Nottinghamshire Area Prescribing Committee

Minutes of the meeting held on Thursday 21st September 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) Chair	Chief Pharmacist	Sherwood Forest Hospitals NHS Foundation Trust
David Kellock (DK)	Chair SFH Drugs & Therapeutics Committee	Sherwood Forest Hospitals NHS Foundation Trust
Khalid Butt (KB)	GP	LMC representative
Jenny Moss- Langfield (JML)	GP	LMC representative
Hazel Johnson (HJ)	Assistant Medical Director	Nottinghamshire Healthcare Trust
Sarah Northeast (SN)	Advanced Nurse Practitioner	CityCare
Judith Gregory (JG)	Assistant Head of Pharmacy	Nottingham University Hospitals NHS Trust
Alison Hale (AH)	Prescribing advisor	Mansfield and Ashfield CCG
Laura Catt (LC)	Prescribing Interface Advisor	Representing County CCGs
Deepa Tailor (DT) Deputising for TB	Primary Care Pharmacist	NHS Nottingham City CCG
Paramjit Panesar (PP)	GP	Representing Greater Notts CCGs
David Wicks (DW)	GP	Representing Mid Notts CCGs

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

In attendance:
Irina Varlan (IV), Specialist Interface & Formulary Pharmacist, Nottingham University Hospitals NHS Trust
Lynne Kennell (LK), Specialist Interface and Formulary Pharmacist, Sherwood Forest Hospitals NHS Foundation Trust

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
Tanya Behrendt (TB), Deputy AD Medicines Management, NHS Nottingham City CCG
Ankish Patel (AP) Community Pharmacist Local Pharmaceutical Committee
Esther Gladman (EG) GP Prescribing Lead NHS Nottingham City CCG
Matt Elswood (ME) Chief Pharmacist Nottinghamshire Healthcare Trust
Nick Sherwood (NS), Specialist Interface & Formulary Pharmacist, Sherwood Forest Hospitals NHS Foundation Trust

2. Declarations of interest

None declared. LC highlighted that some of the deputising members are required to submit an annual declaration.

3. Minutes of the last meeting/matters arising

The minutes from the previous meeting were reviewed and agreed as being accurate subject to an amendment of the wording regarding crushing oxybutynin tablets.

a) Ocular lubricants
This will be finalised and uploaded shortly once the author returns from annual leave.

Action: Interface team to upload complete guideline

b) Guidance for use of psychotropic medications for behavioural problems in intellectual disability.
No update was provided.

Action: ME to bring to future APC meeting.

c) Farco-Fill® protect, triclosan 0.3% catheter solution

The development of a flowchart demonstrating the place in therapy of Farco-Fill® protect is in progress. Will be reclassified as Amber 3 once the flowchart has been ratified.

Action: Interface team to share flowchart once received from submitters.

d) Glucodrate® rehydration sachets

IV updated the group with further feedback from the submitting clinician as there had been some confusion regarding the potential patient group from NUH. All NUH patients that would be eligible to receive this treatment on a longer term basis would be referred to the original submitter, therefore included in the original proposed patient numbers. It was confirmed that they would be offered St Marks Solution first line but many patients find this unpalatable so require a second line option. This is currently double strength Dioralyte® which is more expensive and has problematic potassium content for some patients. The Committee agreed that it would be appropriate to add Glucodrate® to the formulary for this patient group with an Amber 2 classification.

Action: IV to add to the formulary
IV to inform submitting clinicians

e) FIASP® - Faster Action Insulin Aspart

This has been added to the formulary with an Amber 2 classification following agreement from the committee via email that the submitters' proposed patient group was appropriate.

4. FOR RATIFICATION- Shared care for adults with ADHD (New)

HJ presented this SCP for ratification which had been requested by the Mental Health Commissioning Board. Information sheets for atomoxetine and methylphenidate were included. An information sheet for lisdexamfetamine will be presented at a later date. LC highlighted that due to ongoing issues with uptake of Shared Care in some areas it was likely that there would be some GP practices that would not take on patients under this Shared Care agreement. This was acknowledged but in order to pursue this piece of work, the APC had been requested to produce the clinical documentation.

There was extensive discussion about the remit of the APC in developing Shared Care Agreements and how this interfaced with commissioning forums. The current APC mandate states that the APC will escalate proposals that would exceed an impact to prescribing budgets of £10 000 PA per CCG. PP had concerns that the impact of monitoring and appointment costs was not included in this figure and it was agreed that a separate working group should be convened to look at this.

