

Hull and East Riding Prescribing Committee Minutes –CONFIRMED

Date / Time	Wednesday 28 th September 2016
Venue	Meeting Room 1, Health House, Willerby
Chair	Dr Z Norris, GP Prescribing Lead, Hull CCG
Notes / Action Points	Mrs S Greene, 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 Dr S Raise, GP Prescribing Lead, ER Mr S Gaines, Senior Principal Pharmacist, HEY Dr A Jeffreys, General Practitioner, LMC Mrs J Moore, None Medical Prescriber, HFT (until 2pm) Ms L Lyle, Senior Pharmacist, Hull NECS Ms J Stark, Senior Pharmacist, HFT Dr W Chong, Chief Pharmacist, HFT Phil Davis, Head Of Primary Care, Hull, CCG Dr A Saxena, LMC, GP in Goole
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Apologies

Dr S Roberts, Medical Secretary, Secretariat for Humberside LMC
Mr D Corral, Chief Pharmacist, Clinical Director Therapy & Therapeutics, HEY
Mr K McCorry, Locality Pharmacist, NECS

Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date/Date complete
2016.09.01	Apologies	As above.				
2016.07.02	Declarations of Interest	None declared				
2016.07.03	Minutes of the previous meeting	Accepted as a true record				
2016.07.04	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. Defer to next meeting</p> <p>Medicines Optimisation Concerns LL is liaising with Emma Owen who is leading for both CCG's. Gapsin commissioning for medicines optimisation reviews in primary care.</p> <p>SG had raised at Thrombosis Committee. Team had agreed that weight/renal function should be added to treatment requests. Dr Saleh to cascade new procedure to medics via letter.</p> <p>Feedback from Commissioning Groups. MM has informed HEY ophthalmologists of commissioners decision regarding AREDS and AREDS 2, ophthalmology was not happy with this decision. Both CCG's agreed that there could be no appeal against the decision, but it was possible to appeal against the process.</p>	<p>HEY/HFT need to cost this and can feedback</p> <p>MM agreed to requesting comments from LMC.</p> <p>Update next time</p>	<p>Action complete</p> <p>Action complete</p>	<p>WC/MM</p> <p>MM</p> <p>LL</p> <p>SG</p>	<p>Nov 16</p> <p>Nov 16</p> <p>Jan 16</p> <p>Sept 16</p> <p>Sept 16</p>

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		<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 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.</p>	KMc to feedback next time	<p>HFT team to review and send draft to MM for HEY specialist to comment</p> <p>Status downgraded to Red/Amber</p>	<p>MM</p> <p>KMc</p> <p>ZN/SR</p> <p>SR</p>	<p>Sept 16</p> <p>Nov 16</p> <p>Nov 16</p>
2016.9.5	Traffic light status	<p>Rituximab – approved as RED for idiopathic membranous glomerulonephritis</p> <p>Ceftolazone/Tazobactam – Approved as RED</p> <p>Olaparib – Approved as RED</p> <p>Tolvaptan – Approved as RED in line with NICE TA 358 (recharge CCG)</p> <p>Obinutuzumab – Approved as RED in line with NICE TA 343</p> <p>Evolocumab – Approved as RED subject to approval of criteria/process to assess suitability (recharge CCG)</p>	Approved as listed subject to commissioners	<p>Action complete</p> <p>Action complete</p> <p>Action complete</p> <p>Action complete</p> <p>Action complete</p> <p>Action complete</p>	<p>KM/LL</p> <p>WH/MM</p> <p>MM</p>	<p>Sept 16</p> <p>Sept 16</p> <p>Sept 16</p> <p>Sept 16</p> <p>Sept 16</p> <p>Sept 16</p>

