

**DONCASTER & BASSETLAW AREA PRESCRIBING COMMITTEE (APC)**

**Action Notes and Log**

Thursday 31st March 2022 12 Noon start,  
**Meeting Held over Microsoft Teams**

<b>Present:</b>	Dr David Crichton	NHSD Chair, APC Chair
	Mrs Charlotte McMurray	NHSD Deputy Head of Medicines Management
	Mr Rob Wise (RW)	NHS Bassetlaw Head of Medicines Management, Deputy APC Chair
	Mr Stephen Davies	Chief Pharmacist RDaSHFT
	Dr Rachel Hubbard	Doncaster GP
	Dr Suman Thullimalli	Local Medical Committee Representative
	Mrs Rachel Wilson (RaW)	Chief Pharmacist DBTHFT
	Mrs Ashley Hill	NHSD Senior Medicines Management Technician (Secretary)
	Mrs Jennifer Cox	NHSD Senior Medicines Management Technician
	Mr Aqueel Ashraf	NHSD Locality Lead Pharmacist
Mrs Mellissa Goodlad	NHSD Practice Support Pharmacist	
<b>In attendance:</b>	Mr Alex Molyneux	NHSD Head of Medicines Management
	Dr Alice Brockington	Consultant Sheffield Teaching Hospital
<b>Minutes only:</b>	Dr Rupert Suckling & Mr Victor Joseph	DMBC Representatives

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Agenda Ref	Subject / Action Required	Action Required By	Timescale	Status of Action (RAG) and Date
03/22/1	<b>Apologies for Absence:</b> Apologies were received from Mr Lee Wilson – DBTHFT Dr Rumit Shah- Local Medical Committee Representative			
03/22/2	<b>Declarations of Interest:</b> CM informed the committee that she had recently Chaired a meeting regarding a new NICE TA around CKD, Doctor Jamali was the speaker. It was funded by Astra Zeneca. Decision taken by the chair that conflict could be managed in the meeting and Charlotte’s input would be required for item on the Drugs for Consideration			
03/22/2.1	<b>Fire Alarm Procedure:</b> N/A Meeting Online			
03/22/2.2	<b>Notification of Any Other Business</b> It was requested that any other business be given at the end of the meeting			
03/22/3	<b>Notes of the Meeting Held On:</b> Thursday 24 <sup>th</sup> February were agreed as a true and accurate record and will be made available on the medicines management website, with the amendments of:  <b>02/22/8.2</b> - <i>‘The updated documents were approved by the committee and will be updated on the medicines management website’.</i>	NHSD-AH		

	<p>To be amended to <i>'The updated documents were approved clinically by the committee and will be taken to MMG for further discussion'</i></p> <p><b>02/22/8.7-</b> To amend Action required initials to DBTHFT- Rachel Wilson (RaW) and LW not Rob Wise (RW)</p>			
03/22/4	<p><b>Matters Arising not on the agenda</b> There were no matters arising not on the agenda</p>			
03/22/4.1	<p><b>Matters Arising</b></p>			
9/21/8	<p><b>Epilepsy Shared Care Protocol</b> <b><i>Dr Alice Brockington (AB) and Alex Molyneux (AM) joined the meeting at 13:30</i></b></p> <p>The committee received the updated Epilepsy Shared Care documents that have undergone review to ensure they are in line with how epilepsy is treated across the ICS, as this will be a shared SCP, and to clarify the roles of the specialist nurses, consultants, and Primary Care. New medication available has also been added.</p> <p>AB and AM attended the meeting to present the committee the document. AB informed the committee that due to two serious incidents a risk review assessment has taken place. The outcome of the this was subtherapeutic titrations had taken place, this is a risk as several sources can request a change i.e., Neurologists, Secondary Care Doctors, who may not be aware on the TLS status. These requests can be sent to the GP in a discharge summary rather than via the Specialist nurse.</p> <p>AB also discussed concerns around the current Doncaster Specialist Nurse service not being able to continue with the current workload.</p> <p>AM informed the group that a new epilepsy commissioned service is currently being developed with RDaSH which should allow patients to be discharged and</p>			

