DONCASTER & BASSETLAW AREA PRESCRIBING COMMITTEE (APC)

Action Notes and Log

Thursday 30th June 2022 12 Noon start,

Meeting Held over Microsoft Teams

Present:	Mr Rob Wise (RW)	NHS Bassetlaw Head of Medicines Management, APC chair
	Mrs Charlotte McMurray	NHSD Deputy Chief Pharmacist, Deputy APC chair
	Mr Andrew Houston	Senior Pharmacist RDaSHFT
	Dr Rachel Hubbard	Doncaster GP
	Mr Lee Wilson	Consultant Pharmacist DBTHFT
	Mrs Ashley Hill	NHSD Senior Medicines Management Technician (Secretary)
	Miss Eva Gabzdyl	NHSD Locality Lead Pharmacist
	Miss Faiza Ali	NHSD Locality Lead Pharmacist
In attendance:	Dr Dean Eggitt	Local Medical Committee Representative
	Dr Nabeel Alsindi	Clinical Lead Primary Care
	Mr Alex Molyneux	NHSD Chief Pharmacist
Minutes only:	Dr Rupert Suckling & Mr Victor Joseph	DMBC Representatives

Agenda Ref	Subject / Action Required	Action Required By	Timescale	Status of Action (RAG) and Date
06/22/1	**Apologies for Absence:** Mr Stephen Davies- Chief Pharmacist RDaSHFT Dr Rumit Shah- Local Medical Representative			
06/22/2	**Declarations of Interest**:			
06/22/2.1	**Fire Alarm Procedure:** N/A Meeting Online			
06/22/2.2	**Notification of Any Other Business** It was requested that any other business be given at the end of the meeting			
06/22/3	**Notes of the Meeting held on:** Thursday 26th May were agreed as a true and accurate record and will be made available on the medicines management website			
06/22/4	**Matters Arising not on the agenda**			

02/22/8.5	**Transgender Draft Guidelines** **NB attended the meeting at 12:07** CM reminded the committee that draft guidelines had been approved by Doncaster and Bassetlaw APC in February 2022. Sheffield APC have liaised with Porterbrook and the document has had some amendments as outlined below. Removal of the detail in appendix 2 regarding supporting decision making if requested to prescribe by non NHS commissioned service. Links to GMC and NHSE guidance still there and the offer to discuss with Porterbrook added. • Added in detail around screening so it is clear the specialist needs to have the conversation with the patient around how changing registered sex/hormone treatment may affect things. • Added in links to educational/training resources • Added in appendix/links to patient support group, which is particularly useful for those on the 4 year wait. NB commented on a few points that were awaiting some answers regarding if there were abnormalities regarding thyroid medication would the patient need to be referred to Endocrinology or could they be managed at a primary care level. Whether Porterbrook should be directly referring patients to Endocrinology or when the guidance says when the GP should refer, it adds an extra step to the process if both need to refer. The guidance documents were agreed by the committee, and NB can follow up the minor points with Heidi from Sheffield and Porterbrook. NB is presenting the proposed guidance at Target sessions in July.	**NHSD- CM**		

	The chair discussed from a Bassetlaw perspective that there will be one practice that are going to undertake the transgender service. It was noted that there were some formatting corrections required CM and AH to review. To be sent to the next MMG for information. **NB left the meeting at 12:20**			
02/22/4.1	**Shared Care Protocol for Myasthenia Gravis or Chronic Inflammatory Demyelinating Polyradiculopathy (CIDP) in adults** CM informed the committee that there were no further updates at this time. It was agreed to be closed as an agenda item but to remain on the activity tracker and further updates will be presented when relevant.	**NHSD- CM**	**October 2022**	
05/22/7	**Ketovite Liquid** CM informed the committee that this will be brought back to be discussed in July's APC meeting due to unable to arrange a discussion prior to today's meeting with LW. There are currently 20 patients in Doncaster and 2 patients in Bassetlaw who are currently prescribed Ketovite. It was discussed whether patients could be switched to Forceval. AH asked regarding patients with swallowing problems noting that Ketovite tablets were much smaller, and it was also available as a liquid, it was acknowledged that this would only affect a small number of patients.	**NHSD- CM**		
05/22/7.2	**Goserelin (Zoladex)- Breast Cancer** CM shared Sheffield's APC minutes from June 2021, where a shared care document was presented but was rejected by the committee and has not been reviewed since. RH highlighted the safety and licencing guidelines that only support prescribing for 6 months and there are currently patients who are being prescribed for longer. It noted that there was mention of evidence for use beyond 6 months, but no detail as to what this evidence was. CM to liaise with Sharron Kebell- Specialist Commissioning Pharmacist for further information and will report back to the committee in July.	**NHSD- CM**		
06/22/4.1	**Matters Arising**			
03/22/5	**Tinzaparin (Innohep)** CM shared the current DBTH shared care protocol for Dalteparin and Rotherham Dalteparin dosing chart. The committee discusses various options on what document Tinzaparin should be hosted on. It was agreed that from a	**NHSD-CM**	**October 2022**	

