

## Hull and East Riding Prescribing Committee Minutes –CONFIRMED

<b>Date / Time</b>	Wednesday 23 <sup>th</sup> March 2016
<b>Venue</b>	Meeting Room 1-2, Health House, Willerby
<b>Chair</b>	Dr M Miller, Senior Principal Pharmacist - Interface, HEY
<b>Notes / Action Points</b>	Mrs W Hornsby, Senior Pharmacy Technician – Formulary/Interface, HEY.
<b>Quorate: Yes / No</b>	Yes
<b>Attendance</b>	Dr A Jeffreys, General Practitioner, LMC Mr G Hill, Senior Pharmacist, CHCP Prof A Morice, Professor of Respiratory Medicine Mr D Corral, Chief Pharmacist, Clinical Director Therapy & Therapeutics, HEY Mr S Gaines, Senior Principal Pharmacist, HEY Mrs J Clark, Chief Officer, Local Pharmaceutical Committee Mrs J Moore, None Medical Prescriber, HFT Ms L Lyle, Senior Pharmacist, Hull NECS Mrs G McNally, Strategic Lead Pharmacist, NECS Ms Julie Curran, Locality Pharmacist, NECS Mr K McCorry, Locality Pharmacist, NECS
<b>Apologies</b>	Ms Z Norris, GP Prescribing Lead, Hull CCG Dr S Roberts, Medical Secretary, Secretariat for Humberside LMC

Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date/Date complete
2016.03.01	<b>Apologies</b>	As above.	Noted	No further action		Mar 16
2016.03.02	<b>Declarations of Interest</b>	None	Noted	No further action		Mar 16
2016.03.03	<b>Minutes of the previous meeting</b>	26.01.10 - Prescribing and monitoring responsibilities for antipsychotics – minutes stated position was clarified need to be altered to say “discussions ongoing not resolved”	Noted	WH to alter minutes	WH	May 16
2016.03.04	<b>Action Tracker</b>	<p>Minutes of Previous Meeting JLy did chase HR regarding a prescribing lead for ER CCG. KMc confirmed that HR are going through the recruitment process and an appointment may be imminent.</p> <p>Shared Care Framework Discharge and Referral Discussions are ongoing KMc is speaking to Ross Palmer. Discussion situation with patients treated via SCF and easy route back to referral. Will feedback more next time.</p> <p>Update of RED list New Red list has not been added to internet as HEY are updating entire site, go live will be 1/4/16 for new site which will contain new red list.</p> <p>SCF/PG Amantadine for delayed ejaculation – ER clinical policy sub group have agreed not for routine commissioning, Hull still to discuss.</p>	No further action	<p>Action complete</p> <p>Feedback next time</p> <p>Update website</p> <p>Feedback next time</p>	<p>JLy</p> <p>KMc</p> <p>WH</p> <p>JLy/LL</p>	

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		<p>SCF/PG Erythropoietin Guidance – AJ will discuss with LMC and bring issues back to next HERPC for discussion.</p> <p>SCF/PG Gonadorelin Analogues and Ulipristal – ER have approved but would like a SCF not a prescribing guideline. Hull still to discuss. Will await Hulls decision before taking forward as may be able to alter prescribing guideline to take into account commissioners concerns.</p> <p>SCF/PG AREDS prescribing guideline, ER have stated they will not routinely commission, awaiting decision by Hull.</p> <p>Medicines Optimisation Concerns Discharge to Assess initiative is underway but long term solution still needed, Hull still to discuss</p> <p>Traffic Light Status Empagliflozin has been added to diabetes guideline but it is anticipated there will be more updates due to information on CV risks.</p> <p>Traffic Light Status Tafluprost eye drops and Sucroferric Oxyhydroxide have both been approved by both Hull &amp; ER CCG.</p> <p>Prescribing Guidelines MM has updated constipation guideline with flow chart and is awaiting specialist feedback before</p>				
				Feedback next time	AJ	
				Feedback next time	JLy/LL	
				Feedback next time	JLy/LL	
				Feedback next time	JLy/LL	
			No further action	Action complete	MM	
			No further action	Action complete	JLy	
			Update guideline	Agenda for next	MM	

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		<p>further discussion at HERPC.</p> <p>Terms of Reference Interim ToFR have been updated and sent to commissioners for approval. On agenda for discussion</p> <p>Terms of Reference Decision making process still requires clarification and meeting still needs to take place.</p> <p>ER CCG Recovery Plan MM has updated SCF for Melatonin which is on agenda for discussion.</p> <p>HFT Discharge Form MM has checked HEY IDS and confirmed that Fit Note is included in the form, AO still to feedback from HFT.</p>	<p>with section for opioid induced</p> <p>No further action</p> <p>Meeting still required</p> <p>No further action</p>	<p>meeting</p> <p>Action complete</p> <p>Feedback next time</p> <p>Action complete</p> <p>Feedback next time</p>	<p>MM</p> <p>MM</p> <p>MM</p> <p>MM</p>	
2016.03.05	<b>Traffic light status</b>	<p>HEY D&amp;T March 16</p> <p>Natamycin Eye Drops – approved as RED for treatment of fungal keratitis</p> <p>Brimonidine Gel – Approved clinically for rosacea but KMc will take to commissioners for approval. Will be guideline led if approved by commissioners.</p> <p>Ivermectin Cream – Place in treatment pathway requested from dermatology will be guideline led.</p> <p>Panobinostat Capsule – for treatment of multiple myeloma in line with NICE traffic light status will be red.</p> <p>Emollients – paper circulated with proposed</p>	Traffic light status agreed as stated	<p>WH to add to red list</p> <p>KMc to take to commissioners</p> <p>Feedback next time dermatology comments</p> <p>WH to update red list</p> <p>Make changes to</p>	<p>WH</p> <p>KMc</p> <p>WH</p>	

