

**Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on  
Wednesday, 10<sup>th</sup> May 2017 in the Boardroom at Hilder House**

**MEMBERS:**

Dr M Ghani (Chair)	Medical Director (Barnsley CCG)
Mr T Bisset	Community Pharmacist (LPC)
Dr R Hirst	Palliative Care Consultant (Barnsley Hospice)
Ms S Hudson	Lead Pharmacist (SWYPFT)
Dr K Kapur	Consultant Gastroenterology (BHNFT)
Ms C Lawson	Head of Medicines Optimisation (Barnsley CCG)
Dr J Maters	General Practitioner (LMC)
Dr A Munzar	General Practitioner (LMC)
Mr M Smith	Chief Pharmacist (BHNFT)

**IN ATTENDANCE:**

Ms C Applebee	Medicines Management Pharmacist (Barnsley CCG)
Ms N Brazier	Administration Officer (Barnsley CCG)
Ms S Fox	Medicines Management Technician (BHNFT)
Mr N Heslop	Lead Pharmacist (Barnsley CCG)
Mr F Hussain	Lead Pharmacist, Medicines Information & Cardiology (BHNFT)
Mr U Patel	Acting Formulary/Interface Pharmacist (BHNFT)

**APOLOGIES:**

Dr Enright	Interim Medical Director, BHNFT
Dr K Sands	Clinical Lead (SWYPFT)

**ACTION BY**

- APC 17/75 QUORACY** - the meeting was quorate.
- APC 17/76 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA**  
No declarations of interest to note.
- APC 17/77 DRAFT MINUTES OF THE MEETING HELD ON 5<sup>th</sup> APRIL 2017**  
The minutes were accepted as an accurate record of the meeting.
- APC 17/78 MATTERS ARISING AND APC ACTION PLAN**  
78.1 Updated Ticagrelor Prescribing Guidance  
Following the publication of NICE TA 420 for extended treatment with ticagrelor in patients post MI, the current ticagrelor guidance has been updated.

It was confirmed that BHNFT Cardiologists had approved the guidance with an update around when ticagrelor should be stopped.

There was a lengthy discussion around communication at discharge regarding follow up and length of continuation, and assurance was required from the Cardiologists that they would specify the duration of therapy for ticagrelor when patients are discharged from their care and the D1 should specify whether

extended treatment was appropriate or not.

The guidance was approved by the Committee but additional clarification and assurance would be required from the Cardiologist and clinical consultants that continuation and duration of therapy would be clearly documented on discharge.

**Agreed actions: -**

- Clarification and assurance from the Cardiologist and clinical consultants required (primary care are happy to continue this drug for up to 3 years however if there is nothing stated in the D1, the assumption will be made to that this is for a 12 month period).
- Should there be any queries in primary care regarding duration of therapy, a contact name and number; and timeframe for decision before escalating within the Trust was required
- It was noted that APC reports around medicines reconciliation were not being reported and this would be investigated

KK

KK/FH

NH/CL

78.2

Dual Therapy with Anti-Coagulant and Anti-Platelet Guidance

Due to late comments having just been received from BHNFT consultants, the guidance would be brought back in June 2017.

CA

78.3

Re-audit of warfarin dose information included on BHNFT discharge letters

The Chief Pharmacist, BHNFT confirmed that the data collection was complete and the data analysis was underway. The audit results would be brought to the June 2017 meeting.

**Agreed action:-**

- The audit results would be brought to the June 2017 meeting.

MS

78.4

Oral Nutritional Supplements

As previously discussed at APC17/63, the Consultant Gastroenterologist informed the Committee that it had been agreed that nutritional guidance would form part of the Trust's junior doctor induction programme and an improvement in practice should be seen following the August 2017 intake.

The Lead Pharmacist, SWYPFT had shared with the MMT a copy of the letter that is sent out to all GPs if a patient has been seen by a dietitian in their service. At SWYPFT no ONS is prescribed unless a person is seen by a dietitian. Should surgeries not be receiving these letters then an APC report should be completed.

