DONCASTER & BASSETLAW AREA PRESCRIBING COMMITTEE (APC)

Action Notes and Log

Thursday 27th April 2023 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 Interim Chief Pharmacist, Deputy APC chair (*attended 12:00-12:25pm)*
	Dr Rachel Hubbard	Clinical lead for Doncaster place
	Mr Lee Wilson	Consultant Pharmacist DBTHFT
	Mrs Ashley Hill	NHS SYICB Doncaster Place Senior Medicines Optimisation Technician (Secretary)
	Miss Faiza Ali	Pharmacist NHS SYICB Doncaster Place Locality Lead Pharmacist
	Dr Dean Eggitt	Local Medical Committee Representative (*attended until 12:32pm)*
	Dr Mallicka Chakrabarty	Bassetlaw GP Representative
In attendance:	Mrs Helen Cunningham	NHS SYICB Doncaster Place Senior Medicines Optimisation Technician
	Mrs Melissa Goodlad	NHS SYICB Doncaster 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
04/23/1	**Apologies for Absence:** Rachel Wilson – DBTHFT Chief Pharmacist Lucy Peart– Consultant DBTHFT Nick Hunter – LPC Dr Rumit Shah- Local Medical Committee Representative Mr Steve Davis- RDaSH Chief Pharmacist			
04/23/2	**Declarations of Interest**: CM attended a meeting regarding CKD sponsored by AstraZeneca RH chaired a meeting on Inclisiran sponsored by Novartis			
04/23/2.1	**Fire Alarm Procedure:** NA meeting held online			
04/23/2.2	**Notification of Any Other Business:** CM to discuss retinal screening for hydroxychloroquine patients			
04/23/3	**Notes of the Meeting held on:** *The chair noted that under 02/23/20 Any other business the minutes stated the horizon scanning sheets to be circulated before the IMOC March meeting should have stated IMOC April's meeting.* With the above amendments the Thursday 30th March 2023 minutes were agreed as a true and accurate record and will be made available on the medicines management website.			
04/23/4	**Matters Arising not on the agenda**			
10/22/7.2	**Goserelin (Zoladex)- Breast Cancer & Endometriosis** FA has emailed the consultants at DBTH for a response, still awaiting a reply on what they are doing with endometriosis patients after 6 months, as the product is only licenced for 6 months.	**FA**	**May 2023**	

	Sharron Kebell at STH is looking a shared care document for endometriosis that was rejected in 2021. They are completing a patient questionnaire as they have just over 100 patients to see whether being prescribed in primary care would be worth the added pressures to primary care clinicians. RH discussed Goserelin in Breast cancer has been copied into emails from Western Park and DBH, who are reviewing asking GPs to prescribe Goserelin in primary care, due to capacity pressures. The chair discussed that Bassetlaw had also been copied into the emails, regarding patients that were attending secondary care to receive Goserelin. It was discussed that it is already traffic lighted as Amber G and would be acceptable for GPs to continue to prescribe, in Bassetlaw there are currently 10 patients that this would affect. FA to give an update at next meeting with response from DBTH consultants.			
03/23/5	**Tiagabine (Gabitril)** AH discussed that there was 1 patient that had been prescribed tiagabine recently, according to open prescribing. SD had emailed an Epilepsy nurse who had not seen any patients being prescribed/ taking Tiagabine in the last 8 years, but had suggested liaising with Dr Desurak at SCH. AH to contact Dr Desurak to confirm the prescribing of Tiagabine and will update committee at the next meeting	**AH**	**May 2023**	
03/23/7	**Semaglutide** AH informed the committee that Semaglutide was added to May's IMOC horizon scanning sheet and will be discussed at next week's IMOC meeting.			
03/23/8.4	**Transitioning Melatonin patients** The chair gave feedback that there are no reported issues regarding transitioning paediatric patients to adult services in Nottinghamshire. FA discussed that she had contacted the sleep clinic at Sheffield but was awaiting a response. Rotherham sleep clinic have refused to prescribe Melatonin in adults. Committee discussed that appropriate pathways need to be put in place when a patient reaches the age of 18. The committee discussed whether the adult guidance could be amended but currently there is no guidance available that supports the use in adults, the committee agreed that without any new guidance			

	no further action could be taken. This discussion and commissioning arrangements re pathway are not for the APC to decide. With no further actions from the APC this item has been closed.			

