**DONCASTER & BASSETLAW AREA PRESCRIBING COMMITTEE (APC)**

 **Action Notes and Log**

**Thursday 28th September 2023 at 12 Noon,**

**Meeting Held over Microsoft Teams**

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| **Present:****In attendance:****Minutes only:** | Mr Rob Wise Mrs Charlotte McMurray Dr Rachel Hubbard Mr Lee Wilson Mrs Ashley Hill Mr Steve Davies  | Senior Pharmacist NNICB - Bassetlaw Place Partnership, APC chairNHS SYICB Doncaster Place Interim Chief Pharmacist, Deputy APC chairClinical lead for Doncaster PlaceConsultant Pharmacist DBTHFT NHS SYICB Doncaster Place Senior Medicines Optimisation Technician (Secretary)Chief Pharmacist RDaSH |
| Dr Dean EggittDr Mallicka Chakrabarty | Local Medical Committee RepresentativeBassetlaw GP Representative |
| Ms Karen JennisonDr Rao KolusuDr Rupert Suckling Mr Victor Joseph | NHS SYICB Doncaster Place Senior Medicines Optimisation Technician (minute taking)Clinical / Prescribing lead for Doncaster Place DMBC Representatives |
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| Agenda Ref | Subject / Action Required | Action Required By | Timescale | Status of Action (RAG) and Date |
| 09/23/1 | **Apologies for Absence:**Rachel Wilson – DBTHFT Chief Pharmacist Lucy Peart– Consultant DBTHFTDr Rumit Shah- Local Medical Committee RepresentativeMiss Faiza Ali- Pharmacist NHS SYICB Doncaster Place Locality Lead Pharmacist |  |  |  |
| 09/23/2 | **Declarations of Interest**: Charlotte McMurray informed the committee that she had spoken at a meeting on SGLT2’s which had been sponsored by the pharmaceutical company Lilly. |  |  |  |
| 09/23/2.1 | **Fire Alarm Procedure:** NA meeting held online  |  |  |  |
| 09/23/2.2 | **Notification of Any Other Business**: CM to discuss the role of inclisiran in lipid management |  |  |  |
| 09/23/3 | **Notes of the Meeting held on:** The Thursday 27th July 2023 actions log was agreed as a true and accurate record and will be made available on the medicines management website. |  |  |  |
| 09/23/4 | **Matters Arising not on the agenda** |  |  |  |
| 10/22/7.2 | **Goserelin (Zoladex)- Breast Cancer & Endometriosis**Faiza Ali and Lee Wilson are leading on this piece of work and there was no update available at this meeting. Further updates will be tabled. |  |  |  |
| 04/23/20 | **Hydroxychloroquine prescribing**Karen Jennison informed the Committee that a list of Doncaster patients has been forwarded to Michelle Benyon at DBTHFT. Aidan Walker is still in discussion with SpaMedica around the contracting and commissioning of the retinal screening service. Adele Brook has been asked to co-ordinate the patient list for Bassetlaw and Karen Jennison will liaise with Sarah Scott in the Bassetlaw MO team to ensure search criteria matches for both areas. |  |  |  |
| 07/23/5 | **Drug’s approved at June’s IMOC meeting****Trimipramine - Antidepressant- GREY,1,TLS** The Trimipramine issue was around legacy patients and if the traffic light list has changed there should be some provision for existing patients. Ashley Hill advised the group that she has worked with Jen and there is an appropriate Optimise Rx message for historical patients. Ashley will take concerns over changing traffic light status to the next TLDL subgroup.**Eflornithine cream (Vaniqa®)- Treatment of facial hirsutism in women- AMBER G,1,2**Vaniqa will remain Amber-G after being resubmitted to IMOC. The committee discussed the possibility of a local agreement that GPs who consider themselves sufficiently knowledgeable may feel confident enough to prescribe this without referring a patient to a specialist.The group discussed the principles of producing guidelines and the freedom for a GP to use their own judgement. It was noted that where there are guidelines, they should be followed to ensure a standard provision of service across the SY ICB.**Tibolone** – This will be returning to the next IMOC for further discussion.