	<p>for GPs to make the simple dose changes and the Specialist Nurses can continue with the complex cases</p> <p>AM explained that the updated SCP allows GPs to follow guidance to amend prescriptions as per requests from secondary care (nurses or consultants) to make minor dose changes and new medication, if within competence, and when to refer to the Specialist Nurse for more guidance</p> <p>The Chair informed the Committee that discussions have been held at the Doncaster Clinical Reference Group where it was identified that the Specialist Nurses are spending a significant amount of time with the low-risk patients, where this was not the intension of the service they should offer. It was agreed that relying on GPs to do multiple levels of complex medication titration was a risk and these cases would be better under with the Specialist Nurses</p> <p>The committee agreed that the wording on page 3 should be amended to make clear that noncomplex prescribing can be done via the GP</p> <p><b>FOR A NURSE PRESCRIBING SERVICE (EG DONCASTER)</b>  <i>Epilepsy nurse specialist will issue a prescription for the medication, and will write to the responsible consultant, and to the GP to inform them of this change. Once the patient is on a stable dose of medication, the epilepsy nurse specialist will ask the GP in writing, to take over the repeat prescription of medication.</i></p> <p><b>FOR A NON-PRESCRIBING EPILEPSY NURSING SERVICE (EG SHEFFIELD, BARNESLEY)</b>  <i>Epilepsy nurse specialist will send a written request to ask the GP to issue a prescription for the medication. The request will detail the individual patient plan (dose and titration), and state that the request for the GP to prescribe is in accordance with this shared care guideline. If this is following discussion with a consultant, the letter will be countersigned by the consultant. If this is following a plan in a consultant clinic letter, the letter will be referenced.</i></p> <p>AB agreed to change the wording to reflect the wording in Appendix A on the SC document</p>			
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	<p>With the above-mentioned change in wording the Shared Care Document was clinically approved by the committee and will go to MMG for commissioning approval</p> <p>SD will share the updated documents with the Specialist Nurses and feedback if there are any comments or concerns</p> <p>AB &amp; AM left the meeting at 14:03</p>	<p><b>STH - Dr Alice Brockington</b></p> <p><b>NHSD-AH</b></p> <p><b>RDaSH-SD</b></p>		
02/22/4.1	<p><b>Shared Care Protocol for Myasthenia Gravis or Chronic Inflammatory Demyelinating Polyradiculopathy (CIDP) in adults</b></p> <p>RaW informed the committee that there were no further updates regarding the shared care protocol at this point and will feedback in due course.</p> <p>It was also confirmed that the action related specifically to TA monitor, for use by departments other than rheumatology. This would then allow blood monitoring for Doncaster GPs.</p>	<p><b>DBHFT-RaW</b></p>		
02/22/5	<p><b>Solriamfetol-Narcolepsy</b></p> <p>CM provided the committee with the TLDL form from Sheffield APC. It was proposed to be classified as Red as it required specialist prescribing. It will be sent to MMG for approval and updated on the MPD and will return to the APC for information.</p>	<p><b>NHSD-AH</b></p>		
02/22/7	<p><b>Parecoxib (Dynastat) – Palliative Care</b></p> <p>This was discussed in the Drugs for Review section</p> <p><b><i>LW joined the meeting at 12:55</i></b></p> <p>LW requested Parecoxib for palliative care to be considered as Amber G. It would be initiated by palliative care specialists within the hospice or secondary</p>			

	<p>care) or as a parenteral NSAID used in palliative care (usually via syringe driver). It was agreed that this would only be for a small amount of patients</p> <p>The committee proposed that it would be Amber G with LW to prepare some guidance for support that could be hosted with this on the MPD and will be sent to MMG for approval when the guidance document has been developed.</p> <p><b><i>LW left the meeting at 13:15</i></b></p>	<b>DBHFT-LW</b>		
02/22/8.1	<p><b>Lipid Guidelines – Primary Prevention and Secondary Care</b> Lipid Guidelines had been brought to the Februarys APC. CM informed the committee there is a meeting to be held on the 29<sup>th</sup> of April with DBTH Consultants.</p> <p>It was agreed that CM would review Rotherham’s pathways and to feedback from the meeting taking place on the 29<sup>th</sup> of April at the next APC meeting.</p>	<b>NHSD-CM</b>		
02/22/8.5	<p><b>Transgender Draft Shared Care Proposal</b> Transgender Shared Care Proposal was brought to February’s APC meeting. Awaiting final document from Stuart Lakin.</p> <p>CM mentioned that the guidelines were agreed at February APC but that there were concerns raised around the commissioning arrangements and education. Doncaster CCG is in the process of designing a Local Enhanced Service (LES) for the management of transgender patients</p> <p>Sheffield is also looking at having a LES in place Proposed deadline for July 2022</p> <p>The group reconfirmed that from a prescribing guidance they were supportive of the shared care document. Further updates will return to this meeting</p>	<b>NHSD-CM</b>		

