

DONCASTER & BASSETLAW AREA PRESCRIBING COMMITTEE (APC)

Action Notes and Log

Thursday 23rd February 2023 at 12 Noon,
Meeting Held over Microsoft Teams

Present:

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| Mrs Charlotte McMurray | NHS SYICB Doncaster Place Interim Chief Pharmacist, Deputy APC chair |
| Dr Rachel Hubbard | Clinical lead for Doncaster place |
| Mr Lee Wilson | Consultant Pharmacist DBTHFT (<i>left meeting 13:12</i>) |
| Mr Steve Davis | RDaSH Chief Pharmacist (<i>left meeting at 13:23</i>) |
| Mrs Ashley Hill | NHS SYICB Doncaster Place Senior Medicines Optimisation Technician (Secretary) |
| Miss Ewa Gabzdyl | NHS SYICB Doncaster Place Locality Lead Pharmacist (<i>attending in Faiza Ali's absence</i>) |
| Dr Rमित Shah | Local Medical Committee Representative |
| Dr Mallicka Chakrabarty | Bassetlaw GP Representative |

In attendance:

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| Mrs Helen Cunningham | NHS SYICB Doncaster Place Senior Medicines Optimisation Technician |
| Mrs Aisha Ali | NHS SYICB Doncaster Place Practice Support Pharmacist (South) |

Minutes only:

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| 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 |
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| 02/23/1 | Apologies for Absence: Rob Wise- Senior Pharmacist NNICB - Bassetlaw Place Partnership, APC chair Rachel Wilson – DBTHFT Chief Pharmacist Lucy Pearl– Consultant DBTHFT Nick Hunter – LPC | | | |
| 02/23/2 | Declarations of Interest: EW attended a workshop sponsored by Astra Zeneca in January. CM declared Sentinel plus have produced excellent resources in reducing SABA use, it has been set up by the University of Hull Medical School. Astra Zeneca paid a one-off donation to the University to enable Doncaster Place to access the resources. | | | |
| 02/23/2.1 | Fire Alarm Procedure: NA meeting held online | | | |
| 02/23/2.2 | Notification of Any Other Business: Parkinson’s and Epilepsy Shared care EW enquired whether LW and SD required posters for retuning inhalers to pharmacies in Doncaster. EW explained that there are links on the medicines management website that can be accessed but enquired whether secondary care would like posters. LW discussed that a poster could be placed in the pharmacy outpatient department, EW discussed flyers that could be placed in discharge medicines bags, it was agreed that this would add another process and would not be feasible. EW to send LW posters and links. | NHS-EW | February 2023 | |
| 02/23/3 | Notes of the Meeting held on: Thursday 26th January 2023 minutes were agreed as a true and accurate record and will be made available on the medicines management website. | | | |
| 02/23/4 | Matters Arising not on the agenda | | | |

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| 10/22/7.2 | Goserelin (Zoladex)- Breast Cancer Agenda item to return once there has been further updates and FA present at meeting. | NHS-FA | | |
| 11/22/8.4 | CKD primary care guidance CM informed the committee that since the meeting the title has been changed to “Optimising management of chronic kidney disease in adults with persistent proteinuria (ACR ≥3mg/mmol) or in adults with Type 2 Diabetes” this document is now live on the MPD. | NHS-CM | | |
| 02/23/4.1 | Matters Arising | | | |
| 07/22/8.1 | Cinacalcet SCP LW attended MOG where it was discussed that there were two cohort of patients, about 25 patients that will be Amber G and around 25 patients that would fall under the shared care Amber status. The Amber G patients would be frail and elderly patients, either housebound or living in a care home unable to attend clinics it would be more practical to be seen by their GP. The committee agreed that there will a dual status. That there will be an Amber G document that is clear and precise for GPs to follow, and prescribers could refer to the shared care document for any remaining queries, and for Amber the shared care document that has previously been approved by the APC. RH informed the committee that this proposal has been sent to the LMC for discussion. The committee agreed that communication needs to be clear which patients fall into each category and monitoring requirements, if there are concerns, they should be referred to secondary care. CM informed the committee that the new guidance document and shared care protocol will be discussed at target. RH | NHS-RH / DBTHFT LW | March 2023 | |

