NHS Rotherham

Minutes		
	Title of Meeting:	**Area Prescribing Committee Meeting**
	Time:	**1:00pm**
	Date:	**Wednesday, 17 September 2014**
	Venue:	**Level A RFT Pharmacy Seminar Room**
	Reference:	**AG/BS**
	Chairman:	**Avanthi Gunasekera**

Present:	Avanthi	Gunasekera	Commissioning Executive NHSR CCG (Chair)
	Surinder	Ahuja	TRFT
	Stephen	Davies	RDaSH
	Raz	Saleem	Prescribing Advisor
	Lisa	Murray	Prescribing Advisor
Minutes by:	Becky	Stevens	Administration Assistant

	Agenda Item and Action Points	**Action**
14/63	**Apologies:** Ian Cawthorne (TRFT), Stuart Lakin (Head of Medicines Management), Diana Mowbray (TRFT), Andrew Houston (RDaSH), Simon Mackeown (GP Representative).	
14/64	**Declarations of Interest** **I**nterest declared by Avanthi Gunasekera in anything that affects GP practices.	
14/65	**Minutes from the Meeting held on Wednesday, 14 May 2014** Minutes approved as a true and accurate record of the meeting.	
14/66	**Matters Arising**	
	12/048 & 13/20 & 13/35 & 13/66 & 13/83 & 14/21 & 14/38 & 14/52 & 14/66 Memantine *RDaSH stated that this will not be as much of an issue now Memantine is going to become a generic.* *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.* *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* *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.* *RDaSH still to comment on the proposals. JPa informed group of Dr Wright's presentation at March PLT.* *JPa gave an update from NHS Rotherham CCG MMC some pharmacies are experiencing difficulty with 3 monthly prescriptions from RDaSH.* *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.* *Action - 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.*	

	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. *SL - Awaiting further information from RDaSH* *All agreed that at present we are awaiting memantine to come off patent for cost reasons. It is agreed in principal that Primary Care will take over prescribing within NICE guidance criteria.* *SL informed committee that work is ongoing and he is due to discuss this with Jeremy Seymour.* *AG reported that SL is speaking to Jeremy Seymour. SCP has been reviewed at NHSR CCG MMC. Discussions ongoing regarding the finance.* *SD reported a lot of work has been undertaken and a recent revised draft has been received for approval. There are 4 generic products available and the tariff is the same. Memantine may reduce and finance conversations are taking place.* *SL/SD reported that discussions have been taken place outside the meeting and the SCP has been agreed and ratified at CCG MMC and Jerry Seymour is happy with the SCP and for the transfer of memantine prescribing back to primary care. SL will notify GPs via the GP Newsletter with the caveat from SD to review if other evidence / guidance comes to light. Committee agreed. This will be formally ratified at a later APC.* *SD/SL no further feedback and transfer of patients has started. An email was issued to all GPs issued a while ago and no further comments have been received. SD informed committee that this item has been discussed at their Clinical Reference Group and memantine has been removed from prior approval. If GPs wish to co-prescribe or prescribe outside of NICE it would then require prior approval.* *Task complete – remove from minutes.* SD asked that if there are any issues with Memantine then to make him aware so that he can resolve the issues. AG questioned Denepozole & Mementine prescribing. SD stated that there should be no dual prescribing being transferred to primary care. If a patient is to be on two drugs then their care should continue with RDASH. **Action** - AG to do a search on Donepezil & Mementine prescribing at Thurcroft practice as a starting point. AG to email her findings to SD to look into this. **Action** – To be brought back to the next meeting on 12th November.	**AG** **SD** **JAA**
	13/53 & 13/66 & 13/83 & 14/21 & 14/38 & 14/52 & 14/66 **DMARDS Share Care Protocols and LES June 2013 -** JPa from MMC *Data presented following ES work and update of contacts.* *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.* *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.* *Eloise Summerfield is still liaising with dermatology. Gastroenterology is complete.* *JP to discuss further with Dr Muncaster regarding Roaccutane.* *Gastroenterology SCP is complete. Judith Wilde is going through the traffic light system for SCPs.* *GPs have no appetite to take over the prescribing of Roaccutane* *SCP with Dermatology is being discussed. ES is following this up.* *SL reported that Gastroenterology SCPs are in place and Dermatology SCP is outstanding.* *Action - SA to take this forward with Dermatology and ES.* *Work still ongoing* *Action – JMu to add to items pending. Post meeting note: action complete* *Eloise Summerfield had submitted Rheumatology Shared Care Protocols for approval. There had been no major changes to the protocols and they would be reviewed in 3 years. The protocols were approved by the Committee.*	