02/22/8.2	<p><b>Palliative Care Guidance</b> Chair decided to discuss in Drugs for Review</p>			
11/21/8.4	<p><b>Paroxetine and Sertraline for premature ejaculation</b> CM updated committee with comments from MMG meeting held in March. MMG agreed that Paroxetine and Sertraline would be classified as Green G, and request that Dr Doug Savage produce guidance to support the GPs when considering prescribing these drugs for this indication.</p> <p>Karen Jennison has requested a guidance document to be submitted to the next MMG meeting in May</p>			
03/22/5	<p><b>Drugs for Review</b> The March 2022 drugs for review were discussed and the following agreed.</p> <p>Daratumumab (Darzalex)- Multiple Myeloma, was agreed to change category to RED due to NICE guidance.</p> <p>Sodium zirconium cyclosilicate (Lokelma)- Hyperkalaemia in adults, update to NICE guidance and to remain as Red due to specialised hospital prescribing.</p> <p>Tinzaparin (Innohep)-Low molecular weight heparin, Is the second line to Datiparin which is shared care on the formulary. The committee decided that perhaps Daltiparin and Tinzaparin should have the same shared care document. CM to liaise with Rotherham to review their shared care document and adapt it for Doncaster CCG.</p> <p>Allergen extract of grass pollen phleum pratense-Grass pollen allergy diagnosed with a positive skin prick test and/or specific IgE test (Oral vaccine against), was agreed to Amber</p>	<b>NHSD-CM</b>		

	<p>Dapagliflozin (Forxiga) - chronic kidney disease, it was agreed that it would be Amber G</p> <p>Everolimus (Afinitor) - Preventing organ rejection in liver transplantation, was agreed to a Red 1,2,7 for patients who are already receiving it</p> <p>Solriamfetol (Sunosi) - Narcolepsy, it was agreed as Red and will be sent to MMG as a returning drug. It was also noted that the TA did not match the indication for Narcolepsy. This should be updated to TA758. The TA777 was for the indication of sleep apnoea it was agreed that if this was not already on the TLS/ MDP that this should be categorised as Grey</p>	<p><b>NHSD-AH</b></p>		
<p>03/22/6</p>	<p><b>Officers' Actions and returning drugs</b> All officers' actions were agreed as proposed and will be updated on the MPD.</p> <p>Regarding Memantine it was catagorised as Green G on the TLS, but an issue was raised as it was not in line with the MPD and should be considered as Amber. It was agreed that it should be kept as Green -G as listed in the Shared Care documents</p> <p>Returning drugs:</p> <p>Relugolix, 1 mg estradiol (as hemihydrate), and 0.5 mg norethisterone acetate (Ryeqo)- Uterine fibroids,was approved as Green at the March MMG meeting.</p> <p>Ritonavir (Paxlovid) -Covid 19 was approved as Red 1,2 at the March MMG Meeting.</p> <p>Norelgestromin (EVRA) -Female contraception was approved as Grey 4 at the March MMG meeting.</p> <p>Amivantamab (RYBREVANT) Sotrovimab (Xevudy) and Selpercatinib (Retsevmo) MMG approved as RED and proposed these drugs should be discussed at the next FLG meeting to establish formulary status. - CM to discuss</p>	<p><b>NHSD-CM</b></p>		





	<p>The committee unanimously concluded that Amber-G was the correct TLS status and requested that the above information to be taken to the next MMG meeting. The Chair is happy to discuss further with The Chair of the MMG</p>			
03/22/7	<p><b>Drugs for Consideration</b>  The following items were agreed as final and will be updated on MPD:</p> <p>Ciltacabtagene autoleucel-Focal onset seizures with or without secondary generalisation in adults with epilepsy who have not been adequately controlled despite treatment with <math>\geq 2</math> anti-epileptic products were agreed as Grey and to await completed NICE guidance</p> <p>Imlifidase (Idefirix) - Desensitisation treatment of highly sensitised kidney transplant patients was agreed as Red 1,2</p> <p>Pegcetacoplan (Aspaveli) -Paroxysmal nocturnal haemoglobinuria was agreed as Red 1,2,5,8</p> <p>Pitolisant hydrochloride (Wakix) -Excessive daytime sleepiness caused by obstructive sleep apnoea this has been deferred to April APC meeting, CM to discuss at next meeting</p> <p>Tiopronin (Thiola) - Prevention of cystine (kidney) stone formation in pts with severe homozygous cystinuria was agreed as Grey 2</p> <p>The following items will be discussed further at the next MMG.</p> <p>Arachis hypogaea (Palforzia) - Peanut Allergy was suggested as Red 1,2- CM to check with Sheffield allergy team</p> <p>Certolizumab pegol (Cimzia)-Moderate to severe plaque psoriasis was suggested as Red 1,2,3</p>	NHSD-AH		
		NHSD-CM		