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| | and LW to develop the Amber G document, and the finalised document to return to March APC. The commissioning element to be discussed at MOG. | | | |
| 01/23/8.1 | <p>FH/Lipid Clinic pathway</p> <p>Lipid clinic pathway – RH informed the committee that she is working with Layo to review the family history referral document and family history referral guide, some amendments are required to ensure patients are being seen in the correct clinic. Debbie Maughan (FH nurse at DRI) has been involved in the pathway who is keen to see this followed through. There will be a questionnaire that is to be designed which will be sent to patients by using AccuRx text messages. It is being sent to MOG in March to be approved. It is expected that there may need to be some non-clinical amendments, but this will be resolved during the roll out process. Layo is leaving in March who has been leading the project but will be taken up by Locality Lead Pharmacist Ning. To return to APC after final approval given at March's MOG.</p> | NHS-RH | March 2023 | |
| 01/23/8.3 | <p>Tadalafil for urinary purposes</p> <p>EW discussed that the use of Tadalafil in LUTS was discussed at January's APC meeting, but a decision was not made due to insufficient evidence. EW shared the drug tariff, under Tadalafil SLS "<i>Treatment of a condition, other than erectile dysfunction, in respect of which the drug ordered is considered an appropriate treatment</i>". The committee agreed as the prescribing is also supported in the BNF for the prescribing of Benign prostatic hyperplasia for which can cause LUTS, it was agreed it should have a Green TLS.</p> | | | |
| 02/23/5 | <p>Drugs for Review</p> <p>There were no drugs for review in February's meeting</p> | | | |
| 02/23/6 | <p>Officers' Actions and returning drugs</p> <p>All officers' actions were agreed as proposed and will be updated on the MPD</p> <p>Returning drugs:</p> <p>The following medicines were discussed at February's MOG meeting were agreed without amendment and will be updated on MPD:</p> | | | |

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| | <p>Bempedoic Acid (Nilemdo)-Adults with primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia was approved as Amber G TLS</p> <p>Co-Enzyme Q10 (Ubidecarenone)-for any other indication than for Mitochondrial Disorders in Children was approved as Grey TLS- confirmed by LW during the APC meeting.</p> <p>Eptinezumab (VYEPTI)-Migraine was approved as Grey TLS</p> <p>Esketamine Nasal spray (Spravato)-Depression was approved as Grey TLS</p> <p>Phytomenadione (Neokay)-Vitamin Supplement was approved as Amber G TLS</p> <p>Sofosbuvir & Velpatasvir granules (Epclusa)- Hepatitis C was approved as Red TLS</p> <p>Teclistamab (TECVAYLI)-Multiple myeloma was approved as Grey TLS</p> <p>Ursodeoxycholic acid 250mg/5mL suspension- Cholestasis was approved as Amber G TLS</p> <p>Vitamin A and Vitamin D (Dalivit liquid)- Vitamin Supplements was approved as Amber G TLS</p> <p>The following drugs was discussed at February's MOG meeting but were not agreed:</p> <p>Cinacalcet (Mimpara)-Endocrinology was discussed at MOG to have two TLS Amber and Amber G – further commissioning arrangements needs to be discussed at March's MOG meeting and will return to APC with final decision.</p> | | | |
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| 02/23/7 | <p>Drugs for Consideration</p> <p>TLS categorized at APC to go to MOG for information:</p> <p>Methoxsalen (UVADEX)- Blood Fraction modification agreed as Red TLS</p> <p>Vitamin B co /compound strong- Alcohol dependence and vitamin deficiency agreed as Grey TLS with a comment - Not to be prescribed for vitamin deficiency. Use formulary alternatives.</p> <p>TLS categorized at APC to go to MOG for final approval:</p> <p>Alprazolam (Xanan) - Anxiety was suggested Red TLS</p> <p>Hydroxychloroquine 300mg- Inflammatory Arthritis & Connective Tissue Disease for Adult Services, over 16 was suggested Amber G TLS</p> <p>Maribavir (Livtency)- Cytomegalovirus infection was suggested Red TLS</p> <p>Tadalafil 5mg- Urinary Purposes was suggested as Green TLS</p> | | | |
| 02/23/8 | New Business | | | |
| 02/23/8.1 | IMOC ToR | NHS-AH | | |

