DONCASTER & BASSETLAW AREA PRESCRIBING COMMITTEE (APC)

Action Notes and Log

Thursday 24th November 2022 at 12 Noon,

Meeting Held over Microsoft Teams

Present:	Mr Rob Wise	Senior Pharmacist NNICB - Bassetlaw Place Partnership, APC chair
	Mrs Charlotte McMurray	NHS SYICB Doncaster Place Deputy Chief Pharmacist, Deputy APC chair
	Dr Rachel Hubbard	Clinical lead for Doncaster place
	Mr Lee Wilson	Consultant Pharmacist DBTHFT
	Mr Steve Davies	Chief Pharmacist RDaSHFT
	Mrs Ashley Hill	NHS SYICB Doncaster Place Senior Medicines Optimisation Technician (Secretary)
	Miss Faiza Ali	NHS SYICB Doncaster Place Locality Lead Pharmacist
	Dr Dean Eggitt	Local Medical Committee Representative
	Dr Mallicka Chakrabarty	Bassetlaw GP Representative
In attendance:	Victoria Boulter	NHS SYICB Doncaster Place Practice Support Technician – APC training
	Funmilayo (‘Layo) Ogunremi	NHS SYICB Doncaster Place Locality Lead Practice Pharmacist
Minutes only:	Dr Nabeel Alsindi	NHS SYICB Doncaster Place Medical Director
	Dr Rupert Suckling	
	Mr Victor Joseph	DMBC Representatives

Agenda Ref	Subject / Action Required	Action Required By	Timescale	Status of Action (RAG) and Date
11/22/1	**Apologies for Absence:** Dr Rumit Shah-LMC Representative Rachel Wilson – DBTHFT Chief Pharmacist Lucy Peart – Consultant DBTHFT Nick Hunter – LPC			
11/22/2	**Declarations of Interest**:			
11/22/2.1	**Fire Alarm Procedure:** N/A Meeting Online			
11/22/2.2	**Notification of Any Other Business** Discussions on hybrid working and introducing Teams Channel was requested by AH. SD requested to discuss antipsychotics and shared care Valproate prescribing**.**			
11/22/3	**Notes of the Meeting held on:** Thursday 27th October were agreed as a true and accurate record and will be made available on the medicines management website.			
11/22/4	**Matters Arising not on the agenda**			

09/22/7	**Metolazone (Xaqua)** LW advised the committee that DBTHFT will starting using this preparation from the 5th of December 2022. There will be a comms announcement. LW will communicate with Steve Davies at RDaSH and Bassetlaw nurses to inform them of the change.			
10/22/7.1	**Aripiprazole oral (Abilify)- Tics** The committee agreed that this should be discussed at the IMOC meeting to establish an ICB – wide decision. No categorisation was agreed, AH to bring back once IMOC discussion has been made.			
10/22/7.2	**Phytomenadione (Neokay)-Vitamin-K deficiency in babies** Decision deferred until further information gathered, including other medicines used in treatment of cholestasis such as ursodeoxycholic acid and vitamin E. AH to add to drugs for consideration in January.	**NHS -AH/FA**		
10/22/8.1	**Drug Safety Update-Methylphenidate** SD updated the committee from the recent RDaSH meeting discussion concerning the shortage of Methylphenidate MR, noting that tablet formulations are considered bioequivalent by the specialist pharmacist group. While brand and generics are being used, pharmacies have had to send the prescription back due to being unable to get that particular brand in stock and require a prescription change. RDaSH prescribers are prescribing generic Methylphenidate MR tablets to allow pharmacies to prescribe any brand that they can hold of. RDaSH will inform the pharmacy that it was acceptable to dispense any brand. Other regions are currently following the same process. This is to be added to the MPD. CM to inform the LPC at the next LPC meeting.	**NHS-CM**		

