

DONCASTER & BASSETLAW AREA PRESCRIBING COMMITTEE (APC)

Action Notes and Log

Thursday 25th May 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 |
| Dr Rachel Hubbard | Clinical lead for Doncaster Place |
| Mr Lee Wilson | Consultant Pharmacist DBTHFT |
| Ms Karen Jennison | NHS SYICB Doncaster Place Senior Medicines Optimisation Technician (Secretary) |
| Miss Faiza Ali | Pharmacist NHS SYICB Doncaster Place Locality Lead Pharmacist |
| Dr Rमित Shah | Local Medical Committee Representative |
| Dr Mallicka Chakrabarty | Bassetlaw GP Representative |
| Mr Steve Davies | RDaSH Chief Pharmacist |

In attendance:

| | |
|---------------------|--------------------------------------|
| Ms Karen Glaves | Pre-registration Pharmacy Technician |
| Ms Sarah Hutchinson | Pre-registration Pharmacy Technician |

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 |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------|---------------------------------|
| 05/23/1 | <p>Apologies for Absence: Rachel Wilson – DBTHFT Chief Pharmacist Lucy Peart– Consultant DBTHFT Nick Hunter – LPC Dr Dean Eggitt- Local Medical Committee Representative Ashley Hill- NHS SYICB Doncaster Place Senior Medicines Optimisation Technician (Secretary) Chee-Seng Yee – Consultant Rheumatologist DBTHFT (<i>had originally planned to attend for item 05/23/8.3 concerning Methotrexate Shared Care</i>)</p> | | | |
| 05/23/2 | <p>Declarations of Interest: Charlotte McMurray informed the committee that she had chaired a meeting on Dapagliflozin sponsored by Astra Zeneca Lee Wilson informed the committee that he had attended a meeting on Rivaroxaban sponsored by Bayer.</p> | | | |
| 05/23/2.1 | <p>Fire Alarm Procedure: NA meeting held online</p> | | | |
| 05/23/2.2 | <p>Notification of Any Other Business: Patients on lithium being discharged from Secondary Care – CMcM Monitoring of DMARDs - LW</p> | | | |
| 05/23/3 | <p>Notes of the Meeting held on: The Thursday 27th April 2023 actions log was agreed as a true and accurate record and will be made available on the medicines management website. With the following amendments</p> | | | |

| | | | | |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| | <p>Section 03/23/8.1 Sue Stillwell's professional title in which now reads - <i>RH emailed Sue Stillwell (Sexual Health contraceptive lead at Trihealth Bassetlaw and menopause lead at Jessops) who confirmed...</i></p> <p>Section 4/23/20 which now reads - <i>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</i></p> | | | |
| 05/23/4 | Matters Arising not on the agenda | | | |
| 05/23/4.1 | <p>Transitioning of patients on melatonin Faiza Ali reported that a colleague in Sheffield had confirmed that there were no transition arrangements in place between paediatrics (Sheffield Children's Hosp) and adults there. This confirmed there was no arrangements in place in South Yorkshire.</p> <p>There are no transitioning arrangements for patients on melatonin who move from children's services to adulthood. There is no formal process for stopping patients who reach adulthood, and it was agreed that this is a difficult conversation for GPs to have with patients and carers. The committee had the opinion that this conversation would be best undertaken in secondary care and ideally before the transition from child to adult occurs. It was also discussed that patients should have tried treatment holidays regularly during childhood, with the intention of stopping the medication if no reported problems with sleeping during the treatment holiday.</p> <p>The committee agreed that more discussion is needed to establish a pathway to manage the transition taking into account all the issues and concerns raised.</p> | | | |
| 10/22/7.2 | <p>Goserelin (Zoladex)- Breast Cancer & Endometriosis Faiza Ali confirmed to the committee that the secondary care specialists agreed that a pathway would be useful. The committee discussed the issue that this treatment regime for endometriosis is only licensed for 6 months, and primary care prescribers may be reluctant to continue prescribing after this 6-month period. However it was noted that some patients may be waiting for surgery for longer than 6 months, and this treatment regime was helping with symptoms whilst on the waiting list. It was acknowledged that</p> | | | |