**Agreed actions: -**

- The Head of Medicines Optimisation agreed to share the guidance produced by the CCG dietitian, which has been used in primary care, to be included in the Trust's junior doctor induction programme.
- An audit would be undertaken in October 2017 to ensure that nutritional guidance from a dietitian is documented in

CL

CL/CA

the D1. The findings would be presented at the November 2017 APC meeting.

Action Plan – Other Areas

78.5

Osteoporosis Drug Holiday Guidelines and Protocol Audit

It was agreed that the Medicines Management Pharmacist would collate and bring a summary of findings in primary care including the number of referrals for DEXA scans. This would be brought to the June 2017 meeting.

CA

78.6

Co-amoxiclav Usage in Secondary Care

It was agreed that BHNFT MMC would monitor the prescribing internally.

The APC would review data again in 6 months.

MS

**APC 17/79**

**COPD RESCUE PACK INFORMATION**

Enclosure C had been widely circulated for consultation and was circulated to the Committee prior to the meeting for comment.

Following discussion, it was agreed that the following comments would be fed back to Dr Lisa Wilkins: -

- Could the sentence "... predictor of admission is an admission" ... be reworded to make it clear.
- Bring forward to the very beginning of the document the section showing which patients should be considered for Rescue Pack.
- The Committee strongly felt that it should be the responsibility of the prescriber to counsel and give any resources and reiterated at any review, not community pharmacies.

Subject to the suggested amendments, the guidance was approved by the Committee and it was noted that the finalised Prescriber's Guide would be shared with LMC with publication to the wider health community.

**Agreed action: -**

- The above comments to be fed back to Dr Lisa Wilkins

CL

**APC 17/80**

**ZOLADEX**

The Medicines Management Pharmacist raised a query on behalf of Julia Dicks following an increase in the number of patients attending the breast clinic for monthly injections of Zoladex for breast cancer in pre-menopausal women. This was a licenced product for another indication as Amber G and a request was made to classify Zoladex as Amber G for this indication also.

It was agreed that draft Amber G guidance would be brought back to the APC for approval. The Head of Medicines Optimisation would look at funding arrangements via Contracting.

**Agreed actions: -**

- Draft Amber G guidelines to be produced and brought back to the Committee
- Contractual and funding arrangements to be explored.

CA

CL

**APC 17/81**

**QIPP FLOWCHART**

The process for considering medicines QiPP ideas was presented and there was to be a standardised format to collate information and record decisions which all were expected to adhere to.

The Committee approved the formalised process.

It was noted that SWYPFT would have welcomed being part of the consultation process to ensure they worked in line with the suggested switches and it was felt there could be a potential burden on services as a result of having not been informed regarding a number of mental health drugs on the QiPP list. This was noted and the potential burden and lessons learned would be escalated to the Quality & Patient Safety Committee.

**Agreed action:-**

- The potential burden to SWYPFT services and lessons learned would be escalated to the Quality & Patient Safety Committee.

CL

**APC 17/82**

**NATIONAL CONSULTATIONS**

82.1

New guidance on low value prescription items

The consultation was noted and it was agreed that individual comments should be fed back by the end of June 2017.

82.2

The availability of gluten free foods on prescription in Primary Care

The consultation was noted and it was agreed that any comments should be fed back individually.

**APC 17/83**

**SHARED CARE GUIDELINES**

83.1

Epilepsy Shared Care Guideline

The guidance, developed for use across South Yorkshire was presented with additions highlighted in yellow. The Committee were asked to consider the highlighted drugs on page 7 noting the change in classification of Brivaracetam as Amber. This was currently red in Barnsley and the Committee were asked if they felt it could be changed to Amber in line with Sheffield, Rotherham and Doncaster CCGs. It was confirmed that there was currently no prescribing of Brivaracetam in primary care in Barnsley.

It was agreed that a change in traffic light status of brivaracetam (red to amber) would be re-considered by the Committee on the presentation of further evidence.

As Eslicarbazepine was included and classified Amber, a new product application would need to be presented to the Committee for consideration as this was not currently on the Barnsley formulary.

In relation to Midazolam (Buccal), there was concern raised that we should only be recommending licensed preparations in line with MHRA. This would be brought back to the Committee.

