

Hull and East Riding Prescribing Committee Minutes – Confirmed

Date / Time	Wednesday 26 th September 2018, 1:00pm
Venue	The Board Room, Health House, Willerby
Chair	Dr S Raise, GP Prescribing Lead, ER
Notes / Action Points	Mrs W Hornsby, Senior Pharmacy Technician HEY
Quorate: Yes / No	Yes

Mr K McCorry, Senior Pharmacist, NECS
Mr D Corral, Chief Pharmacist, Clinical Director Therapy & Therapeutics, HEY
Prof A Morice, Professor of Respiratory Medicine, HEY
Mr A Ramirez, Senior Principal Pharmacist- Interface HEY
Mr S Gaines, Senior Principal Pharmacist, HEY
Dr R Schreiber, Medical Secretary, LMC
Mrs J Clarke Chief Officer Local Pharmaceutical Committee ERHLPC
Mr G Hill, Senior Pharmacist, CHCP CIC
Dr K Raghunath, GP Prescribing Lead, Hull CCG
Mr P Davis, Head Of Primary Care, Hull, CCG
Mr A Ortiz-Moya, Principle Pharmacist, HTFT
Ms M Opoku-Fofie, Principle Pharmacist, HTFT

Apologies	Mrs J Stark, Principal Pharmacist, HTFT Mr Tim Allison, PHE
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Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date/Date complete
2018.09.01	Apologies	As above				
2018.09.01 a	ECG ongoing work with commissioners	Mr Paul Johnson did not attend meeting, it is hoped that this presentation will take place at Novembers meeting	AR to reschedule Paul Johnson attendance		AR	11/18
2018.09.02	Declarations of Interest	None				
2018.09.03	Minutes of the previous meeting	Amendment to page 6 alter "at current" to " at present", accepted as a true record		WH to amend minutes	WH	11/18
2018.09.04	Action Tracker	<p>Adult renal Transplant for GP prescribing RS said the LMC were happy with the contents of document as an information tool for GPs. Approved and to website.</p> <p>A further discussion on the repatriation of renal transplant patients to HEY took place. Agreed to be discussed outside of this meeting as a commissioning issue. AR to source York repatriation document and share it to relevant parties</p> <p>Traffic Light Status Plenvu traffic light status has been changed to Red</p> <p>Growth Hormone Letter to Parents AR has amended and recirculated</p> <p>Ibandronic Acid post cancer Patient consent section has been added and links all work. LMC had raised concerns over the use of an unlicensed product. AR has discussed with clinical leads who are happy to turn document into a SCF. AR will send SCF to KMc for discussion at Hull and ER CCG planning meetings. The committee approved the document switch to SCF and agreed it did not have to come back to HERPC for further approval.</p>	<p>Approved</p> <p>Action complete</p> <p>Action complete</p> <p>AR to send SCF to KMc</p>	<p>WH to web</p> <p>No further action</p> <p>No further action</p> <p>KMc to take to Hull & ER CCG</p>	<p>AR</p> <p>AR</p> <p>AR/KMc</p>	<p>9/18</p> <p>9/18</p> <p>9/18</p> <p>11/18</p>

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		<p>Anticoagulation Choices in Non Valvular AF Weight has been added and guideline is on website</p> <p>Rifaximn in Hepatic Encephalopathy Has been added to website</p> <p>Glaucoma in Adults Has been added to website</p> <p>Epilepsy Guideline Amendments have been added and guideline is on website</p> <p>Fulvestrant SCF Has been added to website</p> <p>Infant Formula Document has been amended and added to website</p> <p>PG Sacubitril Valsartan Has been updated and added to website</p> <p>Diamorphine/ Morphine Switch Morphine 10mg has been added to part A of formulary. All parties agree to switch to morphine but “momentarily” in limbo as morphine 15mg shortages. Documentation needs changing. There was a discussion around current shortages of diamorphine/morphine and the possibility of including both as just in case medicines. It was agreed to add morphine 30mg to part B.</p> <p>SR asked if it would be possible for community pharmacy’s to inform GPs what medicines were available to avoid prescribing problems. There is already a document with shortages circulated by CCGs</p> <p>LMC concerns with valproate prescribing AR has fed back discussions to RS and clarified how HEY and Humber will manage the annual patients’ review.</p> <p>Dalteparin/Tinzaparin Switch Paper has been circulated with the proposal to switch to tinzaparin and the savings if the DOACs use gets increased.</p>	<p>Action complete</p> <p>GH to liaise with JC regarding addition of 30mg morphine to part B</p> <p>Action complete</p> <p>Action complete</p>		<p>AR</p> <p>AR</p> <p>AR</p> <p>AR</p> <p>AR</p> <p>AR</p> <p>AR</p> <p>GH/JC</p> <p>AR</p> <p>AR</p>	<p>9/18</p> <p>9/18</p> <p>9/18</p> <p>9/18</p> <p>9/18</p> <p>9/18</p> <p>9/18</p> <p>11/18</p> <p>9/18</p> <p>9/18</p>