	safety and communication perspective that a shared care protocol should be produced. Optimise Rx messages for prescribers was suggested but thought that a guidance document was more appropriate especially with dosing information. But could be reviewed once a shared cared protocol was prepared. Locality lead Pharmacist Layo will be developing the document and will liaise with CM and LW. AH suggested that as the Dalteparin shared care protocol was due for renewal in August could there be one document to host both Dalteparin and Tinzaparin. It was agreed that it could be a possibility, but for the clinical input into the Tinzaparin part of the document the MMT could liaise with Rotherham's CCG team. To return to the APC when document is complete.			
11/21/8.4	**Paroxetine and Sertraline for premature ejaculation** The committee reviewed the guidance document, to give GPs prescribing information. The document will be used to help reduce Leger clinic referrals. It was noted that there was some minor referencing and spelling changes, which will be amended. The committee agreed the document and will be sent to the MMG for information in July's meeting.			
04/22/8.1	**Insulin Pumps and Glucose Monitors in Adults, Children and Young People Policy** **Flash and continuous glucose monitoring (CGM) NICE guidance** CM gave the committee an update on the CGM NICE guidance. CGM monitors Dexcom G6, Dexcom G7, Dexcom One and Freestyle Libre 3 have been given a Traffic Light Status (TLS) as Red. The financial cost pressures have been discussed at MMG. CM is preparing a document to be approved and discussed the executive committee in July. DBTH has long waiting lists and have capacity to start type 1 diabetic patients under their caseload on flash or rtCGM, pathways, capacity and training issues need to be identified to progress with type 2 diabetic patients. It will take some months before there will be any extensive updates in relation to type 2 diabetes. It was agreed that this would be taken off the agenda but will be reviewed when there are further updates.		**September 2022**	
05/22/7	**Sucralfate**			

	The committee agreed that Sucralfate should have the TLS as red for any new patients. There are currently 20 patients in Doncaster and 4 patients in Bassetlaw of which 1 is a paediatric patient. EW discussed that a specials letter has been designed for GPs to send to secondary care consultants, it was approved at the last MMG meeting. It was agreed that the letter could be used for the small cohort of patients. CM/EW to send a copy of the letter to LW to send to the gastroenterologist asking for a review of the patient. LW discussed that there will be patients who will be on Sucralfate long term. Sucralfate is currently highlighted in the quarterly red drug reports, this approach of writing to the consultant asking for a review will have to be highlighted to the MMT when reviewing patients.	**NHSD-CM/EW DBTHFT LW**		
06/22/5	**Drugs for Review** The June's 2022 drugs for review were discussed and the following agreed: Filgotinib (Jyseleca)- Ulcerative colitis, agreed as Red			
06/22/6	**Officers' Actions and returning drugs** All officers' actions were agreed as proposed and will be updated on the MPD Returning drugs: The following drugs were agreed as proposed by MMG but will be discussed at the next FLG meeting: Lidocaine 5% (700mg) Patches (Versatis) as Amber G for Neuropathic Pain- LW advised that they should be non-formulary on the MPD Lidocaine 5% (700mg) Patches (Versatis) as Green G for Post-herpetic neuralgia- LW advised that they should be non-formulary on the MPD Lidocaine 5% (700mg) Patches (Versatis) as Amber G for Opioid Induced hyperalgesia (unlicensed)- LW advised that they should be non-formulary on the MPD			

