

Hull and East Riding Prescribing Committee Minutes –CONFIRMED

Date / Time	Wednesday 23 rd September 2015
Venue	Meeting Room 2, Health House, Willerby.
Chair	Mrs J Lyon, Head of Medicines Management , North Yorks & Humber CSU
Notes / Action Points	Mrs W Hornsby, Senior Pharmacy Technician – Formulary/Interface, HEY.
Quorate: Yes / No	Yes
Attendance	Dr M Miller, Senior Principal Pharmacist - Interface, HEY. Mr G Hill, Senior Pharmacist, CHCP Dr A Jeffreys, General Practitioner, LMC. Mr D Corral, Chief Pharmacist, Clinical Director Therapy & Therapeutics ,HEY (until 2.30) Mr S Gaines, Senior Principal Pharmacist, HEY Prof A Morice, Professor of Respiratory Medicine Dr S Roberts, Medical Secretary, Secretariat for Humberside LMC Ms J Stark, Principal Pharmacist, Clinical Services, HFT Ms Zoe Norris, GP Prescribing Lead, CCH Ms Michelle Lam, Endocrinology Pharmacist, HEY (Guest) Ms Nikki Bush, Pharmacist, ER Council
Apologies	Mrs J Clark, Chief Officer, Local Pharmaceutical Committee

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2015.09.01	Apologies	As above.				
2015.09.02	Declarations of Interest	DC announced he had attended a lipid panel which may be relevant as lipid guidelines were on the agenda for discussion. AM has contact with most manufacturers of inhalers due to his role as Professor of Respiratory Medicine.	No further action			Sept 15
2015.09.03	Minutes of the previous meeting	The minutes of the previous meeting were ratified, as committee is now quorate.		All previous recommendations from May minutes can now be actioned		Nov 15
2015.09.04	Action Tracker	<u>Communication Received – Multi-compartment aids</u> Meeting due to take place next week, will only consist of pharmacist representation, aim is to write draft guideline which will then be circulated to LPC and LMC for comments. DC informed the committee that this is now a problem for the trust and is resulting in delays in discharge. <u>Shared Care Framework Discharge and Referral</u> JLy to discuss with CCG contract team. Patients need the ability to get back in touch with specialists if there are issues with SCF.	Guideline to be written next week JLy to discuss with CCG contract teams	Draft guideline to be discussed next time JLy to feedback discussions next time	JLy JLy	Nov 15 May 15

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		<p><u>PG/SCF – substance misuse shared care</u> “Clinical info only, to be used by GP’s commissioned to prescribe for specialist services only”, to be added to SCF’s. ER – Public Health commission to prescribe via specialist GP’s.. Hull – service commissioned by public health, lead provider understood that GPs would be able to prescribe via shared care arrangement.</p> <p><u>PG/SCF</u> Draft testosterone SCF on agenda for discussion</p> <p><u>Apologies</u> JLY has discussed the importance of prescribing leads with CCG’s, Hull now have prescribing lead in place and ER are in process of recruiting.</p> <p><u>Minutes of the previous meeting</u> WH has amended previous minutes</p> <p><u>Traffic Light Status</u> Secukinumab will now be added to RED list as previous minutes have been ratified.</p> <p><u>Update of RED list</u> New RED list can now be added to internet as previous minutes have been ratified</p> <p><u>Lorenzo Implementation</u> MM informed the committee that initial teething problems with incorrect wards and blank IDS have now been rectified. MM carried out a mini audit on IDS’≥ 70% included follow up will all medicines information complete. Currently the system is still</p>	<p>Agreed to make scf available on website for clinical info only.</p> <p>Confirmation of arrangements required for Hull</p> <p>Action complete</p> <p>Action complete</p> <p>Action complete</p> <p>Add to red list</p> <p>Add to internet</p> <p>Action complete</p>	<p>Update wording of SCF and add to website</p> <p>Liaise with Public Health in Hull and lead provider.</p> <p>No further action</p> <p>No further action</p> <p>No further action</p> <p></p> <p></p> <p>No further action</p>	<p>MM</p> <p>J Ly</p> <p>MM</p> <p>JLy</p> <p>WH</p> <p>WH</p> <p>WH</p> <p>MM</p>	<p>Sep 15</p> <p>Nov 15</p> <p>Sept 15</p> <p>Sept 15</p> <p>Sept 15</p> <p>Sept 15</p> <p>Sept 15</p> <p>Sept 15</p>

