Nottinghamshire Area Prescribing Committee

Minutes of the meeting held on Thursday 20th July 2017 at 2:00pm The Boardroom, Duncan MacMillan House, Porchester Road, Nottingham, NG3 6AA

All attendees should be aware that public authorities are legally required to comply with the Freedom of Information Act 2000. The minutes and papers from this meeting could be published on the Publication Scheme or internet with all names included, unless notified to the Chair before the meeting commences or included in a pre-agreed confidential section due to the sensitive nature of the topic.

Present:

Steve May (SM)	Chief Pharmacist	Sherwood Forest Hospitals NHS Foundation Trust
Tanya Behrendt (TB)	Deputy AD Medicines Management	NHS Nottingham City CCG
Ankish Patel (AP)	Community Pharmacist	Local Pharmaceutical Committee
David Kellock (DK)	Chair SFH Drugs & Therapeutics Committee	Sherwood Forest Hospitals NHS Foundation Trust
Matt Elswood (ME)	Chief Pharmacist	Nottinghamshire Healthcare Trust
Khalid Butt (KB)	GP	LMC
Judith Gregory (JG)	Assistant Head of Pharmacy	Nottingham University Hospitals NHS Trust
Esther Gladman (EG)	GP Prescribing Lead	NHS Nottingham City CCG
Laura Catt (LC)	Prescribing Interface Advisor	NHS Mansfield and Ashfield CCG
Paramjit Singh Panesar (PP)	Assistant clinical lead for NNE CCG	NHS Nottingham North and East

The meeting was quorate and all submissions and guideline approvals were undertaken during period of quoracy.

In attendance:

Nick Sherwood (NS), Specialist Interface & Formulary Pharmacist, Sherwood Forest Hospitals NHS Foundation Trust
Irina Varlan (IV), Specialist Interface & Formulary Pharmacist, Nottingham University Hospitals NHS Trust
Jenny Moss-Langfield (JM), LMC

1. **Apologies:**

Amanda Roberts, Patient representative
Rachel Sokal (RS), Consultant in Public Health, Nottingham City Council
Sachin Jadhav (SJ), Chair NUH Drug and Therapeutics Committee, Nottingham University Hospitals NHS Trust
Lynne Kennell (LK), Specialist Interface and Formulary Pharmacist, Sherwood Forest Hospitals NHS Foundation Trust
David Wicks (DW) Clinical Lead Mid Nottinghamshire CCGs

2. **Declarations of interest**

None declared.

3. **Minutes of the last meeting/matters arising**

The minutes from the previous meeting were reviewed and agreed as being accurate.

a) Ocular lubricants

The ocular lubricant guide would still benefit from ophthalmologist input. The group agreed the document should be published, with the option to edit prices/formulations after launch. It was questioned whether the lack of engagement should be highlighted at governance meetings at each secondary care Trust.

Action: Publish the ocular lubricant guide, NS/IV to contact governance lead at respective Trusts to ensure put on agenda for directorate meeting.

b) Guidance for use of psychotropic medications for behavioural problems in intellectual disability

ME discussed; this is ongoing, ME to set up a group to discuss STOMP with the CCGs in order to share ideas and promote discussions.

Actions: ME to bring to future APC meeting.

c) Buccal Midazolam

Some comments were received regarding the recently published buccal midazolam guideline. The guideline has since been pulled from the APC site and several amendments have been made to it. Group agreed to ratification via email, with an active response.

Actions: To be ratified via email, sent from APC account. "FOR DECISION" included in the subject line. Members requested to respond even if they have no comments to feed back

d) Antimicrobial Guidelines

Author – Dr Vivienne Weston, Consultant Microbiologist, Nottingham University Hospitals has requested publication of this updated guideline. Dr Weston is promoting the updated version across the county through PLT events. The final comments have been incorporated and once the formatting process is finalised the guideline will be ready for publishing on the APC website.

Action: IV to email the APC members with the final version of the guideline and to upload the document on the APC website. Members requested to respond even if they have no comments to feed back

e) Management of hyperlipidaemia in primary care

TB presented the current hyperlipidaemia guidelines. Some minor changed have been made since APC last reviewed regarding spelling and reference to NICE TAs . Specifically, lipidologists have created a flow chart and wanted parity between hyperlipidaemia guidelines and the hypertriglyceridaemia guidelines.
The JFG had previously reviewed the evidence base for omega 3s, which is theoretical (multiple other regions use omega 3 for high triglycerides as lower trig levels lead to lower risk of cardiac events and reduced pancreatitis risk). In this case, the specialists have assured TB that the medication will be used only for those with risk of pancreatitis.
Expect 60 to 70 patients across Nottinghamshire. Omega 3 to be used as 2nd line, as an adjunct, where fibrates aren't tolerated.