Concern was raised around reference within the guidance to epilepsy nurses giving advice when they are not prescribers. Clarification would be sought.

As a result of the required actions, the guidance was not approved.

The Head of Medications Optimisation agreed that as this was a collaborative shared care guideline, when approved, this would be taken to the Heads of Medicines Management (HOMM) meeting to ensure that all South Yorkshire CCG's are consulted with should any CCG wish to make any changes.

**Agreed actions: -**

- A change in traffic light status of brivaracetam (red to amber) would be re-considered by the Committee on the presentation of further evidence. **CA**
- A new product application for Eslicarbazepine would be brought to the Committee for consideration. **UP**
- An alternative to Midazolam 10mg in 1ml Buccal Liquid for adults (unlicensed special) to be brought back to the Committee. **CA**
- Seek clarification around epilepsy nurses giving advice on medication when they are not prescribers. **CA**
- When approved, the guidelines will be taken to the next HOMM meeting. **CL**

83.2

Dalteparin (Fragmin®) Shared Care Guideline

The shared care guideline has had a routine update. None of the clinical particulars have changed, the only changes relate to updating of contact details. The Committee approved the guideline.

**APC 17/84**

**NEW PRODUCT APPLICATION LOG – noted.**

BHNFT advised that a new product application for Glucarate would be submitted and should be added to the log. **NB**

The Lead Pharmacist, Barnsley CCG advised that the COPD algorithm was expected to come back to the June 2017 meeting with possibly 3 new product applications for consideration.

The Committee stipulated that both Dr Mahdi and Jacqui Pollington attend to ensure both their clinical views are considered.

**Post meeting note:** - Dr Mahdi would like to discuss and agree the suggested algorithm changes with his consultant colleagues and respiratory team, therefore this was expected to be discussed at the July 2017 APC meeting.

**APC 17/85**  
85.1

**NEW PRODUCTION APPLICATION**  
Xailin HA Eye Drops

There was a request to put this application on hold but given the short expiry date on the product, the Committee rejected the application.

**APC 17/86 BARNLEYAPCREPORT@NHS.NET FEEDBACK**

Enclosure K was received and noted.

There was a lengthy discussion about BAPC17/05/25, and similar incidents, around shared care guidance being requested for the use of licensed preparations for unlicensed indications, and it was suggested that an information sheet be produced.

The concerns around prescribers endorsing shared care guidance for unlicensed indications were noted and it was felt that having a separate communication, such as an information sheet or a letter, to accompany the shared care guidance would suffice.

Should we see regular issues occurring with this drug, then an information sheet or clear instructions within a letter should be routinely submitted with the shared care guidance.

**Agreed actions: -**

- In relation to BAPC17/05/25, it was agreed that a search should be undertaken at the practice to see if the drug has been prescribed before and educational information would be provided to the GP.
- BAPC17/05/23 to be investigated and reported to the CD LIN.

NH

NH/CL

**APC 17/87 NEW NICE TECHNOLOGY APPRAISALS – APRIL 2017**

TA438 Alectinib for previously treated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer (terminated appraisal)

TA439 Cetuximab and panitumumab for previously untreated metastatic colorectal cancer

TA440 Pegylated liposomal irinotecan for treating pancreatic cancer after gemcitabine

TA441 Daclizumab for treating relapsing–remitting multiple sclerosis

TA442 Ixekizumab for treating moderate to severe plaque psoriasis

TA443 Obeticholic acid for treating primary biliary cholangitis

TA240 (updated from Dec 2011) Panitumumab in combination with chemotherapy for the treatment of metastatic colorectal cancer (terminated appraisal)

**87.1 Feedback from BHNFT Clinical Guidelines and Policy Group**

**Agreed actions: -**

- The Lead Pharmacist, BHNFT would confirm if the April 2017 NICE TA's were application for use at BHNFT at the next meeting.

FH

**87.2 Feedback from SWYPFT NICE Group**

It was confirmed that the April 2017 NICE TA's listed above were not applicable for use at SWYPFT.