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		<p>changes to emollients to bring in line with Joint Formulary.</p> <p>Dithranol in Lassars paste and dithranol in salicylic acid and emulsifying ointment to remove from formulary.</p> <p>Vortioxetine – will be guideline led as per TA367</p>		<p>HEY formulary / Joint Formulary</p> <p>Update Joint Formulary</p>		
2016.03.06	<b>Recommendations from York and Scarborough Commissioning Committee</b>	None	No further action			Mar 16
2016.03.07	<b>Shared Care Frameworks – Prescribing Guidelines</b>	<p>a) Naloxone guidance – developed in response to safety alert and approved for use by CHCP at their therapeutics and pathways group, brought to HERPC for information only</p> <p>b) DOAC PIL – developed to improve patient safety comments from MMIG included confusing as information on card for both patient and healthcare professionals also should include “do not take warfarin at the same time as this medicine”. A more general discussion around DOACs followed regarding issues around double prescribing as many prescribers still unaware they are full blown anticoagulants.</p> <p>c) Melatonin SCF – only change is 2<sup>nd</sup> line treatment to crush MR prep and 3<sup>rd</sup> line is liquid. “Unlicensed “ must be added to liquid preparation along with only for patients requiring enteral administration.</p> <p>d) HFT Treatment referral Form – will not be sent electronically. LMC need to discuss and feedback comments next time. Comments were no box for allergies or stopped</p>	<p>Noted</p> <p>Approved for trial with amendments</p> <p>Approved subject to changes</p>	<p>SG to take back to thrombosis committee with comments and recommendation to trial at HEY</p> <p>MM to update</p> <p>GH to discuss changes with paed specialists</p> <p>Feedback comments to HFT</p>	<p>SG</p> <p>MM/GH</p> <p>SR/AJ</p>	

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2016.03.08	<b>Interface Portal – Pilot Proposal</b>	MM informed the committee that HEY were launching an interface portal pilot for transfer of care queries directly relating to medicines. Queries for CHCP and HFT will be forwarded on to correct providers. Will need to clarify service is only 9 – 5 Mon to Fri.	Noted – feedback to be given at end of three month pilot			Mar 16
2016.03.09	<b>ERoY CCG Recovery Plan</b>	Gluten free products need to be discussed further at joint formulary and with dieticians which has been arranged at next MMIG meeting. Large focus on reduction of medicines waste. Lidocaine patches are on drop list only licensed for post herpetic pain but believed that prescribers are using for other conditions. Plan highlights CQUIN penalties for recommending Red/Amber drugs, HEY contracting have discussing and will reject fines. There is no capacity within pharmacy out-patients to support supply of non-urgent treatment from hospital. HEY are looking at adding treatment request form to Lorenzo which will make it much easier to monitor recommendations in the future. AM suggested that it may be possible to add some inhalers to the drop list once COPD guidance has been clarified.	GH/MM/JM to ask specialist teams what other indications lidocaine patches are prescribed for.		GH/MM /JM	May 16
2016.03.10	<b>Update on Local NHS Structure/Decision Making</b>	Medicines management in primary care – local decision making is currently dysfunctional and needs improving, a separate meeting will be held to discuss. Terms of Reference have been sent to commissioners for comments. ER have discussed minor amendments but not comments from Hull as yet. Responsibility for clinical decision making at HERPC needs to be clear..	Meeting required to discuss  Feedback required from CCGs on any interim changes required	Arrange meeting as per tracker  Send feedback	MM  KM, LL	

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2016.03.11	<b>Communication Received</b>	Varicella Vaccine – Dr Rolf Meigh wanted guidance highlighting to committee, KMc has already circulated to GP's	Noted			
2016.03.12	<b>Primary Care Rebate Scheme</b>	No new additions	Noted	No further action		Mar 16
2016.03.13	<b>Additional Minutes for Information</b>	<ul style="list-style-type: none"> <li>a) MMIG</li> <li>b) HEY D&amp;T</li> <li>c) HFT DTC</li> <li>d) Formulary Sub Group</li> </ul>	Noted	No further action		Mar 16
2016.03.14	<b>AOB</b>	JC asked if it would be possible to remove the amber list from the website as all links to SCF were available via joint formulary.	WH to ask for comments on this idea		WH	
2016.03.15	<b>Date and Time of Next Meeting</b>	Wednesday 25 <sup>th</sup> May 2016 1 – 3pm Meeting Room 1, Health House, Willerby				