

## Hull and East Riding Prescribing Committee Minutes –CONFIRMED

<b>Date / Time</b>	Wednesday 28 <sup>th</sup> January 2015
<b>Venue</b>	Meeting Room 1, Health House, Willerby.
<b>Chair</b>	Mrs J Lyon, Head of Medicines Management , North Yorks & Humber CSU
<b>Notes / Action Points</b>	Mrs W Hornsby, Senior Pharmacy Technician – Formulary/Interface, HEY.
<b>Quorate: Yes / No</b>	Quorate

<b>Attendance</b>	Dr M Miller, Senior Principal Pharmacist - Interface, HEY. Mr G Hill, Senior Pharmacist, CHCP Dr A Jeffreys, General Practitioner, LMC. Mrs J Clark, Chief Officer, Local Pharmaceutical Committee Mr W Chong, Chief Pharmacist, HFT. Dr L Witvliet, General Practitioner, Vice Chair, Prescribing Lead for Hull CCG Dr A Harley, General Practitioner, Prescribing Lead for Hull CCG Dr Simon Mata, Consultant Psychiatrist, HFT Dr Vandana Dimri, Consultant Psychiatrist, HFT Mr A Ortiz, Medical Information Pharmacist, HFT Mr S Gaines, Senior Principal Pharmacist, HEY Dr B Culbert, Pain Consultant, HEY (Guest 1.30 – 2pm) Dr S Sampu, Pain Consultant, HEY (Guest 1.30 – 2pm)
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<b>Apologies</b>	Prof A Morice, Professor of Respiratory Medicine, HEY Dr S Roberts, Medical Secretary, Secretariat for Humberside LMC Mrs J Moore, Non Medical Prescribing Lead, HFT Mr D Corral, Chief Pharmacist, Clinical Director Therapy & Therapeutics , HEY
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Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date/Date complete
2015.01.01	<b>Apologies</b>	As above				
2015.01.02	<b>Declarations of Interest</b>	There were no declarations of interest	No further action			
2015.01.03	<b>Minutes of the previous meeting</b>	The minutes of the previous meeting were accepted as an accurate record	No further action			
2015.01.04	<b>Action Tracker</b>	<p><u>Pregabalin – Gabapentin</u> Meeting arranged for 12<sup>th</sup> February, all stakeholders will be in attendance. JLy to report back next time.</p> <p><u>Communication Received – Multi-compartment aids</u> Central team are looking into – ongoing</p> <p><u>Recommendation from CSU TAG</u> Letters were written to D&amp;T regarding AREDS formula and a meeting with ophthalmology was arranged. It was agreed at this meeting that AREDS can be commissioned for treatment of patients on the Lucentis pathway. Primary care are to undertake an audit as it is believed there have been several recommendations for its use made by opticians for patients who do not fit this criteria.</p> <p><u>Shared Care Frameworks</u> JLy has spoken to the contracting department and SCF will now be included in the contract with SPIRE. JLy to draft letter to providers.</p>	<p>JLy to feedback after meeting</p> <p>Ongoing</p> <p>Action complete</p> <p>JLy to write to providers</p>	<p>Discuss next time</p> <p>Ongoing</p> <p>No further action</p> <p>JLy to write to providers</p>	<p>JLy</p> <p>JLy</p> <p>MM</p> <p>JLy</p>	<p>Jan 14</p> <p>Nov 14</p> <p>Mar 14</p> <p>Mar 15</p>

