

## Hull and East Riding Prescribing Committee Minutes – Confirmed

<b>Date / Time</b>	Wednesday 22 <sup>nd</sup> May 2019, 1:00pm
<b>Venue</b>	The Board Room, Health House, Willerby
<b>Chair</b>	Dr S Raise, GP Prescribing Lead, ER
<b>Notes / Action Points</b>	Mrs W Hornsby, Senior Pharmacy Technician, HUTH
<b>Quorate: Yes / No</b>	No (Approval to be sought from secondary care clinician post meeting) Prof Morice approved the documents on 31/05/2019

Mr A Ramirez, Professional Secretary, Senior Principal Pharmacist- Interface HUTH  
Dr B Ali, GP Prescribing Lead, Hull  
Mr G Hill, Senior Pharmacist, CHCP CIC  
Mr K McCorry, Senior Pharmacist, NECS  
Mr S Gaines, Senior Principal Pharmacist, HUTH  
Dr R Schreiber, Medical Secretary, LMC  
Mrs J Clarke Chief Officer Local Pharmaceutical Committee ERHLPC  
Mrs L Cullen, Infectious Disease Pharmacist, HUTH (Guest)  
Ms Z Huiting, Pharmacist, Chinese Exchange Programme (Guest)  
Ms M Opoku-Fofie, Principle Pharmacist, HTFT  
Mr P Davis, Strategic Lead Primary Care, Hull, CCG

<b>Apologies</b>	Mrs J Stark, Principal Pharmacist, HTFT Prof A Morice, Professor of Respiratory Medicine, HUTH Mr D Corral, Chief Pharmacist, Clinical Director Therapy & Therapeutics, HUTH Dr W Chong, Chief Pharmacist, HTFT Prof M Lind, Professor of Oncology, HUTH
------------------	--

Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date/Date complete
2019.05.01	Apologies	As above				
2019.05.02	Declarations of Interest	None				
2019.05.03	HUTH Infectious Disease Pharmacist	<p>LC came to discuss the recent MHRA alert regarding rare musculoskeletal and neurological side effects when using fluoroquinolones. The report is in response to 286 reported cases over a period of 21 years. HUTH will be looking at high use areas and raising awareness. A PIL is in the process of being drafted which will be available on the HUTH website for everyone to access. LC explained that some of the reported side effects although very rare can be very disabling.</p> <p>In the current primary care antibiotic guideline ciprofloxacin is recommended 4 times three as a second line treatment and once on private prescription for travellers' diarrhoea. LC explained that this would be reviewed shortly as part of the whole process.</p> <p>The committee discussed that there is currently a 5 yr action plan from 2019 to 2024 to reduce GP antibiotic prescribing by 25% and it was thought this would be much more difficult to achieve than the 10% reduction achieved between 2013-2018.</p>	<p>SR to disseminate to GP colleagues</p> <p>KMc to check if warning is coming up on optimise for Hull and ER.</p>		<p>SR</p> <p>KMc</p>	<p>7/19</p> <p>7/19</p>
2019.05.04	Minutes of the previous meeting	Approved				7/19
2019.05.05	Action Tracker	<p><b>PG/SCF</b> Management of childhood asthma – comments discussed with consultants. Final document drafted. For HERPC in July</p> <p><b>Correspondence Received</b> SR to write to PHE assistant director Mike McDermott regarding public health emergencies, to ask what our involvement would be in such a scenario</p> <p><b>New Action</b> WH has added Esmya SCF draft to agenda</p> <p><b>Traffic Light Status</b> AR has discussed updating T2D guideline with Jane Patmore, new products have been added but endocrinology is now in the process of</p>	<p>Add to July agenda</p> <p>SR to write letter</p> <p>Action complete</p> <p>Action complete. AR will bring re-designed</p>		<p>AMB/ EOS</p> <p>SR</p> <p>WH</p> <p>AR</p>	<p>3/19</p> <p>3/19</p> <p>5/19</p> <p>5/19</p>

Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date/Date complete
		reviewing the layout of the document to make similar to national guidance.	guideline once complete		WH	5/19
		<b>Traffic Light Status</b> WH has updated Red list and joint formulary	Action complete		WH	5/19
		<b>PG/SCF</b> All approved guidelines and SCF have been added to website	Action complete		AR	5/19
		<b>PG/SCF</b> Contenance formulary – AR has discussed with HUTH urology dept	Action complete		AR	5/19
		<b>PG/SCF</b> Medical Devices & Appliances Not Recommended for Routine Prescribing – AR has distributed to relevant HUTH depts.	Action complete		AR	5/19
		<b>RMOC</b> AR has discussed the use of heparinised saline with relevant HUTH departments. Awaiting reply by cancer services	Add to July agenda		AR	5/19
		<b>Hull GP Collaborative</b> RS has discussed Patient contract and opioid leaflet with LMC, they do not wish to use	Action complete		RS	5/19
		<b>Correspondence Received</b> AR/KMc to feedback from meeting with diabetes team re: flash glucose monitoring. The meeting will now be held on the 6th June to discuss how to manage the process. JC pointed out that when dispensed pharmacy's will also need to keep a stock of 7litre sharps bins as these are the only size bins big enough to fit the waste in.	Add to July agenda		AR/KMc	5/19
		<b>Correspondence Received</b> AR to feedback discussions from DOAC meeting The DOAC meeting took place and decision still needs to go to Thrombosis Committee, Drug & Therapeutics and HERPC. SR will send copy of final document to WH for circulation. SR raised some concerns about the content of the document it was felt that it was lacking balance as there was information on how/when to switch from warfarin to a DOAC but no information on how/when to switch from a DOAC to warfarin as switching between any anticoagulant therapy is a concern for GPs due to the possibility of the occurrence of stroke during the switch. Clinical evidence was the primary concern in the meeting but it was	Action complete		AR	5/19
			SR to send document to WH for circulation		SR	7/19

Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date/Date complete
		<p>agreed that there was clinically no difference between any of the agents for the treatment of SPAF, the meeting then moved onto cost effectiveness. The committee agreed that it would be preferential if the document had referred more to patient reviews rather than patient switches.</p> <p><b>AOB</b> CH to send memo for circulation to AR regarding carbamazepine shortages</p>	Action complete		CH	5/19
2019.05.06	Traffic Light Status	<p>Iloprost licensed product now available</p> <p>Cetraben remove from formulary and replace with QV cream</p> <p>Ciclosporin 0.1% Single Use Eye Drops Verkazia ®</p> <p>Fluorescein IV for oral use in paediatrics</p> <p>Betesisl®Medicated Plasters</p> <p>Blu Patent V PFS</p> <p>Brigatinib Anaplastic lymphoma kinase (ALK)-positive advanced non-small-cell lung cancer in adults who have already had crizotinib.</p> <p>Abemaciclib with an aromatase inhibitor for previously untreated, hormone receptor-positive, HER2-negative, locally advanced or metastatic breast cancer</p> <p>Encorafenib &amp; Brimetanib unresectable or metastatic BRAF V600 mutation-positive melanoma</p> <p>Testavan® Testosterone 2% (20mg/g) gel For male hypogonadism</p>	<p>Approved as red</p> <p>Approved as green</p> <p>Approved as blue</p> <p>Approved as red</p> <p>Approved as green</p> <p>Approved as red</p> <p>Approved as red</p> <p>Approved as red</p> <p>Approved as red</p> <p>Approved as blue</p>	<p>Add to red list</p> <p>Add to joint formulary</p> <p>Add to joint formulary</p> <p>Add to red list</p> <p>Add to joint formulary</p> <p>Add to red list</p> <p>Add to red list</p> <p>Add to red list</p> <p>Add to red list</p> <p>Add to joint formulary</p>	WH	7/19
2019.05.07	Feedback From Commissioning Groups	D&T traffic light status has been discussed and AR ask that KMc keep him updated of decisions made by sharing the minutes so that approved items can be added to joint formulary	KMc to update AR		KMc	7/19
2019.05.08	Prescribing guidelines, shared care frameworks for approval	<p><b>NEW</b> SCF Disulfiram for Alcohol Relapse -typo on page 2 to be amended. The agent is rarely prescribed but SCF was written to complement the SCF already in place for acamprosate and naltrexone. AR to add local commissioning to document.</p>	Approved with amendments	AR to amend all and update website	AR	7/19

Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date/Date complete
		<p>SCF Ulipristal acetate (Esmya) for treatment of uterine fibroid with heavy menstrual periods            Question was asked if patients' surgery was cancelled for any reason what would then happen as up to 4 courses allowed, also unclear how long break should be. The wording in the SCF taken from the SPC states that specialist <u>should</u> specify how long the break should be but the committee agreed wording should be added to say specialist <u>must</u> communicate to GP what the recommended treatment is. Previously HUTH only had 5 patients receiving treatment, although it is believed more patients are being treated by CHCP. Although the SCF was approved RS did point out that many GPs would not be happy signing up to shared care of Esmya and therefore they may request their patients continue to be treated by the hospital.</p>	Approved with amendments, pending CCG decisions	KMc to share decision	KMc	7/19
		<p><b>UPDATES</b>            SCF Ciclosporin - remove neoral, brand to specified by specialist.            Added: please consult pharmacist for information regarding any interactions with patients current medication</p>	Approved	AR to add all to web	AR	7/19
		<p>SCF Mycophenolate Mofetil - remove brand names and addition of 13 wks contraception added. Mycophenolate mofetil can be prescribed generically whereas Mycophenolic acid must be prescribed by brand these two products are not interchangeable.</p>	Approved			
		<p>SCF Sirolimus- brands to be specified by renal team</p>	Approved			
		<p>SCF Tacrolimus - prescribe by brand</p>				
		<p>PG for Midazolam Oromucosal Solution (Buccolam®) in Epilepsy in adults and children - contact details of CHCP paediatric team to be removed as they no longer provide this service</p>	Approved			
		<p>SCF Melatonin in sleep disorders - change to include oral solution which is cheaper than oral suspension. The committee had a discussion around the need for a SCF as there are no monitoring requirement and therefore melatonin could be blue by specialist advised, but as the preparation is unlicensed it was agreed to keep as SCF to ensure treatment was always initiated by a specialist.</p>	Approved			
		<p>SCF Mycophenolate Mofetil for Immunosuppression in ADULTs</p>	Approved			

Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date/Date complete
		<p>PG Agreed quantities of medicines to be supplied to patients from Secondary Care- changes include supply of sip feeds altered to between 7 and 10 days. Cancer preps changed to 10-14 days this was to allow time for homecare services to be put in place. GH requested that an extra line be added to include CHCP. It was pointed out that dieticians review sometimes can take 6 months from discharge.</p> <p>SCF Somatostatin analogues (Somatuline LA, Somatuline Autogel and Sandostatin LAR) - AR to add line: Arrange SC administration by practice nurse (see information on administration on PIL and SPC)</p> <p>PG Management of Orthostatic (Postural) Hypotension - SG asked for clarity regarding dose of midodrine as guideline states second dose can be given during haemodialysis . To clarify next split dose can be given...</p> <p>Erythropoietin Stimulating Agents for the treatment for Renal Anaemia Guideline</p> <p>Diagnosing Diabetes</p> <p>Methotrexate for Immunosuppression in Adults - Need to add that this is for oral and sc <u>monotherapy</u> only, not to be used when methotrexate is used in conjunction with other biological treatments. MOF said that there had been issues where patients had commenced Methotrexate SCF where GPs had signed up to perform monitoring but then the patient had been switched to a biological which is a red drug and therefore should be given and monitored by secondary care but that GPs were still expected to perform the monitoring, some GPs had received clinical letters asking them to perform the monitoring but this is not part of the contractual agreement with GPs. Not for this meeting. If biologics have not been added to the SCR as "other medication" then no one will be aware the tests are actually required for the monitoring of biological treatment.</p> <p><b>Withdrawn</b> SCF Colistimethate Sodium Promixin® or Colomycin®(Withdrawn due to repatriation) SCF Tobramycin Nebuliser Solution Bramitob or Tobi (Withdrawn due to repatriation)</p>	<p>Approved with amendments</p> <p>Approved with amendments</p> <p>Approved with amendments</p> <p>Approved</p> <p>Approved</p> <p>Approved. Pending CCG decision</p> <p>Noted. WH to remove from website</p>	<p></p> <p></p> <p></p> <p></p> <p>KMc to share decision</p> <p></p>	<p></p> <p></p> <p></p> <p></p> <p>KMc</p> <p></p> <p>WH</p>	<p></p> <p></p> <p></p> <p></p> <p>7/19</p> <p></p> <p>7/19</p>
2019.05.10	Out of Hours	The committee were unsure who the document audience were. SR said	Noted. AR to add		AR	7/19

Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date/Date complete
	<b>Services at Hull &amp; ER</b>	it was for on call GPs who would not have access to normal services. AR has updated document to include ER pharmacies. The link for bank holiday opening hours might not work all the time. AR to check before August	to website			
<b>2019.05.11</b>	<b>Red Drugs on SCR</b>	Clozapine audit - HTFT had performed this audit which demonstrated that red drugs such as clozapine are still not being included on patients SCRs. The guideline on how to add red drugs to SCR has recently been circulated and is also available on the NHS digital website.	AR to share it with practice pharmacists. RS and KMc to circulate it again.		AR	7/19
<b>2019.05.12</b>	<b>MHRA Alert</b>	Insulin Alerts- circulated for information. A care home chart had been handwritten for the insulin dose of 6 units and 8 units however the chart was annotated 6u and 8u the doctor had read the directions as 64units and 84 units which had subsequently been administered to the patient. This example was brought for information to remind everyone of the importance of writing "units in full"	Noted	No further action		5/19
<b>2019.05.13</b>	<b>DOAC Proposal</b>	See action tracker				
<b>2019.05.14</b>	<b>Regional Medicines Optimisation Committee</b>	<a href="#">Newsletter Issue 2</a> <a href="#">Newsletter Issue 3</a> <a href="#">Newsletter Issue 4</a> JC pointed out that MDS were mentioned and that many care homes on the Southbank do not use DoMAR charts but rely on MDS which are insisted upon by social services. MDS policies are beginning to change and there will be a reduction in pharmacy's supplying them in the near future as one of the big chains will stop issuing them.	Noted	No further action		5/19
<b>2019.05.15</b>	<b>Correspondence Received</b>	Principles for Roles in Responding to Health Protection Incidents Update of document previously discussed	Noted. See tracked			5/19
<b>2019.05.16</b>	<b>Primary Care Rebate Scheme</b>	None to report this month				5/19
<b>2019.05.17</b>	<b>Additional Minutes for Information</b>	a) MMIG (March & April) b) HEY D&T (March & April) c) HTFT DTC (February)				
<b>2019.05.13</b>	<b>A.O.B</b>	Sucralfate prices in community -SR had reported that he had two patients requiring treatment with sucralfate but that the pharmacy's supplying had obtained specials at approx. £400 a bottle. AR has spoken to AAH who supply Antepsin for £9.80 a bottle and Alliance who consider Antepsin to be a special and will supply for £70-90 per bottle. Although HUTH can obtain cheaper there is no mechanism in place where GPs can send patients to specific pharmacies where they obtain	Noted	JC to share information via LPC with cheap suppliers	JC	5/19

Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date/Date complete
		<p>and supply the cheap product. JC to check with other suppliers and to share information via LPC.</p> <p>GP practice had received a request to prescribe Ametop/Emla for a paediatric patient prior to phlebotomy. Procedure is usually carried out after administration of ethyl chloride spray but this patient had reacted badly to ethyl chloride on a previous occasion. Although the phlebotomy service comes under CHCP contract it was felt that the use of Ametop/Emla was in the best interest of the patient it would not have been practical to apply in clinic as it takes a further 45min after application to take effect which is why GP was requested to prescribe so patient could apply at home before attending clinic.</p> <p>Nitrofurantoin dose advice changed on primary care antibiotic guideline as per new NICE update. ACAT has reviewed all the recent ones that don't match our primary care guidelines and has decided to leave them as they are they expire or new evidence comes out.</p>	<p>Noted</p> <p>Approved.</p>	<p>AR to update guideline on website</p>	<p>AR</p>	<p>5/19</p> <p>7/19</p>
	<p><b>Date and Time of Next Meeting</b></p>	<p>Wednesday 17th July 2019 1pm – 3pm, Board Room, Health House, Willerby, Hull</p>				