Action: Omega 3 to be classified as Amber 3 for hypertriglyceridaemia. TB to make some minor amendments of the flow charts, and specify exact place in therapy.
Final version to be e mailed for ratification. Members requested to respond even if they have no comments to feed back
To audit prescribing figures in 1 year.

Group briefly discussed "rosuvastatin", formulary medication (restricted), requested the wording be changed to "initiated by".

4. FOR RATIFICATION – Guidelines for prescribing oral nutritional supplements in Adults

The group welcomed Vicky Watson, who presented the proposed guidelines. The guide exists to give clarity on ONS as a quick reference guide to formulary products. Group confirmed at this point that any large changes to products or prices could be easily amended live on the formulary.
This guideline was presented at the May meeting with amendments made to add clarity.
EG gave particular praise to Appendix 4, which acts as an excellent quick reference guide. A line referencing referral between primary and secondary care was requested.

Action: Guidelines to publish alongside a quick reference version and formulary to be reviewed to ensure appropriate products are included

5. FOR INFORMATION – Ulipristal for Uterine fibroids

A long standing piece of work, originally this was a submission put on hold while NICE guidelines were completed. When it was re-tabled, the cost (>£10,000/year per CCG), meant the submission had to be approved by all CCGs as this exceeded the APC mandate threshold.
Mid Notts – Not supportive
Rushcliffe – Already have a community clinic pathway with inclusion of ulipristal
NW – Not supportive
City, NNE – Not supportive

The Treatment Centre are already using the medication under a red traffic light status

Action: LC to compose letter to the submitter from the APC explaining that re-classification to amber 2 is not supported by the commissioners. Ulipristal to remain RED

6. FOR RATIFICATION – Cows Milk Allergy Guideline

Recently some products included in the guidance changed (Neocate had a name change and the product is slightly different).
The guidance has been shared with dieticians across all Trusts. Some feedback was given regarding the term "13 years +" (13 years or older). Group would like confirmation on whether there is a difference between breast fed/not breast fed children.

Action: For publication once small changes made

7. FOR RATIFICATION – Laxative Treatment Guidelines

NS presented the update laxative treatment guidelines. Some corrections were suggested, otherwise the guidelines can be published;

- RED FLAG – Clozapine should be treated with stimulant laxatives only.
- Co-danthramer is now Grey.
- Quantify "fluids" during advice, and clarify cooking instructions for white/brown rice.
- Targinact – write dose as strength

Action – NS to make changes then publish the guidelines

8. FOR DISCUSSION – Melatonin process for reclassification

In February the group discussed a potential reclassification for melatonin, aiming to shift the prescribing of the medication from Secondary to Primary care. IV collected prescribing data from NUH, SFHT, CAMHS,

Nottinghamshire County and other CCGs across the Midlands currently using a shared care protocol (SCP) for melatonin. The data was presented to the APC committee with the purpose of establishing if Nottinghamshire is a high user of melatonin. The information gathered also helped estimating the cost of this potential shift in work.. In primary care, the cost is based on provision of licensed medications to the patients. It was agreed that the cost to primary care would be significantly higher than it currently is for secondary care.
The expenditure of Nottinghamshire compared to other regions was average. Currently NHS spends on melatonin for the Nottinghamshire County £391,000. A shift to primary care would mean doubling that cost to an estimate of £848,000.
APC agreed current model is most cost effective to the health community as a whole, so reclassification is not worth pursuing. A different pathway of managing the melatonin prescribing may be explored within the trusts themselves

9. FOR RATIFICATION: Vitamin D guidelines

NS presented changes made to the adults and children vitamin D guidelines, including the addition of Stexerol to the formulary with a green classification

Action: NS to check and ensure Stexerol is the most cost effective 1000 unit item, otherwise all other changes accepted for publication.

10. FOR DISCUSSION- Shared care for adults with ADHD

Development of shared care protocol – ME requested feedback or comments.
The protocols are only for patients who have ongoing care with a consultant physchiatrist. The group discussed the need to encourage/empower paediatrics to refer patients to the mental health team to bridge the gap in treatment between children and adults.
ME accepted there was heterogeneous dispersal of relevant patients, which may make uptake of the SCP throughout Nottinghamshire disjointed.

Action: ME to return to APC with updated children's SCP and adult guidelines for ratification.

The group discussed how to promote this SCP, suggested ME presented at educational GP meeting, as well as creating a "few page" guide to simplify the topic at a glance.