With regard this particular SCP, the APC agreed to ratify the documentation subject to some minor amendments. It was requested that potential patient numbers be obtained to assure CCGs that the prescribing impact was below the £10 000K PA per CCG threshold as detailed in the current APC mandate. JML requested that interactions with these medications be added to Optimise Rx.

Actions: HJ to obtain patient numbers so that assurance can be provided to CCGs that the prescribing impact is under the current £10K threshold per CCG
HJ to feedback that the APC supported the SCP clinically subject to operational and financial aspects of the proposal being addressed
LC to convene a working group to develop a memorandum of understanding for the agreement of shared care.

5. FOR RATIFICATION- Autoimmune Hepatitis SCP (Update)

LK presented an updated Autoimmune Hepatitis SCP due to the current version reaching its expiry date. Changes were minimal.

It was suggested that the information regarding corticosteroid monitoring should be a stand-alone document as it was applicable to more than just this patient group. Subject to other minor amendments the committee agreed to ratify the document.

Actions: LK to finalise documents and upload to APC website.
LK to develop monitoring guidance for corticosteroids for primary care.

6. FOR RATIFICATION- Enoxaparin for long term anticoagulation in patients unsuitable for oral anticoagulants (Update)

LK presented an updated enoxaparin information sheet due to the current version reaching its expiry date. She highlighted that the licensed treatment dose had recently changed but the local trusts were not changing their guidelines and this was reflected in the information sheet. Some minor amendments were requested and JG highlighted that due to the availability of biosimilars, a stipulation to prescribe enoxaparin by brand should be added. It was suggested that some primary care education on biosimilars may be needed. The APC requested that the updated information sheet be presented at the November meeting for ratification.

Actions: LK to amend information sheet and bring back to November APC
LK to develop information on biosimilars for primary care

7. FOR RATIFICATION- Phosphate binders for the treatment of hyperphosphataemia SCP (Update)

A formulary submission for Velphoro as a third line phosphate binder had been discussed at previous meetings and an Amber 1 classification had been agreed subject to its addition to this Shared Care Protocol. IV presented the updated documentation which had a few other minor amendments. The APC ratified these documents subject to minor amendments. A request to investigate electronic patient held monitoring booklets that could be accessed via a smartphone was received.

Actions: IV to finalise and upload updated SCP to APC website
Interface team to investigate electronic patient held monitoring booklets as a service innovation.

8. FOR RATIFICATION- Testosterone Prescribing Information Sheet (New)

LK presented a prescribing information sheet for testosterone products that had been developed with input from Endocrinologists and Urologists. Testosterone products have a historical Amber 2 classification, but no current guidance exists regarding how patients should be monitored and it was felt that current practice was variable.

The guidance was generally well received, but a few minor amendments were requested. Some feedback had been received during the consultation process regarding responsibilities for monitoring and the APC suggested that specialists should be responsible for monitoring these patients until they were stable and due to the monitoring required, this would be expected to be the first 6 months of therapy.

LK highlighted that oral testosterone is no longer used and this should be re-classified as non-formulary.

The APC agreed to ratify this information sheet subject to the requested amendments.

Actions: LK to finalise and upload to APC website

9. FOR RATIFICATION- Guideline for the use of Antimicrobial Wound Care Products (update)

LC presented this updated guideline that had been reviewed by local Tissue Viability Nurses due to it surpassing its expiry date. Changes were minor and the products recommended in the guideline reflected those contained in the formularies used across the County.

The APC ratified the updated guideline. It was requested that it be circulated to District Nursing Teams.

Action: Interface team to upload updated guideline to APC website.
LC to forward to District Nurse Managers for circulation.

10. FOR DISCUSSION- Request from pharmaceutical industry to use APC guidelines

LC informed the committee of a request to use the APC asthma and diabetes guidelines to promote changes and to recommend products. It was agreed that generally this would be considered acceptable as long as the guidelines are not altered in any way and they are only being shared within Nottinghamshire, but their intention should be clarified.

Action: LC to clarify with pharmaceutical company

11. FOR DISCUSSION- Feedback from RMOC

The first meeting of the RMOC had occurred in July. Initial areas of focus will be biosimilars, polypharmacy and antimicrobial stewardship.

Action: TB, EG and SM to feedback after next meeting.

12. Formulary amendments and horizon scanning

Fexofenadine- 3rd line use after cetirizine/ loratidine to be specified.

Budesonide/ formoterol (Fobumix easyhaler) - it was agreed that this preparation should remain grey currently as there is no intention to use and there are two budesonide/ formoterol inhalers currently on the formulary already.