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| | CM shared the ToR of the IMOC that will be reviewed in April. RS enquired If the primary Care collaborative alliance has reviewed the document, such as Andy Hilton. AH to discuss with HT. | | | |
| 02/23/8.3 | <p>IMOC Templates</p> <p>CM shared two new documents that have been approved at IMOC. A new form for filling to discuss a new/ update of a guidance document and for shared care document. There is a new form for new drugs to be TLS. These documents are now hosted on the new South Yorkshire ICB IMOC website. AH enquired if the new templates could replace Doncaster's current templates on the medicines management website, so that it can align with IMOC. The committee agreed, AH to discuss with Karen to replace Doncaster's current templates with the new IMOC templates. AH also demonstrated the new IMOC website to the committee and what it will host and what it currently hosts including the terms of reference.</p> | NHS-AH | | |
| 02/23/8.4 | <p>IMOC Draft TLDL</p> <p>CM shared the draft IMOC Traffic Light Drug List (TLDL), where Heidi Taylor had reviewed all four areas traffic light list and brought them together to produce a new IMOC South Yorkshire list. The biggest change is there will no longer be a green g status. The committee agreed to the draft IMOC TLDL. LW left the meeting after agreeing to the draft TLDL.</p> | | | |
| 02/23/8.5 | <p>Updated Epilepsy SCP from IMOC</p> <p>CM informed the committee of two minor updates made to the adult epilepsy shared care document:</p> <ul style="list-style-type: none"> •Ensure that all women and girls who are of childbearing potential, who are taking sodium valproate for the treatment of epilepsy, have been reviewed by a specialist in the last year, and a valid Annual Risk Acknowledgment Form (ARAF) has been received and uploaded to the patient record. This should be documented in the record with the SNOMED code 1366401000000100 'Valproate Annual Risk Acknowledgement Form completed' •Put in place a robust mechanism to ensure that the ARAF is in date when prescriptions are issued and to ensure that patients are recalled or referred back before the expiry date. (The SNOMED code 1366381000000100 'Referral for completion of Valproate Annual Risk Acknowledgement Form' can be used to document that the referral has been made). However, a prescription for sodium valproate should not be stopped, simply due to a delay in specialist review/ ARAF completion, as this may put the patient at risk. | NHS-CM | To bring the use of proformas update in March | |

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| | <p>It was discussed and agreed at the January's IMOC meeting. SD discussed that there may be further amendments to be made in due course. RS enquired about commissioning arrangements as the documents does not have a named Doncaster consultant in the shared care protocol, and it refers to mitigating two specialists to sign an individual patient. The committee agreed that there were some commissioning discussions to be examined outside of this meeting. SD and CM to arrange a meeting to discuss further, SD suggested that discussing it with a specialist or a service manager would be more useful, SD to provide details to CM. CM shared the shared care document where on page 11 "<i>If specialist nursing service is commissioned to prescribe, then specialist nurse to prescribe medication change. Specialist nurse to write to the GP to ask them to take over the prescription when appropriate (e.g. when stable dose reached</i>", to reflect this a statement has been added to the MPD "<i>Prescribing responsibility for this group of AMBER drugs may be handed over to Primary Care Prescribers once patients are stabilised at which point they will become Amber-G status</i>". RH enquired if there was anyway of having two statuses on the MPD, CM replied that it is not possible due to the nature of the program and may add confusion. The committee agreed to the changes made to the document and the statement on the MPD made it clear to prescribers. LW enquired about the use of Proformas that are/ were currently used in Doncaster for shared care protocols, CM explained that she has written a document that has been supported by CRG and will be discussed at the next IMOC meeting in March. CM to bring an update at the next APC meeting.</p> | | | |
| 02/23/8.6 | <p>Updated Parkinson's SCP from IMOC CM informed the committee of two minor amendments to the Parkinson's shared care document:</p> <ul style="list-style-type: none"> • a minor change in the Apomorphine monograph. Patients with no contraindications to domperidone should be started on 10mg TDS three days prior to initiation that can be slowly withdrawn over several weeks. Previous version stated 20mg TDS. • Contact details updated on page 7 <p>The committee discussed that there was no proforma for this shared care protocol as LW discussed that there have been a few enquiries to the DRI team requesting a proforma, but it does state "<i>Specialist to write to GP informing them</i></p> | | | |

