NHS South Yorkshire Integrated Care Board Doncaster Place

NHS Nottingham and Nottinghamshire Bassetlaw Place-Based Partnership

DONCASTER & BASSETLAW AREA PRESCRIBING COMMITTEE (APC)
Action Notes and Log
Thursday 29th June 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
	Mrs Ashley Hill	NHS SYICB Doncaster Place Senior Medicines Optimisation Technician (Secretary)
	Dr Mallicka Chakrabarty	Bassetlaw GP Representative
	Mr Steve Davies	Chief Pharmacist RDaSH
In attendance:		
	Dr Rupert Suckling	
	Mr Victor Joseph	DMBC Representatives
Minutes only:		

Agenda Ref	Subject / Action Required	Action Required By	Timescale	Status of Action (RAG) and Date
06/23/1	**Apologies for Absence:** Rachel Wilson – DBTHFT Chief Pharmacist Lucy Peart– Consultant DBTHFT Nick Hunter – LPC is leaving SY at the end of month Miss Faiza Ali- Pharmacist NHS SYICB Doncaster Place Locality Lead Pharmacist Dr Rumit Shah- Local Medical Committee Representative			
06/23/2	**Declarations of Interest**: LW attended a Canagliflozin meeting sponsored by Menarine. CM spoke at a Canagliflozin meeting sponsored by Menarine.			
06/23/2.1	**Fire Alarm Procedure:** NA meeting held online			
06/23/2.2	**Notification of Any Other Business:** AH, The chair and MC had any other business that will be discussed at the end of the agenda.			
06/23/3	**Notes of the Meeting held on:** The Thursday 25h May 2023 actions log was agreed as a true and accurate record and will be made available on the medicines management website.			
06/23/4	**Matters Arising not on the agenda**			
10/22/7.2	**Goserelin (Zoladex)- Breast Cancer & Endometriosis** Faiza Ali was not present for the meeting and further updates will be given at the next meeting in July.	**FA**		
04/23/16	**Nottingham Area Prescribing Committee Update (Melatonin)** It was agreed at the last meeting that it would be discussed at IMOC, will return to APC once discussed at IMOC	**RW/AH**		
03/23/05	**Tiagabine (Gabitril)**		**July 2023**	

	AH has contacted Heidi Taylor but has no response and is currently on annual leave. AH will chase and report back with final decision.			
04/23/20	**Hydroxychloroquine prescribing** Hydroxychloroquine is being discussed at IMOC how each Place is completing the retinal screening and whether an ICB shared care document could be put in place. Doncaster contracting have now sourced a provider, the medicines optimisation team are working on patient numbers who have missed a screening, then working on any new patients that require testing. Rotherham have already built searches to review their patients and CM is liaising with them to use these searches in Doncaster. The provider can deliver the retinal screening required, there is however one test that they are unable to perform which would require a referral to STH, this is for any patients where an anomaly has been detected, this is very rare. The chair is going to look at what is in place for Bassetlaw patients. LW requested that secondary care rheumatologist and ophthalmologist were included in the conversations. RH and CM confirmed that they had been involved in the conversations.	**RH/CM** **RW**	**update when available**	
03/23/8.1	**Testosterone replacement therapy in men with hypogonadism and testosterone deficiency** Final document was approved at MOG with a slight amendment to the title, to say it is related to new initiation of testosterone to ensure more clarity for prescribers. There is a meeting imminently with Nabeel, Rao and Charlotte on how this is going to be implemented. The document is now live on the website under shared care guidance.			
05/23/8.3	**Shared Care Prescribing of subcutaneous methotrexate for the treatment of rheumatological conditions** Charlotte informed the committee that she has liaised with Liz Howlett who is the contracts manager. Liz Howlett confirmed that the provider in Doncaster (Sharpsmart) can collect purple cytotoxic sharps from patient's homes. It does not include bottles, vials, ampoules, swabs. This would be suitable for methotrexate patients as the syringes are prefilled. The chair is to look at Bassetlaw as there will be different contracts and what is currently in place for Notts. MC stated that in Bassetlaw it is the council which collects, however	**RW**		

