Hull and East Riding Prescribing Committee Minutes – Confirmed

Date / Time	Wednesday 23rd January 2019, 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	No Post-meeting approved by Prof A Morice via email
	Mr A Ramirez, Professional Secretary ,Senior Principal Pharmacist- Interface HEY
	Mr D Corral, Chief Pharmacist, Clinical Director Therapy & Therapeutics, HEY
	Dr W Chong, Chief Pharmacist, HTFT
	Mr K McCorry, Senior Pharmacist, NECS
	Mr S Gaines, Senior Principal Pharmacist, HEY
	Dr R Schreiber, Medical Secretary, LMC
	Mr G Hill, Senior Pharmacist, CHCP CIC
	Dr K Raghunath, GP Prescribing Lead, Hull CCG (until 2.30)
	Mrs J Clarke Chief Officer Local Pharmaceutical Committee ERHLPC
	Ms M Opoku-Fofie, Principle Pharmacist, HTFT
	Ms C Hibbert, Locality Pharmacist, NECS
	Mrs A Megias-Bas, Senior Pharmacist, NECS (during Asthma pathway discussion)
	Ms E Opare-Sakyi, Locality Pharmacist, NECS(during Asthma pathway discussion)
Apologies	Mrs J Stark, Principal Pharmacist, HTFT
	Mr P Davis, Strategic Lead Primary Care, Hull, CCG
	Prof A Morice, Professor of Respiratory Medicine, HEY

Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date/Date complete
2019.01.01	**Apologies**	As above				
2019.01.02	**Declarations of Interest**	None				
2019.01.03	**Minutes of the previous meeting**	Alter spelling of Sitagliptin on page 8	Approved with amendments		WH	March 19
2019.01.04	**Action Tracker**	**Traffic Light Status** WH has updated the red list and the joint formulary	Action complete		WH	Jan 19
		Traffic Light Status KMc resubmitted request for Erenumab to both Hull and ER. Both CCGs agreed they wanted to uphold the original decision and wait for NICE guidance to be published.	Action complete		KMc	Jan 19
		Traffic Light Status KMc explained that the ER CCG meeting took place early in the next week after HERPC so there was not time to invite SG to attend meeting. KMc asked Hull CCG if they would like SG to attend their meeting to put forward the trusts point of view but this is not usual policy and therefore SG was not invited. DC explained that he was aware further discussions on the use of Erenumab have taken place at HEY but he has not received an update on these discussions as yet. KMc informed the group that HEY has received official communication of the CCGs decision.	Action complete		KMc	Jan 19
		PG/SCF Rivoroxaban for Treatment of Cancer associated with VTE has been added to the website	Action complete		AR	Jan 19
		PG/SCF Acute Diabetic Foot Emergence Guidance for primary care practice has been added to website.	Action complete		AR	Jan 19

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		PG/SCF AR has discussed the 2.5mg dose of morphine with palliative care pharmacist and it has been approved and added to website	Action complete		AR	Jan 19
		Dalteparin/Tinzaparin Switch To be reviewed in March	Ongoing		AR	Jan 19
		Dalteparin/Tinzaparin Switch AR discussed dose banding with Dr Allsup and a proposal was presented to Thrombosis committee (TC) in preparation to full switch. TC in December agreed to continue using Tinzaparin but to further review the prophylaxis guideline in view of the problems voiced by different departments and community with the 3 weight bands. There is a meeting organized for later on today with AR attending. AR has informed the committee of further problems with LMWH due to increase worldwide supply and not enough manufacturing capacity: enoxaparin is out of stock of 40 and 60mg: tinzaparin has just announced a reduction in their supply of prophylaxis doses to 85% of actual British needs and that they'll only supply to previous users (HEY likely not to be included). Dalteparin 5000 units is now available but 2500 units should be available from next week. SG informed the committee that he had attended a regional thrombosis prophylaxis meeting where he learnt that two trusts (Sheffield and Wakefield) had switched back from tinzaparin to using dalteparin for prophylaxis after the problems have almost resolved. The committee felt, with the ongoing supply problems, that it would be good to use the generic term LMWH in all the thromboprophylaxis documents. Separate guidelines for dalteparin, tinzaparin and/or any other LMWH should be ready to be published at short notice to anticipate future shortfalls.	Action complete		AR	Jan 19
		AR to discuss the above at this afternoon meeting and TC	AR to feedback next time		AR	Jan 19
		Supply Disruption Alert AR has contacted Dr P Gordins to discuss alternatives to Epipens but	AR to feedback			