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		<p><u>Red Classification</u> List is still at draft stage.</p>	Ongoing	Ongoing	MM/W H	Sep 14
		<p><u>Traffic Light Status</u> Insulin Degludec has been discussed at December planning and commissioning meeting and cohort of patients has been agreed upon.</p>	Action complete	No further action	JLy	Jul 14
		<p><u>Shared Care Frameworks and Prescribing Guidelines – ECG</u> No comments have been fed back therefore MM will circulate the document for approval.</p>	MM to circulate	MM to circulate	MM	Jan 15
		<p><u>Traffic Light Status</u> Awaiting shared care framework to support use of Amantadine in delayed ejaculation. To add to agenda when ready, until then specialist prescriber only.</p>	No further action.			
		<p><u>CSU TAG</u> Eflornithine has been discussed at D&amp;T who would like to keep it on formulary as it is the only licensed treatment for this condition but agreed it should only be made available via IFR.</p>	Action complete	No further action	MM	Nov 14
		<p><u>Shared Care Framework ADHD</u> MM still awaiting feedback on Methylphenidate SCF from WC.</p>	WC to feedback	MM to update once feedback received.	MM	Nov 14
		<p><u>AOB Lipid Guidelines</u> Required statement has been added, SG to forward</p>	SG to forward to	SG to forward	SG	Mar 15

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		to Prof Kilpatrick for any final comments.	EK for comments			
		<u>Traffic Light Status</u> GH has forwarded provider information on Alprostadil cream to Chris Ranson	Action complete	No further action	GH	Jan 15
		<u>CSU TAG</u> MM invited Dr Sampu to attend HERPC	Action complete	No further action	MM	Jan 15
		<u>CSU TAG</u> WH provided figures on Ketamine use in HEY	Action complete	No further action	WH	Jan 15
		<u>CSU TAG</u> Glucardipase has been discussed at D&T and is now included in the trust formulary	Action complete	No further action	WH	Jan 15
		<u>SCF/PG</u> Tamoxifen for familial breast cancer SCF has been updated	Action complete	No further action	WH	Jan 15
		<u>SCF/PG</u> HFT have amended unlicensed leaflet	Action complete	No further action		Jan 15
		<u>SCF/PG</u> Palliative care guideline has been updated by CHCP team	Action complete	No further action		Jan 15
		<u>SCF/PG</u> Management of Parkinsons in Patients with swallowing difficulties has been added to website	Action complete	No further action		Jan 15
		<u>SCF/PG</u> Ticagrelor guideline has been added to website	Action complete	No further action		Jan 15
		<u>NOAC Review</u>				

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		MM has reworded guidance circulate to thrombosis committee	Action complete	No further action		Jan 15
		<u>Shared Care Queries Follow up</u> Discussion has been added to Januarys agenda	Action complete	No further action		Jan 15
2015.01.05	Traffic light status	<u>HEY D&amp;T (December 14 &amp; January 15)</u> <ol style="list-style-type: none"> <li>1. Amphoteracin Eye Drops</li> <li>2. Polihexanide Eye Drops</li> <li>3. Sodium Chloride 5% eye drops</li> <li>4. Ciclosporin eye ointment</li> <li>5. Botulinum Toxin (Xeomin) – national contract is out in Feb awaiting this before adding to formulary</li> <li>6. Pollinex Quatro – As cost of drug is included in tariff price and administration takes place in secondary care there is no financial impact for the CCG. JLy will inform the board of this and ensure all invoices are validated for re charging</li> <li>7. Ganciclovir eye gel – temporary whilst ongoing manufacturing problems with acyclovir eye ointment</li> <li>8. Octenadine as an alternative when naseptin is unavailable</li> <li>9. Glucarpidase</li> <li>10. Riociguat – PH/PAH Red available via NHSE IFR</li> <li>11. Nalmefene –Will be commissioned by public</li> </ol>	Approved as:  Red Red Red Not required Tbc  Red  Green  Green  Red Red  Amber	JLy to inform board there will be no financial impact		