**Melatonin**- It was agreed that the response to a query was appropriate but the APC would not be expected to dispense advice on a regular basis to individual prescribers.It was noted that the TLS rationales on the IMOC website differ from the Doncaster ones on the website / MPD. It was suggested that Ashley Hill, Karen Jennison and Jen Cox should amend the Doncaster website and MPD to reflect the IMOC website It was agreed that Ashley Hill should inform Jen Cox to amend the MPD to reflect the IMOC TLS.**DOAC for management of venous thrombosis at unusual sites –** It was confirmed that a statement had been added to the MPD as per discussion at previous APC meeting | AH/KJ/JCJC/AH |  |  |
| 09/23/4.1 | **Matters Arising** |  |  |  |
| 05/23/20.2 | **Monitoring of DMARDs& Rheumatology**Nabeel Alsindi and Tim Noble have been discussing this and it has been agreed to table through the governance process at DBTHFT, no further action is required from the APC at this point. |  |  |  |
| 05/23/8.3 | **Shared Care Prescribing of subcutaneous methotrexate for the treatment of rheumatological conditions**The proposed move to primary care is not a viable option at present as there is no adequate disposal of cytotoxic sharps in Bassetlaw. NHS England have been consulted and further feedback is due back. IMOC will be continuing the discussion to standardise the provision of this service across the SY ICB. Further updates will be brought back to the committee. |  |  |  |
| 09/23/5 | **Drug’s approved in Septembers IMOC meeting** The following drugs were approved at APC and have already been to September’s MOG for information:

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| Drug/Product  | Indication  | IMOC TLS & Rational  |
| Afamelanotide  | Erythropoietic protoporphyria | Grey 1 |
| Doxylamine / pyridoxine | Nausea and vomiting in pregnancy | Grey 4 |
| Dutasteride 500mcg plus tamsulosin 400microgram | Benign prostatic hyperplasia | Grey 4 |
| Eicosapentaenoic acid 460mg/Docosahexaenoic acid 380mg capsules  |   | Grey 1 |
| Esketamine Nasal spray  | Depression  | Grey 2 |
| Eyelid hygiene Preparations | Examples : wipes, lotions  | Grey 3 |
| Fampridine | Multiple sclerosis  | Grey 2 |
| Fluoxetine 10mg | licensed indications  | Grey 4 |
| Flurbiprofen tablets | licensed indications  | Grey 4 |
| Fluvastatin 80mg  | licensed indications  | Grey 4 |
| Gamolenic acid (Evening Primrose Oil) |   | Grey 3 |
| Glasdegib | As per licenced appropriate NICE TA | Grey 1 |
| Glucosamine and chondroitin |   | Grey 1 |
| Insulin Needles >£5 per 100 needles  |   | Grey 4 |
| Bortezomib | As per licenced appropriate NICE TA | Red 1 |
| Botulinum toxin type A | As per licenced appropriate NICE TA | Red 1 |
| Bulevirtide | Chronic hepatitis D in adults | Red 1,6 |
| Cipaglucosidase alfa  | As per licenced appropriate NICE TA | Red 1 |
| Dabrafenib | As per licenced appropriate NICE TA | Red 1 |
| Deucravacitinib  | Treating moderate to severe plaque psoriasis | Red 1,6 |
| Dronedarone | Atrial fibrillation (AF) | Red 1 |
| Dupilumab | As per licenced appropriate NICE TA | Red 1 |
| Eltrombopag olamine | Treating chronic immune thrombocytopenia in adults | Red 1  |
| Enzalutamide | As per licenced appropriate NICE TA | Red 1 |
| Eptinezumab | Migraine  | Red 1 |
| Erenumab | Migraine  | Red 1 |
| Erlotinib  | As per licenced appropriate NICE TA | Red 1 |
| Everolimus | As per licenced appropriate NICE TA | Red 1 |
| Finerenone | Treatment of chronic kidney disease stage 3 and 4 (with albuminuria) associated with type 2 diabetes in adults, with certain recommendations | Red 1 |
| Fludarabine | As per licenced appropriate NICE TA | Red 1 |
| Fluoride tablets | Dental indications | Red 6 |
| Fremanezumab | As per licenced appropriate NICE TA | Red 1 |
| Fulvestrant  | Red for NICE TA approved indications, grey for all other indications  | Red 1 |
| Gefitinib | Red for NICE TA approved indications, grey for all other indications  | Red 1 |
