

Hull and East Riding Prescribing Committee Minutes –Confirmed

Date / Time	Wednesday 23 rd November 2016
Venue	Meeting Room 1, Health House, Willerby
Chair	Dr M Miller, Senior Principle Pharmacist- Interface HEY
Notes / Action Points	Mrs S Greene, Senior Pharmacy Technician – Formulary/Interface, HEY.
Quorate: Yes / No	Yes

Attendance

Mr D Corral, Chief Pharmacist, Clinical Director Therapy & Therapeutics, HEY
Mr K McCorry, Locality Pharmacist, NECS
Prof A Morice, Professor of Respiratory Medicine
Dr S Raise, GP Prescribing Lead, ER
Mr S Gaines, Senior Principal Pharmacist, HEY
Ms L Lyle, Senior Pharmacist, Hull NECS
Ms J Stark, Senior Pharmacist, HFT
Dr W Chong, Chief Pharmacist, HFT
Mr Antonio Ramirez Senior Pharmacist HEY
Dr S Roberts, Medical Secretary, Secretariat for Humberside LMC
Mrs Emma Bagguley, Pharmacist CHCP

Apologies

Dr Zoe Norris, GP Prescribing Lead, Hull CCG
Dr A Jeffreys, General Practitioner, LMC

Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date/Date complete
2016.11.01	Apologies	As above.				
2016.11.02	Declarations of Interest	None declared				
2016.11.03	Minutes of the previous meeting	Accepted as a true record				
2016.11.04	Action Tracker	<p>Shared Care Framework Discharge & Referral KMc has discussed with contracting. Specific examples have been requested. Agreed that contact number should be added to SCF when patient needs referral back into the system. Identify specialities on discharging required – LMC has requested. Defer to next meeting MM had received no feedback- Email sent to Catherine Bowker.</p>	HEY/HFT need to cost this and can feedback		WC/MM	Nov 16
		<p>Medicines Optimisation Concerns LL is liaising with Emma Owen who is leading for both CCG's. To feedback gaps in commissioning for medicines optimisation reviews in primary care. LL reported there had been no progress and that concerns had been highlighted but there are still gaps.</p>	Update next time	Action complete	LL	Nov 16
		<p>Clinical Network Guidance Acetylcholinesterase Inh TA217 recommends that non specialist can prescribe specific dementia medicines if they have taken advice from specialist (list of specialists contained in TA, not only secondary care). Network guidance also recommends</p>	To go on Agenda January 2017 for update next time.	HFT team to review and send draft to MM for HEY specialist to comment	MM	Nov 16

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		<p>changes in patient groups requiring ECG, as discussed at previous meeting</p> <p>Prescribing Issues Relating to Epoetins KMc will look at what provision is available in ER and discuss next time.</p> <p>Decision making process – Decisions at meetings need both clinical and financial input. Phil Davis had attended for the Hull CCG. Status to be downgraded to Red/Amber – work in progress.</p> <p>Prescribing issues relating to Epoetins – Clarification need re Phlebotomy results. SR to speak to KMc. MM to discuss with pathology This has been discussed and feedback is York/ Scarborough/NLAG have access already, but there is an issue with Driffield.KM to chase up issue.</p> <p>Communication Received Medicines with more than one traffic light status to be added to joint formulary agenda. Still to arrange next Joint Formulary meeting Meeting arranged on 30/11/16</p> <p>Traffic light status a.HEY D & T – Please see attached. These drugs are all NHS England commissioned. All Red</p> <p>Sacubitril Valsartan MM to amend wording on the guidelines. AG to e-mail narrative. Wording now received by MM</p> <p>a.Tolvaptan guideline</p>	<p>KMc to feedback next time</p> <p>Action Complete</p> <p>Action Complete</p> <p>Agreed as red, website to be updated.</p> <p>PIL updated</p>	<p>Action Completed</p> <p>Status downgraded to Red/Amber</p> <p>No further action</p> <p>No further action</p> <p>Action Complete</p> <p>Action Complete</p>	<p>KMc</p> <p>ZN/SR</p> <p>SR/MM</p> <p>MM</p> <p>Sue G</p> <p>MM</p>	<p>Nov 16</p> <p>Nov 16</p> <p>Nov 16</p> <p>Nov 16</p> <p>Nov 16</p> <p>Nov 16</p>

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		<p>NICE TA already approved for Renal use – agreed Red Drug. Approved subject to amendments forward to ZR, SR, KMc, and PD in the CCG's. MM has updated document and sent to CCG's</p> <p>Guanfacine shared care framework Approved subject to review of wording for indication by specialist teams. Problems related to lack of commissioned service for adults to be escalated to CCG's</p> <p>Type 2 diabetes algorithm Approved</p> <p>Outpatient treatment request forms The team discussed concerns around illegible prescriptions. Main concerns being raised with Spire and Cardiology hand written scripts – feedback required from LMC. MM to raise with Health Group Governance meetings and Lorenzo Project Board</p> <p>Methotrexate Incidents Recent incidents have highlighted an issue regarding incorrect frequency of Methotrexate doses in Rheumatology patients. Clinic will write a letter to GP's to R/V bloods, and also to council patients</p> <p>Stalevo Branded Generics alternatives to be discussed at MMIG Added to Agenda.</p>	<p>Approved subject to rewording</p> <p>Approved subject to rewording. Action Complete</p> <p>Add approved guideline to HERPC website</p> <p>Escalate within HEY</p> <p>Alert to be circulated in all areas</p> <p>Discuss at MMIG</p>	<p>Action Complete</p> <p>HFT/CHCP to update Please see agenda item 2016.11.06</p> <p>Action Completed</p> <p>MM to escalate</p> <p>Action Completed</p> <p>Action Completed</p>	<p>MM</p> <p>JS/GH</p> <p>SG</p> <p>MM</p> <p>All</p> <p>SG</p>	<p>Nov 16</p> <p>Nov 16</p> <p>Nov 16</p> <p>Nov 16</p> <p>Nov 16</p> <p>Nov 16</p>