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		due to the current issues the trust has with IVIG availability they have not yet had chance to meet and discuss.	next time			
		Correspondence Received PD/KMC to look at current service provision for supply of dementia medication. KMc informed the committee Hull CCG would be having a meeting and that the issue was no longer for discussion by this committee.	Action complete		PD/KMc	Jan 19
		Correspondence Received AR has fed back to GPwsi dementia	Action complete		AR	Jan 19
		Correspondence Received Draft continence formulary is to be discussed at CHCP meeting in February.	To be discussed by CHCP		GH	March 19
		AOB AR will collate information regarding red drugs on SCR and feedback in March 2019.	Ongoing		AR	March 19
2019.01.05	**Traffic Light Status**	Cannabidiol Oil (Epidiolex)	Approved	Add to red list	WH	March 19
		Nivolumab	Approved	Add to red list	WH	March 19
		AR had circulated a statement from Dr Sampu and the pain team regarding requests for the use of Cannabis/Nabilone/Sativex for the treatment of pain. The statement informed the CCGs that the pain team would not be prescribing any of these items and respectfully asked that they were not requested to prescribe them by primary care until such a time as solid evidence and safety information was available for these agents in relation to the treatment of pain.				
2019.01.06	**Feedback From Commissioning Groups**	Hull and ER both approved the Rivoroxaban use in VTE document and the biologicals pathway in eczema.	Noted	No further action	KMc	Jan 19
2019.01.07	**Prescribing guidelines, shared care frameworks**	**Updates** **Renavit form (update)**	Approved	AR to add to website	AR	March 19

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	for approval	**Gluten Free Guidelines** A national consultation has resulted in a Drug Tariff update on 4th Dec 18 reducing the number of items that can be prescribed. The CCGs are in the process of reviewing their current guidelines in line with this document.	Noted			
		Self-Blood Glucose Monitoring Type 1&2 Document gives advice for GPs and patients about SBGM and links to DVLA guidance. To add link to TrendUK documents.	Approved	AR to add to website	AR	March 19
		Biologic Pathways for Rheumatology, Dermatology & Gastroenterology Updated to included Adalimumab biosimilars.	Approved	AR to add to website	AR	March 19
		New **Management of Childhood Asthma: A Guide for Primary Health Care Providers** The document has been written by HEY consultants as a pathway for primary care use. AMB and EOS had asked for feedback. The main part of the document discussed by the committee was the Categorization of Inhaled Corticosteroids on Page 8 and the lack of first line, second line... advice. Some inhalers are non-formulary (Mometasone), some not marketed (Asmabec), some have restricted use (Alvesco, Seretide). EOS/AMB were asked to discuss these issued with consultants and clarify it.	AMB/EOS to feedback committees comments to consultants		AMB/ EOS	March 19
		Spacer Leaflet Approved to go alongside Asthma pathway				
2019.01.08	**Transfer of Care Initiative**	**Poor Quality IDLs** KMc raised the issue of poor quality IDLs that were coming through to community practices eg no diagnosis, no reason given for stopping medication. AR said that under the transfer of care initiative the trust is working on updating the IDL template to make certain fields mandatory. In the meantime communication has gone to junior doctors about the impact poor IDLs have on patient care. The issue has been raised at contract level. It was also mentioned that there were some issues regarding poor	Noted	No further actions		Jan 19