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		<p>paper based but HEY are looking to move forward into electronic prescribing and any feedback should be given to MM.</p> <p><u>PG/SCF</u> Chronic pain guideline has been altered and can now be added to the website</p> <p><u>PG/SCF</u> Hull have updated policy to include 3 blood glucose meters and JLy will recommend ER adopt this policy</p> <p><u>PG/SCF</u> JLY has forwarded Gt Manchester review to JC</p> <p><u>PG/SCF</u> JLy has discussed and agreed anticoagulant guidelines with commissioners.</p> <p><u>PG/SCF</u> Lipid guideline has been updated and is on agenda for discussion.</p> <p><u>Review of HERPC</u> WH has updated attendance list.</p> <p><u>Correspondence Received</u> Jly has written to GP's regarding citalopram/formoterol interaction.</p> <p><u>Terms of Reference</u> It is anticipated there will be many changes with CSU medicines management team in the next 6</p>	<p>Add to website</p> <p>JLy to recommend to ER</p> <p>Action complete</p> <p>Action complete</p> <p>Action Complete</p> <p>Action complete</p> <p>ToR approved</p>	<p>No further action</p> <p>No further action</p> <p>No further action</p> <p>No further action</p>	<p>WH</p> <p>JLy</p> <p>JLy</p> <p>JLy</p> <p>MM</p> <p>WH</p>	<p>July 15</p> <p>July 15</p> <p>Sept 15</p> <p>Sept 15</p> <p>Sept 15</p>

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		months therefore the committee agreed to approve ToFR for next 6 months and review in April 2016.				
2015.09.05	Traffic light status	<p>HEY D&T Golimumab – Ulcerative Colitis - RED Apremilast – plaque psoriasis – RED Everolimus – Patient transplant with skin cancer – RED IFR Vedolizumab – Ulcerative colitis – RED Alprostadil Cream – ED – Guideline Led</p> <p>JLy asked if a pathway would be written by gastroenterology would be written to give guidance on the use of new treatments which were available. SG informed the committee that a draft pathway had been written and would be discussed at HEY D&T in October</p> <p>CHCP Branded generics of oral contraceptives – Green Millinette 30/75 Tablets Millinette 20/75 Tablets</p> <p>Tapentadol – Previously approved by both HFT and CHCP for use by chronic pain management service. CSU TAG recommended use as per SMC guidance (after morphine) JLy informed the committee that the CCGs have not approved use and will not commission. GH explained that use would be restricted to specialist prescribing for patients who had already tried morphine and oxycodone and all other options had been exhausted. Suggested route for patients within pain service was via IFR to CCG. It was acknowledged that there may be more than 6 IFRs</p>	Traffic light status approved as noted	Update website	WH	Nov 15

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		<p>per year for this patient group.</p> <p>Clomifene Query Previous HERPC meetings have clarified that Clomifene is a RED drug . There has been some confusion of traffic light status for patients who are not receiving IVF treatment. Committee confirmed that, due to monitoring requirements, clomifene is RED for all indications.</p>				
2015.09.08	Recommendations from York and Scarborough Commissioning Committee	<p>a) Tapentadol – see agenda item 5 b) LABA/LAMA inhalers – see agenda item 7b</p>				
2015.09.09	Shared Care Frameworks – Prescribing Guidelines	<p>a) Primary Care Infection Guidelines (Update) Includes use of acetic acid as first line treatment for ear infection, LMC requested changes be added to the newsletter. JLy showed a summary sheet that is used by Sth West Yorks which the committee felt would be a useful tool to have.</p> <p>Doxycycline for treatment of community acquired pneumonia dose was discussed as national guidance recommends 200mg STAT and 100mg OD dose, HEY use 200mg stat then 100mg BD. Committee agreed to change guideline to 200mg STAT then 100mg OD-BD. Needs to alter HPA to PHE on 1st page.</p> <p>b) Respiratory Guidelines (updated) Guideline includes use of 4 LABA/LAMA inhalers, 2nd line after short acting B2</p>	<p>Approved subject to amendments JLy to forward summary sheet to LMC.</p> <p>Approved.</p>	<p>MM to prepare summary sheet. Info to be added to newsletter</p> <p>D&T to review items not on formulary</p>	<p>MM WH SG/AM</p>	<p>Nov 15 Nov 15 Nov 15</p>

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		<p>agonists.</p> <ol style="list-style-type: none"> 1) Duaklir 2) Spiolto Respimat 3) Anoro Ellipta 4) Ultibro Breezehaler <p>Other changes included recommendation to review eosinophils to aid further decision making for most appropriate treatment. Currently only Anoro Elipta is on formulary.</p> <p>.It was agreed if guideline approved training/understanding was very important.</p> <ol style="list-style-type: none"> c) HFT Oxygen Guideline Approved to go on website for information d) RA Biologicals Algorithm (updated) NICE recommend that two preparations be tried three if local commissioning agree. e) Lipid Guidelines MM told the group that Professor Kilpatrick was concerned that guidelines would be incomplete and less useful without information relating to primary prevention. The committee considered evidence from IMPROVE-IT study and agreed that evidence did not support current position of Ezetimibe in guideline. Ezetimibe should be available on recommendation from lipid specialist f) Testosterone SCF The need for regular digital rectal exams is a recommendation in the product licence 	<p>Training required for primary care</p> <p>Approved</p> <p>Approved</p> <p>Approved without primary prevention info, subject to change in Ezetimibe guidance.</p> <p>Approved subject to amendment</p>	<p>Arrange training for GP practices, pharmacist teams</p> <p>Add to website</p> <p>Update and add to website</p> <p>Update and add to website</p>	<p>ZN/J Ly/GH</p> <p>MM/W H</p> <p>MM/W H</p>	<p>Nov 15</p> <p>Nov 15</p> <p>Nov 15</p>

