-microbial guidance regarding sore throats and tonsillitis with updated information from NICE guidance. There is also the section on influenza undergoing an update and this will also come back to be discussed by the committee once completed.</p>			
6/21/4.2	<p>Vancomycin: The committee had previously discussed an alert that had come through the SPS (specialist pharmacy service). This was in relation to advice that local decision makers should choose between the options for giving vancomycin orally. Vancomycin is listed in Doncaster and Bassetlaw's formulary antibiotic guidance and the committee debated as to which preparation to choose.</p> <p>It was agreed by the committee that the safest route and form would be the licensed oral capsules, the dosing of which also corresponds with the current formulary guidance.</p> <p>It was previously recommended by the APC that a Green G status on the TLS be given advising prescribers to choose the licensed capsules first line.</p> <p>This was also taken to the MMG meeting with the recommendations to agree a stance. The MMG agreed with the recommendation of the APC and this will now be updated on the TLS with the guidance added to the entry.</p>	NHSD-AM		
4/21/4.7	<p>Melatonin in adults: FA locality lead pharmacist at DCCG gave the committee an update regarding the proposed reclassification of Melatonin from Grey to Amber/Amber G for use in adults with learning disabilities.</p> <p>This is being considered because NICE NG11 states that if medication is needed to aid sleep, then melatonin should be considered in patients with learning disabilities (LD) (adults).</p> <p>A meeting with the CAMMS team at RDaSHFT took place with FA and SD in attendance to discuss how best to capture any transition of patients with LD using melatonin once they reach 18yrs to support the patients going forward. During this meeting it was highlighted that a cohort of patients with pure ADHD and without a diagnosis of a learning disability would not meet the criteria for continuation of the drug. This was opened up to the committee for discussion and it was felt that this cohort would be in the minority and that the guidance was clear that it only applied to learning disability patients. FA will feed this back to RDaSH and CAMMS.</p> <p>The Doncaster and Bassetlaw guidance will be updated to support prescribing of melatonin in adults with learning disabilities as currently it only supports</p>	NHSD-FA	Oct-21	

	<p>prescribing for children and adolescents under the age of 18yrs old within a specific pathway. This is off-label use of the drug.</p> <p>Once the guidance has been updated it will come back to the committee for comment.</p>			
4/21/4.8	<p>Chloramphenicol eye drops: The Committee have previously discussed this preparation due to a SPS safety alert regarding the presence of boric acid used as a buffer in the medicine and a potential risk of harm. It was contraindicated for use in children 0-2 years because of the risk and the TLS was adjusted at the time to reflect this.</p> <p>However, there has been a review of the data by the MHRA and GOV.UK have issued a new alert which states that “the balance between the benefits and risks of chloramphenicol eye drops containing borax or boric acid remains positive for children aged 0 to 2 years. Chloramphenicol eye drops can be safely administered to children aged 0 to 2 years where antibiotic eye drop treatment is indicated.”</p> <p>The TLS entry will now be changed in support of the new alert with the removal of not to be prescribed in children under 2yrs old from the entry.</p> <p>RW was also previously in talks with microbiologist and an eye consultant at DRI to look at prescribing of a different drug for under 2’s to amend the Doncaster and Bassetlaw antibiotic formulary. As this is no longer necessary due to the most recent alert, the formulary will continue to recommend the use of chloramphenicol drops in children 0-2yrs.</p>	<p>NHSD-AM</p> <p>NHSB-RW</p>		
4/21/4.4	<p>Vitamin D guidance: The vitamin d guidance for adults has recently been updated and was previously discussed by the committee.</p> <p>The committee thought that the new document was very clear and useful especially in regard to the new dosing advice for pregnant women.</p> <p>However, comments were raised regarding whether preventative information should be included or not within the guidance. There was a conversation about if this would be health inequalities issue if a patient was found deficient and whether prescribers had a responsibility to act on it. Also, whether institutionalised patients would be expected to apply self-care and if this should be mentioned within the document.</p> <p>AM collated the responses from the committee and took these back to the DCCG MMG meeting.</p>	<p>NHSD-AM</p>		

	<p>DC also discussed the comments previously raised with public health and the aging well team.</p> <p>The feedback from MMG was that the guidance was aimed at treatment for people with a diagnosed vitamin d deficiency. It was thought any preventative information, if warranted would need to be a separate document.</p> <p>DC fed back that the previous comments re health inequalities and institutionalised patients had been passed onto Jo Forrestal from the aging well team and Rachel Leslie in public health. These will be discussed by the relevant teams and any further comments fed back to the committee in due course.</p> <p>However, it was felt that this does not change the current guidance and it was agreed by the committee that that it was suitable and appropriate to use.</p> <p>There has also been some information cascaded by the SPS regarding choosing a vitamin d preparation that is suitable for vegans or vegetarians, it was agreed by the committee that this maybe be useful to prescribers and could be added as a link at the bottom of the guidance. AH will liaise with KJ to ask for this to be added onto the document.</p>	<p>NHSD-DC</p>		
<p>6/21/4.6</p>	<p>NICE CG150 Topiramate: There was an update regarding the NICE guidance previously discussed which recommends the use of topiramate for specific types of headaches in patients 12yrs and over.</p> <p>The committee discussed about including additional information to the entry about ensuring that females of childbearing age were on an appropriate contraception while taking the drug. This is in line with MHRA safety advice on the use of antiepileptic drugs and pregnancy and FSRH guidelines. It was thought that the TLS entry should also include a statement that GPs will monitor and prescribe appropriate contraception to this cohort of patients.</p> <p>Another safety measure that had been discussed was to be able to get this information onto the Ardens system and as a flash up warning on Optimise-Rx at the point of prescribing.</p> <p>AM took the suggestions raised to the MMG meeting for further discussion and to approve.</p> <p>The MMG agreed to the APC suggestions, however it was found that the Ardens system does not have the capacity to do drug specific prompts with the information needed. This will now be solely done through Optimise-Rx.</p>	<p>NHSD-AM</p>		

