

<b>Minutes</b>	<b>Title of Meeting:</b>	<b>Area Prescribing Committee Meeting</b>
	<b>Time:</b>	<b>1:00pm</b>
	<b>Date:</b>	<b>Wednesday, 24<sup>th</sup> July 2013</b>
	<b>Venue:</b>	<b>Level A RFT Pharmacy Seminar Room</b>
	<b>Reference:</b>	<b>JP/JMu</b>
	<b>Chairman:</b>	<b>Jason Page</b>

**Present:**
  
 Ian Cawthorne Chief Pharmacist TRFT
   
 Jason Page General Practitioner and Chair - NHSR
   
 Stuart Lakin Head of Medicines Management - NHSR
   
 Surinder Ahuja Medicines Evaluation Pharmacist TRFT
   
 Diana Mowbray (Clinical Pharmacist TRFT),
   
**Minutes by:** Julie Murphy Project Support Officer NHSR

	<b><u>Agenda Item and Action Points</u></b>	<b><u>Action</u></b>
<b>13/45</b>	<b>Apologies:</b> Robert Verity (RDaSH) Christine Harrison (Consultant Paediatrician – TRFT) Simon Mackeown (GP)	
<b>13/46</b>	<b>Declarations of Interest</b> Standing interested declared by Jason Page in anything that affects GP practices.	
<b>13/47</b>	<b>Minutes from the Meeting held on Wednesday, 15<sup>th</sup> May 2013</b>  Minutes approved as a true and accurate record of the meeting.	
<b>13/48</b>	<b>Matters Arising</b>	
	<b>12/048 &amp; 13/20 &amp; 13/35 Memantine</b> <i>RDaSH stated that this will not be as much of an issue now Memantine is going to become a generic.</i>  <i>SCP agreements – RDaSH are meeting with PCT/CCG commissioners to discuss SCP and the direction to take. RDaSH have provided the financial modelling relating to the number of patients for memantine up to November 2013.</i> <i>Committee queried if there is a need to revisit the clinical SCP for memantine or is it still applicable. It is agreed in principle that prescribing in accordance with NICE guidance will at some point in the future be transferred to primary care. Prescribing that is outside NICE guidance will be retained by RDASH</i>  <i>SD has sent a baseline of Doncaster's shared Care to start the conversations. SD is liaising with the 3 consultants and recommends GPs liaise with SL.</i>  <i>RDaSH still to comment on the proposals. JPa informed group of Dr Wright's presentation at March PLT.</i>	