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		<p>Thrombosis committee have reviewed the document and have endorsed it from a clinical/safety perspective. The use of DOACs as first line in the hospital (instead of LMWH) might present clinical challenges and it's up to the prescribing clinician. In community is down to commissioners and GPs to implement the switch LMWH to DOAC to get the savings. Haematology has already begun to use rivaroxaban instead of dalteparin in some patients (it could be up to 80% of dalteparin users). It is thought the switch to DOAC could generate savings of around 50k. AR agreed to give further updates as things progressed.</p> <p>AOB Ticagrelor 60mg AR has discussed Ticagrelor with cardio team. Patients actually taking 90mg won't be reviewed. Newly discharged patients will have advice on IDLs if they need the 60mg.</p> <p>AOB Antipsychotics On agenda for further discussion</p> <p>AOB RMOC has been added to agenda</p>	<p>Action complete</p> <p>Action complete</p> <p>Action complete</p>		<p>AR</p> <p>AR</p> <p>AR</p>	<p>9/18</p> <p>9/18</p> <p>9/18</p>
2018.09.05	Traffic Light Status	<p>Eletriptan – proposed as blue 2nd line treatment after sumatriptan in line with NICE CG150</p> <p>Symdeco®/Tezacaftor/Ivacaftor proposed as Red for treatment of CF by specialist recommendation only for compassionate use</p> <p>DEKAS®plus/essential proposed as blue specialist recommendation "only for treatment of CF" to be added to formulary</p> <p>Dupilumab proposed as red for treatment of severe atopic dermatitis, dermatology to incorporate into pathway</p> <p>Vosevi®/Sofosbuvir/Velpatasvir/Voxilaprevir proposed as red specialist recommendation only to treat chronic hep c</p> <p>Ocrelizumab proposed as red specialist recommendation only to treat MS</p>	<p>Approved</p> <p>Approved</p> <p>Approved</p> <p>Approved</p> <p>Approved</p> <p>Approved</p>	<p>Updates to be made to joint formulary and red list</p>	<p>WH</p>	<p>11/18</p>
2018.09.06	Feedback From Commissioning	Hull and ER CCG will no longer commission AREDS	KMC will forward minutes to	WH to change formulary once	KMc/W H	11/18

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	Groups	<p>Hull and ER CCG will only commission lidocaine plasters for their licensed indication</p> <p>KMc informed us that Hull CCG have rebate in place for seretide</p> <p>ER CCG have rebates in place for :</p> <p>Seretide Edoxaban Convatec Aquacel</p>	<p>SG/WH for circulation at HEY D&T</p> <p>Noted</p>	<p>minuted at D&T</p>		
2018.09.09	Prescribing guidelines, shared care frameworks for approval	<p>NEW Protocol for Influenza Outbreaks in carehomes</p> <p>UPDATES Prescribing guideline Lipid Summary Prescribing guideline Lipid Full Guidance Omega 3 fish oils have been removed in line with national guidance relating to medicines of low clinical value and ezetimibe has been added. Approved. AR to ask consultant if ezetimibe advice should be changed to "maximum tolerated dose of Atorvastatin", and change from QRISK 2 to QRISK 3</p> <p>SCF for Cinacalcet for the treatment of secondary hyperparathyroidism in patients with end stage renal disease No changes</p> <p>SCF for Testosterone in Adults with Leaflet There was a lengthy discussion around the frequency of rectal examinations recommended in the leaflet it was agreed to alter wording to include "testing to be carried out in accordance with manufacturers advice". Also testing requirements to be altered from bcps to lft's, calcium, electrolytes and urea. AR will discuss amendments with specialists before adding to website.</p> <p>All DMARDS SCF have a new addition about need to use DMARDS approved clinic letter to communicate with GPs</p>	<p>Noted</p> <p>AR to amend and add to web</p> <p>Approved</p> <p>AR to amend and add to website</p>	<p>For web</p> <p>Amend and add to website</p> <p>Add to website</p>	<p>AR</p> <p>AR</p> <p>AR</p>	<p>11/18</p> <p>11/18</p> <p>11/18</p>