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	 Agenda item 5a HEY D&T HFT DTC briefing	<p>Alirocumab – Approved as RED subject to approval of criteria/process to assess suitability (recharge CCG)</p> <p>Dulaglutide – Agreed as guideline led. Propose to remove long acting exenatide and replace with dulaglutide.</p> <p>a. HEY D & T – Please see attached. These drugs are all NHS England commissioned. All Red</p> <p>b. HFT DTC – Paliperidone palmitate 3 monthly – To be shared care with HFT. Costings not affected. LL to put in Newsletter. Verbal agreement. Joint Formulary to be updated.</p> <p>c. CHCP Therapeutics Committee – nothing to report</p>		<p>Action complete</p> <p>LL to put in newsletter SG to updated formulary</p>	<p>MM</p> <p>MM</p> <p>LL</p> <p>SG</p>	<p>Sept 16</p> <p>Sept 16</p> <p>Sept 16</p> <p>Nov 16</p> <p>Nov 16</p>
2016.9.06	Feedback from Commissioning Groups (Hull and ER CCG)	<p>Sacubitril – Valsartan ER happy with document. PIL still to be produced. First month prescribing to be performed by Prof Clark monitoring and titration will be picked up by primary care.</p> <p>All drugs discussed at the July HERPC meeting were approved at the Commissioning Groups for Hull / ERY CCG's.</p>	PIL required	Action complete	MM	Sept 16
	Shared Care Frameworks – Prescribing Guidelines	<p>NEW</p> <p>a) no new guidelines</p> <p>REVIEW / UPDATED</p> <p>b) Somatropin Shared Care Framework – it was mentioned that there is currently no SCF available for children, MM is currently working on this with pharmacy paediatric team.</p> <p>c) Somatostatin analogues Shared Care Framework –</p>	<p>WH to check RED list as Somatostatin is AMBER.</p> <p>Approved</p>	<p>Action complete</p> <p>Action complete</p>		<p>Sept 16</p> <p>Sep 16</p>

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		<p>remove information on high output stoma as gastro team wish to remain RED for this indication. Palliative care use will be guideline led and all other indications will be treated under SCF.</p> <p>d) Prescribing for Erectile Dysfunction following Radical Prostatectomy –. Tadalafil preferred by specialists due to duration of action and higher patient acceptability (once daily). Sildenafil is not licensed for regular/once daily use in this indication.</p> <p>e) Chronic pain guideline and use of Lidocaine Patches. MM has discussed with HEY specialists and main areas of use are neuropathic pain in patients who cannot tolerate oral preps, cancer services and</p> <p>f) palliative care. CHCP pain specialist used to treat very locally defined pain. ER commissioning intention to only commission for licensed indication, as little evidence for other uses.</p> <p>g) HFT Wound Formulary (Update)</p>	<p>Approved</p> <p>For further discussion with commissioners</p> <p>Recommendation of lidocaine patch to be removed from chronic pain guideline.</p> <p>Approved</p>	<p>Action complete</p> <p>Update Joint formulary</p> <p>Action complete</p>	<p>MM/SG</p> <p>MM</p> <p>WH</p>	<p>Sept 16</p> <p>Nov 16</p> <p>Sept 16</p> <p>July 16</p>
2016.09.07	Shared Care Frameworks – Prescribing Guidelines	<p>a. Sacubitril Valsartan guidelines including PIL MM to amend wording on the guidelines. AG to e-mail narrative.</p> <p>b. Liothyronine guideline Communication to patients to go through GP. Patients reviewed as they come in. MM to put notification in GP newsletter</p>			<p>MM</p> <p>MM</p>	<p>Nov 16</p> <p>Nov 16</p>