	<p><i>JPu gave an update from NHS Rotherham CCG MMC some pharmacies are experiencing difficulty with 3 monthly prescriptions from RDaSH.</i></p> <p><i>AH - RDaSH are aware of the 84 day prescriptions, these are being prescribed from a pragmatic point of view due to the frequency that patients are seen.</i></p> <p><b>Action</b> - AH to discuss this with colleagues with regards to NOMADs, proposal would be to provide 3 x 1 monthly prescriptions for this purpose to prevent degrading of drug.</p> <p><i>AH – informed committee of a recent RDaSH wide meeting on the use of memantine that RDaSH are awaiting revised pricing. NHS Rotherham CCG and RDaSH have an in principle verbal agreement that if prescribing is within NICE guidance then the CCG will be willing take over the prescribing in line with the SCP, any prescribing outside of NICE guidance will remain with RDaSH.</i></p> <p>SL - Awaiting further information from RDaSH</p>	
	<p><b>12/052 &amp; 13/20 &amp; 13/35 Ocular Lubricants</b></p> <p><i>SA &amp; Jason Punyer are liaising with ophthalmologists</i></p> <p><i>JPu is developing guidelines relating to new drug and dispensing unit on offer. SL explained to committee that NHSR would like to implement these guidelines and this product. Tearlac is hypromellose version. SL has requested a response from Mr Jabir.</i></p> <p><b>Action</b> - SL to forward final draft version to Ian Cawthorne to also take forward with relevant consultant.</p> <p><i>SA received guidance from JPu and reiterated comments from Mr Jabir, SA informed group that TRFT would have to increase stock range in line with guidance.</i></p> <p><b>Action</b> - SL to discuss with JPu</p> <p>JPu - Guidelines have been circulated and Ocular Lubricants is on QIPP for this year creating cost reductions.</p> <p>SA to take the guidelines to Ocular Team and Audit committee in Mr Jabir's absence.</p> <p>Suggests review in a year's time.</p> <p><b>Action</b> - JMu to add a reminder to last agenda of the year.</p>	JMu
	<p><b>12/068 &amp; 13/20 &amp; 13/35 Ergocalciferol vs Colecalciferol</b></p> <p><i>Colecalciferol is the Vitamin D of choice.</i></p> <p><i>SA is discussing this with the TRFT consultants. Dr Franke recently attended a conference and the outcomes from this are that TRFT would like to use/order larger quantities which will have financial benefits. SA is awaiting confirmation on dosing and length of use i.e. 40,000 units once a week for 12 weeks. Committee agreed provided the dose preparations can be ordered and GPs will follow the guidance given.</i></p> <p><i>SA - Pro D3 consultants are happy to use, but dose needs clarifying as there is a variance in the guidance i.e. NHSR do daily dose and TRFT do weekly dose.</i></p> <p><b>Action</b> – Ruth Dales to send clarification to Dr Franke and cc Surinder for info.</p> <p><i>SA guidelines stated a daily dose and TRFT prescribe a weekly dose. This information has been relayed directly to Ruth who is updating the guidelines.</i></p> <p><b>Action</b> – SL to discuss with Ruth evidence relating to falls weekly vs daily dose to present back to SA. SL to discuss Osteoporosis guidelines in relation to above.</p> <p><i>Once guidelines agreed TRFT would like to adopt for use in secondary care</i></p> <p>SA - Once weekly dose could be added and TRFT have implemented the dose and it has been tolerated.</p>	

	<p><b>Action - Ruth Dales – to check Vit D guidance in conjunction with National Osteoporosis Society guidelines and amend accordingly.</b></p> <p><b>Post meeting note:</b> SL emailed RD 26/07/2013</p>	RD
	<p><b>12/073 &amp; 13/20 &amp; 13/35 Gastroenterology SCPs</b></p> <p><i>Eloise Summerfield is liaising with Gastroenterology consultant and awaiting response</i></p> <p><i>ES is liaising with dermatology. Gastroenterology is complete.</i></p> <p><i>ES - no response from dermatology for shared care protocols as yet.</i></p> <p><b>Action – ES to follow up by phone with Dr Woods</b></p> <p>APC advised that Dr Woods is no longer the lead clinician for Dermatology and is now Dr. Muncaster</p>	
	<p><b>12/078 &amp; 13/20 &amp; 13/35 Lloyds Outpatients</b></p> <p><i>TRFT have experienced issues with Paediatric prescriptions (specials) dispensed from Lloyds and time delays. IC &amp; SA are taking this forward with Lloyds via internal processes. Committee offered assistance if required.</i></p> <p><i>Paediatrics is not run from TRFT. IC to follow up with Christine Harrison and take forward. IC is dealing with this internally and to be resolved in due course</i></p> <p><i>SM queried FP10s for Oakwood Community beds as they cannot use Lloyds for this service. IC informed SM that Lloyds do not have a license to dispense FP10s.</i></p> <p><b>Action - SM to take this up with relevant person and IC to investigate if there are options to change this.</b></p> <p>IC understands this has now been resolved, matter now closed.</p>	
	<p><b>12/095 &amp; 13/20 &amp; 13/35 Fenofibrate &amp; Retinopathy</b></p> <p><i>SL had investigated the evidence base for fenofibrate and found that evidence is fairly weak. SL - NHS Rotherham has written to the ophthalmologist at Sheffield outlining their position. No reply as yet</i></p> <p><i>SL has not received a response from Sheffield. However, JPa has received further information directly from TRFT. Information to be shared with SL to respond.</i></p> <p><b>Action - SL to liaise with Rotherham Ophthalmologist</b></p> <p>SL - No further feedback received matter now closed.</p> <p><b>Post meeting note:</b> SL emailed Lynn Miller for update 26/07/2013</p>	
	<p><b>13/07 &amp; 13/20 &amp; 13/35 Rotherham Heart Failure Prescribing Guidelines &amp; Overview</b></p> <p><i>MMT updated heart failure guidance in relation to NICE.</i></p> <p><i>Shared with Dr Muthusamy and Simon Smith. Committee agreed that guidelines should follow NICE.</i></p> <p><i>Committee discussed the redundancy possibilities of heart failure nurses and the direction given in the guidance. Therefore, this may need to be reviewed if redundancies occur.</i></p> <p><b>Action - SA taking to TRFT D&amp;T and will report back</b></p> <p><i>SL – Guidelines have been updated and now on the intranet.</i></p> <p><i>SL to meet with the nurses on 22<sup>nd</sup> March regarding tele-health proposals.</i></p> <p><b>Action - SL to write a report on use of tele-health package and how it is used and report results back.</b></p> <p>SL - Updated and matter now closed</p>	
	<p><b>13/08 &amp; 13/20 &amp; 13/35 Anti Depressant Reviews Pilot</b></p> <p><i>NHS Rotherham has the 2<sup>nd</sup> highest rate of prescribing for anti-depressant in the SHA. The investment in community health services has failed to have an impact on anti-depressant prescribing. 5 practices have been identified (Magna, BML, Treeton, Canklow and Thrybergh) of</i></p>	