| Gemcitabine | Red for NICE TA approved indications, grey for all other indications  |  |
| lenvatinib | As per licenced appropriate NICE TA | Red 1 |
| Lorlatinib  | As per licenced appropriate NICE TA | Red 1,6 |
| Miglustat | As per licenced indications  | Red 1 |
| Pembrolizumab | As per licenced appropriate NICE TA | Red 1 |
| Rimegepant | Acute treatment of migraine | Red 6 |
| Selpercatinib  | As per licenced appropriate NICE TA | Red 1,6 |
| Semaglutide  | For weight Loss | Red 1 |
| Trametinib | As per licenced appropriate NICE TA | Red 1 |
| Duloxetine | Stress Urinary Incontinence | Amber G 1 |
| Freestyle Libre Flash Glucose Monitoring System |   | Amber G 1 |
| GRAZAX 75,000 SQ-T oral lyophilisate |  Grass pollen sensitisation | Amber 1,3 |
| Hydrocortisone MR 5mg & 10mg capsules | Congenital adrenal hyperplasia | Amber 1 |
| Insulin needles<£5 per 100 needles  |   | Green  |

The committee received the list of drugs that were approved at September’s IMOC meeting.There was a concern raised over Duloxetine for stress urinary incontinence; this has been agreed at IMOC as Amber-G. This is not widely prescribed and after a short discussion the committee decided that Amber-G was appropriate. Fluoxetine 10mg was raised as a concern under AOB. All other drugs were agreed. |  |  |  |
| 09/23/6 | **Returning Drugs from MOG**All drugs have been accepted by MOG from July’s APC meeting.  |  |  |  |
| 09/23/8 | **New Business** |  |  |  |
| 09/23/8.1 | **Ivabradine for angina TLS**Lee Wilson informed the committee that Ivabradine used to be Green for angina, and Red for other indications. He requested that this should be returned to Green on the MPD for angina. Jen Cox to amend the MPD TLS to Green for Ivabradine for Angina. | JC |  |  |
| 09/23/8.2 | **GTN ointment 0.4% and Diltiazem cream 2% TLS**The two topical preparations were discussed, and Lee Wilson explained that although the GTN ointment is a licensed product there can be side effects, and so the Diltiazem Cream may be used instead for some patients as an unlicensed product. These two items have never been part of the Doncaster and Bassetlaw joint formulary and are not categorised on the MPD. There was a brief discussion around the potential TLS status, and it was suggested that GTN Ointment could be Green and Diltiazem Cream could be Amber-G, with appropriate guidance that could be added to assist primary care prescribers in line with the clinical management plan from the specialist.It was agreed that Ashley Hill should take them to the IMOC TLDL sub group for discussion and find out what the other places have them categorised as. It was agreed that Ashley Hill can then feedback at a future PMOC meeting.CM asked the committee their thoughts re IMOC not listing unlicenced medicines. The committee discussed that there are different levels of unlicenced medicines, ranging from those in common use with published recommendations through to new medicines with no evidence and only available overseas. It was also noted that many medicines used in children are not licenced. | AH |  |  |
| 09/23/8.3 | **Epilepsy in Children TLS** Ashley Hill has received a query via Medicines Management admin email enquiring why the SCP was not followed for children in Doncaster and Bassetlaw but specified as guidance, even though the medication listed was Amber on the MPD.Historically it was thought that epilepsy medication was Amber-G, so when the Sheffield guidance was adopted, it remained that way, despite the Sheffield guidance stating Shared Care.It was noted that on the SCP there is a reference to appendix B which does not exist, so the document requires amending. Lee Wilson will liaise with Dr Desai at DBTHFT to gain an understanding of the current position in secondary care.Steve Davies will discuss with RDASH Children’s epilepsy nurses to obtain their understanding of the current situation.Ashley Hill will review the document with Faiza Ali, and liaise with the other places to establish what provision is currently across the ICB, and feedback to Charlotte McMurray, Steve Davies, Rob Wise and Lee Wilson.Ashley Hill and Steve Davies will liaise to discuss further  | LWSDAH/FAAH/SD |  |  |