| | | | | |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--|--|
| | <p>prescribing after the 6-month period was not without risk to the patient. Primary Care prescribers would benefit from formal guidance to follow to support their decision making.</p> <p>It was noted that guidance is not standardised across the 4 places in SY ICB, and it would be better for prescribers if there was one pathway across the ICB.</p> <p>It was agreed that Faiza Ali should liaise with the secondary care specialists at DBTHFT and request any further documentation to support the prescribing of this treatment regime for longer than 6 months, and to continue liaising with Sharon Kebell at Sheffield place to develop a future joint pathway.</p> | FA | | |
| 03/23/8.3 | <p>Lithium national protocol with Doncaster & Rotherham Place additions</p> <p>Faiza Ali updated the committee on the progress of the protocol documents. Steve Davies confirmed that new patients coming from out of area should be referred to RDaSH FT for monitoring when registering at a local Doncaster GP Practice. Steve also confirmed that RDASHFT were happy with the document as written. The protocol is now ready to be tabled at the Medicines Optimisation Group (MOG) for final approval and will be brought back to APC for information at the next meeting.</p> | FA/KJ | | |
| 04/23/16 | <p>Nottingham Area Prescribing Committee Update</p> <p>The chair referred to the discussion at the previous meeting relating to melatonin use in patients with Huntington's Disease, as noted in Notts APC mins for March. The chair had subsequently asked for more information from colleagues in Notts re how they arrived at their decision.</p> <p>It was recognised by Notts that there was little evidence for use, however considered a pragmatic decision to avoid the need for hypnotics or benzodiazepines. It was intended only for use during a particular stage of Huntington's disease, when sleep problems are particularly problematic. The specialist in Notts would keep the patients in review and determine when to stop the treatment.</p> <p>It was agreed that this should be discussed at SY IMOC</p> | AH/RW | | |

| | | | | |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|--|
| 05/23/4.1 | Matters Arising | | | |
| 03/23/05 | <p>Tiagabine (Gabitril)</p> <p>It was noted that Ashley Hill had confirmed that there is only 1 patient that has been prescribed tiagabine recently via a central search on emis web and systm1.</p> <p>The committee acknowledged that this medication appears in the guidance for children (Amber G) but not adults (Red) and it was agreed that there should be a standardised approach to the TLS classification of this medication to avoid future prescribing issues. If the medication is not advocated by SY secondary care specialists, then consideration of whether it should be removed from local guidance.</p> <p>Ashley has/will be in contact with Heidi Taylor to request that this be discussed at ICB level.</p> | AH | | |
| 04/23/20 | <p>Hydroxychloroquine prescribing</p> <p>The discussion around retinal screening for patients on hydroxychloroquine for over 5 years was continued. Under the Amber G guidance DBTHFT should provide the service, however this was not being done. One possibility being looked at was whether Evolutio might be able to be commissioned to carry out the monitoring using DBTHFT equipment. It was established that there are around 125 patients who have been on hydroxychloroquine for over 5 years. This medication is Amber in all other areas of SY ICB.</p> <p>The committee discussed at length the risk that was currently evident in the local healthcare system, as there is no facility in place for patients to have eye monitoring. The Chair informed committee that in Notts there had been a case of patient whose eyesight had been compromised as a result of lack of screening. The circumstances regarding why there was no screening available to the patient at the time, appeared to be the same as currently present in Doncaster and Bassetlaw.</p> <p>Charlotte McMurray informed the committee that she has raised this with Doncaster Executive Committee and asked for it to be added to the risk register</p> | | | |

