

Hull and East Riding Prescribing Committee Minutes – Confirmed

Date / Time Wednesday 27th September 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, HUTH
Quorate: Yes / No Yes

Mr A Ramirez, Professional Secretary, Senior Principal Pharmacist- Interface HUTH
Mr A Ortiz-Moya, Specialist Medicines Information Pharmacist, HFHT
Mrs E Baggaley, Senior Pharmacist, CHCP CIC
Mr K McCorry, Senior Pharmacist, NECS
Miss J Morgan, Senior Principal Pharmacist, HUTH
Dr R Schreiber, Medical Secretary, LMC
Mrs J Clarke Chief Officer Local Pharmaceutical Committee ERHLPC
Mr D Corral, Chief Pharmacist, Clinical Director Therapy & Therapeutics, HUTH
Prof A Morice, Professor of Respiratory Medicine, HUTH

Apologies Mrs J Stark, Principal Pharmacist, HFHT
Mr P Davis, Strategic Lead Primary Care, Hull, CCG
Mr G Hill, Senior Pharmacist, CHCP CIC
Dr B Ali, GP Prescribing Lead, Hull

Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date/Date complete
2019.09.01	Apologies	As above				9/19
2019.09.02	Declarations of Interest	None				9/19
2019.09.03	Minutes of the Previous Meeting	EB attended last meeting not GH. Fluoroquinolone spelling to be corrected	WH to amend			9/19
2019.09.04	Matters Arising & Action Tracker	<p>MHRA Alert – Fluoroquinolones Change of action- HUTH to share advice to healthcare professionals</p> <p>RMOC AR has discussed heparinised saline with HUTH depts. QCOH are still working on documentation and reviewing the process.</p> <p>Traffic Light Status WH has updated the joint formulary</p> <p>PG/SCF AR has added the updated asthma pathway to the web</p> <p>PG/SCF Pirfenidone/Nintedanib AR has written to document authors and LMC with changes. Document now approved for web</p> <p>PG/SCF AR has amended constipation guideline and added to web</p> <p>PG/SCF AR has amended localised protocol for outbreaks and added to the website</p> <p>PG/SCF Testosterone SCF has been added to the website</p> <p>Correspondence Received AR has spoken to cardiology and informed the committee that a SCF is being written for amiodarone</p>	<p>AR to liaise with ID team</p> <p>Change due date to Jan 20</p> <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>AR</p> <p>AR</p> <p>WH</p> <p>AR</p> <p>AR</p> <p>AR</p> <p>AR</p> <p>AR</p> <p>AR</p>	<p>11/19</p> <p>01/20</p> <p>9/19</p> <p>9/19</p> <p>9/19</p> <p>9/19</p> <p>9/19</p> <p>9/19</p> <p>9/19</p>

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		<p>Correspondence Received Flash Glucose Monitors formulary has been added to web. It was raised that some GPs have not received referral letters and patients have turned up expecting a FGM. AR ask that he be provided with specific instances and he will feedback to endocrinology</p> <p>Correspondence Received DOAC proposal. AR has written to the authors several times for a clarification of their proposal with no reply. The trust is now prescribing Edoxaban first line for primary prevention in AF where clinically appropriate. The group agreed that this is accordance to the strategy of cost effectiveness. The anticoagulant web guidance needs updating with this information. If switching DOACs is ever considered AR would invite specialists from cardiology and stroke teams to discuss at HERPC. Some DOACs would come off patent in 2021.</p> <p>DC is receiving monthly prescribing figures so situation can be monitored.</p> <p>AOB AR has spoken to HUTH governance team regarding errors on SCR</p> <p>AOB AR has spoken to Hull CCG</p> <p>AOB AR has updated catheter formulary and added to website</p>	<p>GPs to send information to AR</p> <p>AR to update guidance</p> <p>Action complete</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>11/19</p> <p>11/19</p> <p>9/19</p> <p>9/19</p> <p>9/19</p>
2019.09.05	Traffic Light Status	<p>Melatonin Licensed Product – was included in update in error as HUTH D&T have deferred this decision</p> <p>Thalidomide – to treat one patient with nodular prurito – IFR has been requested by HUTH</p> <p>Guselkumab in line with TA521 Severe Plaque Psoriasis</p>	<p>Deferred</p> <p>Red</p> <p>Approved</p>	<p>to be added to red list and formulary, pathway to be updated</p>	<p>WH/AR</p>	<p>11/19</p>