04/23/4.1	**Matters Arising**			
03/23/8.1	**Shared Care Protocol for Topical testosterone replacement therapy in menopausal women- update** RH discussed that at the last APC there were some concerns raised by DE regarding GP's initiating and continuation and Sheffield document that is on the MPD was to be used as a guidance or a shared care document. RH emailed Sue Stillwell (Sexual Health contraceptive lead at Trihealth Bassetlaw and menopause lead at Jessops) who confirmed that is designed to be a shared care document but could be used as a guidance document for prescribers that are comfortable with Testosterone initiation and prescribing. The current guidance document on the MPD uses the STH shared care document to support Amber G and is Green G for prescribers who are comfortable in prescribing testosterone replacement in menopausal woman. The email from Sue Stillwell stated that if patients are referred to her, she would stabilize them and then refer to the GP and the patient would stay under joint care. They would then be reviewed by secondary care on an annual basis. The committee discussed in detail whether GPs that have a specialised interest in menopause could still prescribe. It was agreed that there should no longer be a dual traffic light status, as IMOC have now agreed that there is no Green G moving forward. This should not be a barrier to primary care clinicians initiating if they have a BMS specialist qualification & are willing to continue monitoring. The committee agreed Amber using the STH shared care document that is linked within the hormone replacement therapy document on the MPD. AH to make amendments in the document and send to MOG for final approval.	**AH**		

	Testosterone replacement therapy in men with hypogonadism and testosterone deficiency RH gave an update on Testosterone replacement in men. There were some final clarifications required such as the document is titled for use in Endocrinology, but some patients may fall under Urology and would be excluded from using this document. The committee agreed that a generic title should be used so that it could be used for both areas. RH discussed that Endocrinology had supplied their contact details to be added to the document and Urology consultant Mr Kumar had been contacted to review the document, but no feedback yet received; RH will follow up. The table in the documents had been produced by Barnsley and consent had been given by the author. RH to return document to APC once complete.	**RH**		
03/23/8.3	**Lithium national protocol with Doncaster & Rotherham Place additions** FA discussed that the lithium protocol had been presented to MOG in March but was not approved. There was some formatting that still required finalising and questions regarding patients on the SMI register, and what would happen to patients that come into the area from outside Doncaster. Due to FA being on leave for the next MOG it will return to APC in June. It was noted that RDaSH were not present for this meeting or last month's when the Lithium shared care document was discussed; therefore, nothing on record re their agreement with the document. AH to ask SD if he can attend future meetings or send a representative.	**FA/SD** **AH**	**June 2023**	
03/23/8.5	**Acepiro effervescent tabs (acetylcysteine) formulary submission** At the last APC it was discussed that there were no patients under the shared care protocol for Idiopathic Pulmonary Fibrosis in adults. AH completed a central search and found one patient, however they weren't under the shared care protocol. AH had contacted Helen Meynell DRI Pharmacist who confirmed that the patient could be reviewed in primary care and taken off Acetylcysteine if appropriate, AH to forward onto Locality Pharmacist. The committee agreed that this shared care protocol could be removed off the MPD and website. AH to liaise with Karen and Jen. Acepiro is due to be discussed at the next FLG. LW stated that DRI is now using this instead of Carbocisteine liquid but was unsure what will be used in paediatrics.			

03/23/20	**Growth Hormone in Children shared care protocol** AH informed the committee that the updated shared care protocol was approved by MOG and is now live on the MPD.			
04/23/5	**Returning Drugs from MOG** Semaglutide (Wegovy)- Managing overweight and obesity approved Red TLS Betamethasone Valerate Plaster (Betesil)- Inflammatory skin conditions approved Green non formulary Acetylcysteine 600mg effervescent tablets (Acepiro)- mucolytic agent approved Green formulary Eptinezumab (VYEPTI) -Migraine approved change of TLS to Red Somatrogon (Ngenla)- Growth Hormone for children approved changed to Amber TLS Alprazolam (Xanan)- Anxiety approved changed TLS to Grey non formulary			
04/23/6	**IMOC horizon scanning (Drugs for consideration)** Avalglucosidase alfa 100mg vial (Nexviadyme®)- Pompe disease agreed Red TLS non formulary Belumosudil 200mg tablet (Rezurock®)- chronic graft-versus-host disease agreed Grey TLS until NICE TA is available Landiolol hydrochloride 300mg vial (Rapibloc®)- Supraventricular tachycardia and for the rapid control of ventricular rate in patients with atrial fibrillation or atrial flutter in perioperative, postoperative, or other circumstances where short-term control of the ventricular rate with a short acting agent is desirable. Agreed Red non- formulary Dalterparin ampoules and syringes (Fragmin®) - Treatment of symptomatic venous thromboembolism in paediatric patients aged ≥1 month agreed Red non-			