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2016.11.05	Traffic Light Status	<ul style="list-style-type: none"> • HEY D&T- • Dexmetetomidine/ Diamorphine nasal Spray/ Secukinumab • HFT DTC – none • CHCP Therapeutics Committee - none 	All agreed to go on website as Red Drugs.	Update Website	SG	Nov 16
2016.11.06	Feedback From Commissioning Groups	<p>Guanfacine shared care framework Dr Raise had feedback there are two main issues with this framework for children with ADHD. Bradycardia- and weight increase. He asked if Centile Charts could be used and a link to the framework be introduced. He also added that a yearly review date could be added, so that GP and Consultant see the child six months apart.</p>	<p>Take framework off website until review is completed.</p> <p>When update is completed send to KM/LL/AR</p>		<p>SG</p> <p>EM/JS</p>	<p>Nov 16</p> <p>Jan 17</p>
2016.11.07	Prescribing Guidelines, shared care frameworks for approval	<p>Pediatric Growth Hormone SCF Concerns were raised over GP's having responsibility to take bloods, for monitoring patients .Dr Raise shared that there is no Phlebotomy Service in ER for Pediatrics, as there is no resource.</p> <p>Fosfomycin Guideline-</p>	<p>KM to highlight this issue</p> <p>MM to change wording to 'Where Available' to reflect current practice and also add contact numbers.</p> <p>Contact numbers to be added and also microbiologist Information to be added. Contact numbers</p>	<p>Await feedback</p> <p>Send to Commissioning groups and await feedback, before putting on website.</p> <p>Update website when completed.</p>	<p>KM</p> <p>MM/AR</p> <p>SG/AR</p>	<p>Jan 17</p> <p>Jan 17</p> <p>Jan 17</p>

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		<p>Pivmecillinam-</p> <p>Fidoxamicin-</p> <p>Lipid Guideline(Full)-specialist team have now updated. Re wording needed re- Primary Prevention Lipid Guideline (summary)-</p>	<p>to go on. Rerwording. Contact details to go on.</p> <p>Flow chart to go to LMC. Contact details to be added. To go to commissioners.</p>	<p>To be amended</p> <p>To be sent out once completed</p>	<p>MM/AR</p> <p>MM/AR</p> <p>MM/AR</p>	<p>Jan 17</p> <p>Jan 17</p> <p>Jan 17</p>
2016.11.08	Out Patient Treatment Request Form	<p>This form is to be used in the interim, until the information can be sent electronically to GP,s</p> <p>SR asked if the ink colour can be changed to black, as the blue does not scan. It was also discussed that an extra line should be added to say “ This is not a prescription”</p> <p>To be put on website asap after these changes</p>	<p>Change ink to black And make amendments as requested.</p> <p>To go to LMC for feedback</p>		<p>MM/AR</p> <p>SR</p>	<p>Jan 17</p> <p>Jan 17</p>
2016.11.09	BMA Focus On Gender and Incongruence	<p>The feedback was that GP's are still waiting for feedback, and there is still ongoing discussions. A clear statement is needed from NHS England around funding.</p> <p>An interim statement is needed from GP's</p>	<p>To go to commissioners</p>	<p>KM/LL to escalate</p>	<p>KM/LL</p>	<p>Jan 17</p>
2016.11.12	Communication Received	<p>None</p>				
2016.11.13	Primary Care Rebate Scheme	<p>Symbicort and Zoladex</p>				

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2016.09 .14	Additional Minutes for Information	<ul style="list-style-type: none"> a) MMIG (May) b) HEY D&T (May, June) c) HFT DTC (April) d) Formulary Sub Group (May) 	Noted	No further action		
2016.09 .15	AOB	<p>MM introduced Antonio who has taken over Marie Millers role as Formulary/Interface Pharmacist</p> <p>Appremalast- TA 419 – for Psoriasis is now on formulary. GP's will receive information, as patients are on it now. This is a red drug at present.</p> <p>Chairs Approval- Combination laraglutide/Traceba Insulin for ER patient. This is not on formulary as a combination. Clear pathway need for GP's</p> <p>Gluten Free Guidelines- These were removed from website, as they are awaiting commissioned by ER but not Hull.</p>	<p>Noted</p> <p>Send information out to GP's</p> <p>Endocrinology to put forward IFR</p> <p>LL to do and send to AR</p>	<p>AR to contact Endocrinology to action</p>	<p>AR/MM</p> <p>LL</p>	<p>Jan 17</p> <p>Jan 17</p> <p>Jan 17</p>
2016.07 .15	Date and Time of Next Meeting	Wednesday 25 th January 1 – 3pm TBC				