	Item to be place on pending. Dermatology are not going to undertake any SCP for DMARDS and are saying the patient numbers are too small and that they are happy to continue monitoring.	
	13/50 & 13/66 & 14/21 & 14/38 & 14/52 & 14/66 Buprenorphine: - • ***Buprenorphine detail aid*** • ***Buprenorphine patch QIPP*** *TRFT confirmed they do use Buprenorphine patches. IC/SA/SL to circulate information to both organisations as a joint communication.* *Action - SL to liaise with IC & SA* *AC – not moved any further forward as yet SL-agreed* *Buprenorphine prescribing for Rotherham is high. It was discussed that fentanyl tolerability is often an issue so buprenorphine is considered second line. It is also deemed as safer for some patients. Elderly Osteoarthritis patients are prescribed.* *Action – Govinder Bhogal and Surinder Ahuja to analyse prescribing and look into this further.* *Action - SA to liaise with Govinder Bhogal - SA action outstanding* *SA is in receipt of the patient's names and is reviewing who initiated the treatment, work ongoing.* *SA informed committee of an audit due to be undertaken. Following CD Lin feedback Hapoctosin release rate is 3 days and it is about raising awareness to clinicians that it does not have the same release time as Trans Tec which is 4 days despite being shown as a similar generic medication.* *Action - APC to recommend a brand for use* *Action - SL to liaise with Govinder Bhogal about the outstanding action item re brand of use and bring back to meeting on 17 September.* No updates – SL not present.	
	13/85 & 14/21 & 14/38 & 14/52 & 14/66 Anticoagulation Therapy Record – (SA) *SA informed committee that Dr Barker requested this item for discussion. The dose is to be updated and the booklet will not be updated in time. Therefore, a printed copy will be provided in the interim.* *Action – SA to provide information to SL. SL to incorporate into the December Newsletter.* *CRMC – Discussions with Maxine Dennis, John Miles, Nicky Doherty, another laboratory person and anticoagulant nurse regarding patient's warfarin being monitored by hospital and then patient's moving into the community. The aim is to move patient's monitoring into practice however there is an issue which may be around TRFT using DAWN system and the community using INR Star.* *Outcome of meeting agreed that CCG & TRFT for those patients' who are stable are to be treated in the community and for patients who are not stable to be treated by TRFT.* *SA committee that anticoagulation booklets will not be updated by TRFT during the system change. Tracey Taylor (anticoagulation nurse) has provided information for the GP newsletter. This will be a tear off slip with the dose. AG is meeting with Dr Taylor and there will be an anticoagulation meeting on the 22nd April 2014 AG will be in attendance.* *AG attended meeting with Dr Taylor and next meeting is scheduled for July. AG will discuss appropriate anticoagulation and numbers involved. Another piece of work is around transferring stable patients from TRFT to the community and the anticoagulation group will keep a note of inappropriate discharges. AG/SL and Rachel Garrison have undertaken a survey monkey to assess the INR provision within the community.* *We have details of 2 inappropriate discharges from wards where the patients have been told to attend GP for warfarin therapy and no other communication from the TRFT has been issued to the GP.* *Action – SL to provide the names to SA who will investigate. This detail will also be shared with Anticoagulation team. Post meeting note: Action complete* *<u>Tinzaparin and NOAC</u>*	