	Sayana Press comes with it's own purple bin. The committee discussed the use of cytotoxic injection at home, with the risks that could be involved such as family members, district nurses giving the injection to the patient. The committee decided that the implementation of methotrexate could be discussed later and will await further information regarding the Bassetlaw waste contract.			
05/23/20.1	**Patients on Lithium being discharged from consultant** SD explained to the committee that Karen Jennison, had sent a list of all the lithium patients registered at Doncaster GP practices, currently SD and team are cross matching them with the lithium clinic records. This is to determine what level of monitoring is in place, there are over 130 patients to look through. What has been noted that everyone has not been monitored by the lithium clinic they are being seen by the CMHT, there could be a joint approach between the lithium clinic, CMHT and the SMI clinic. ST to feedback to CM. SD will attend the next Clinical Reference Group on the 27th July with the results and will discuss with John Bottomley.	**SD/CM**	**September 2023**	
06/23/4.1	**Matters Arising**			
03/23/8.3	**Lithium national protocol with Doncaster & Rotherham Place additions** CM shared with the committee the latest and final version of the Lithium shared care Protocol on behalf of Faiza Ali. There were some minor amendments made on pages 8-10 and page 19, that included that patients should stay on the same brand and adjustments to dose may be advised. If renal function is significantly compromised, lithium may no longer be an appropriate treatment. GP to liaise with MH specialists on best course of action/plan**.** The committee thanked Steve and Faiza for their hard work and the shared care protocol was approved.			
05/23/20.2	**Monitoring of DMARDs& Rheumatology** CM informed the committee that Nabeel has had discussions with Tim Noble and internal conversations are being discussed with DBTH. The committee agreed that this was no longer an APC agenda item to be discussed. Action was closed.			

06/23/5	**Drug's approved at June's IMOC meeting** The following drugs were approved at APC and will go to MOG for information: Ripretinib (*Qinlock*®) 50mg tablet – Treatment of adults with advanced gastrointestinal stromal tumour who have received prior treatment with ≥3 kinase inhibitors, including imatinib agreed as Grey 2 TLS Teclistamab (*Tecvayli*®) 30mg in 3mL and 153mg in 1.7mL vials -Monotherapy for the treatment of adults with relapsed and refractory multiple myeloma, who have received ≥3 prior therapies, including an immunomodulatory agent, a proteasome inhibitor, and an anti-CD38 antibody and have demonstrated disease progression on the last therapy agreed as Grey 6 TLS Tozinameran + famtozinameran (Comirnaty® Original/Omicron BA.4/5) **–** Active immunisation to prevent COVID-19 caused by SARS-CoV-2 in individuals aged ≥12 years who have previously received at least a primary vaccination course against COVID-19 agreed Green TLS Cholera vaccine (Vaxchora®) -Active immunisation against disease caused by *Vibrio cholerae* serogroup O1 in adults and children aged ≥2 years agreed Green TLS Eroxon Stimgel (single dose gel)- Treatment of erectile dysfunction in adult men [medical device – gel formulation of volatile solvent components] agreed Grey 7 TLS Hepatitis A vaccine (Avaxim Junior®) – Active immunisation against infection caused by hepatitis A virus in children aged 1 to 15 years agreed Green TLS Ranibizumab biosimilar (Byooviz®) -Treatment of neovascular (wet) age-related macular degeneration, visual impairment due to diabetic macular oedema, proliferative diabetic retinopathy, visual impairment due to macular oedema secondary to retinal vein occlusion			