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		Durvalumab in line with TA578 for treating locally advanced unresectable non small cell lung cancer after platinum based chemoradiation	Approved	to be added to red list and formulary	WH	11/19
		Ciprofloxacin with Fluocinolone (Cetraxal Plus)- for acute otitis media/externa in patients with AOMT	Approved	to be add to formulary as a green drug	WH	11/19
		Perampanel Suspension (Line Extension) – for the treatment of epilepsy	Approved			
		Tezacaftor/Ivacaftor/Elexacaftor for the treatment of cystic fibrosis	Approved	To be added to red list	WH	11/19
		Aviptadil and Phentolamine (Invicorp) – for the treatment of erectile dysfunction	Approved	To be added to joint formulary as guideline led	WH	11/19
2019.09.06	Feedback From Commissioning Groups	None				9/19
2019.09.07	Prescribing guidelines, shared care frameworks for approval	<p>New</p> <p>Diabetes and Renal Guideline The diabetes team has prepared this document for the information and awareness of managing diabetes patients with renal disease.</p> <p>Updated</p> <p>SCF Apomorphine The SCF needs to specify that HUTH provides the pumps and the first supply of syringes.</p> <p>Gastro Biologicals Pathway Updated to include Tofacitinib, this document was not circulated to the group therefore AR said he would circulate to the rest of the committee post meeting.</p> <p>Erectile Dysfunction Post RP Guideline 12 months post procedure changed to 24 months and products are now available as generics.</p>	<p>Approved</p> <p>Approved with Amendments</p> <p>AR to circulate to group post meeting</p> <p>KMc to discuss with CCGs</p>	<p>Add to website</p> <p>Add to website</p> <p>Add to website if approved</p> <p>Await CCG decision</p>	<p>AR</p> <p>AR</p> <p>AR</p> <p>KMc</p>	<p>11/19</p> <p>11/19</p> <p>11/19</p> <p>11/19</p>

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		<p>Formulary BGM Meters Updated to include Free Style Libre meters</p> <p>Liothyronine Guidance Updated with no changes RMOC has recently produced guidance on Liothyronine prescribing recommending the use of a SCF. RMOC have provided a draft document for this purpose. The committee agreed to follow RMOC guidance.</p> <p>AR told the committee that the trust had identified 17 patients who were receiving treatment with liothyronine but was concerned that there may be some patients in primary care receiving it who had not been seen by the trust. KMc agreed to add the following alert to Optimise “This drug now requires a SCF for new patients”</p> <p>Parkinsons Disease Non Oral Route Guideline EB will chase CHCP SALT and discuss with AR</p> <p>Sacubitril Valsartan Guideline No new information. Update review date</p> <p>Tolvaptan for the treatment of Autosomal Dominant Polycystic Kidney Disease Information for Primary Care Previously discussed at HERPC. Circulated to LMC for comments. Extra clarification added that these are red drugs and the prescribing and supply will be from hospital teams</p>	<p>Approved</p> <p>AR to prepare SCF</p> <p>KMc to update Optimise</p> <p>EB to send details to AR. Then to web</p> <p>Approved,</p> <p>Approved with amendments</p>	<p>Add to website</p> <p>Add to website</p> <p>Add to website</p> <p>Add to website</p> <p>Add to website</p>	<p>AR</p> <p>AR</p> <p>KMc</p> <p>EB</p> <p>AR</p> <p>AR</p>	<p>11/19</p> <p>11/19</p> <p>11/19</p> <p>11/19</p> <p>11/19</p>
2019.09.08	Methotrexate SCF Update	<p>The SCF was updated to include SC Methotrexate once the trust had received assurance that both Hull and ER Council would collect the hazardous waste bins from patients homes. However since then the Trust received complains that ER Council didn't collect the sharpbins. After inquiring again, ER Council has written to HUTH to inform us that they will not collect hazardous waste from patients homes.</p> <p>Therefore the options open to the committee were to leave the SCF in place but only for Hull patients or to repatriate both groups of patients and return to Homecare providing the service. The committee agreed this was the best option.</p> <p>AR to contact PHE to inquire what responsibilities councils have in</p>	<p>AR will email all concerned parties regarding change in policy and remove SCF from website.</p>		AR	11/19