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		information on discharge for patients taking anticoagulation drugs. AR said the trust has an anticoagulation checklist which must be filled in for every patient who is discharged on anticoagulation treatment and the pharmacy department would not release an IDL until a completed form has been seen, however if patients were discharged without the need for the IDL to go through the pharmacy this could not be policed. **Renal Drug Repatriation** HEY has SCF in place for treatment of these patients however patients from NLAG do not. It is estimated that this would affect 400 patients. The transfer could result in savings derived from cheaper hospital contracts. It could result in issues for patients as not all live close to the hospital. Currently south bank patients can receive their medicines via Boots delivery organised via the trust. AR will discuss further with HEY renal team and feedback next time. Needs to clarify where the savings will sit.	 AR to discuss with renal teams	 AR to feedback next time	 AR	 March 19
2019.01.09	**Regional Medicines Optimisation Committee**	https://www.sps.nhs.uk/wp-content/uploads/2018/11/South-RMOC-Update-November-2018-Final.docx https://www.sps.nhs.uk/wp-content/uploads/2018/12/London-RMOC-Update-December-2018-FINAL.pdf	Noted			Jan 19
2019.01.10	**Correspondence Received**	**Items which should not routinely be prescribed in primary care: an update and a consultation on further guidance for CCGs** Contains 8 more items, CCGs currently discussing with a view to issuing guidance for approval at HERPC. The guidance states that amiodarone and dronedarone should not be initiated in primary care but nothing regarding prescribing in secondary care. GH highlighted that click fine needles are currently £5 a box and will still need to be prescribed for certain groups even though this new guidance recommends prescribing needles that cost <£5 and mentioned this would need to be considered when the CCGs were preparing their guidance **Medical devices and appliances not recommended for routine prescribing** This document will also be discussed by both CCGs. It's thought to be the base for appliances formulary.	AR to circulate to relevant specialities in the trust for comment Noted		AR	Mar 19 Jan 19

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		Principles for local roles in responding to Health Protection Incidents/ Community Disease Outbreak/Public Health Emergency This documents highlights the different roles for health professionals in the event of a public emergency although doesn't clarify much. JC and AR had attended an exercise covering procedure in the event of a meningitis outbreak in a public school. They learned that PHE website has PGD templates available to download in the event of several outbreaks including avian flu and meningitis. In the event of an outbreak PHE would be in overall charge of the situation and would liaise with different agencies, providers, press, relatives etc The hospital has been contacted in order to keep a "quarantined stock" of ciprofloxacin for emergencies. Other suppliers keep the flu and other vaccines.	HERPC to write to Mike McDermott Assistant Director of PHE ER council to clarify.		SR/AR	March 19
		NHSE medicines supply letter & medicines shortage guidance Letter advises health organisations not to stockpile medicines in the light of Brexit as DHSC is already doing this. It mentions local protocols which could be put in place to enable pharmacists switch families of medicines in the event of a shortage. JC told the group the LPC would only be able to act on shortages which were communicated through official channels.	Noted			Jan 19
2019.01.11	**Primary Care Rebate Scheme**	Sitagliptin (Hull CCG)	Noted			Jan 19
2019.01.12	**Additional Minutes for Information**	a) MMIG (Nov, Dec) b) HEY D&T (Nov) c) HTFT DTC (Oct) d) CHCP e) Formulary Sub Group	Noted			Jan 19
2019.01.13	**A.O.B**	RS from the LMC raised three issues: - Esmya to be a Red drug status as clinicians were not happy to prescribe with the extra monitoring requirements. AR said the trust had ceased prescribing but now that the MHRA had issued	AR to write and circulate Draft SCF for Esmya		AR	March 19

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		advice on prescribing this would resume. AR recommended the status be switched from Blue to Amber to make it easier for the patients and would draft a SCF which he would send to RS, GH and Dr Oboh for input. - SCF for patients who come from outside of the area or another GP. It's unclear where the responsibility lies for these patients. If the GP wants a fresh SCF, the GPs should refer urgently to the consultant and prescribe until the patient is seen to continue patient's care. If time frames are too long to get an emergency referral. - This led onto a discussion regarding the prescribing of depot antipsychotics which are Green drugs and where the responsibility lies with administering the injections particularly if patients have compliance issues and there are risk of relapse and re-referrals. Not a HERPC matter. To discuss at contracting. The Falsified Medicines Directive was discussed which comes into effect on 9th February at which time medicines should be tamper proof and barcoded. Every pharmacy will need to have the capability to scan products, but there has been no extra funding for the software required to support this. All suppliers are expected to self-fund. DC said that HEY had put together a business case to cover this. The GPhC will be auditing this and have said there is no leeway scanning must be carried out. Uncertain what will happen after Brexit	 Noted Noted Noted			
	Date and Time of Next Meeting	Wednesday 27th March 2019 1pm – 3pm, Board Room, Health House, Willerby, Hull				