	formulary Methenamine hippurate 1g tablets- prophylaxis and treatment of urinary tract infections agreed Green TLS non-formulary. RW to confirm with microbiologists re place in therapy Penazone 40mg/1g, Lidocaine 10mg/1g ear drops (Otigo®) Local pain relief in the ear agreed Green TLS non formulary Daridorexant 25mg and 50mg tablets (Quviviq®)- adult patients with insomnia agreed Grey TLS Clobetasol propionate/neomycin sulphate/nystatin 0.5mg/5mg/100,000 IU/g Cream- was not discussed as it was to be re discussed at the next IMOC meeting. The committee did discuss if numbers for Doncaster and Bassetlaw could be looked at on EPACT, to see how many patients would be affected with this cream being discontinued and if there is an alternative available. It was discussed that these drugs are live on the IMOC Traffic light list website and queried how this would link in with the MPD. It was discussed that it is an evolving process and not yet determined. It was agreed that that items should be classified as non-formulary unless, unless already on the formulary or if FLG make an active decision to make an item formulary. APC can consider/highlight items for discussion at FLG.	**RW** **RW**		
04/23/7	**IMOC Horizon scanning sheets to be discussed at IMOC May's meeting** AH shared with the committee the next batch of new medications that are due to be reviewed and approved at the next IMOC meeting in May. The spreadsheet also included Doncaster's drugs for review that are being used to increase the size of the IMOC traffic light list & to merge each of the four places traffic light list into one. APC agreed with the traffic light listings included in the spreadsheets to take to IMOC. However, the formulary status of Mirena, Kyleena and Benilexa was queried. It was agreed that FLG should discuss and agree formulary status for			

	these. RH to inform FLG of what products are available and propose which ones should be formulary listed.	**RH**		
04/23/8	**New Business**			
04/23/8.1	**Circadin,Adaflex,Slenyto additions to shared care protocol for melatonin in the management of sleep disorders in children and young people with neurodevelopmental disorders, and for adults aged over 18 with a learning disability** FA discussed with the committee that the wording throughout the original document refers to generic Melatonin MR. FA recommended that both Adaflex and Slenyto to be added for their licensed indications and to include the use of the brand Circadin over unlicenced generic Melatonin 2mg MR formulations where appropriate. The inclusion of Adaflex and Slenyto would mean these licensed preparations are used first-line where relevant instead of off-licenced Circadin. The use of licensed Circadin off-label over unlicensed generic melatonin 2mg MR formulations is more favourable. The committee agreed that all the melatonin brands could have the same traffic light listing, but that FLG should determine which products to class as formulary. There were at least 4 products, these being Circadin, Slenyto, Adaflex and Ceyesto. FA to contact Dr Desai for his opinion/preference and check with Dean from an LMC perspective if there are any opinions on prescribing. FA also to then take to FLG and will return to APC with amended SCP.	**FA**		
04/23/8.2	**Glycopyrronium bromide prescribing in adults** The committee discussed in detail a paediatric patient who is 19 of years that was being seen in the Paediatric respiratory clinic at DRI on Glycopyrronium bromide liquid. A GP had received a letter from the respiratory clinic discharging the patient and asking the GP to continue to prescribing. There was no indication on the letter that this patient was going to be reviewed under adult services. The chair noted that some manufacturers specify the liquid for use in children and adolescents aged 3 years and older with chronic neurological disorders, whereas other manufacturers use the term “childhood-onset in patients 3 years and older”, i.e. not limited to child & adolescent age group. AH informed APC that tablets may not be suitable for the patient and are not traffic			

	lighted on the MPD. AH also discussed that Glycopyrronium liquid is only included in BNFC & has it worded as “child” or “child 3-17 years”. It is not referenced in the BNF for this indication or preparation. The committee agreed that the GP should respond back to the original prescriber in secondary care paediatrics, to clarify their opinion re ongoing use of this medication, what care plan is in place and which adult secondary care speciality should be involved. APC noted that it is not supported in the BNF for children over the age of 17. If secondary care wish for GPs to prescribe, then further prescribing information must be given and evidence. AH to refer query back to Locality pharmacist to liaise with GP.	**AH**		
04/23/8.3	**Parkinson’s shared care TLS interpretation** The chair referred to the queries that had arisen at Nov APC and passed to IMOC, of which there were four: The first related to the traffic light listing of Levodopa. This was discussed at the last IMOC meeting following query from APC as to whether this familiar drug could be changed to Amber G. The IMOC committee discussed, and the decision was given that it should stay as Amber shared care to ensure that the patient would only be transferred over the primary care once stable. The second query was around historical patients that do not have a shared care agreement. IMOC determined that it was something that should be determined by local commissioned place arrangements and not for the IMOC to discuss. There was individual comment at IMOC, in alignment with what had been discussed previously at APC, i.e. it would not be appropriate for GPs to refer all patients to secondary care because they do not have a shared care in place but only to refer if there is a clinical reason to do so. The third query related to the need or otherwise for signed agreements between secondary and primary care for shared care. IMOC agreed that signed documents should be in place for shared care agreements. This helps provide an audit trail and maybe useful as evidence for CQC. LW queried whether all parties were in agreement at this, in particular the neurologists, as noted that			