	AG has spoken to GP colleagues today who agree that patients on Tinzaparin cannot be transferred to primary care until the patient is stable on warfarin. i.e. One INR within therapeutic range. *SA confirmed that TRFT do supply the required quantity of Tinzaparin whilst they are being stabilised on warfarin and TRFT will continue to monitor.* *AG confirmed that GPs are happy to take over the monitoring once 1 INR in therapeutic range.* *Action complete – remove from minutes – post meeting note – further information – leave on minutes.* *Meeting with Dr Taylor had been cancelled, this had been rearranged for 15 August. There are six example cases which will be discussed at the meeting. Not all of these are from one ward. Patients on ward are told to go to GP but are not given any details re INR levels, dosage required etc. Anticoagulation Nurses attended a recent PLT event and showed GP's the grey form which is supposed to be given to patients on discharge and patients are asked to take the form to their GP. None of the GP's present had seen the form before. This will be discussed at the meeting on 15 August and AG/SL will report back to the next meeting.* Meeting went ahead regarding unsafe discharges. The next meeting is due to take place on 7th November 2014. Dr Taylor is working on NOAC guidance. SL will feedback on this with a view to having a single guideline for both primary and secondary care.	
	13/86 & 14/21 & 14/38 & 14/52 & 14/66 Prucalopride & Linaclotide (SL) *Require agreement on the traffic light as Prucalopride is specialist prescribing by the consultants, as we have patients in the community, SL recommends clear guidance be given to GP on how long to continue within the community.* *Linaclotide is a new medication. Do we need a SCP for onward management?* *Recommend that both drugs are Amber.* *Action - SA to take to consultants/surgeons. SL to ask ES to liaise with SA if SCP required.* *SA still investigating with surgeons and nothing further to report today.* *Committee did not feel there was a requirement for an SCP for Prucalopride; however, further investigation needs to be undertaken and the guidance be obtained.* *Committee agreed for Prucalopride to become Amber.* *Committee agreed for Linaclotide as open use in accordance with new laxative guidelines* *TRFT would like to adopt the guidelines. Gastro surgeons, Colorectal nurses and Pharmacy are meeting as a working group.* *SL reported that 60% of patients are on osmotic medication and further work is required.* *SA to conduct an audit of all the patients as a snap shot and discuss as a team.* *SA said that the audit was still to be completed - item to be placed on pending until November meeting.* No further updates until November.	
	14/23 & 14/38 & 14/52 & 14/66 SYB NOAC Policy *SL not in attendance Committee agreed to carry forward to next meeting.* *AG gave an update on RCCG position of Apixaban as first line unless otherwise directed.* *SL to circulate the guidelines to TRFT Dr Muthusamy and SA. First line was agreed as Apixaban.* *Action - SA to share her piece of work with SL* *SA has shared this information with SL. SA awaiting feedback from Dr Taylor. SL to discuss with Dr Taylor and what needs to happen with the patient on admission.* *SL is looking to update the AF guidelines once this piece of work has taken place.* *Action - SL to discuss with Dr Taylor and what needs to happen with the patient on admission.* *Yet to action – keep on minutes.* SA has had some feedback from Dr Taylor but we are waiting for SL to update on the AF guidance according to the latest NICE guidance. **Action** – Item to be placed onto pending items.	**JAA**
	14/24 & 14/38 & 14/52 & 14/66 Tramadol & Pregabalin – restrict initiation *SL reported that the agreement is in place for Tramadol to be initiated for short term use only.*	