	(branch RVO or central RVO) and visual impairment due to choroidal neovascularisation agreed Red 1 TLS Ranibizumab biosimilar (Ximluci®) -Treatment of neovascular (wet) age-related macular degeneration, visual impairment due to diabetic macular oedema, proliferative diabetic retinopathy, visual impairment due to macular oedema secondary to retinal vein occlusion (branch RVO or central RVO) and visual impairment due to choroidal neovascularisation agreed Red 1 TLS Tezepelumab (Tezspire®) -Use as an add-on maintenance treatment in adults and adolescents aged ≥12 years with severe asthma who are inadequately controlled despite high dose inhaled corticosteroids plus another medicinal product for maintenance treatment agreed Red 1,6 TLS Fludroxycortide 0.0125% cream-Adults and children: Eczema and dermatitis of all types including childhood and adult atopic eczema, photodermatitis, primary irritant and allergic dermatitis, lichen planus, lichen simplex, prurigo nodularis, discoid lupus erythematosus, necrobiosis lipoidica, pretibial myxoedema and erthroderma. Agreed Grey 4 TLS. The committee discussed the Grey 4 indication, which AH explained was medicine/products which are clinically effective but where more cost-effective products are available, including some products that have been subject to excessive price inflation. The committee felt that this was more of a formulary decision and queried that what is classified as an expensive product. AH informed the committee that Heidi Taylor is working on a statement regarding Grey 4 drugs. The committee agreed that for this drug they were OK with Grey 4 as this product is not included locally in formulary, however had concerns that Grey 4 may restrict access to medicines if too many are added, e.g. medicines that may need to be used when there are shortages in the supply chain. Committee will await the document Heidi is producing. Remdesivir-Covid 19 agreed Red 1,3 TLS Molnupiravir- Covid 19 agreed Red 1,3 TLS			

	Nirmatrelvir plus Ritonavir (Paxlovid)- Covid 19 agreed Red 1,3 TLS Sotrovimab- Covid 19 agreed Red 1,3 TLS Tocilizumab- Covid 19 agreed Red 1,3 TLS Casirivimab plus imdevimab -Covid 19 agreed Grey 1 TLS Baricitinib- Covid 19 agreed Red 1,3TLS Risankizumab-For previously treated moderately to severely active Crohn's disease agreed Red 6 TLS			
06/23/6	**Returning Drugs from MOG** All drugs have been accepted by MOG from May's APC meeting.			
06/23/8	**New Business**			
06/23/8.1	**TLDL subgroup principles & Drugs for approval** AH presented the committee with the TLDL subgroup principles that had been written by Heidi Taylor. AH explained that is she is representing Doncaster in the subgroup which is are looking at merging all four Places traffic light status to become one IMOC traffic light status. Currently the sub group are working through the grey drugs, it will be a slow and lengthy process. The committee discussed that Grey 4 criteria which looks at cost effectiveness, it was queried as to what is classed as being cost effective, if it is a safe and appropriate drug and if the alternative is out of stock the alternative that is listed as grey should be used. It was also discussed that in the principles that self care drugs are not going to be included in the IMOC spreadsheet, RH explained as a clinician it is good to have the selfcare drugs on the MPD as Grey because it enforces the national self-care guidelines, but under the new TLDL they will not be included. It was also discussed that if you searched for self care items e.g. paracetamol it would be listed and to check if it is a self care item you have to click onto the self care link. SD enquired whether these could			

	be added in the comments section and a disclaimer that these are only for self limiting conditions. AH explained that at the moment the MPD is just linking to the IMOC TLDL for drugs agreed and the MPD can continue to host the self care medication but in the long term this would have to be reviewed. LW raised concerns regarding if the plan is to move away from the MPD to a SY platform then how this will affect the FLG, as formulary processes/guidance at the moment are moving to the MPD. This would pose problems if formulary is being done at place, but MPD is not available. It was considered that formulary would be expected to remain at place. The committee also discussed the removal of review dates unless there was a TA in development or a review of a Grey 4 drug. AH shared with the committee the first batch of the TLDL subgroup that will be returning to IMOC next week for final approval. There was only one item that was a change in traffic light status Aliskiren for hypertension changed from Red TLS to Grey 1. The committee agreed to the traffic light change. RH discussed Doxazosin MR preparations which are grey, AH explained that these patients will be picked up on the quarterly grey drug report, LW explained at DBTHFT patients would automatically be switched, as the MR preparation is not allowed within the electronic prescribing system. Dosulepin was also discussed where no new patients would be started but some historical patients who are stable will not be switched. The format of the spreadsheet used was also discussed in that it is not the same as the MPD and it was only 1-2 years ago that all the self-care medication was added to help prescribers make a decision. The committee asked AH to feed this back to the TLDL subgroup, as from a front-line clinician perspective this was thought to be more useful & user-friendly. Committee were keen to ensure that this was not lost. The last document that AH shared with the committee was the new Grey 7evidence not evaluated. Local clinicians who wish to change traffic light status complete application form. Committee queried the need for this category and were uncertain how useful it would be as initially it seemed to be stating the obvious. On further discussion it was queried whether this was intended to be used as a “holding status” for new medicines, although concern that this might be a barrier depending on how implemented. Also that this could be considered more of a formulary decision. Committee queried the need for Grey 7; to be discussed at the next IMOC meeting.	**AH**		