All other formulary amendments were agreed.

The Evidence Summary about bisphosphonates in early breast cancer was highlighted. It was requested that any proposal to implement this should be raised at a future meeting due to the likely primary care impact that will result.

Action: Interface team to update formulary

13. NEW SUBMISSIONS

a) Methoxyflurane (Penthrox, Galen) for pain control.
This was highlighted for information purposes only as there had been interest in use of this product at Urgent Care Centres. NUH DTC had approved this product with a red classification.

b) Colesevelam (Colestagel, Sanofi) for hypercholesterolaemia
The JFG had discussed a submission for colesevelam for hypercholesterolaemia, but had recommended a grey classification due to the lack of supporting evidence. The APC agreed with the GREY classification.

Action: NS to update formulary and inform submitters.

c) Chlortalidone (Alliance) for hypertension.
The JFG had discussed a submission for chlortalidone for hypertension. It had been requested that chlortalidone is available for initiation by the hypertension clinic in patients who are unable to tolerate bendroflumethiazide or indapamide. The JFG had recommended an Amber 2 classification, with a restriction to this patient group. The APC agreed with the recommendation.

Action: IV to update formulary and inform submitters.

d) Colesevelam (Colestagel, Sanofi) for bile acid malabsorption.
The JFG had discussed the use of colestipol as a second line agent after cholestyramine for bile acid malabsorption following requests for primary care to prescribe. Due to the lack of supporting evidence, a GREY classification had been recommended. A formulary submission for colesevelam for this indication had been reviewed by the APC in January 2016 but had not been approved. Gastroenterologist at both trusts had requested that this decision be reviewed. LK had updated the evidence review for colesevelam and this was included in the papers.

Some additional studies had been found, but these were small and observational in nature. The APC acknowledged the strong clinical need for a second line product, but felt that there was still a lack of robust supporting evidence. Due to the ability to monitor the effectiveness in individual patients, it was agreed that use of colesevelam could be considered if there is a means of assurance that use would be heavily restricted. The APC would want to ensure that use would only be in patients with severe diarrhea and confirmed bile acid malabsorption after a reasonable trial of colestyramine. Audit data would be expected if use was approved to provide reassurance that actual use follows agreed criteria.

Action: LK to discuss with clinicians and bring back to November meeting.
LK to invite gastroenterologist to meeting

e) Roflumilast (Daxas) for COPD
The APC agreed with JFG's recommendation to add roflumilast to the formulary with an Amber 2 classification for respiratory clinician initiation in line with NICE TA461.

Action: LK to update formulary and inform clinicians.

14. FOR INFORMATION: APC forward work plan
This was noted.

15. 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.

16. Meeting Minutes from SFH DTC and NUH DTC

These were noted.

17. Future Dates of Meetings 2017-18

16th November 2017
18th January 2018
15th March 2018

18. Any Other Business (AOB)

APC ToR and membership

LC requested whether there should be any change to membership with increasing GP members. It was agreed that there should be no change to the voting structure. NUH clinician attendance should be encouraged.

INR self- testing strips

LK informed the committee that there had been some reports of GPs refusing to prescribe Coaguchek testing strips despite their Amber 2 classification. The committee agreed that the Amber 2 classification was appropriate for patients initiated on the self-testing strips from the anticoagulation clinic, but requested that there should be some criteria regarding the appropriate number of boxes required per year so that inappropropriate requests for prescriptions can be identified. The pathway for management of these patients at SFHFT was questioned.

Action: LK to investigate pathway at SFHFT
LK to ascertain the quantity of testing strips usually required by patients.

Bronchiectasis self-management plan

LC informed the committee about a request to host this document on the APC website. It was agreed that this document was outside the remit of the APC as it was not about prescribing.

Action: LC to inform authors

Freestyle Libre

DT highlighted that this would be added to the Drug Tariff from November 17 and there was likely to be considerable patient demand. It was agreed to classify this as Grey whilst awaiting National or regional guidance.

Action: Interface team to update formulary

Gender identity services for adults Consultation

DT highlighted that this consultation was due to close on the 11th October. Individual members were encouraged to respond.

Nhs.net emails

It was highlighted that some organisations had been migrated over to NHS.net.

Action: All to ensure that up to date email addresses are used.

Waste of medicines in care homes

JML informed the committee of an incident of considerable wastage in a care home that she had been witness to and wanted to raise awareness amongst members.

Meeting closed at 17:00

Next meeting Thursday 16th November, Easthorpe House Ruddington