6/21/4.8	<p>Endometriosis shared care proposal: AM previously brought forward a document for discussion regarding shared care of Gonadotrophin Releasing Hormone (GnRH) Analogue treatments for Endometriosis and other Gynaecological Conditions which was developed by Sheffield APC. It was discussed as to whether Doncaster and Bassetlaw should adopt the document as shared care for our area as this could work across the ICS footprint at a more regional level.</p> <p>Certain drugs specified within the document (leuprorelin, goserelin) were already Amber G on the D&B TLS for indications mentioned in the document and the document proposes that these GnRH drugs be reclassified as Amber and be subject to certain monitoring requirements.</p> <p>It was however felt that within the D&B area that the current Amber G TLS was appropriate.</p> <p>It was discussed as to whether we should be specifying a preparation for the GnRH drugs as they come in monthly and 3 monthly preparations. LW has an upcoming meeting to discuss this with the consultants in secondary care as to what is the preferred preparation used and he will feed this back to the committee at the next meeting in September.</p> <p>The Sheffield document also precludes to DEXA scans and monitoring taking place; however, there was no evidence in the document as to why this was necessary. AM looked into why this might be and there is some evidence to suggest that these medicines can affect bone mineral density. CM is liaising with Sheffield to understand their position and will give feedback once Sheffield have replied.</p>	NHSD-AM	Sept-21	
7/21/4.3	<p>Antidepressants in people with CHD: The committee received a SPS document regarding choosing a safe antidepressant for people with chronic heart disease. The paper was thought to be comprehensive but contained a lot of patient specific information.</p> <p>It was discussed by the committee as to how to affectively get the information out to prescribers. Advice varies between the different antidepressant medications mentioned in the document but the committee focused on sertraline as it is a D & B formulary choice.</p> <p>It was felt that this should be added as a link on that specific drug on the TLS/MPD website. Links can also be added to the relevant section of the MPD for prescribers to reference. Also, that a prompt/warning could be added to the OptimiseRx system to alert prescribers at the point of prescribing sertraline.</p>	NHSD-AM		

7/21/4.4	<p>NICE NG198 Acne guidance: The committee reviewed the NICE guidance and other documents relating to the management and treatment of acne. It was noted that the current Doncaster and Bassetlaw antibiotic guidance did not include a section for this condition as it was previously felt that it wasn't needed. This is because treatments such as topical benzoyl peroxide and retinoids are not antibiotics and even though antibiotics are used, it would be hard to distinguish what treatment should be first line in the document. It was felt by the committee it would be more appropriate to link the guidance document to the formulary.</p>	NHSD-AM		
7/21/5	<p>Drugs for Review: Recommended: Abatacept indicated for severe, treatment resistant morphea was recommended as Red 1,2. Baricitinib for monogenic interferonopathies was recommended as Red 1,2,3. Mercaptamine hydrochloride indicated for corneal cystine crystal deposits in adults and children from 2 years of age with cystinosis was recommended to change status from Grey to Red 1,2. Vismodegib indicated for Gorlin syndrome or non-Gorlin syndrome related multiple basal cell carcinomas (Adults) was recommended as Red 1,2.</p>	NHSD-AM	Sept-21	
7/21/5.1	<p>Drugs for Review: Final: Trastuzumab for the treatment of HER-2 positive unresectable or metastatic breast cancer in adults was given the finalised TLS of Red 1,2,3,8. Atezolizumab for treatment of untreated metastatic advanced non-small cell lung cancer (adults) – monotherapy was finalised as Red 1,2,3. Nivolumab for unresectable advanced, recurrent or metastatic oesophageal squamous cell carcinoma in adults was given the finalised TSL of Red 1,2,3,8. Pembrolizumab for treatment of untreated metastatic colorectal cancer was given the finalised TLS of Red 1,2,3. Ravulizumab indicated for atypical haemolytic uraemic syndrome was given the finalised TLS of Red 1,2,3. Palivizumab indicated for passive immunisation against respiratory syncytial virus (RSV) in at risk pre-term infants was given the finalised TLS of Red 1,2.</p>	NHSD-AM		