06/23/8.2	**HF SGLT2** CM shared with the committee a letter which has come from the LMC Dean Eggitt who has an interest in CVD. Currently Empagliflozin and Dapagliflozin is traffic lighted as Amber G in heart failure and Green G for CKD and Green in diabetes. The letter supports primary care prescribers who feel comfortable and competent to prescribe Empagliflozin and Dapagliflozin, to allow patients to treated quicker rather than having to wait for a secondary care referral. The letter has been to IMOC, where Rotherham, Barnsley and Sheffield wanted to take it back to place to be discussed. Dean is hoping to get this approved at APC, CH explained that there would not be a dual traffic light status it would be left at Amber G but this letter would be accessible to prescribers who wish to use it. The chair has added it to the GP prescribing leads meeting in Bassetlaw where there was support for the letter. There were concerns at that meeting around the transfer of workload from the hospital to primary care, however it but was seen that it could reduce referrals to secondary care and noted that may help with the long waiting lists in cardiology. The committee discussed traffic light listing options and agreed Amber G noting that the letter could form part of the guidance such that primary care clinicians could initiate for this indication if they wished to. The letter and traffic light listing will now be sent to MOG for their approval. If approved there, Dean will circulate the letter.			
06/23/8.3	**Rivastigmine in Dementia (related to Parkinson's)** AH discussed with the committee an enquiry that was sent from a PCN Pharmacist who had reviewed a Parkinson's patient, referred to the memory clinic and prescribed Rivastigmine. The Pharmacist queried whether a proforma was required as Rivastigmine falls under the dementia shared care protocol (SCP). Rivastigmine is also in the Parkinson's SCP for dementia relating to Parkinson's and the Parkinson's SCP does not require a proforma. The committee discussed that there are no monitoring requirements for Rivastigmine, and the entry on the MPD does state restricted to specialist clinics which could be confusing and is in the Parkinson's SCP. The committee agreed the following should be added under Rivastigmine on the MPD: Rivastigmine maybe prescribed for Parkinson's related dementia and will come under the Parkinson's Shared care protocol. It will not need a proforma as does not need any specific monitoring. CM shared with the committee that the discussion to use proformas in SY has been discussed at IMOC and	**AH**		

	with Places but has yet to be finalised.			
06/23/8.4	**Guidance for vitamin supplementation post bariatric surgery** AH shared with the committee a link to BOMSS Post-Bariatric Surgery Nutritional Guidance for GPs; this was a query that was raised pre covid but was not resolved. AH had shared the recently updated guidance with LW and Mr Balchandra to add the guidance document to the MPD under Forceval, Calc-D, Ferrous Sulphate, Ferrous Fumarate and IM vitamin B12. It was queried whether the surgeons had guidance that they followed. LW explained that rather than specific local guidance the surgeons used a standard template for each discharge letter which GPs will receive. The committee agreed that the guidance document would be very useful as it also states what routine annual blood monitoring is required. RH requested it also be added on the MPD that blood for Zinc, Copper and Selenium monitoring needs to be in a dark blue bottle as this is not a routine blood bottle that is used. MH queried whether there was additional guidance re patient management, e.g. use of PPIs and not to use anti-inflammatory medicines. LW explained that this should routinely be included in the discharge letter. APC agreed to include BOMMS guidance for the medicines and include message re blue bottles	**AH**		
06/23/8.5	**APC Annual report** AH shared with the committee the annual APC report. There was just one discrepancy the spelling of Optimise RX on page 4, with this slight amendment the committee agreed the report which will be published on the medicines management website. The chair thanked AH for putting the report together.	**AH**		
06/23/9	**DBTHFT D&TC Update** There were no recent minutes received			
06/23/10	**Formulary Liaison Group Update** There were no recent minutes received			
06/23/11	**Doncaster Place MOG** The Committee received minutes from the meeting held in June 2023			
06/23/12	**RDaSH FT Medicines Management Committee update**			