| 09/23/8.4 | **Migraine Pathway**Charlotte McMurray tabled the draft migraine pathway for comment, it is also being taken to the CRG. The TLS status of the medication included in the pathway would need to go to IMOC to ensure a TLS status across SY ICB.It was noted that almotriptan, as included in the document, is currently grey listed by IMOC owing to cost, so this should be considered by IMOCThis document is also to be tabled at the Heads of MM, D&TC meetings, and Bassetlaw GP Group for comments.Mallicka Chakrabarty commented that the documents included the information that was routinely provided by Dr McKevitt in her clinic letters, and that GPs are already familiar with them. The committee agreed that the development process for documents and pathways across the ICB should be made clearer and IMOC process for developing a document should be more standardised. It would be advantageous if secondary care departments began working together when developing guidance to save duplication of work and encourage an SY approach.Charlotte McMurray will take back the comments made at the APC and the pathway document will be brought back after further development to the PMOC. | CM |  |  |
| 09/23/8.5 | **SY Efmody SCP**The existing SCP has been updated and will hopefully be adopted across the ICB. Rotherham and Barnsley do not currently have a SCP for this medication and they are taking it to their respective LMC’s for discussion.It is hoped that the SCP will be ratified at the next IMOC and will be put on the IMOC website page. This will then supersede the existing local document and replace it on the MM website / MPD.Lee Wilson suggested taking it to his consultants to confirm this new version is appropriate; if he gets no response, he will assume they are happy with it and confirm with Charlotte McMurray to move forward.There was one spelling mistake spotted on page 4 **Efmody was Emody.** The committee requested that this be amended. Charlotte McMurray will pass this on to the author.  | CM |  |  |
| 09/23/8.6 | **PCSK9i SCP request**Charlotte McMurray informed the group that there has been a request from Sheffield place to develop a shared care protocol for PCSK9i medications. Sheffield recommended these to be classified as Amber at each place. These are a group of high cost medications that are currently being prescribed in secondary care every 2/4 weeks and supplied by a homecare company, the patient then self-administers. The draft SCP will be re-discussed at the October IMOC.The committee discussed this proposal and the following points were raised:-* Lee Wilson felt the move to shared care was a retrograde step given that over 100 patients in DBTHFT get their medication delivered every 3 months via homecare, and would potentially have to order it every month and get it dispensed from a community pharmacy who will need to order it which won’t be timely.
* The DBTHFT specialist nurse has no appetite to move this into primary care.
* Rachel Hubbard felt it was a clinically effective and a safe drug to prescribe in primary care so from an APC perspective she agreed, however as aGP she felt that there would be very little appetite to take this on in primary care due to workload and insufficient resources currently. Rachel Hubbard asked if any alternative options had been considered re freeing up secondary care capacity rather than primary care being the default.
* Dean Eggitt added that this is a resource issue and there is not an appetite to increase the workload in general practice.
* Charlotte McMurray raised the significant impact it would have on the prescribing budget which would further impact the Doncaster Indicative Budget Scheme.