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| | <i>of the change and providing guidance on prescribing the new drug". LW has been highlighting this point. CM to discuss the use of proforma at the IMOC meeting. The committee enquired if the shared care protocol would be reviewed, previously RW had attended the IMOC meeting with some enquires about the Parkinson's SCP. AH confirmed that it would be discussed once a finalised traffic light status had been agreed and when RW is back from leave.</i> | | | |
| 02/23/8.7 | IQoro® neuromuscular training device for Hiatus Hernia and Stroke related dysphagia: Traffic Light Drug List (TLDL) Classification Discussed at January's IMOC meeting, IQoro is a neuromuscular training device for Hiatus Hernia and Stroke related dysphagia. Attached to the agenda was the relevant paperwork to support a Grey TLS. The committee agreed Grey TLS as agreed at the IMOC meeting. This is to be added to the MPD. AH to inform Jen Cox with update. | NHS-AH | | |
| 02/23/8.8 | Update on sexual dysfunction services in Doncaster CM discussed that Dr Nabeel Alsindi Place Medical Director - Doncaster had circulated a document to update Doncaster providers of an Update on Sexual Dysfunction services in Doncaster, including new temporary Testosterone prescribing and monitoring LES. The committee discussed that the LES was only in place for 6 months, and the safety aspect on taking on the prescribing. Nabeel Alsindi to update in due course. | | | |
| 02/23/9 | DBTHFT D&TC Update There were no recent minutes received | | | |
| 02/23/10 | Formulary Liaison Group Update The committee received minutes from the January's meeting | | | |
| 02/23/11 | Doncaster Place MOG The Committee received minutes from the meeting held in January 2023 | | | |
| 02/23/12 | RDaSH FT Medicines Management Committee update The Committee received minutes from the meeting held January 2023 | | | |
| 02/23/13 | Barnsley Area Prescribing Committee Update The Committee received minutes from the meeting held January 2023 | | | |
| 02/23/14 | Rotherham Medicines Optimisation Group Update The committee received minutes from the meeting held in February 2023 | | | |
| 02/23/15 | Sheffield Area Prescribing Committee Update | NHS-AH | | |

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| | The committee received minutes from the meeting held in January 2023 RH commented that the Sheffield had just updated the female testosterone protocol referenced in their minutes, they are referenced in Doncaster's guidance document. RH requested if a copy could be circulated to ensure that out document is kept updated. AH to liaise with Heidi Taylor and will circulate documents to CM and RH. | | | |
| 02/23/16 | Nottingham Area Prescribing Committee Update There were no recent minutes received | | | |
| 02/23/17 | SY& B ICS Medicines Optimisation Work-stream Steering Group There were no recent minutes received | | | |
| 02/23/18 | Northern Regional Medicines Optimisation Committee There were no recent minutes received | | | |
| 02/23/19 | IMOC meeting The committee received minutes from the meeting held in January 2023 | | | |
| 02/23/20 | <p>Any Other Business</p> <p>RS enquired about letters being sent from endocrinology regarding patients on the thyroid register, regarding what needs to be continued for those patients there has been an increase on letters and instructions. CM commented that there are discussions in progress, the current IT system in secondary care is very old and they are looking into a new system. And there are discussions now regarding transferring patients over to primary care. From a commissioning aspect this should be reviewed and LMC should be included in discussions. CM to include LMC in further discussions.</p> <p>CM shared a PIL and a link that could be adopted by Doncaster and Bassetlaw for information to prescribers and patients during Ramadan. The committee agreed that the information would be useful and just needed for formatting changes, logo added and acknowledgement to the original producers were required. AH to make changes and ask Karen to upload onto the medicines management website.</p> <p>EW is currently working on a new COPD guidance document and asked MC a prescriber in Bassetlaw if she could share any resources that they use. MC to share any links or documents used to EW.</p> | <p>NHS-CM</p> <p>NHS-AH</p> <p>NHS-MC</p> | | |

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| | AH discussed with the team that hopefully at the next IMOC meeting that Barnsley will be completing the horizon scanning and will be agreed at the IMOC meeting, this will be for any new drugs and NICE guidance. The agreed drugs will filter down to each place APC's where it should just be discussed for information. If there are any queries or challenges this will be taken back to IMOC. It is also opportunity for Doncaster to showcase any guidance/ shared care documents at the IMOC meeting. | | | |
| 02/23/21 | Date and Time of Next Meeting 12 noon prompt Thursday 30 th March 2023 Meeting to be held Via Microsoft Teams | | | |

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