| | | | | |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--|--|
| | <p>As regards current risk, it was recognised that there was no satisfactory option to mitigate this. It was recommended that patients on this treatment should be made aware that their eyesight is at risk if on treatment over 5 years</p> <p>Steve Davies suggested that in future SCP development there could be an audit section included to capture the data and ensure standards are being maintained. The committee agreed this would be a quality measure and could be included in every SCP where monitoring was needed.</p> <p>Rachel Hubbard will review SCP from Sheffield and Barnsley with a view to adopting one in Doncaster.</p> <p>This item will be brought back to the next meeting for further discussion. Charlotte McMurray will feedback any communication with Aidan Walker regarding the commissioning arrangements with DBTHFT and Evolutio.</p> | RH | | |
| 03/23/8.1 | <p>Testosterone replacement therapy in men with hypogonadism and testosterone deficiency</p> <p>The final draft of this document was presented to the committee.</p> <p>The committee approved the document with its agreed amendments from previous meetings.</p> <p>Rachel will ensure all formatting is correct then send to Karen Jennison to add to MOT website and MPD</p> | RH/KJ | | |
| 05/23/5 | <p>Drug's approved at May's IMOC meeting</p> <p>Covid-19 vaccine (VidPrevtyl Beta®) 10 dose multi-dose vial agreed at Green.</p> <p>Elasomeran + davesomeran (Spikevax® bivalent Original/Omicron BA.4-5) Single dose and 5 dose multi-dose vials (new booster formulation of Spikevax®) agreed as Green.</p> | | | |
| 05/23/6 | <p>Returning Drugs from MOG</p> <ul style="list-style-type: none"> • Avalglucosidase alfa 100mg vial (new medicine) • Belumosudil 200mg tablet (new medicine) • Landiolol hydrochloride 300mg vial (new medicine) | | | |

| | | | | |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--|--|
| | <ul style="list-style-type: none"> • Dalteparin 10,000units in 1mL ampoules and prefilled graduated syringe, 2,500units in 0.2mL prefilled syringe, 5,000units in 0.2mL prefilled syringe, 7,500units in 0.3mL prefilled syringe, 10,000units in 0.4mL prefilled syringe, 12,500units in 0.5mL prefilled syringe, 15,000units in 0.6mL prefilled syringe, 18,000units in 0.72mL prefilled syringe and 100,000units in 4mL vial (new indication) • Methenamine hippurate 1g tablets • Penazone 40mg/1g, Lidocaine 10mg/1g ear drops • Daridorexant 25mg and 50mg tablets <p>All the above items were approved at MOG and are now on the MPD.</p> | | | |
| 05/23/8 | New Business | | | |
| 05/23/8.3 | <p>Shared Care Prescribing of subcutaneous methotrexate for the treatment of rheumatological conditions</p> <p>The committee discussed the issue around the impact of safe disposal of cytotoxic materials in primary care if patients were self-injecting methotrexate. It was suggested that this discussion was best placed at MOG where commissioning issues are regularly discussed.</p> <p>Charlotte McMurray will lead on this at MOG and feedback any further developments. It was also noted that in Bassetlaw there may be difficulties as elsewhere in Notts the injection is red listed. So this may pose an issue if an additional commissioned pathway is required for Bassetlaw patients, but not elsewhere in Notts.</p> | CMcM | | |
| 05//2/3/8.4 | <p>SYICB Doncaster Place: Position Statement on the Prescribing of Gabapentinoids.</p> <p>This document was tabled for information at the APC for information and has been approved at MOG.</p> <p>Rumit Shah had a few questions around the provision of alternatives to opioids and Gabapentinoids. Charlotte McMurray informed the group that Chioma Nnamdi was presenting the document at a future TARGET session and would be happy to answer</p> | | | |