10/22/8.2	**Testosterone replacement therapy in men with hypogonadism and testosterone deficiency SCP** NA attended the meeting to provide an update on the testosterone SCP and the Leger clinic. Current patients will still be supported by Leger clinic until December, i.e. ad hoc follow ups when needed and providing advice to practices for individual patients when requested. Newly diagnosed patients will be referred, where a shared care pathway is planned to be in place. Currently there is a 6–9-month endocrinology waiting list, the shared care protocol is to be discussed with endocrinology consultants. The second part is the monitoring of ongoing patients; there has been an interest from one practice agreeing to conduct the monitoring of patients in Doncaster. A Local Enhanced Service (LES) be enabled to allow non-registered patients to be seen and some practices happy to do the monitoring with the extra funding, this is still in discussions. Solutions for health they may be interested in reviewing new patients. A procurement process for complex testosterone and the other treatments that the Leger clinic was involved in will need to go through a formal process and perhaps have a slimmed down service. NA will liaise with Bassetlaw once Doncaster is completed. MC enquired if there will be additional training to GPs when taking over prescribing or offering guidance. NA happy to discuss further. APC committee will be updated in due course with any further updates.			
10/22/19	**Asthma Guidelines** AH updated the committee that the updated Asthma Guidelines are now live on the MPD. CM also informed the committee that there will be Target sessions in January.			
10/22/19.1	**Transfusion Policy** Discussion have taken place outside of meeting. The chair closed this action.			
11/22/4.1	**Matters Arising**			
10/22/7.2	**Goserelin (Zoladex)- Breast Cancer** FA shared with the committee a document to discuss the prescribing of Goserelin for endometriosis after six months. The document summarised how Goserelin works, side effects, the use of HRT and monitoring that is required. The committee discussed whether patients should be referred to secondary care for monitoring and prescribing. RH commented that patients are being seen in nurse led clinics in Sheffield and DBTHFT and perhaps discussing with a	**NHS -FA**		

	secondary care gynaecology consultant for pathway guidance instead of re referring patients. It was recognised that it would be preferable to have a common approach regardless of where the patient was seen. CM discussed that Sheffield had previously presented a shared care protocol but was not accepted FA to liaise with LW for gynaecology consultant contact. FA to liaise with Sharron Kebell at Sheffield for to discuss shared pathway for both DBTHFT and STH. To be brought back after further discussions.			
06/22/8.1	**Private Healthcare Services** FA presented a Q& A style flow document for GPs. The committee gave positive feedback and thought the document was clear and thanked FA for her work. The committee agreed that with some formatting changes and logos added the document should be hosted on the MPD. FA to make the required formatting changes and circulate it on the bulletin and liaise with Karen to add to the MPD. CM suggested for it to be discussed at target and at prescribing meetings.	**NHS-FA**		
09/22/8.3	**Action reliever brace** FA shared an email response from the Orthopaedic team in response to supplying patients with braces as per NICE guidance.DE enquired if all patients need to be referred to orthopaedics, as some devices are available to the general public to buy and would discuss if there could be a commissioning pathway . The committee agreed as insoles, braces, splints are available to be prescribed on a FP10 that they all should be considered red and to be added to the MPD. FA to liaise with Karen to be added to the MPD. DE to raise with commissioner re pathway for clinical oversight/supply of these products RH noted that APC has generally not traffic lighted devices such as these before, i.e. focussing on medicines. The is was discussed and agreed that devices could be considered for traffic light listing if they were included in the Drug Tariff, i.e. available to be prescribed on FP10	**NHSD-DE** **NHS -FA**		