11. FOR DISCUSSION- Formulary amendments

Renal unit have developed a letter outlining that "all patients using Phosex can be changed to Renacet" as a result of supply issues of the former.
Action – JG to share letter with TB. IV to update the relevant shared care protocol

All other formulary amendments were accepted, no further information to be shared regarding Horizon scanning.

12. NEW SUBMISSIONS

Sucroferric oxyhydroxide (Velphoro®) 500mg chewable tablets

The use of Velphoro® as an alternative second line non-calcium based phosphate binder in adult patients suffering with chronic kidney disease on haemodialysis or peritoneal dialysis was discussed, with a request for AMBER 1 classification.
There was extended discussion on the classification of the medication, which currently isn't listed in the Drug Tariff. Due to the lack of clarity in cost, the group could only support adding the medication to the formulary as RED, until the DT had been updated with the standing price for the medication.

Action: IV to add as RED, (AMBER 1 when included in the Drug Tariff with assurance that it is no

more expensive than expected -current price £179 per 90 tablets). To be clear that the medication will still remain as second line to sevelamer from the non-calcium based phosphate binders.

Farco-Fill® protect, triclosan 0.3% catheter solution

A submission from CityCare continence nurses to add Farco-fill to the formulary for patients with long-term catheters who have had previous problems with blocked catheters.
For information, the group was advised that the solution is compatible with all products except Coloplast products
There was comment from NNE – unsure on suitability for community nurses. It was confirmed the submitter would include the product in their treatment pathway and include it in the flowchart for managing encrustation.

Action: Group agreed to AMBER 3 classification with a pathway which should be shared with the APC for ratification. The service will be requested to complete an audit in 6 months to determine any savings from reduced catheter changes and washouts

Glucodrate® rehydration sachets

A submission from the gastroenterology department at NUH requested to add Glucodrate® to the formulary as an extra option of oral rehydration solution for patients suffering with short bowel syndrome.
The group heard there is no evidence for the medication, no potential patient numbers and a lack of clarity on whether the medication would replace the current standard.
Currently NUH discharge patients with a letter explaining the ingredients required to buy in order to prepare the St Mark's Solution. For this reason there is no prescribing of St Mark's Solution across the county. It is also impossible to quantify the Dioralyte® prescribing,, as data includes all prescriptions, not just the patients suffering from short bowel syndrome.
The submitter suggested 10 patients a year would require the new medication. However, the colorectal surgeons at NUH estimate approximately 50-100 stoma patients potentially needing Glucodrate®. The stoma nurses at NUH also expressed an interest in having this new rehydration salt available for their patients but they were unable to quantify the patient numbers.

The group suggested the medication should be available as 2nd line for those that can't tolerate St Marks, and would otherwise use Dioraltye® (this is cheaper than Dioralyte®). It needs to be made clear that there is no "just in case" prescribing of the compound. The use of the medication was deemed safe, especially in patients with high potassium levels. However the group required more information in order to make a final decision.

Action: IV to contact the specialists again to clarify the size of this patient group.

FIASP® - Faster Action Insulin Aspart

Submission from NUH for FIASP (Faster acting insulin aspart). Currently **GREY** on formulary, submitter requested medication added as **AMBER 2**.
The JFG requested further clarity from the submitter on the patient group being targeted with use of the medication, and some information on upcoming potential biosimilars. While the group were satisfied that no alternative biosimilars were due, the patient group targeted by use of the medication remains undefined.

Action: NS to contact submitter to discuss the population the medication is intended for and update the committee with this information ahead of reclassification to Amber 2

13. FOR INFORMATION: Declaration of compliance with NICA TA's

NUH stated that the Trust is not yet fully compliant on TVEC guidance. This is being escalated.

14. Meeting Minutes from SFH STC and NUH DTC

Reviewed and accepted.

15. Future Dates of Meetings 2017-18

21st September 2017
16th November 2017
18th January 2018
15th March 2018

16. Any Other Business (AOB)

TB – gender identity services for adults

The service specifications have been updated and TB requested comments. It has been recognised that prescribing across the country is not uniform.

Action: TB requests members read the shared information and comment.

NS – Oxybutynin liquid in paediatric urology

NS requested advice on whether tablets should be crushed when a licensed liquid is available (month use would be £2.50 vs. £450).
The committee agreed that it was not necessary to add the liquid to the formulary from this one case. NS was to discuss alternatives with the querying pharmacist.

Meeting closed at 17:15.

Next meeting Thursday 21st September, Duncan Macmillan House – Boardroom