	Nefopam as Amber G for Relief of acute and chronic pain- LW advised that they should be non-formulary on the MPD Degludec / liraglutide (Xultophy)- Diabetes mellitus. Type 2 LW has updated formulary with changes and is live on MPD All other returned drugs were discussed at June's MMG meeting and were agreed as proposed and will be updated on the MPD			
06/22/7	**Drugs for Consideration** The following items were agreed as final and will be updated on MPD: Pralsetinib (Gavreto)- RET fusion-positive advanced non-small-cell lung cancer was agreed as Red **The following items will be discussed further at the next MMG meeting:** Citalopram (Cipramil)- Premature ejaculation (off label use) was suggested as Green G Dexamethasone sodium phosphate & Levofloxacin hemihydrate eyedrops 1 mg/ml + 5 mg/ml (Ducressa)- Prevention of infection associated with cataract surgery in adults was suggested as Red Dexcom G6- Continuous Glucose Monitoring Device was suggested as Red Dexcom G7- Continuous Glucose Monitoring Device was suggested as Red Dexcom One- Continuous Glucose Monitoring Device was suggested as Red Difelikefalin (Kapruvia)- Pruritus was suggested as Red Eletriptan (Relpax)- Migraines was suggested as Green Faricimab (Vabysmo)- Bispecific IgG1 antibody was suggested as Red			

	Fluoxitine - Premature ejaculation (off label use) was suggested as Green G Freestyle Libre 3- Continuous Glucose Monitoring Device was suggested as Red Haloperidol 5mg/ml Injection- Palliative Care was suggested as Green-G, has already been discussed previously at FLG for Arden's template pre-emptive prescribing Hyoscine butylbromide 20mg/1ml Injection (Buscopan)- Palliative Care was suggested as Green-G, has been discussed previously at FLG for Arden's template pre-emptive prescribing Midazolam 10mg/2ml Injection- Palliative Care was suggested as Green-G, has already been discussed previously at FLG for Arden's template pre-emptive prescribing Migalastat hydrochloride (Galafold)- Fabry disease was suggested as Red 1 Morphine Injection- Palliative Care was suggested as Green-G, has been discussed previously at FLG for Arden's template pre-emptive prescribing Oxycodone Injection- Palliative Care was suggested as Green G, has been discussed previously at FLG for Arden's template pre-emptive prescribing Paroxetine- Premature ejaculation (off label use) was suggested as Green G Pitolisant hydrochloride (Wakix)- Excessive daytime sleepiness caused by obstructive sleep apnoea was suggested as Red Podophyllotoxin (Condyline 5 mg/ml Cutaneous Solution)- Warts affecting the penis or the female external genitalia was suggested that Dr Clair Ryan HIV and GUM specialist to be contacted to discuss where this sits on the formulary CM to contact and will deliver outcome in July's meeting	**NHSD-CM**		

	Romosozumab (EVENITY)- Osteoporosis was suggested as Red Sertraline (Lustral)- Premature ejaculation (off label use) was suggested as Green G Sucralfate- Gastric ulceration, Benign duodenal ulceration, Chronic gastritis, stress ulceration was suggested as Red Water for Injection- Diluent was suggested as Green Sodium Chloride 0.9%- Diluent was suggested as Green			
06/22/8	**New Business**			
06/22/8.1	**Private Healthcare Services** Patients are increasingly seeking private clinics, where clinicians are reviewing patients and initiating medication for GPs to continue prescribing. FA was asking the committee if there is a statement that the CCG could support prescribers. FA shared a response that she gave in an recent enquiry *" I would say that you do not have to accept the prescribing request from a private service, however you may choose to agree if you're happy to take on the responsibility of monitoring and would like to consider the patient's best interests, and if you are assured that the service provider will continue to review the patient appropriately. But would strongly advise that you and the private service are both clear on each other's responsibilities and criteria for referrals back to them (via some form of shared care). Guidance from the BMA MEC suggests that where the medicine is specialised in nature and not something GPs would generally prescribe, it is for the individual GP to decide whether to accept clinical responsibility for the prescribing decision recommended by another doctor.* *https://bswccg.nhs.uk/docs-reports/exceptional-funding-requests/1509-private-treatments/file* *I have found this in the psychiatry-uk webpage:* *What happens if my GP will not take over the prescribing?*	**NHSD-FA**		