	<p><i>the highest rate of antidepressants prescribing in Rotherham. The protocols detail how community mental health nurses will select and review patients that have been taking anti-depressants in excess of 2 years and are not known to mental health services.</i></p> <p><i>Committee agreed review and way forward.</i></p> <p><i>SL - Up and running, outcome not many patients wishing to change medication.</i></p> <p><i>SL – Community Mental Health Sisters awaiting formal confirmation from RDaSH that they can prescribe outside the formulary.</i></p> <p><b>Action – AH to liaise with SD</b></p> <p>SL – No update as yet</p>	
	<p><b>13/30 AOB3</b></p> <p><i>NPAG and new green book referring to 'now expected for children having MMR vaccine, if they have an egg allergy'. What is TRFT Paediatric view?</i></p> <p><b>Action - JPa to email information to Christine Harrison for comment.</b></p> <p><i>JPa has received guidance from Christine Harrison regarding MMR PGD and allergic reactions to relay patient to TRFT Children's</i></p> <p>JPa - Matter now closed</p>	
<b>13/49</b>	<b>Pregabalin (Bfwd from MMC 29.5.2013)</b>	
	<p>SL – Overview of previous discussion regarding pregabalin and increase in use and its potential for abuse. Prison guidance received from Anne Charlesworth regarding initiation prescribing and follow up prescribing by GPs. Pregabalin to be spotlighted in Pharmacy Newsletter.</p> <p><b>Action – SL to highlight in Pharmacy Newsletter</b></p>	<b>SL</b>
<b>13/50</b>	<b>Buprenorphine: - SL (10 mins)</b>	
	<ul style="list-style-type: none"> <li>• Buprenorphine detail aid</li> <li>• Buprenorphine patch QIPP</li> </ul> <p>TRFT confirmed they do use Buprenorphine patches. IC/SA/SL to circulate information to both organisations as a joint communication.</p> <p><b>Action - SL to liaise with IC &amp; SA</b></p>	<b>SL</b>
<b>13/51</b>	<b>Overview of Ulipristal Acetate – JPa from MMC</b>	
	<p>Red lighted and consultant prescribed.</p> <p><b>Action: JMu to amend Traffic Light Document</b></p> <p><b>Post meeting note:</b> Action complete</p>	<b>JMu</b>
<b>13/52</b>	<b>Shared Care Protocol for Lithium – JPa from MMC</b>	
	<p><b>12/091&amp; 13/20 - Lithium SCP – SL</b></p> <p><i>At present there is no shared care protocol for Lithium and RDaSH wanted agreement to producing one.</i></p> <p><i>Members understating is that all patients are dealt with at the Lithium Clinic. RDaSH informed members that not all patients attended the clinic and they needed the help of GP with these patients.</i></p>	