| | | | | |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|--|
| | <p>questions on this subject. This would be the best place to ask as there will be a wide audience who will benefit from them information.</p> <p>The document was accepted for information, and it was agreed that this will be a useful support to Doncaster primary care prescribers.</p> | | | |
| 05/23/8.5 | <p>Update on Asthma Guidelines</p> <p>Faiza Ali informed the group that the local asthma guidelines have been updated to include more information on Symbicort Turbohaler (lower strength) which is now licensed for use in MART regime. The current document will be amended and will replace the existing one on the MOT website and MPD.</p> | | | |
| 05/23/8.7 | <p>Ogluo</p> <p>Ogluo 1 mg solution for injection in pre-filled pen which contains 1 mg glucagon in 0.2 mL and is used to treat severe hypoglycaemia in people with diabetes. It is for use in adults, adolescents, and children aged 2 years or older. It has been discussed at IMOC and FLG and agreed as Amber-G formulary.</p> <p>This medication was approved by APC.</p> <p>Jen Cox will add this to the MPD</p> | JC | | |
| 05/23/9 | <p>DBTHFT D&TC Update</p> <p>There were no recent minutes received</p> | | | |
| 05/23/10 | <p>Formulary Liaison Group Update</p> <p>The committee received draft minutes from meeting held May 2023</p> <p>The Chair informed APC that Sativex, which had previously been requested by APC to go to FLG for a formulary decision had been considered. FLG had agreed that Sativex could be formulary listed in line with NICE guidance but would be remain red on Traffic Light List.</p> | | | |
| 05/23/11 | <p>Doncaster Place MOG</p> <p>The Committee received minutes from the meeting held in April 2023</p> | | | |

| | | | | |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| | | | | |
| 05/23/12 | RDaSH FT Medicines Management Committee update There were no recent minutes received | | | |
| 05/23/13 | Barnsley Area Prescribing Committee Update The Committee received minutes from the meeting held April 2023 | | | |
| 05/23/14 | Rotherham Medicines Optimisation Group Update The committee received draft minutes from the meeting held in May 2023 | | | |
| 05/23/15 | Sheffield Area Prescribing Committee Update The committee received minutes from the meeting held April 2023 | | | |
| 05/23/16 | Nottingham Area Prescribing Committee Update There were no recent minutes received | | | |
| 05/23/17 | SY& B ICS Medicines Optimisation Work-stream Steering Group There were no recent minutes received | | | |
| 05/23/18 | Northern Regional Medicines Optimisation Committee There were no recent minutes received | | | |
| 05/23/19 | IMOC meeting The committee received minutes from the meeting held in May 2023 | | | |
| 05/23/20 | Any Other Business | | | |
| 05/23/20.1 | Patients on Lithium being discharged from consultant During an in-house audit a Doncaster Practice discovered patients on lithium had been discharged from secondary care. This is a safety concern as there should not be patients on lithium who are not being monitored. It was agreed that a list of all patients prescribed Lithium in primary care should be checked against the patients under RDaSH care to ensure all patients are receiving the correct monitoring. | | | |

| | | | | |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--|--|
| | The MOT team will gather all patients prescribed lithium on repeat prescriptions and this list will be shared with Steve Davies for review. | MOT | | |
| 05/23/20.2 | <p>Monitoring of DMARDs</p> <p>The APC has received information from the Rheumatology department at DBTHFT around changes in monitoring of DMARDs. Currently the monitoring of DMARDs prescribed by GP via shared care is undertaken by rheumatology for Doncaster patients. Doncaster is an outlier as compared to other parts of the country whereby the monitoring is fully transferred to the GPs who are prescribing the DMARD. Rheumatology department at DBTHFT have discussed this in their clinical governance meeting and their intention is to stop the rheumatology monitoring of DMARDs. This is in line with the rest of the country, including Bassetlaw patients. They will be streamlining their service to a single service rather than 2 different services for Doncaster and Bassetlaw respectively. They will continue to monitor DMARDs or medications that they prescribe such as tacrolimus, ciclosporin etc. There will be some changes required to the Shared Care Protocol and Proforma to reflect this.</p> <p>Charlotte McMurray will take this to the MOG, which has a commissioning arm to discuss this change in service from the Rheumatology team at DBTHFT.</p> | CMcM | | |
| 05/23/21 | <p>Date and Time of Next Meeting</p> <p>12 noon prompt Thursday 29th June 2023 Meeting to be held Via Microsoft Teams</p> | | | |

KEY

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