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		<p>therefore MM agreed to amend wording to “Digital Rectal examination is also recommended in the manufacturers product licence”, and to alter typo on page 6 where word “implant” appears twice.</p> <p>g) CHCP Furosemide in End of Life Care Committee supported use of guideline for appropriate patient group. It was suggested that cohort of patients recommended in this guideline was not appropriate and not supported by specialists.</p> <p>h) CHCP Wound Management Formulary For information to be added to website.</p>	<p>Not approved</p> <p>Approved</p>	<p>Feedback to CHCP for further review</p> <p>Add to website</p>	<p>GH</p> <p>WH</p>	<p>Nov 15</p> <p>Nov 15</p>
2015.09.10	Concerns Regarding Specialist Recommendation, transfer of care	<p>Reflux HFT Recommendations for reflux Concerns have been raised about HFT Pulmonary Rehab team recommendations for unlicensed treatments for non acid reflux, using HEY respiratory team guidance.</p> <p>Prescribing NOAC's The LMC have received several concerns from GPs regarding initiation of NOAC without adequate patient discussion and counselling. Further concern was raised about initiation of NOACs by A&E.</p> <p>Following investigation, it appears that A&E have not been initiating NOACS, confusion due to teething problems with Lorenzo. HEY are reviewing anticoagulation checklist to incorporate NOACs, this will mean counselling of patients on NOACs will need to be documented</p>	<p>Treatment should be recommended by specialist prescribers only.</p> <p>Further support for patients required on initiation of</p>	<p>Pulmonary rehab team have already stopped this practice. No further action.</p> <p>HEY to update discharge process for anticoagulants</p>	<p>SG</p>	<p>Nov 15</p>

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		<p>prior to discharge. A simpler patient information leaflet to be developed based on template from other trust.</p> <p>Concerns also raised by CHCP DVT service, regarding 1st choice treatment different for different CCGs. The requirement for a commissioned follow up service for initial review of patients prescribed NOAC was also recommended.</p>	NOACs.	<p>New patient info to be developed</p> <p>Feedback to CCGs</p>	<p>MM</p> <p>J Ly</p>	<p>Nov 15</p> <p>Nov 15</p>
	Governance	<p>a) Clopixol Acuphase/Depot Poster Prepared to highlight prescribing and dispensing errors between the two preparations. JLy will circulate to community pharmacies, LPC, and GP's.</p> <p>b) Insulin Poster Prepared to highlight new preparations on the market with differing strength. JLy to add "prescribe by brand" to Optimise.</p> <p>c) Insulin Passport MM circulated minutes from Diabetes Network meeting which no longer recommend use of insulin passport based on audits within secondary care which demonstrated patients are not using the passports.</p> <p>d) NPSA Antibiotic Stewardship JLy has discussed with CCG who felt everything was being done to support this. SG has circulated to relevant parties at HEY.</p>	<p>Approved</p> <p>Approved</p> <p>Approved</p> <p>Noted</p>	<p>Add to website</p> <p>Add to website</p> <p>Remove guidance from website</p> <p>No further action</p>	<p>WH</p> <p>WH</p> <p>WH</p>	<p>Nov 15</p> <p>Nov 15</p> <p>Nov 15</p>

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	Primary Care Rebate Scheme	Added as a new standing item. JLy informed the committee that Yorkshire and the Humber will be considering rebate schemes offered by drug manufacturers. Only schemes relating to drugs on formulary will be considered and schemes which require an increase in prescribing figures will not be considered. Recent rebates have been approved for Zoladex, Leuporelin and Rivaroxaban.	Noted	No further action		
2015.09.12	Additional Minutes for Information	<ul style="list-style-type: none"> a) MMIG (April, May, June, July, September) b) HEY D&T (May, June, July) c) HFT DTC (April) d) Formulary Sub Group (April, July) 	Noted	No further action		Sept 15
2015.09.13	AOB	NB raised the issue of DOT in the community which is an enhanced service commissioned by NHSE, this service takes a long time to set up.	GH will speak to TB nurse		GH	Nov 15
2015.09.14	Date and Time of Next Meeting	Wednesday 25 th November 2015 1 – 3pm The Boardroom, Alderson House, HRI				