07/22/8.1	**Cinacalcet** LW informed the committee that there were further amendments required to the SCP guidance noting that there were some differences between DBTHFT and Sheffield documents in relation to doses, which need to be discussed with the consultants. There was a query regarding the Bone DEXA scan as it is in the monitoring for both secondary care and primary care. Clarity was needed to ensure it was clear who was responsible for referring the patient for the scan and avoid duplication of work. RW noted some typo changes and will send to LW. There was also a query on blood monitoring for patients who are stable, there were no indication on how frequently these patients should be tested. LW will discuss these queries with Dr Muniyappa who will attend with LW at January's APC meeting.	**DBTHFT -LW**		
11/22/5	**Drugs for Review** **The November's 2022 drugs for review were discussed and the following agreed**: Bempedoic Acid (Nilemdo)- Adults with primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia was recommended as Green G TLS, subject to confirmation of the relevant NICE TA, with this being linked as the guidance. It was agreed that this could be confirmed outside of the meeting and then discussed at MOG in December. Dapagliflozin (Forxiga)- Chronic Kidney Disease was recommended as Green G TLS Fostamatinib (Tavlesse)- Chronic immune thrombocytopenia refractory to other treatments was recommended as Red TLS Relugolix–estradiol–norethisterone acetate (Ryeqo) was recommended as Amber G TLS			

11/22/6	**Officers' Actions and returning drugs** All **officers' actions** were agreed as proposed and will be updated on the MPD **Returning drugs:** **The following medicines were discussed at November's MOG meeting were agreed without amendment and will be updated on MPD:** Avacopan (Tavneos)- Granulomatosis with polyangiitis (GPA) or microscopic polyangiitis (MPA) agreed Red TLS Dydrogesterone & Estradiol (Femoston)- Hormone replacement therapy (HRT) for oestrogen deficiency symptoms in postmenopausal women agreed Green G TLS Dydrogesterone & Estradiol (Femoston Conti)- Hormone replacement therapy (HRT) for oestrogen deficiency symptoms in postmenopausal women agreed Green G TLS Eptacog beta (CEVENFACTA)- Treatment of bleeding episodes agreed Red TLS Icosapent ethyl (Vazkepa)- Reduce the risk of cardiovascular events in adult statin-treated patients at high cardiovascular risk with elevated triglycerides (≥150 mg/dL [≥ 1.7 mmol/l]) and • established cardiovascular disease, or • diabetes, and at least one other cardiovascular risk factor agreed Amber G Ozanimod (Zeposia)- Ulcerative Colitis agreed Red TLS Setmelanotide (IMCIVREE)- Treatment of obesity and the control of hunger agreed as Red TLS Tezepelumab (Tezspire)- Severe asthma agreed as Red TLS			

	Trifarotene (Aklief)- Acne Vulgaris of the face and/or the trunk agreed as Green Vutrisiran sodium (Amvuttra)- Hereditary transthyretin-mediated amyloidosis (hATTR amyloidosis) as agreed Red TLS All medicines in the HRT guidance document were agreed as Green G TLS **The following drugs was discussed at November's MOG meeting, but MOG requested that they are to be returned once shared care document has been finalised:** Testosterone gel (Testogel,Tostran)- Testosterone replacement therapy for male hypogonadism when testosterone deficiency has been diagnosed by an endocrinologist and confirmed by clinical features and biochemical tests Testosterone intramuscular (Testosterone decanoate (Nebido)- Testosterone replacement therapy for male hypogonadism when testosterone deficiency has been diagnosed by an endocrinologist and confirmed by clinical features and biochemical tests			
11/22/7	**Drugs for Consideration** **TLS categorized at APC to go to MOG for information:** Belzutifan (WELIREG)- von Hippel-Lindau (VHL) disease- suggested Grey TLS as NICE guidance is due March 2023 Chlordiazepoxide (Librium)- Short-term use in anxiety-. SD agreed that it should be red as it is for short term use and specialist will prescribe. If a patient is on it long term the prescribing clinician should take responsibility. Cinacalcet (Mimpara)- Endocrinology- suggested Amber- bring back in January Drospirenone/Estetrol (Drovelis)- Oral contraception- suggested Green non			