Charlotte McMurray will feed these comments back to IMOC at their next meeting. | CM |  |  |
| 09/23/8.7 | **Items for discussion from IMOC****IMOC database proposal**Ashley Hill informed the committee that Alex Molyneux has brought a proposal to develop a SY ICB TLS database, namely NetFormulary. This is already used at Rotherham and Barnsley places. It was commented that this was a different platform to the Doncaster and Bassetlaw MPD. Lee Wilson explained that DBTHFT is gradually moving from their formulary website to the MPD; so this would need to be considered if moving to an entirely different platform. Ashley Hill informed the committee that there will be a sub group set up by Alex to discuss further.It was noted that this would not be an instant change and would occur over a period of time. Further updates will be brought back to PMOC in the future.**Transfer of prescriptions**The committee discussed the RDTC document giving advice on prescribing medication when a patient has had a private consultation. Although APC has already agreed a document regarding privately initiated prescribing, it was agreed that the link to this RDTC document should also be included on the Doncaster medicines management website, as it provides more detail for those who might find useful.Dean Eggitt also suggested that the LMC email address should be added to the website so that Doncaster GPs could contact the LMC for guidance and advice regarding this matter.Karen Jennison will add the link to the RDTC document and the email of Doncaster LMC to the MM website for information**Items that should not routinely be prescribed (updated)**NHS England have updated the document advising what patients should buy for short term conditions. This document supports the self-care agenda.Karen Jennison to check the MM website to make sure this has been updated.  | KJKJ |  |  |
| 09/23/8.8 | **Bupropion query**The Medicines Optimisation Team received a query from a prescriber who was asked to prescribe bupropion for an unlicensed indication. The GP stopped the medication but the patient went back to secondary care who restarted it.The committee briefly discussed the issue of dealing with individual patients who have previously been prescribed medication for an unlicensed indication, when they move from one practice to another. It was suggested that the IMOC could discuss this issue and develop a process to assist prescribers when asked to prescribe medication that is not on the formulary / TLS or licensed, to provide a standardised approach across the ICB medicines optimisation teams. A list of specialist contacts in secondary / tertiary care would be useful to primary care prescribers when faced with such a patient request.Steve Davies highlighted the occurrence of referrals into the Mental Health trust when patients who are on stable antipsychotic medication move into the local area; primary care refer these patients and are unwilling to prescribe without local specialist initiation, which is not appropriate they are only being referred in order to initiate the medicine, i.e. no other clinical need. Charlotte McMurray will raise with Alex Molyneux and Nabeel Alsindi the points raised at the APC and suggest the development of a prescribing aid for primary care to follow including specialist contact details to support primary care prescribers for example when mental health patients who move into the area on treatments that GPs are unfamiliar with/don’t match local traffic light list/formulary. | CM |  |  |
| 09/23/9 | **DBTHFT D&TC Update**The committee received minutes from the meeting held in August 2023  |  |  |  |
| 09/23/10 | **Formulary Liaison Group Update**The committee received minutes from the meeting held in July 2023  |  |  |  |
| 09/23/11 | **Doncaster Place MOG** The Committee received minutes from the meeting held in July 2023 |  |  |  |
| 09/23/12 | **RDaSH FT Medicines Management Committee update**The committee received minutes from the meeting held in August 2023  |  |  |  |
| 09/23/13 | **Barnsley Area Prescribing Committee Update**The committee received minutes from themeeting held in August 2023 |  |  |  |
| 09/23/14 | **Rotherham Medicines Optimisation Group Update**The committee received draft minutes from the meeting held in August 2023 |  |  |  |
| 09/23/15 | **Sheffield Area Prescribing Committee Update**The committee received minutes from the meeting held in August 2023  |  |  |  |
| 09/23/16 | **Nottingham Area Prescribing Committee Update**The committee received minutes from the meeting held in July 2023  |  |  |  |
| 09/23/17 | **SY& B ICS Medicines Optimisation Work-stream Steering Group**This meeting is no longer in existence so will be removed from the PMOC agenda  |  |  |  |
| 09/23/18 | **Northern Regional Medicines Optimisation Committee**This meeting is no longer in existence so will be removed from the PMOC agenda  |  |  |  |
| 09/23/19 | **IMOC meeting**The committee received minutes from the meeting held in September 2023 and noted that Rotherham LMC had requested an amendment to the definition of green traffic light listing, also that Sheffield LMC were not in agreement with the Amber G definitions. |  |  |  |