	Pregabalin / Gabapentin data is showing quite a few patients with a substance misuse code and the numbers are approaching the national average. SL to share this piece of work once the data is complete. *AG informed the committee that communication to GPs relating to discharge of prisoners into primary care is not happening. SD was of the understanding that there was communication and that the prisons should be discharging back into RDaSH services as well as GP care. SD suggested that a summary care record may be the key, however they are aware of a few information sharing issues i.e. consent to share which would need to be addressed.* *Action – SL & SD to work on this in collaboration to resolve and reduce the numbers and increase communication.* *Data will be shared prior to the next APC and will be discussed further at the next APC* *SL to share the piece of work that has recently been undertaken. Committee still need to be mindful of the rise in use* *Item yet to be actioned – keep on minutes.* AG has now got a date, 19th November, to visit Doncaster prison. Mark Pickering from the prison agreed to show SL and AG around and look at the current issues. **Action** - Bring back to January meeting with updates on how the visit went. Pregabalin is now white on the traffic lights document. If a patient has a history of substance misuse then Pregabalin is not to be initiated in primary care.	**JAA**
	14/25 & 14/38 & 14/52 & 14/66 Buccal Midazolam *DM reported problems with patients coming in on different types of Buccolam and Midazolam as the doses and strengths are slightly different between the types of medication. TRFT have already switched the Children patients who have attended TRFT.* *SL is happy to switch children and adult patients. DM to provide information to SL to ensure the switches are correct.* *Action – DM to speak to David and feedback to SL.* *SA received a call from Lloyds advising that Dr Price has prescribed for someone older than 18 and none of the Buccalam or Epistatus products are licensed for Adults.* *SA to investigate if this is a one off or a frequent occurrence by the clinician.* *Action – SA to follow up with Dr Price and feedback* *Post meeting note: DM forwarded Buccalam information and this will be disseminated with the minutes* *SA had contacted Dr Price and is awaiting a response. SL agreed to liaise with Lisa Murray regarding tidying up the procedure.* LM has emailed Dianne but no response as yet. **Action** - LM to chase.	**LM**
	14/52 & 14/66 Methylphenidate *SD to send the Methylphenidate SCP to JMu.* *Action - JMu to add to agenda for ratification at next APC.* *This item would be brought to the September meeting.* SD confirmed that he is happy with the document. This document is now approved in its current format. **Action** – SL to finalise the SCP	**SL**
	13/76 & 14/14 & 14/52 & 14/66 Blueteq *Web based software to aid specialist prescribing. A template will be filled in per patient online if a specialist drug is initiated. This will be auditable and useful for forecasting.* *JP – Useful tool to identify what proportion of prescribing is in line with NICE guidance.* *IC confirmed that an internal post has been advertised for a technician to support Blueteq and the interviews will be done within the next two to three weeks. IC invited SL to be involved in the interview process.*	

	SL confirmed that a 4 hour training session has been scheduled for 28th November 2013.Blueteq to advise where it will be held. *IC staff have received training and further meetings are to take place to understand and use the system.* *SL to obtain sign off by Sue Cassin and then complete the finances and payment to Blueteq.* *Rheumatology will be the first wave*. *SL/ES awaiting CSU Information Governance sign off. Work is due to start around anti-TNFs and a template is to be devised.* *Nothing to report.* Nothing to report.	
	14/47 &14/52 & 14/66 AOB 1 – Vitamin D and ADCAL D3 *Vitamin D - 400 units daily, if patient is taking calcium there is a risk of kidney stones. Guidance advises healthy start but these are not prescribed but are given by health visitors or sure start.* *ADCAL D3 one a day has renal implications in pregnant women. Incident where patient is dehydrated and vomitting. (SL suggests clinician seek advice if hyperemesis is an issue and consider a Vitamin D only supplement)* *Further investigation is required.* *AG agreed to follow this up*. AG has emailed Mr Poku but not heard anything back as yet. **Action** - AG to chase.	**AG**
	Shared Care Guidance 14/53 & 14/66 – GABA Meds *Guidance had been produced by the Substance Misuse Service. Members reviewed the information which SL would like to issue to GPs. SL was hoping that the information would be included in the July newsletter and that the Traffic Light system would be amended. After discussion this was agreed by members. AC said he would be hoping to circulate the information to A&E and Pain Team.* Gone out in the Bite Size newsletter. **Action** - SA to circulate to A&E and Pain Team	**SA**
14/67	**New NICE Lipids Guidelines – SL** • **14-07 NICE Lipid Guidance Primary Prevention** • **14-07 NICE Lipid Guidance Secondary Prevention**	
	AG and SL have taken this to SCE and spoken to Public Health. RMBC are also on board with the guidelines. **Action** - AG to write to GPC about the concerns and issues with this for the clinicians. SD suggested some formatting changes, he suggested the most important areas should be in bold as it makes it easier to find when scanning the document. **Action** - SA to go through NICE guidance and compare with SL's abbreviated guidance and feed back to SL. **Action** - SA will discuss with Dr Lord the new NICE guidance and the increased workload.	**AG** **SA** **SA**
14/68	**Paediatric Prescribing Issues**	
	No updates.	
14/69	**Traffic Light System**	