	<p><i>Discussion took place and RDaSH asked if monies should be transferred for the work they did around Lithium and QoF for GPs. RDaSH was informed that monies are already paid for this work.</i></p> <p><i>This is to be discussed further at the next meeting.</i></p> <p><i>12/108 SD - This will be picked up at a later dates as the consultant is currently on annual leave. Renal consultant in Doncaster wrote a process which will need to be linked into the SCP and monitoring.</i></p> <p><b>Action - JMu to Cfwd to next meeting</b>  <b>Post meeting email from Stephen Davies</b> – The consultant who has been drafting has just come back to work and is working with the adult consultants to finalise. It will be with NHSR after Easter</p> <p><i>SD is following up with Lithium SCP.</i>  <i>AH - update draft shared care being written in line with Doncaster SCP. RDaSH have not agreed a proforma. Sheffield renal unit are looking at additional monitoring for the more serious renal patients (stage 3 and above). Recommendation is that tests are undertaken in a morning however, the proposal is to do the tests at any time. GPs are conducting the ACR tests as part of QOF.</i>  <i>APC committee members to see the draft Lithium SCP</i></p> <p>Lots of concerns from GPs and MMC regarding the protocol received. Therefore, deferred till next meeting.</p> <p><b>Action - SL to liaise with RDaSH</b>  <b>Post meeting note:</b> SL emailed Stephen Davies and Andrew Houston 25/07/2013</p>	SL
<b>13/53</b>	<b>DMARD Share Care Protocols and LES June 2013</b> - JPa from MMC	
	<p>Data presented following ES work and update of contacts.</p> <p>Mycophenolate now has a generic brand which will create savings if used. APC advice is that GPs be aware of what brand the patient is on.</p> <p>Regarding Mycophenolate and Tacrolimus NHSR CCG will not be switching patients to alternative brands. The CCG has no preference what brand secondary care uses and is happy if patients are switched to alternative brands by secondary care clinicians, the CCG requires that on any communication the brand of Mycophenolate and Tacrolimus that the patient is taking is clearly identified.</p>	
<b>13/54</b>	<b>Controlled Drugs</b>	
	SL - No other controlled drug issues	
<b>13/55</b>	<b>Paediatric Prescribing Issues</b>	
	<p>DM on behalf of Paediatric Asthma Nurse – did anything go out in the newsletter?</p> <p>JPa advised that this needs to go through Julie Kitlowski as it relates to pathway work. DM will feedback to Paediatric Asthma Nurse.</p> <p>Codeine – DM awaiting further information, national pathway no goes from paracetamol/Ibuprofen to Morphine.</p>	

	<b>Action - SL to highlight in Bitesize.</b>	<b>SL</b>
<b>13/56</b>	<b>Traffic Light System</b>	
	<p>Technology appraisals – proposal to make Dapagliflozin green - holding position to green light as this is not in our guidelines as yet and these will be updated following discussion with diabetes.</p> <p><b>Medication removed from traffic light list due to now being green or no longer existing:</b></p> <p>Dapagliflozin Exenatide Exubera Gardasil Gestrinone Human Papillomavirus (HPV) vaccine Inhaled Insulin (Exubera)</p> <p><b>Actions:-</b> <b>Fluticasone Furoate (Avamys®) – Govinder Bhogal to review</b> <b>Gliclazide SR – SL to check EPACT data</b></p>	<b>GB</b> <b>SL</b>
<b>13/57</b>	<b>NPSA Alerts</b>	
	Nothing to discuss	
<b>13/58</b>	<p><b>Horizon Scanning SL – (10 mins)</b> <u>NB JMu copied in MMC notes as they were discussed at APC</u></p> <ul style="list-style-type: none"> <li><b>May for discussion</b></li> </ul> <p><u>Azekastube/fluticasone</u> – not to be used. TRFT informed APC that they have had a request for this drug. <b>Action - SA to feedback</b></p> <p><u>Salmeterol/fluticasone</u> – Acuhaler is cheaper and now a generic brand is available <b>Action – GB to check</b></p> <p><u>Insulin Degludec</u> – Evidence is not encouraging and concerns raised regarding two strengths available. No advantages identified so far. <b>Action - IC to discuss drug at TRFT D&amp;T Committee and feedback to APC</b></p> <ul style="list-style-type: none"> <li><b>June for discussion</b></li> </ul> <p><u>Nalmefene</u> – <b>Action - JMu to email extract to Russell Brynes</b> <b>Post note:</b> JMu emailed RBr 25/07/2013. <b>Post note:</b> RBr has not heard of this drug</p> <p><u>Atomoxetine</u> – MMC still awaiting guidance</p> <p><u>Sildenafil</u> – <b>Action - SL to add to Bitesize when price reduces.</b></p>	<b>SA</b>  <b>GB</b>  <b>IC</b>  <b>JMu</b>  <b>SL</b>