	formulary Fluvoxamine (Faverin)- SSRI- suggested Green G TLS- SD confirmed this would be appropriate Levodopa+ carbidopa monohydrate+ entacapone (Lecigon 20 mg/ml + 5 mg/ml + 20 mg/ml intestinal gel)- Parkinson's disease- noted that Nottingham have classified this as Grey. Current Parkinson's SCP is under discussion, not to be TLS categorized. For consideration at SY IMOC along with Parkinson's SCP refer to 11/22/8.5 Magnesium Citrate- Hypomagnesemia- suggested Amber G TLS Mosunetuzumab (Lunsumio)- follicular lymphoma (FL)- suggested Grey TLS as NICE guidance is due March 2023 Tirzepatide (Mounjaro)- Type 2 diabetes mellitus- suggested Grey TLS as NICE guidance due April 2023 Zanubrutinib (Brukinsa)- Waldenstrom's macroglobulinaemia- suggested Red TLS			
11/22/8	**New Business**			
11/22/8.1	**Blood Monitoring** CM shared a blood monitoring document that Sheffield is currently using. The committee commented that it would require a lot of work to get it aligned with Doncaster & Bassetlaw's medicines and monitoring but thought it would be a useful tool for clinicians to use, it was suggested that perhaps this is a SY ICB piece of work. CM to discuss further how to facilitate this SD suggested to discuss with CPN leagues who may have ideas about implementing this. DE discussed robots that Katie Dowson is working on to implement this document electronically in Doncaster Practices. NA is already in discussion with Katie Dowson and will discuss. CM/NA to bring back in January to discuss further on how to implement this	**NHS- CM/NA**		
11/22/8.2	**Pill swallowing leaflets**			

	CM shared swallowing leaflets that could be used to promote pill swallowing in children and adults from a webinar that took place in February. RW suggested that could be hosted on practice's websites, practice systems to prompt prescribers to ask patients/ parents whether the patient requires liquid medication. The committee agreed that this would be useful but further enquires would be needed to how best to implement this as not always possible to have discussions with patients at point of a GP consultation. Currently being discussed/ implementation explored in Bassetlaw. CM to liaise with RW on how to implement this in Doncaster.	**NHS- CM**		
11/22/8.3	**Dexcom One Statement** CM presented the committee with Dexcom ONE position statement. The committee had already approved as agreed as Amber G TLS. The position statement makes it clear primary and secondary clinicians' expectations. RDaSH and DBTHFT nurses and endocrinologists have been consulted. RW updated the committee that Nottinghamshire Healthcare Diabetic Nurses have advised that they will not currently be in involved with Dexcom One and therefore for Bassetlaw to refer to DBTHFT. RH commented where it states: "It could be initiated in primary care with relevant expertise", this doesn't lend itself to GP initiation as it is classified as Amber G. It was agreed by the committee that in the future Dexcom One could be reclassified when more education/training has been undertaken by clinicians/experience gained. It was agreed to remove the statement, but put a review date of one year's time, such that this can then be revisited, i.e. possibility of moving to Green G in future**.** CM to make the changes and to be hosted on the MPD and to go to MOG**.**	**NHS- CM**		
11/22/8.4	**CKD primary care guidance** ***DE has a conflict of interest he has had previous education on behalf of AstraZeneca for Dapagliflozin*.** CM shared with the committee a CKD guideline that has been produced by Somerset Prescribing Group. Dapagliflozin for CKD currently Amber G proposed to change it to Green G.CM has discussed this guideline with renal DBTHFT consultants and has been approved. The committee agreed that this guidance would be valuable for	**NHS- CM**		