| 09/23/20 | **Any Other Business** |  |  |  |
| 09/23/20.1 | The role of inclisiran in the management of lipid optimisation for the secondary prevention of CVD in adults Rachel Hubbard, Charlotte McMurray, and Dean Eggitt have been having conversations about inclisiran and agreed it would be useful to discuss the NHSE inclisiran briefing note at APC. Dean Eggitt commented that there are pressures in general practice, and it feels like it is coming to a head more recently, where there is a drop in quality because of capacity issues & demand is very much outstripping capacity. So whilst there is no issue with the safety of inclisiran being used in primary care per se, there is a safety concern over capacity; meaning if we allow for medicines such as inclisiran to continue to be provided in primary care we can’t get on with the doing the day-to-day job of seeing sick people or indeed, preventing health care problems arising. Dean Eggitt informed the committee that the LMC has given feedback to individuals who have asked the LMC about whether or not it's something that they should or shouldn't participate in. The LMC has advised that it's an individual practice decision whether or not it makes financially viable sense, and there are enough resources to do it, but it is not a part of their core work. QOF is not core, it is optional and therefore things such as the cholesterol targets that in QOF or in IIF are not necessarily a reason to do inclisiran injections because it is optional. If they choose to do so, that's fine, but there is no forced core reason to do it. So, it is important that the message that the LMC is trying to get across is that if practices decide to do this work now, it is because it is currently remunerated, and it makes economic resource sense to deliver it. Should the economic resource change in the future, then they have the right to withdraw from this service.Those practices who do not think it makes economic resource sense at the moment are not obliged to participate in this.The bigger problem is that actually the LMC want to speak to our commissioners and say “practices need help to free up resources so that they can do work such as this, which is preventative healthcare, which would solve problems further down the line. But to do that, practices need somebody to provide more acute care to free them up, to get on to preventative chronic care because they can't do both.”Charlotte McMurray added that inclisiran is currently renumerated via achievement of the QoF cholesterol targets, the South Yorkshire lipid optimisation transformation program and the practice reimbursement of the medicine. She also commented that we must not lose sight of the bigger picture in that inclisiran is step 3 in the Doncaster & Bassetlaw Place, lipid optimisation for the secondary prevention of cardiovascular disease in adults guideline and it is pertinent that practices consider step 1 (optimise statins) and step 2 (add ezetimbe) before initiating inclisiran. |  |  |  |
| 09/23/20.2 | Fluoxetine 10mg Tablets TLS status Grey 4 by IMOC Steve Davies raised the TLS status of Fluoxetine 10mg which is GREY 4 on the IMOC TLS. He pointed out that this strength of fluoxetine is widely used at RDaSH FT. The committee discussed the rationale behind the categorization, and it was agreed that Fluoxetine 10mg tablet formulation is more costly than other fluoxetine preparations. This also had wider implications re Grey 4 listing as the cost of medicines is really friable. If medicines are going into Grey 4 for cost reasons, then ensuring this is robustly monitored so they are withdrawn when the price decreases. Ashley Hill informed the group that there is a review date of 12 months on this item; however APC considered that this would not work for items whereby cost is the deciding factor, as the cost could change significantly prior to the item being reviewed and could lead to items repeatedly being added, withdrawn and then added again.Concerns were also shared that the nuance of why an item has been grey listed will not be understood by prescribers as they will not look at the rationale number/detail. The cost minutiae seem to be detracting from the core purpose of the traffic light list which relates to safety and effectiveness.It was agreed that APC members attending IMOC should raise the Grey 4 issue at IMOC in the near future, but in the meantime, Ashley Hill will raise the concern specific to Fluoxetine at TLDL subgroup. | AH |  |  |
| 09/23/21 | **Date and Time of Next Meeting****There will be no further APC meetings and the first PMOC meeting will be held on Thursday 19th October 2023 at 12:00 Noon via MS Teams**Charlotte McMurray took this opportunity to thank Rob Wise for chairing the APC and all APC members past and present for their hard work over the past years to provide medicines management support across the Doncaster and Bassetlaw areas. The new PMOC meeting will incorporate APC and continue to provide this support. |  |  |  |