	<p>Empagliflozin (Jardiance) -Chronic heart failure with reduced ejection fraction was suggested as Amber G</p> <p>Eravacycline (Xerava) -Complicated intra-abdominal infections in adults was suggested as Red 1,2,5</p> <p>Ivacaftor/tezacaftor/elexacaftor (Kaftrio) -Cystic fibrosis (CF) in patients aged 6 years and older was agreed suggested as Red 1,2</p> <p>Micronised progesterone (Utrogestan) - Ectopic pregnancy and miscarriage was suggested that the new indication would be Amber G 1,2,7. It was agreed that the NICE guidance was not clear enough, LW to discuss with the Early Pregnancy unit and develop some guidance</p> <p>Odevixibat Sesquihydrate (Bylvay) - Progressive familial intrahepatic cholestasis (PFIC) was suggested as Red 1,2,5</p> <p>Salmeterol 50 mcg/Fluticasone 250mcg (Sereflo Ciphaler) - Asthma- patients not adequately controlled with inhaled corticosteroids and 'as needed' inhaled short-acting <math>\beta</math>2 agonist  - patients already adequately controlled on both inhaled corticosteroid and long-acting <math>\beta</math>2 agonist was suggested as Green</p> <p>Tofacitinib (XELJANZ) - Ankylosing spondylitis was agreed suggested as Red 1,2</p>	<b>DBHFT-LW</b>		
03/22/8	<b>New Business</b>			
03/22/8.1	<b>Chair Update</b> Dr David Crichton informed the committee that it was his last APC meeting as Chair due to new Role as the Chief Medical Officer (designate) for the ICS. It was proposed that RW take over as Chair and CM as Deputy Chair for future meetings. Rob Wise thanked David Crichton for all his commitment and service			

	to the APC and CCG and wished him every success in his new role. This was agreed by the committee members.			
03/22/8.2	<b>Acarizax and Grazax in both adults and children - Shared Care Protocol</b> CM provided the committee with supporting documents to propose Acarizax and Grazax as Amber with a shared care protocol this was agreed under drugs for review.	<b>NHSD-AH</b>		
03/22/8.3	<b>Dementia Shared Care Proforma</b> SD provided the committee with the Dementia Shared Care Proforma, the review date had been amended to be in line with the Dementia Shared Care Protocol. This document was approved by the committee and the updated Proforma will be updated on the MPD.  SD also highlighted that the Dementia Shared care documents are due for review but requested that they could be extended for six months. This would allow all SYB Dementia shared documents to be aligned when merged as the ICS. This was agreed by the committee	<b>RDaSH-SD / NHSD-AH</b>		
03/22/8.4	<b>RMOC Template</b> CM shared with the committee a new shared care template. That has been proposed to be used when Doncaster CCG merges into the ICS. It was discussed that in the Appendix 1 there are a lot of boxes to be ticked by the specialised that might become cumbersome, CM will take this away for discussion. The committee agreed that Doncaster and Bassetlaw would be in favour of using this template	<b>NHSD-CM</b>		
03/22/9	<b>DBTHFT D&amp;TC Update</b> The Committee received minutes from the meeting held December 2021			
03/22/10	<b>Formulary Liaison Group Update</b> The Committee received minutes from the meeting held November 2021			
03/22/11	<b>DCCG Medicines Management Group</b> The Committee received minutes from the meeting held February 2022			

	The Chair highlighted the discussion around Spirit Healthcare at the MMG Meeting held in February 2022 – CM will discuss with the Doncaster CCG governance team to check the process regarding third party pieces of work	<b>NHSD-CM</b>		
03/22/12	<b>RDaSH FT Medicines Management Committee update</b> The Committee received minutes from the meeting held January 2022			
03/22/13	<b>Barnsley Area Prescribing Committee Update</b> The Committee received minutes from the meeting held February 2022			
03/22/14	<b>Rotherham Medicines Optimisation Group Update</b> The Committee received minutes from the meeting held December 2021			
03/22/15	<b>Sheffield Area Prescribing Committee Update</b> The Committee received minutes from the meeting held January 2022			
03/22/16	<b>Nottingham Area Prescribing Committee Update</b> The committee receive the Minutes from the meeting held February 2022			
03/22/17	<b>SY&amp; B siCS Medicines Optimisation Work-stream Steering Group</b> The Committee received the October 2021 action and decision log			
03/22/18	<b>Northern Regional Medicines Optimisation Committee</b> The Committee have not received any up-to-date minutes			
03/21/19	<b>Any Other Business</b>			
03/22/20	Date and Time of Next Meeting  12 noon prompt Thursday 28 <sup>th</sup> April 2022 Meeting Via Microsoft Teams			

**KEY**

Completed / Closed	To Action
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**In Progress**

To be actioned but date not yet due