

Hull and East Riding Prescribing Committee Minutes –CONFIRMED

Date / Time	Wednesday 25 th May 2016
Venue	The Board Room, Health House, Willerby
Chair	Dr Z Norris, GP Prescribing Lead, Hull CCG
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 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 Dr A Jeffreys, General Practitioner, LMC Ms L Lyle, Senior Pharmacist, Hull NECS Ms J Stark, Senior Pharmacist, HFT Ms Julie Curran, Locality Pharmacist, NECS Mr K McCorry, Locality Pharmacist, NECS Dr S Raise, GP Prescribing Lead, ER
-------------------	---

Apologies	Mrs G McNally, Strategic Lead Pharmacist, NECS Dr S Roberts, Medical Secretary, Secretariat for Humberside LMC Mrs J Moore, None Medical Prescriber, HFT
------------------	--

Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date/Date complete
2016.05.01	Apologies	As above.				May 16
2016.05.02	Declarations of Interest	None				May 16
2016.05.03	Minutes of the previous meeting	Accepted as a true record- committee agreed to ratification of minutes			WH	May 16
2016.05.04	Action Tracker	<p>Minutes of Previous Meeting WH has altered section 26.01.10 to “discussions ongoing not resolved.</p> <p>Shared Care Framework Discharge & Referral KMc has discussed with Ross Palmer the next step is meeting with Catherine Bowker, issue is if patients on SCF requiring easy access back into secondary care and how to achieve this.</p> <p>Update of RED list New RED list is now available on the intranet.</p> <p>SCF/PG LL to discuss funding of Amantadine with Hull CCG.</p> <p>SCF/PG Erythropoetin guidance – on agenda to discuss</p> <p>SCF/PG Gonadorelin & Ulipristal LL to discuss with Hull.</p> <p>SCF/PH</p>	<p>Action complete</p> <p>JS to ask WC to forward HFT contact details to KMC</p> <p>Action complete</p> <p>On agenda</p> <p>On agenda</p> <p>On agenda</p>		<p>WH</p> <p>JS</p> <p>WH</p> <p>LL</p> <p>AJ</p> <p>LL</p>	<p>May 16</p> <p>May 15</p> <p>May 16</p> <p>May 16</p> <p>May 16</p> <p>May 16</p>

Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date/Date complete
		AREDs and AREDs 2 LL to discuss with Hull.	On agenda		LL	May 16
		Medicines Optimisation Concerns Discharge to assess initiative – no feedback as yet, stay RED	No feedback received		LL	Mar 16
		Terms of Reference On agenda for discussion	On agenda		KMc/LL	May 16
		HFT Discharge Form AO not present to discuss sick note situation at HFT.	Discuss next time		AO	Mar 16
		Traffic Light Status Natamycin eye drops have been added to red list.	Action complete		WH	May 16
		Traffic Light Status Brimonidine Gel – on agenda	On agenda		KMc	May 16
		Traffic Light Status Ivermectin – MM still awaiting feedback from dermatology on place in pathway	Awaiting feedback		MM	May 16
		Traffic Light Status Panobinostat has been added to the RED list	Action complete		WH	May 16
		Traffic Light Status Dithranol in Lassers Paste and Dithranol in Salicylic acid/ Emulsifying Ointment have been removed from formulary.	Action complete		WH	May 16
		SCF/PG DOAC PIL SG feedback comments to thrombosis committee and PIL was approved on 8/4/16 , HEY to order small quantity to begin with before rolling	Action complete		SG	May 16

Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date/Date complete
		<p>out.</p> <p>SCF/PG Melatonin SCF – GH has discussed changes with paediatric specialists who were happy with SCF but would like melatonin liquid to be available as an option for children with autism, the committee felt that this was a reasonable request and approved the SCF with this amendment.</p> <p>ER Recovery Plan Feedback from specialist teams on lidocaine patch indications still required. GH/MM to chase. KMc informed the committee that ER CCG would only commission use for licensed indication, therefore the chronic pain guideline will need to be updated. LL to put together Hull feedback. It was discussed that if Lidocaine patches were only available for licensed indication the possible impact of this would be that specialists would then have to find more specialist higher cost treatments.</p> <p>Update on Structure/Decision Making The committee approved the interim terms of reference but agreed that these would need to be reviewed again in the near future.</p> <p>AOB WH has received feedback that the amber list should remain on the website but that it should be emphasized that the joint formulary is the place to look to ascertain traffic light status as some items have more than one traffic light status dependant on indication</p>	<p>Approved</p> <p>GH/MM to chase specialists</p> <p>Approved</p> <p>No further action</p>		<p>GH</p> <p>GH/MM</p> <p>KMc/LL</p> <p>WH</p>	<p>May 16</p> <p>May 16</p> <p>May 16</p> <p>May 16</p>
2016.05.05	Traffic light status	Idarucizumab (Praxbind)	Approved as RED	WH to update red		July 16

Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date/Date complete
		<p>Edoxaban SR asked if it would be possible for HEY to include patients weight/renal function on discharge letters including DOACs.</p> <p>Fentanyl Nasal Spray (Pecfent) – for specialist initiation only.</p> <p>Droperidol Injection</p> <p>Guanfacine – approved as 3rd line treatment for ADHD by HFT. SCF is in process of being written.</p> <p>Ethinylestradiol/drospirenone (Daylette)</p> <p>Sacubitril Valsartan – MM has discussed prescribing with Prof Clark. The committee agreed that the guideline should be sent along with treatment recommendation letter and that a front page should be added to include patients egfr/ renal function. It was agreed that a patient should be followed up by cardiology 6 months after initiation as this is a new drug any issues would need to be resolved by cardiology. The LMC would like timeline from treatment request to initiation to be greater as it is not always easy to provide appointments in time window.</p>	<p>Approved as guideline led</p> <p>Approved as guideline led</p> <p>Approved as RED</p> <p>Approved as RED until SCF written.</p> <p>Approved as guideline led</p> <p>Approved as guideline led in line with NICE TA 388</p> <p>Funding will need to be discussed with commissioners as it is anticipated that there will be a high volume of patients.</p>	<p>list</p> <p>MM to update clinical information on guideline</p> <p>SG to raise with thrombosis committee</p>	<p>MM</p> <p>SG</p>	<p>July 16</p> <p>July 16</p>

Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date/Date complete
2016.05.06	Feedback from Commissioning Groups (Hull and ER CCG)	<p>AREDs Commissioned by Hull not ER AREDs 2 Not commissioned by Hull or ER</p> <p>Ulipristal Guideline has been updated to include new indication for long term use in patients where surgery is not an option. ER would like Ulipristal to become Amber and have a SCF.</p> <p>Brimonidine Gel Not commissioned by Hull or ER</p> <p>Amantadine Not commissioned by Hull or ER</p> <p>Gluten Free Products ER have included in recovery plan. Hull still undecided and would like paper to be presented at next planning and commissioning meeting.</p> <p>COPD pathway updated</p>	<p>MM will feed this information back to ophthalmology at HEY</p> <p>KMc/SR to discuss</p> <p>Approved</p>	<p>WH to update website</p>	<p>MM</p> <p>KMc</p> <p>WH</p>	<p>July 16</p> <p>July 16</p> <p>July 16</p>
2016.05.07	Shared Care Frameworks – Prescribing Guidelines	<p>a) Postural Hypotension New guideline written as Midodrine is now licensed to treat postural hypotension. Would like <u>typically</u> specialist removed, the need for weekly monitoring for first four weeks</p>	<p>MM to update with amendments.</p>	<p>Approved documents to added to website</p>	<p>MM</p>	<p>July 16</p>

Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date/Date complete
		<p>of treatment needs to be highlighted. 3.2 typo hyper should be hypo. The committee would like the addition of a table to clarify dose titration.</p> <p>Review/Updated</p> <p>b) Renal Transplant shared care frameworks Clinical information update</p> <p>c) Cystic Fibrosis/bronchiesctasis</p> <p>d) Denosumab Updated due to confusion over traffic light status, as AMBER and RED dependant upon indication – typo 90mg should read 60mg</p> <p>e) Mycophenolate for immunosuppression SCF No changes to monitoring or responsibility.</p> <p>f) Prescribing Guideline for Constipation Updated to include information on opioid induced constipation. The committee would like methylnaltrexone sub cut to be added as 3rd line</p> <p>g) Prescribing Guideline Medicines Supply from Hospital Review due – only change was wording of monitored dosage systems.</p>	<p>Approved</p> <p>Approved</p> <p>Approved</p> <p>Approved</p> <p>Approved with amendments</p> <p>Approved</p>		<p>MM</p> <p>MM</p> <p>MM</p> <p>MM</p> <p>MM</p> <p>MM</p>	<p>July 16</p> <p>July 16</p> <p>July 16</p> <p>July 16</p> <p>July 16</p> <p>July 16</p>

Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date/Date complete
2016.05.08	Clinical Network Guidance: Cardiac assessment prior to prescribing acetylcholinesterase inhibitors	Guidance suggests that less ECG monitoring is required in HFT/Neurology patients and does not reflect what is currently happening locally.	HFT/HEY to discuss with teams and will feedback next time.		JS/MM	July 16
2016.05.09	Decision making process for new medicines (Draft for Discussion)	<p>MM has drafted flowchart to demonstrate HERPC place in decision making process.</p> <ol style="list-style-type: none"> 1) D&T/New drug 2) Commissioners local/national 3) HERPC – implementation <p>This is because currently HERPC are making clinical decisions without financial input from CCG.</p> <p>Other options considered were One large meeting to include all D&T's, CCGs, LMC,LPC etc Two separate models one for Hull and ER.</p> <p>ZN/SR agreed that they would talk to commissioners regarding attending HERPC to help simplify the process further.</p>	ZN/SR to request commissioners attend future HERPC meetings.		ZN/SR	July 16
2016.05.10	Prescribing Issues for Patients Requiring Epoetins for CKD (not on dialysis)	<p>Currently 7 patients attend renal OP clinic as their GP practice will not sign up to a SCF. It is anticipated that this number will increase due to increasing pressures upon GP's, therefore renal out patients may have to consider alternatives for patients.</p> <p>Hull patients -tariff payment to be agreed this will need to be resolved with contracting. Has secondary care LES</p> <p>ER patients – would it be possible to set up</p>	Guideline approved	WH to update website	WH	July 16
			KMc to look at		KMc	July 16

Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date/Date complete
		contract with Bridlington unit as this may be more convenient for some patients rather than attending HRI.	what provision ER has in place and feedback			
2016.05.11	Communication Received	None				June 16
2016.05.12	Primary Care Rebate Scheme	None				June 16
2016.05.13	Additional Minutes for Information	<ul style="list-style-type: none"> a) MMIG (April) b) HEY D&T (March, April) c) HFT DTC (February) d) Formulary Sub Group (None) 	Noted	No further action		June 16
2016.05.14	AOB	None				June 16
2016.05.15	Date and Time of Next Meeting	Wednesday 27 th July 2016 1 – 3pm The Board Room, Health House, Willerby				