	some of the neurology shared care does not have this. RW was uncertain whether this had been communicated to the neurologists. However it was expected that this would be only implemented at time of renewal/update of individual shared care protocols. The fourth item, relating to traffic light listing of an intestinal gel for Parkinson's, will be picked up through the IMOC horizon sheets process.			
04/23/9	**DBTHFT D&TC Update** There were no recent minutes received			
04/23/10	**Formulary Liaison Group Update** There were no recent minutes received			
04/23/11	**Doncaster Place MOG** The Committee received minutes from the meeting held in March 2023			
04/23/12	**RDaSH FT Medicines Management Committee update** The Committee received minutes from the meeting held March 2023			
04/23/13	**Barnsley Area Prescribing Committee Update** The Committee received minutes from the meeting held March 2023			
04/23/14	**Rotherham Medicines Optimisation Group Update** The committee received minutes from the meeting held in March 2023			
04/23/15	**Sheffield Area Prescribing Committee Update** The committee received minutes from the meeting held March 2023 and noted the minute from the March IMOC meeting concerning traffic light list classification. In particular that the classification of Amber G, for which there are 3 possible criteria for initiation; one of which being that the specialist requests primary care to initiate. It was recognised that this would be new for prescribers in Doncaster and Bassetlaw. AH confirmed the criteria by showing them on screen as published on IMOC website. It was agreed that when products for traffic light listing are scheduled for discussion at APC in future that any with a proposed rating of Amber G 2C (i.e. primary care to initiate) be highlighted for discussion			
04/23/16	**Nottingham Area Prescribing Committee Update** The committee received minutes from the meeting held March 2023			

	The chair discussed that Nottinghamshire APC had listed melatonin for adults with Huntington's disease as Amber 2, which is equivalent to Amber G in South Yorkshire. It was agreed that this should be discussed at SY IMOC. The chair to ask for more information from Nott's colleagues and then AH to take to Barnsley's horizon scanning to be discussed at IMOC.	**RW/AH**		
04/23/17	**SY& B ICS Medicines Optimisation Work-stream Steering Group** There were no recent minutes received			
04/23/18	**Northern Regional Medicines Optimisation Committee** There were no recent minutes received			
04/23/19	**IMOC meeting** The committee received minutes from the meeting held in March 2023			
04/23/20	**Any Other Business** CM discussed with the committee that retinal screening for hydroxychloroquine patients should be completed after 5 years. It had been brought to CM's attention that this was not being provided to patients. Under the Amber G guidance DBTHFT were to provide the service. CM also informed APC that in other SY areas Hydroxychloroquine was Amber shared care. There are currently 125 patients in Doncaster who have been on hydroxychloroquine for 5 years although the search has not broken down to how many have had a retinal screening The committee did discuss that this had been discussed a few years ago but were aware that the issues had not been resolved. It was noted that the ophthalmologists at DBTHFT were not providing the retinal monitoring owing to lack of capacity. Attempts to commission a community based option had been unsuccessful as the equipment needed was not available in community opticians. Contracting manager Aiden Walker is currently looking at options for a service that could be provided. With regard to shared care, it was anticipated that Alex Molyneux would discuss this at the next IMOC meeting.	**CM**	**Ongoing**	

	The committee discussed that there is currently a gap in this service. It was queried whether the current guidance was appropriate, given the lack of monitoring. It was however recognised that the guidance if followed was appropriate; the problem for prescribers was that it was not possible to follow it, because there was no eye monitoring in place. DE discussed as his role as LMC representative he would be emailing a statement to all Doncaster practices, that the contractual obligations for Doncaster clinicians to refer patients back to secondary care for consideration on whether hydroxychloroquine needs to be continued. It should be decided by the consultant rather than primary care. If prescribing is to continue, then this should be by consultant. The committee noted that this will have an impact on secondary care colleagues such as Dr Stevenson and Rheumatology colleagues. DE will be including Dr Stevenson in the email circulation. CM to include the chair with any further correspondences and update Aiden Walker regarding circulation email that is being sent round to Doncaster Practices.			
04/23/21	Date and Time of Next Meeting 12 noon prompt Thursday 26th May 2023 Meeting to be held Via Microsoft Teams			

KEY

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