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		<p>collecting hazardous wastage to see if ER Council's decisions match national policies.</p> <p>Following on from this it was mentioned that HUTH D&T recently had a discussion regarding GPs monitoring of patients receiving oral methotrexate and other amber drugs while hospital teams monitor for other Red drugs. HERPC members agree that the responsibilities to monitor different group of drugs lie with each professional and that the fact that a patient receive Red drugs from hospital should not prevent for Amber drugs to be prescribed and managed from GPs. Monitoring requirements vary with each drugs and while some will be focussed on preventing adverse reactions, others could be to monitor efficacy, for example.</p>	Noted			
2019.09.09	MHRA DSU	<p>HRT Increased risk of breast cancer</p> <p>Pentosan MHRA Letter – Clarified that ophthalmic monitoring required at baseline and annually. AR has discussed with Colin Vize and urology. HUTH has 23 patients on pentosan and none reported in community. Urology dept will refer patients to ophthalmology at initiation.</p>	Noted	No further action		9/19
2019.09.10	Regional Medicines Optimisation Committee	<p>Shared Care Work Programme</p> <p>RMOC are looking at rationalising SCF with a plan to create a national list to avoid repetition of work in the future</p>	Noted	No further action		9/19
		<p>Newsletter No.6</p> <p>Currently huge variation in BlueTeq forms across the country, RMOC looking at one national template for everyone</p>	Noted	No further action		9/19
2019.09.11	Correspondence Received	<p>MHRA Response to July MSO Web Ex Questions</p> <p>Looking at how DSU are cascaded. HUTH, HFTH & CHCP all discuss at therapeutic committee level and cascade information to relevant departments. Because of this it was agreed that there was no need to include DSU on HERPC agenda in future.</p> <p>Mesalazine</p> <p>Dr Sebastian had requested if patients prescribed 800mg of mesalazine could be given the 800mg tablets not 2x 400mg to decrease pill burden. However there is a large price difference between the two sizes and it is far more economical to give 2x400mg.</p>	<p>RS agreed to discuss with CCGs as this is a governance issue</p> <p>Noted</p>		RS	11/19
2019.09.12	Primary Care Rebate Scheme	Nothing this month				7/19

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2019.09.13	Additional Minutes for Information	a)MMIG (July,Sept) b) HEY D&T (June July August) c) HTFT DTC (June) d) CHCP e) Formulary Sub Group (June 19 Draft) f) Hull Planning & Commissioning Committee (May June)	Noted			7/19
2019.09.14	A.O.B	AR informed the committee that he had received correspondence that Nifedipine IR Capsules have been discontinued, therefore all patients will need to be switched to MR. GP Reimbursement Sutures RS said there had been coding issues with some sutures, KMc will discuss with NECS team to find out what is going on. Adrenaline Pens With ongoing supply issues it has been agreed that whatever pens are available can be supplied but patients must be trained to use the device they are given. Sodium Valproate HUTH have now reviewed all patients referred back to specialist team, as well as HFT. There are still concerns that some patients may have slipped through the net eg patients who have been stable for some time and do not wish to visit the hospital. RS to discuss with LMC are there any issues with the PPP.	Noted KMc to discuss with NECS Noted RS will discuss with LMC		KMc RS	11/19 11/19
	Date and Time of Next Meeting	Wednesday 27th November 2019 1pm – 3pm, Board Room, Health House, Willerby, Hull				