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		<p>c. Tolvaptan guideline NICE TA already approved for Renal use – agreed Red Drug. MM to update document and forward to ZR, SR, KMc, and PD in the CCG's.</p> <p>d. Guanfacine shared care framework Wording to be amended for transitional services for 17/18 year old ADHD patients. Framework to go back to commissioners at in CCG's as no funding available once the patient reaches the age of 18.</p> <p>e. Type 2 diabetes algorithm MM to highlight in GP Newsletters and put on website</p>		MM to update document and send to CCG's	MM	Nov 16
					JS/GH	Nov 16
					MM	Nov 16
	Regional Medicines Optimisation Committees Presentation	Michelle Cossey Regional Pharmaceutical Advisor/Head of Clinical Strategy NHSE gave the committee a presentation on RMCO's.	WH will circulate presentation when received from MC.	Action complete	WH	Sept 16
2016.09.08	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			MM	Nov 16
	National Guidance (NICE, NHSE)	<p>National Guidance (NICE, NHSE)</p> <p>b) SSC1620 Primary Care Responsibilities in Prescribing and Monitoring Hormone Therapy for Transgender and Non Binary Adults (Updated) – recommends that there is a role for primary care prescribing for these patients. It is understood that the LMC are not happy with this document. The issue is sitting with the LMC and NHS England – awaiting response</p>		Feedback to be forwarded to commissioners, which KMc will take to clinical policy group next week.	KMc	Sept 16

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2016.09.09		Nothing new to discuss				
	Transfer of Care Concerns	<p>It is has been highlighted that there are problems accessing social care medicine only calls. Although the local authority have assured that medicine only calls are still happening. Currently this is hearsay and it was agreed that specific examples were needed if this issue were to be take further.</p> <p>HFT assess patients for compliance aid needs and currently Hull patients can be discharged with a NOMAD. There is no official facility to do this for ER patients so far this has been achieved on the goodwill of community pharmacys but is now beginning to delay discharge.</p>	MM to provide specific examples.	Defer to next meeting	MM	Sept 16
	Use of Branded Generics	Pharma reps are contacting HEY team as they are finding it difficult to meet with NECS employees to discuss potential savings. There is a form available on NECS website for queries http://www.necsu.nhs.uk/contact which reps could use to arrange meeting	LL to send link to NECS website to WH/MM for distribution to reps.	Action complete	LL	Sept 16
	Communication Received	MM had received a query from a GP practice regarding a request to prescribe pentoxifylline from vascular surgery at HEY. The Optimise computer system highlights the drug as RED which is correct for the following two indications for treatment of Behcet's (Immunology) and for alcohol related hepatitis (Gastro) but this was not relevant in this incidence and has caused confusion to both the specialist and the GP. Optimise is reviewed on a rolling programme and it was agreed that it would be good to perform a review on medicines with more than one traffic light status.	Discuss at joint formulary. Red status until MM sets date for meeting	Add to next joint formulary meeting agenda for further discussion.	MM	Sept 16

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2016.09.10	Changes to HEY Interface Staff	MM introduced Sue Greene who has taken over Wendy Hornsby's role as Formulary/Interface Technician on a trial basis. MM also advised that she has accepted a new post within HEY as Education and Training Pharmacist for the CS Health Group. The Interface Pharmacist post has been submitted to the HEY Trust vacancy panel.				
2016.09.11	Governance	Methotrexate Incidents Recent incidents have highlighted an issue regarding incorrect frequency of Methotrexate doses in Rheumatology patients.	Alert to be circulated in all areas		All	
2016.09.12	Communication Received	None received				
2016.09.13	Primary Care rebate scheme - standing item	Stalivo to be discussed at MMIG.			SG	Nov 16
2016.09.14	Additional Minutes for Information	a) MMIG (May) b) HEY D&T (May, June) c) HFT DTC (April) d) Formulary Sub Group (May)				
2016.09.15	AOB	The pilot to provide a portal facility by HEY to GP's had gone live. Only 40 queries had been logged by primary care pharmacies, and mostly around quality of discharges. This information is to be fed back to the Trust Safe Medication Practice Committee	Keep portal open for now, and review once permanent Interface staff in place			
2016.07.15	Date and Time of Next Meeting	Wednesday 23 rd November 2016 1 – 3pm TBC				