	<p><u>Mirabegron</u> – positive NICE appraisal.  <b>Action - ES to incorporate into the continence guidelines</b></p> <p><u>Vildagliptin</u> – not recommended  <b>Action - ES to incorporate into guidelines.</b>  <b>Action - MMT to identify practices that are using Vildagliptin. To contact relevant practices and encourage adherence to NHSR diabetes guidelines.</b>  <b>Post Meeting Note:-</b> SL emailed MMT &amp; JMu</p> <ul style="list-style-type: none"> <li>• <b>July for discussion</b></li> </ul> <p><u>Infliximab</u> – TRFT informed APC that they use a lot of this cost wise.</p> <p><u>CG164: Familial Breast Cancer</u> – JPa awaiting further information from Richard Cullen Cancer Lead.  SL – Tamoxifen, RCu does not think this would have any implications for RCCG</p>	<p><b>ES</b></p> <p><b>ES</b> <b>MMT</b></p>
<b>13/59</b>	<b>NICE Guidance - SL</b>	
	March 2013 discussed nothing to note at this time.	
<b>13/60</b>	<b>For information</b>	
	RDaSH APC minutes to follow with minutes from this meeting.	
<b>13/61</b>	<b>Any Other Business</b>	
	<p><b>13/61 AOB 1 - JPa</b>  <u>Isotretinoin (Roaccutane) drug</u>  Item raised by Dr Muncaster via JPa that monitoring/prescribing be taken over by the GPs. JPa to receive the guidelines of what the nurses are doing, with a view to GP taking over the prescribing of this and JPa to work out the costs of GPs prescribing this medication.</p>	
	<p><b>13/61 AOB 2 – SA – following patient query.</b>  Clopidogrel prescribed with PPI - No outcome data to support it. A performance measure is in place for two drugs which are quite expensive. JPa confirmed as a GP he has not been asked.</p> <p><b>Action - SL to check if this has been in Bitesize and feedback in a few months.</b></p>	<b>SL</b>
	<p><b>13/61 AOB 3 - SA – posters</b>  Request for APC to consider posters for GP surgeries ‘about coming into hospital’ for patients to bring their medication with them.</p> <p>Committee agreed for TRFT to send them to GP practices and Community pharmacies</p>	
	<p><b>13/61 AOB 3 – SL - Blueteq</b>  Blueteq discussions to continue. If no further forward within the next 4 weeks JPa to take forward.</p>	
	<p><b>13/61 AOB 4 – SL – Stoma Project</b>  Epact data for Stoma project monies and costs are not coming across to CCG, IC is not aware but will look into it and feedback to SL directly.</p>	

	<b>13/61 AOB 5 – IC Wockhardt</b> IC informed committee that Wockhardt an overseas manufacturer has withdrawn a proportion of drugs following safety concerns.	
	<b>13/61 AOB 6 SL – Tramadol</b> SL advised committee that Tramadol may be changed to a Schedule 3 controlled drug.	
<b>13/62</b>	<b>Agenda Deadline: Tuesday 3<sup>rd</sup> September 2013</b>  <b>Date and Time of next Meeting: Wednesday 18 September 2013 @ 13.00 in Pharmacy Seminar Room, Level A, TRFT</b>	