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		SCF for Azathioprine and Mercaptopurine in Inflammatory Bowel Disease and Autoimmune Hepatitis No other changes	Approved	Add to website	AR	11/18
		SCF for Ciclosporin (Neoral) for Immunosuppression in adults Clarification of indications only change	Approved	Add to website	AR	11/18
		SCF for Hydroxychloroquine in Rheumatic and Immunological Disease SCF has required lots of changes including guidance from the royal college of ophthalmologists. Now regional guidelines might contradict that advice. AR has discussed with clinical lead for rheumatology and has agreed to extend review date by 6 months until regional guidance has been published	Review date of current SCF to be extended	Add to website	AR	11/18
		SCF for Sodium aurothiomalate (Gold injection) in RA No changes	Approved	Add to website	AR	11/18
		SCF for Leflunomide in Rheumatic Diseases Interaction with phenytoin added	Approved	Add to website	AR	11/18
		SCF for Methotrexate for Immunosuppression in adults Minor inclusion of test prior prescription. P3NP for dermi only.	Approved	Add to website	AR	11/18
		A discussion took place about prescribing of SC MTX. AR explained that initially the hospital prescribing was due to MTX sc being an unlicensed product and issues regarding the disposal of hazardous waste from patients' homes. MTX sc is now available as a licensed preparation (3 brands) and both Hull and ER councils provide the service of removing hazardous clinical waste from patients homes. AR explained that patients are all trained by HEY how to self administer the injections and agreed to add: "patient trained in hospital before discharge" to SCF. It unclear if hazardous clinical waste bins could be supplied on FP10. JC to check. RS to take to LMC for comments.	RS to take to LMC JC to check hazardous bins status		RS/JC	11/18
		SCF for Penicillamine in Rheumatic Diseases No change	Approved	Add to website	AR	11/18
		SCF for Azathioprine for Immunosuppression Clarification of indications only change	Approved	Add to website	AR	11/18

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		<p>SCF for Sulfasalazine for Immunosuppression No change</p> <p>SCF for Methylphenidate for ADHD SCF for Atomoxetine for ADHD SCF For Dexamfetamine for ADHD and Narcolepsy SCF Lisdexamfetamine for ADHD</p> <p>Atomoxetine change to include pretreatment ECG to be performed by cardiology at request of mental health specialist if high risk patients. Other procedural elements remain the same. SR said that from a GP's point of view the transfer from child to adult services was not ideal but would be happy to approve if: HTFT would guarantee to arrange initial ECG as per SCF Transfer to adult care was arranged, meaning GPs would be responsible for maintenance only</p>	<p>Approved</p> <p>All approved</p>	<p>Add to website</p> <p>Add to website</p>	<p>AR</p> <p>AR</p>	<p>11/18</p> <p>11/18</p>
2018.09.08	Antipsychotic Medicines	<ul style="list-style-type: none"> • Antipsychotic Monitoring Forms for Initiation and Maintenance • Medicines Management Tool for Antipsychotics <p>It was agreed that better communication was needed between GPs and specialist services for the good of patient safety and governance. AO agreed that HFTH would ensure monitoring forms would be transferred with patients notes to GPs</p>	Approved	Add to website		9/18
2018.09.09	RMOC	<p>FOC Medicines Scheme - Circulated for information AR informed that many of these contracts are actually signed by regional purchasing team.</p>	Noted	No further action		9/18
2018.09.10	Correspondence Received	<p>NPS Alert Hyperkalaemia - agreed to discuss at MMIG first AR agreed to email alert to all members of committee</p>	AR to email alert to committee members		AR	11/18
2018.09.11	Proposed Meeting Dates 2019	Agreed.	WH to send out calendar requests to all members		WH	11/18

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2018.09.12	Primary Care Rebate Scheme	See section 6				
2018.09.13	Additional Minutes for Information	<ul style="list-style-type: none"> a) MMIG (July) b) HEY D&T (July) c) HTFT DTC (June) d) CHCP (none) e) Formulary Sub Group (none) 	Noted			9/18
2018.09.14	A.O.B	<p>DC informed the committee about the outcome of the judicial review of the off label use of Avastin in wet AMD. This needs to be discussed with the ophthalmologists first and at all levels involved. Awaiting information from national stakeholders.</p> <p>MOK asked if there had been any updates relating to cannabis oil. DC said the CQC and MHRA are currently looking at this but nothing concrete has been published as yet. AR said NHSE have not discussed as yet.</p> <p>AR has spent some time with the SCR working group who have provided him with guidance on how to make third party supplies visible on SCRs by auctioning some clicks in the systems. AR has forwarded information to LMC, KR, SR, ER CCG and Hull CCG for dissemination to all GPs</p> <p>AR has received several calls from GPs over the past two weeks refusing to prescribe Dalteparin for pregnant women as OptimiseRx flags it as RED drug. Dalteparin is not a red drug and under the terms of our agreements the hospital supplies the first 28 days and GPs continue. In fact, to increase compliance and avoid complications, post-delivery HEY supply 6 weeks. This could have serious implications to the health of the patients if they fail to receive treatment and compliance gets affected.</p> <p>Feedback by a practice pharmacist is that they have been told that the RED drug status was a “glitch in the system”.</p> <p>For governance purposes AR requested KMc to investigate how the message got to OptimiseRx and feed back to the group</p>	Noted			
			AR to circulate information		AR	11/18
			KMc to investigate and feedback		KMc	11/18
	Date and Time of Next Meeting	Wednesday 28 th November 2018 1pm – 3pm, Board Room, Health House, Willerby, Hull				