<b>APC 17/88</b> 88.1	<b>FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS</b> <u>Primary Care Quality &amp; Cost Effective Prescribing Group (QCEPG)</u> The PDA now includes a larger element around the Medicines Optimisation Scheme and the QCEPG terms of reference are changing to performance manage that.  Initial financial information and reporting arrangements were discussed.	
88.2	<u>BHNFT</u> The Committee were informed of an external medicines management audit from 360 Assurance. BHNFT have an action plan following the audit, showing common themes and the Chief Pharmacist offered to share it with the APC.	<b>MS</b>
88.3	<u>SWYPFT Drugs &amp; Therapeutics Committee (D&amp;TC)</u> In relation to the MHRA April 2017 Drug Safety Update, an action plan around Valproate is being produced and will be shared with primary care for information.	<b>SH</b>
<b>APC 17/89</b>	<b>ISSUES FOR ESCALATION TO THE QUALITY &amp; PATIENT SAFETY COMMITTEE (Q&amp;PSC)</b> The QIPP flowchart and the COPD Rescue Pack would be escalated to the Q&PSC.	<b>CL</b>
<b>APC 17/90</b>	<b>HORIZON SCANNING DOCUMENT – APRIL 2017</b> The Committee agreed to classify the new products as follows on the traffic light list (TLL): -  <b>Fluticasone/salmeterol</b> 50/500 microgram inhalation powder (Aerivio <sup>®</sup> Spiromax <sup>®</sup> , Teva) – <b>PROVISIONAL GREY</b> <b>Everolimus</b> 2 mg, 3 mg & 5 mg dispersible tablets (Votubia <sup>®</sup> , Novartis) – <b>ALREADY RED</b> <b>Ceftazidime/avibactam</b> 2 g/0.5 g powder for concentrate for solution for infusion (Zavicefta <sup>®</sup> ▼, AstraZeneca) – <b>PROVISIONAL RED</b> <b>Lidocaine</b> 700 mg (5%) medicated plaster (Ralvo <sup>®</sup> , Grunenthal) – <b>PROVISIONAL GREY</b> <b>Methotrexate</b> 7.5 – 25 mg solution for injection in pre-filled pen (Nordimet <sup>®</sup> , Nordic Pharma Ltd) – <b>PROVISIONAL AMBER</b> <b>Olmesartan</b> (generic) 10 mg, 20 mg and 40 mg film-coated tablets (Olmesartan, Aurobindo-Milpharm) – <b>ALREADY GREY</b> <b>Acetylcysteine</b> (generic) 200 mg powder for oral solution (Colonis Pharma) – <b>PROVISIONAL AMBER</b> <b>Pembrolizumab</b> 25 mg/mL concentrate for solution for infusion (Keytruda <sup>®</sup> ▼, MSD) – <b>ALREADY RED</b>	<b>CA</b>
<b>APC 17/91</b>	<b>MHRA DRUG SAFETY UPDATE – APRIL 2017</b> Received and noted.	
<b>APC 17/92</b>	<b>SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES</b> The minutes from NHS Sheffield CCG (16 <sup>th</sup> March 2017) were	

received and noted.

**APC 17/93**

**ANY OTHER BUSINESS**

93.1

Regional Medicines Optimisation Committee (RMOC)

Information has been circulated confirming that there will be 4 national committees and they are looking to appoint members. Anyone interested was advised to make contact using the information circulated or via the Head of Medicines Optimisation.

**ALL**

93.2

Car Parking at Hillder House

From 1 June 2017, parking for staff only with a limited number of visitor car parking spaces.

93.3

Glucose Tolerance Testing (GTT)

BHNFT informed the Committee that the Trust have changed from Lucozade to RapiLOSE, which is slightly more expensive.

Following discussion, it was felt that we should not be advocating GTTs if national movement is to avoid them and it was therefore agreed that some communication/guidance was required.

**FH**

**APC 17/94**

**DATE AND TIME OF THE NEXT MEETING**

The time and date of the next meeting was confirmed as Wednesday, 7<sup>th</sup> June 2017 at 12.30 pm in the Boardroom, Hillder House.