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		health and JLy has advised them they have 90 days from the publication of NICE in Nov 14 to comply with NICE TA. GP's will not be expected to prescribe until local guidance is available				
2015.01.06	<b>Recommendations from York and Scarborough Commissioning Committee</b>	<p>Potassium Hydroxide for Molluscum Contagiosum –</p> <p>Beclometasone/Formeterol (Fostair) Inhaler – recommend as a treatment option for patients with COPD.</p> <p>SG informed the committee that AM had discussed with his colleagues the range of new inhalers that will be introduced to market over the coming months. No further reviews to be discussed until all are available and can be reviewed together.</p> <p>Prostaglandin Analogue Eye Drops –</p>	<p>Not for routine commissioning</p> <p>No more discussions to take place until all options are available</p> <p>Commissioning position reflects HERPC guidance.</p>	<p>No further action</p> <p>No further action</p> <p>No further action</p>		<p>Jan 15</p> <p>Jan 15</p> <p>Jan 15</p>
	<b>Ketamine In Neuropathic Pain</b>	<p>Dr Culbert and Dr Sampu explained the current process for selecting patients suitable for treatment with Ketamine. They informed the committee that there approx 60 patients being treated by HEY with Ketamine and that they anticipate it is only 1 new patient a year who is commenced on ketamine. After a discussion it was agreed that JLy would write a draft statement covering this cohort of patients currently receiving treatment stating that the CCG would commission pre existing patients with widespread neuropathic pain where all other avenues have been exhausted. All new patients to be initiated on Ketamine by the pain clinic would require an IFR</p>	<p>JLy to write draft statement to cover current cohort of patients</p>		JLy	Mar 15

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	<b>Shared Care Frameworks – General Discussion</b>	<p>The main issue discussed was that sometimes care is not shared and once treatment is taken over by a GP patients are discharged from the specialist service and there is no further input from a specialist.</p> <p>If a GP requires further input from a specialist there is no means of contact and sometimes patients have to be treated as a new referral to gain an appointment with a specialist with significant wait. There also tends to be no reference to cessation of treatment on SCF.</p>	<p>Investigate implications for not discharging patients on Amber drugs and/or to “fast-track” referrals for patients on Amber drugs.</p> <p>Cessation of treatment on SCF / need for annual review to be discussed as per individual SCF.</p>	<p>Commissioning Support team to liaise with contracting and commissioning to discuss possible options.</p> <p>Form part of on-going review of individual shared care frameworks.</p>	J Ly	May 15
2015.01.07	<b>Shared Care Frameworks/ Prescribing Guidelines</b>	<p>a) Antipsychotics for first episode psychosis</p> <p>Written due to publication of NICE CG178. Committee would like removal of “fasting glucose” and to include the need for a second ECG if clinically required (eg change of dose) as part of ongoing monitoring</p> <p>b) Lithium SCF &amp; Audit</p> <p>The audit results demonstrated that over a third of patients were not being monitored as required by the SCF. Committee would like the term “older” when referring to patients removed and replaced with something more specific eg eGFR level.</p> <p>c) Infant Feeding Guidance</p>	<p>Approved once alterations made</p> <p>Approved with updates. AO to update, MM to circulate.</p> <p>Approved</p>	<p>Amendments to be made and all approved documents to be added to HERPC website</p>	WH	Mar 15



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		<p>It was felt the summary sheet was very useful as a quick reference.</p> <p>d) B12 and folate guidance</p> <p>There was discussion around the need for IM injection and the possibility of prescribing cyanocobalamin tablets. Although CCG would not want to commission as food substitute.</p> <p>e) VTE prophylaxis on discharge from secondary care. Updated to remove the need to check platelet levels on day `4.</p> <p>f) Dalteparin dosing Guidance</p> <p>g) Catheter Guideline</p>	<p>Further comments to be forwarded to MM.</p> <p>Approved</p> <p>Approved</p> <p>Approved</p>			
	<b>Public Health Issue - Tamiflu</b>	Paper still to be written, will circulate via email	Paper to be written	Add to agenda for next HERPC	WC	Mar 15
2015.01.01	<b>Additional Minutes for Information</b>	<p>a) MMIG (Nov, Dec)</p> <p>b) HEY D&amp;T (Nov, DEC)</p> <p>c) HFT DTC (Oct)</p> <p>d) Formulary Sub Group (Dec)</p>	Noted	No further action		Jan 15
2015.01.12	<b>AOB</b>	Antidementia drugs are currently spread over 4 SCF which currently require review. The committee agreed to trial an inclusion of all 4 on SCF, which would have an exit strategy built in .				

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2015.01.13	<b>Date and Time of Next Meeting</b>	Wednesday 25 <sup>th</sup> March 2015 1 – 3pm The Boardroom, Health House, Willerby				