	At the end of the titration period, a shared care agreement (SCA) is sent to your GP so that they can take over the prescribing. Most referring GP's are happy to take this on, but there is no obligation for them to do so. There are also some areas of England where certain medications cannot be prescribed by a GP and they are legally unable to accept the SCA. In these cases, we would continue to prescribe for you and invoice the CCG". FA discussed with the committee the increase in enquiries that are coming through the RX Line. RH highlighted that there maybe an inequality of care as it depends on the prescriber whether they are happy to continue to prescribe, if a patient is prescribed medication that requires monitoring a prescriber may not be happy to continue prescribing. If they are seen in a private clinic outside Doncaster who are prescribing non formulary medication, there is no guidance. DE considered that GPs could prescribe if they felt able to and they should be supported in this. RW noted that the PrescQIPP guidance allowed for prescribing if in accordance with locally agreed formulary/pathway. Therefore if the medicine concerned was shared care, then if the private service agreed to follow the local shared care, then this would be OK. DE was concerned that such services would not be commissioned to follow shared care arrangements and queried the need to then referring to local NHS service. AH also expressed concern if the only reason for referring to local secondary services was for a single medicine issue rather than a clinical issue. The chair agreed that it would have to be reviewed on a case-by-case basis and the impact on referring patients back to secondary care should be considered.			

	No formal decision was made. It was agreed that FA would prepare a formal statement to be used to support clinicians and return in July's meeting to discuss further.			
06/22/9	**DBTHFT D&TC Update** The Committee received minutes from the meeting held in May 2022			
06/22/10	**Formulary Liaison Group Update** The Committee received minutes from the meeting held in May 2022			
06/22/11	**DCCG Medicines Management Group** The Committee received minutes from the meeting held in May 2022			
06/22/12	**RDaSH FT Medicines Management Committee update** The Committee received minutes from the meeting held May 2022			
06/22/13	**Barnsley Area Prescribing Committee Update** The Committee received minutes from the meeting held May 2022			
06/22/14	**Rotherham Medicines Optimisation Group Update** The committee received minutes from the meeting held in June 2022			
06/22/15	**Sheffield Area Prescribing Committee Update** The Committee received minutes from the meeting held April 2022			
06/22/16	**Nottingham Area Prescribing Committee Update** The committee receive the May 2022 APC bulletin			
06/22/17	**SY& B sICS Medicines Optimisation Work-stream Steering Group** The Committee have not received any up-to-date minutes			
06/22/18	**Northern Regional Medicines Optimisation Committee** The Committee have not received any up-to-date minutes			
06/21/19	**Any Other Business** SYB APC **AJM joined the meeting at 13:41**			

	The Chair shared notes and email trails taken from May's meeting. Items discussed in the meeting: • Advantages of current place-based decision-making groups • Opportunities of an APC coordination group • Responsibility & governance between SY group and local place groups • Concerns and next steps. AM joined the meeting and explained that the idea of the SYB APC is to try and benefit from the coming together of the places in the ICB and the partners in the ICS. To put an overarching APC structure in place that can work in partnership to develop South Yorkshire and Bassetlaw shared care documents and NICE TA as examples to streamline decisions. There will still be a Doncaster & Bassetlaw at place decision making committee. The Chair of each APC will be represented at the SYB APC. There were concerns from the committee that it could lead to duplicating of work and more meetings. AJM assured the committed that the SYB APC is to streamline the amount of time spent on items such as shared care protocols. The ambition would be for the duration of each "at place" meeting to be reduced if decisions were taken at one meeting. The chair asked if the committee agreed with an overarching SY APC. Group members indicated tentative support for the group in line with the ambition described by AM. The chair also highlighted that there is an opportunity for a provider clinician with evidence-based medicine expertise to join the SYB APC. Expression of interest can be made to the Chair. Additional comments regarding the formation & structure & accountabilities of the SY APC was invited from members outside of the meeting, with acknowledgement that not all members may have had time to look over the papers. Also noting that the next meeting of the SY APC group was not scheduled until September, so there was time for comments to be received.			
06/22/20	Date and Time of Next Meeting 12 noon prompt Thursday 28h July 2022 Meeting Via Microsoft Teams			

KEY

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