	No updates	
14/70	**Horizon Scanning** • **July 2014** • **August 2014**	
	<u>July</u> Cholecalciferol weekly injections to be incorporated in hospital Vitamin D guidance. **<u>Action</u>** - SA to take to D&T meeting next week. To liaise with SL in due course. Diabetic guidelines – **<u>Action</u>** - Canagliflozin – SA reviewing which Flozin RFT will stock **<u>Action</u>** - SL reviewing which Gliptin to advise for preferred use. Apixaban – now licensed for treatment of DVT/PE. <u>August</u> Dabigatran - now licensed for treatment of DVT/PE.	**SA** **SA** **SL**
14/71	**NICE Guidance** • **June 2014**	
	SL will go through the guidance around statins and this would be brought back to the September APC. **<u>Action</u>** (Covered under section 14/67) - SA to go through NICE guidance and compare with SL's abbreviated guidance and feed back to SL.	**SA**
14/72	**For information**	
	Committee reviewed the enclosures:- Barnsley APC Memo – June 2014 Barnsley APC Memo – July 2014 Barnsley APC Ratified Minutes – July 2014 Doncaster APC Minutes June 2014 Doncaster APC Ratified Minutes – July 2014 Sheffield APG Minutes June 2014 RDaSH MMC Minutes July 2014 Minutes of Drugs and Therapeutics Group 28.05.2014	
14/73	**Any Other Business**	
	SA confirmed there is a 20% saving when changing to Generic Oxycodone Preparations. RFT to stock Shortec and Longtec. No dates for stock approved as yet. **<u>Action</u>** - SA to take Oxycodone to D&T meeting next week. SD informed the committee of a new website for Children called Young minds. It is a charitable organisation, and has very positive feedback about it. Link to this website to go onto RDaSH website. Useful to share with GPs. From March 2015 the Drugs and Driving legislation is changing. It will be an offence to drive if one's judgement is impaired on particular medications. There is to be a form of drug testing if a driver is stopped by the police.	**SA**

	Action - RS to liaise with SD for this to go out in the Bite Size newsletter later on in the year. Also forward to SA. SD queried the hand back of patients with slowly deteriorating renal function on Li. He felt these patients need to be referred to the renal team and not back to RDASH. AG agreed but requested a contact number for a RDASH clinician so the GP can discuss possible reduction of the Li (as GPs will not be confident in altering Li doses without advice) while the patient is being referred to renal team. SD and AG agreed a slow deterioration in renal function can be multifactorial. AG was in agreement with the SCP that acute deterioration of the renal function warrants urgent renal specialty input.	**RS** **SD**
14/74	**Agenda Deadline: by close of play on Tuesday 28 October 2014** **Date and Time of next Meeting: Wednesday 12th November 2014**	

Items Pending

Week last appeared	Item last appeared	Item to be brought back for discussion when appropriate	Last action
23/07/2014	14/52	**DMARDS Share Care Protocols and LES June 2013 -** JPa from MMC	*Work ongoing*
14/05/2014	14/38	**Rotherham Heart Failure Prescribing Guidelines & Overview**	*Work ongoing*
23/07/2014	14/52	**Prucalopride & Linaclotide (SL)**	*Work ongoing*