	prescribers, and ideally implementation could be supported through education for GPs on this topic. Another area of uncertainty for primary care was CKD without diabetes, which this document did not cover. It would be helpful for guidance to be provided for this as well CM to finalise the CKD & Type 2 diabetes document with acknowledgement to where it had originated and attach relevant logos. Also to be discussed/confirmed with the diabetic team. To be discussed at December's MOG and updated/final document to return to January's APC. To consider development of equivalent document for patients who don't have diabetes. Post meeting note: It was not made clear in the meeting notes that the document did include patients who do not have diabetes. This has been clarified and the heading of the document changed to *Optimising the management of CKD in patients with or without diabetes.*			
11/22/8.5	**Parkinson's Shared Care Protocol** RH shared with the committee a query involving Co-Careldopa that has been raised by a PCN pharmacist regarding historical Parkinson's patients who do not have a shared care protocol and shared care documentation had been refused by the Parkinson's team. There were also queries on new patients being refused by the Parkinson's team. It was discussed that historical patients started prior to the SCP would not necessarily be known by the specialist service. It would not be appropriate to refer them to the service for shared care only. These patients can be initiated on shared care if there is a clinical reason for them to be referred to specialist. New patients should be initiated as per SCP The committee agreed that there is probably a difference of interpretation of the SCP. It was also considered whether to locally list levodopa as Amber G, however appreciated this this may have practical difficulties in terms of listing on the MPD, as the MPD links to the document on the Sheffield website.	**NHS- CM**		

	The committee also recognised that there were difficulties for patients initiated out of area, as they will not be known to the local specialist service and therefore also not following the local SCP. It was agreed that this should be discussed at a South Yorkshire level re shared care listing and to what extent this affects other areas. CM to take to the next IMOC meeting. To update at the APC following discussions at SY level.			
11/22/9	**DBTHFT D&TC Update** There were no recent minutes received			
11/22/10	**Formulary Liaison Group Update** There were no recent minutes received			
11/22/11	**Doncaster Place MOG** The Committee received minutes from the meeting held in October 2022			
11/22/12	**RDaSH FT Medicines Management Committee update** The Committee received minutes from the meeting held August 2022			
11/22/13	**Barnsley Area Prescribing Committee Update** The Committee received minutes from the meeting held October 2022			
11/22/14	**Rotherham Medicines Optimisation Group Update** The committee received minutes from the meeting held in October 2022			
11/22/15	**Sheffield Area Prescribing Committee Update** The Committee received minutes from the meeting held in September 2022			
11/22/16	**Nottingham Area Prescribing Committee Update** The committee received minutes from the meeting in September 2022			
11/22/17	**SY& B ICS Medicines Optimisation Work-stream Steering Group** There were no recent minutes received			
11/22/18	**Northern Regional Medicines Optimisation Committee** There were no recent minutes received			
11/22/19	**Any Other Business** AH enquired about the possibility of a hybrid APC meeting, this will consist of committee members returning to Sovereign House if they so wish to have a face-to-face meeting, with other guests who are unable to travel to link up remotely via teams. The committee agreed to try this approach in January, AH to arrange meeting room.	**NHS-AH**		

	AH discussed the use of an APC teams' channel to be used to update documents and enable changes to the agenda items up to the time of the meeting, committee members would receive an instant message to inform them of any changes or uploaded documents. AH to make enquiries on facilitating this and report back at January's meeting. SD discussed the antipsychotic shared care protocol regarding the SMI service that RDaSH are commissioned for in Doncaster and there has been some inconsistencies in the shared care protocol. To review the protocol in line with the patient flow and review the SMI patient list, to ensure that it is clear where the responsibilities lie. The SCP will be brought back once complete, as there may be some TLS changes. SD discussed with the committee, that a national template that was discussed at MMG regarding the annual monitoring for patients who are in the childbearing age group, who remain on sodium valproate. SD expressed that sodium Valproate should become shared care to help with some commissioning arrangement as patients who were discharged are now being asked to be seen annually by the service due to their age and the valproate medicines licence. SD will bring back to the APC committee when there are further updates.	**NHS-AH** **RDaSH-SD** **RDaSH-SD**		
11/22/20	Date and Time of Next Meeting 12 noon prompt Thursday 26th January 2023 Meeting to be held at Sovereign House meeting room TBC or Via Microsoft Teams			

KEY

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