	Rituximab for Immunobullous diseases was given the finalised TLS of Red 1,2 .			
7/21/6	Officers' Actions: All officers' actions were finalised and will be updated on the medicine's management website.	NHSD-AM		
7/21/6.1	Returning drugs: All returning drugs were finalised and will be updated on the medicine's management website.	NHSD-AM		
7/21/7	<p>Drugs for Consideration: Recommended: Dostarlimab for monotherapy (Adults) recurrent or advanced endometrial cancer was recommended for a TLS as Red 1,2 Ascorbic Acid Injection/Infusion for treatment of clinical vitamin C deficiency not amenable to dietary supply or oral replacement therapy in adults was given a recommended TLS of Red 1,2 Copper histidinate injections indicated for presymptomatic neonates with classical Menkes disease was given a recommended TLS of Red 1,2 Cefazolin for treatment of skin/soft tissue infections and bone/joint infections was given a recommended TLS of Red 1,2 Tralokinumab for moderate-to-severe atopic dermatitis in adults given a recommended TLS of Red 1,2,3.</p>	NHSD-AM	Sept-21	
7/21/7.1	<p>Drugs for Consideration: Final: Fosfomycin for cystitis (uncomplicated) in women and female adolescents and perioperative antibiotic prophylaxis for transrectal prostate biopsy in men was given the finalised TLS of Green G. Risdiplam for treatment of spinal muscular atrophy (SMA) was given the finalised TLS of Grey 1. Ozanimod for relapsing–remitting multiple sclerosis in adults was given the finalised TLS of Grey 1.</p>	NHSD-AM		
7/21/8	<p>DBTHFT D&TC Update: The Committee received minutes from the meeting held June 2021</p>			

7/21/9	Formulary Liaison Group Update The Committee received minutes from the meeting held May 2021			
7/21/10	DCCG Medicines Management Group The Committee received minutes from the meeting held June 2021			
7/21/12	RDaSH FT Medicines Management Committee update The Committee received minutes from the meeting held June 2021			
7/21/13	Barnsley Area Prescribing Committee Update The Committee received minutes from the meeting held June 2021			
7/21/14	Rotherham Medicines Optimisation Group Update The Committee have not received any up-to-date minutes.			
7/21/15	Sheffield Area Prescribing Committee Update The Committee have not received any up-to-date minutes.			
7/21/16	Nottingham Area Prescribing Committee Update The Committee have not received any up-to-date minutes.			
7/21/17	SY& B ICS Medicines Optimisation Work-stream Steering Group The Committee have not received any up-to-date minutes.			
7/21/18	Northern Regional Integrated Medicines Management Meeting The Committee have not received any up-to-date minutes.			
7/21/19	<p>Any Other Business: RW and DC notified the committee of news regarding the Bassetlaw position in relation to the upcoming merge towards the ICS. Boundary changes now mean that Bassetlaw will fall under the North Nottinghamshire area and this is due to take affect around April 2022. RW confirmed that it is expected that the Doncaster/Bassetlaw alignments will continue with minimal changes due to patient flow within the hospitals, mental health, and tertiary services. RW will continue to work with this committee and any changes to this expectation will be discussed as they arise.</p> <p>CM notified the committee of a CAS alert regarding inappropriate anticoagulation of patients with a mechanical heart valve. Early in the Covid-19 pandemic, published guidance supported clinical teams to review patients treated with a vitamin K antagonist (VKA) and where appropriate change their medication to an alternative anticoagulant (eg a low molecular weight heparin (LMWH) or a direct oral anticoagulant (DOAC). This was partly to reduce the frequency of clinic attendance for monitoring, and reduce the risk to patients.</p>	<p>NHSD-DC NHSD-RW</p> <p>NHSD-CM</p>	<p>Sept-21</p>	

	<p>The guidance listed exceptions where specific patients should not be switched from a VKA, including patients with a mechanical heart valve. Incidents have been reported of patients with a mechanical heart valve being switched to a LMWH or a DOAC. The alert asks for GPs and other NHS providers to identify patients who have a record of a mechanical heart valve and are receiving a DOAC, and to urgently review these patients. Searches are being run in both primary and secondary care to identify any patients as a matter of safety/urgency and any patients found will be switched to the appropriate treatment.</p> <p>AM wished to discuss the HEAL (covid protocol). The document was circulated to the committee and the main points raised were in relation to a possible trial being undertaken in Doncaster. AM was keen for the information to be passed onto the LMC by representation at the committee and to be shared with primary care. The trial aims to track patients who are hospitalised with Covid-19 and who have been treated with atorvastatin &/or apixaban as off label treatment and monitor them over a 12mth period. The document mentions that there is a primary care prescribing element and medication will not only be sourced by the clinical trial itself. This information will be taken to LMC meeting and will also go to the MMG meeting for wider discussions.</p> <p>RW asked if the palliative care template letters that have previously been discussed by the committee had been finalised. This had been picked up by the prescribing leads committee of which RW attends and they had asked if the information could then be shared if available. The template is currently being looked at by DBHTFT and LW will follow up the progress and share with the committee once complete.</p>	NHSD-AM		
7/21/20	<p>Date and Time of Next Meeting: 12 noon prompt Thursday 30th September 2021 Meeting via Microsoft Teams</p>			

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