	The committee received minutes from the meeting held in May 2023			
06/23/13	**Barnsley Area Prescribing Committee Update** The Committee received minutes from the meeting held May 2023			
06/23/14	**Rotherham Medicines Optimisation Group Update** The committee received draft minutes from the meeting held in June 2023			
06/23/15	**Sheffield Area Prescribing Committee Update** The committee received minutes from the meeting held April 2023			
06/23/16	**Nottingham Area Prescribing Committee Update** The committee received minutes from the meeting held in May 2023 The chair discussed that they had updated their Freestyle Libre and Dexcom One document, and asked CM if there were any updates on the Doncaster/ Bassetlaw guidance which is due to be updated. CM explained that there is going to be SY guidelines for children and adults for all CGMs and this will go through IMOC for approval. It will be a generic policy as each place will still have their own place based referral criteria.			
06/23/17	**SY& B ICS Medicines Optimisation Work-stream Steering Group** There were no recent minutes received			
06/23/18	**Northern Regional Medicines Optimisation Committee** There were no recent minutes received			
06/23/19	**IMOC meeting** The committee received minutes from the meeting held in June 2023			
06/23/20	**Any Other Business**			
	AH discussed an email which was circulated after the APC agenda was sent out regarding			

	changing the traffic light status of relugolix–estradiol–norethisterone acetate (Ryeqo) for Uterine Fibroids from Amber G to Red. Other SY Places had it traffic lighted as Red. The committee agreed to changing of TLS. AH also discussed the traffic light status of Ciclesonide (Alvesco) inhaler from Green G non formulary to Grey 4 in line with the other SY Places; AH had asked for Helen Meynell, respiratory Pharmacist at DBTH, who also agreed with the committee to change TLS. This will be added to the next lot of medicines that will be sent to IMOC for approval. AH shared with the committee a poster that was produced by Mid Yorkshire NHS Trust that has QR codes to different languages for patient guides to help manage asthma. Locality lead Pharmacist Ewa wanted to share this in Doncaster. The committee thought that the poster was good and just wanted to check that the English translation into the different languages were correct. The committee did take into account that it was an NHS approved poster and had most likely been professionally checked. The committee agreed that if members found any discrepancies to pass this onto Ewa Gabzdyl and CM can circulate via COMMS. It was agreed that a statement could be added to recognise that it is a Mid Yorkshire document. AH will feedback to Ewa. AH & RW discussed the new Place meeting that will include APC, FLG and MOG and will be called Place Medicines Optimisation Committee (PMOC) that will take place in October 2023. It will be meeting on the third Thursday of the month and will combine all three meetings into one. The process has been approved at the SMT, the terms of reference is still to be decided. MC discussed that she had received feedback from infection control team that the choice of treatment for C-diff was Vancomycin and not Metronidazole which is significantly more expensive. LW explained that this was as per NICE guidance and not a change initiated by the microbiologists. It was acknowledged that there is a cost difference. The chair explained that the Doncaster and Bassetlaw antimicrobial guidance had specified Vancomycin for some time and reflects the NICE guidance. The chair had been in contact with Dr Kumar who is the PCN director of MC's Practice, to inform him that it is unlikely to be kept in community pharmacies but can be ordered in to arrive same day/next day. LW considered that the important factor was the duration of therapy rather than how quickly treatment is commenced. LW did state that it is likely that most patients would be initiated	**CM/AH**		

	by the hospital and only those who are diagnosed in primary care who would need supply from community pharmacy. If supply is difficult to obtain in community, then DBTHFT may be help on an occasional basis RH discussed that Diltiazem cream is not on the MPD for anal fissures that is used in secondary care. LW discussed that Darvadstrocel is traffic lighted, however GTN and diltiazem creams are not traffic lighted as they are listed in the formulary, for restricted use. FLG will discuss this at the next meeting.			
06/23/21	**Date and Time of Next Meeting** 12 noon prompt Thursday 27th July 2023 Meeting to be held Via Microsoft Teams			

KEY

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