

Hull and East Riding Prescribing Committee Minutes – Confirmed

**Date / Time** Wednesday 23<sup>rd</sup> September 2020, 1pm  
**Venue** WEBEX  
**Chair** Dr S Raise, GP Prescribing Lead, ER  
**Notes / Action Points** Mrs W Hornsby, Senior Pharmacy Technician, HUTH  
**Quorate: Yes / No** Yes

Miss J Morgan, Senior Principal Pharmacist, HUTH  
 Dr R Schreiber, Medical Secretary, LMC  
 Ms M Opoku-Fofie, Pharmacist, HFTH  
 Mr K McCorry, Senior Pharmacist, NECS  
 Mr A Ramirez, Deputy Chief Pharmacist, HUTH  
 Dr B Ali, GP Prescribing Lead, Hull  
 Prof A Morice, Professor of Respiratory Medicine, HUTH  
 Mr D Corral, Chief Pharmacist, Clinical Director Therapy & Therapeutics, HUTH  
 Mrs K Murden, LPC  
 Mrs E Baggaley, Head of Medicines Service, CHCP  
 Mr D Onyeagor, Pharmacist, Spire  
 Dr Basse Eyo, CGL

**Guests**  
 Dr B Trivedi, GP  
 Mrs M Marshall, Advanced Clinical Pharmacist, NLAG  
 Mrs R Simpson, Dietitian, HUTH  
 Mrs P Kingston, Dietitian, HUTH

**Apologies** Mr P Davis, Strategic Lead Primary Care, Hull, CCG

Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date/Date complete
		<p><b>Oral Nutritional Supplements Presentation</b>  <b>By Ruth Simpson Dietician HUTH/Antonio Ramirez Deputy Chief Pharmacist HUTH</b></p> <p>HUTH is currently suffering from a severe shortage of dietitians therefore the team is focusing on the extremely high risk patients, this means many high risk patients are being discharged without sufficient input from the dietetics team. The presentation proposed a new way of working whereby following nutritional risk assessment by nursing staff the moderate and high risk patients would be provided information and oral nutritional supplements (ONS). Supplies of ONS for moderate risk patients of 7 days Fortisip would be provided by HUTH which wouldn't need continuing in community. Supplies of 7-10 days ONS for high risk patients would be supplied by HUTH and would need continuing by GP for 3 weeks and dependant on concomitant illnesses would need reassessing in community.</p> <p>The current process is being audited and it was proposed the new process would also be audited in order to be able to assess if there had been an improvement in service. It was hoped the new process would provide a consistent level of support for patients whilst also improving the level of communication between primary and secondary care</p> <p>Several concerns were raised, the main one being that GPs are not trained in how to use the screening tool (Malnutrition Universal Screening Tool) and also that 7 days was not a long enough period as sometimes they only get to see the IDL 7 days after discharge.</p> <p>AR pointed out that high risk patients were an extremely small cohort and that the trust could possibly provide 4 weeks ONS for these patients whilst providing 7 days ONS to moderate patients on discharge.</p>				
2020.09.01	Apologies	As above				Sept 20
2020.09.02	Declarations of	None				Sept 20

Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date/Date complete
	<b>Interest</b>					
2020.09.03	<b>Minutes of the Previous Meeting</b>	Accepted as a true record				Sept 20
2020.09.04	<b>Matters Arising &amp; Action Tracker</b>	<p><b>RMOC – Heparinised Saline</b> JM has been discussing with consultants but no consensus has as yet been reached</p> <p><b>Correspondence Received</b> Rheumatology pathway to include rituximab without methotrexate, JM is in discussions with consultants</p> <p><b>Humber CCG Evidence Based Interventions</b> KMc still awaiting feedback from CCG</p> <p><b>Tracker</b> JS/DC to agree formulary wording for Lurasidone. This was going to be discussed in a joint formulary meeting next week but unfortunately the majority of members cannot attend so meeting to be arranged and this will be discussed then</p> <p><b>Traffic Light Status</b> WH has updated the web list</p> <p><b>Feedback from Commissioning Groups</b> WH has updated website with approved papers</p> <p><b>PG/SCF</b> CH has circulated the Vitamin D documents via Digest</p> <p><b>PG/SCF</b> KMc has added the Vitamin D warning to Optimise Rx</p> <p><b>Correspondence Received</b> JM had invited HDigital to attend meeting but apologies were sent yesterday, JM will rearrange. HDigital wish to delay adding SCF to Lorenzo IDL until stage 4. There are still issues regarding delays in GP practices receiving SCF in a timely manner, KMc said one practice had reported waiting 3 weeks to receive the documentation, and ask if it were possible for HUTH secretaries to be given NHS.net email accounts in order for them to be able to scan the documents across. It was agreed that further discussion was needed around this issue which could take place at MMIG</p>	<p>JM to continue discussions</p> <p>Extend due date until Nov 20</p> <p>Extend due date until Nov 20</p> <p>WH to rearrange joint formulary review meeting</p> <p>Action complete</p> <p>Action complete</p> <p>Action complete</p> <p>Action complete</p> <p>WH to add to MMIG agenda</p>		<p>JM</p> <p>JM</p> <p>KMc</p> <p>WH</p> <p>WH</p> <p>WH</p> <p>CH</p> <p>KMc</p> <p>WH</p>	<p>Jan 20</p> <p>Nov 20</p> <p>Nov 20</p> <p>Nov 20</p> <p>Sept 20</p> <p>Sept 20</p> <p>Sept 20</p> <p>Sept 20</p> <p>Nov 20</p>

Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date/Date complete
		<p><b>AOB</b> JM has discussed Vitamin D supplementation in BAME women with obstetrics and the Better Births Implementation Midwife leading work on this.</p> <p><b>AOB</b> JM has discussed Buprenorphine with RENEW and Hull CC</p>	<p>Action complete</p> <p>Action Complete</p>		<p>JM</p> <p>JM</p>	<p>Sept 20</p> <p>Sept 20</p>
2020.09.05	Traffic Light Status	<p><b>Buprenorphine Espranor®</b> Used by RENEW to treat opioid drug dependence, agreed to add to formulary as BLUE so it achieves the same status as methadone and include the wording "Local Authority Commissioned for substance misuse only"</p> <p><b>Glycopyrronium Liquid</b> For the treatment of sialorrhoea in paediatrics</p> <p><b>Alcohol 18% Eye Application</b> For use in Eye Theatre as a debriding agent</p> <p><b>Glycopyrronium Injection</b> Recommended in Covid Guidelines for palliative care, to treat excess secretions for patients who cannot tolerate hyoscine. Currently on formulary as RED</p> <p><b>Diveen® Intravaginal Device</b> Requested for use by CHCP bladder and bowel service, Contiform.® is the device currently in use. KMc pointed out that both Diveen® and Contiform® are in the CCG document "Medical Devices and Appliances Not Recommended and Not Commissioned for Routine Prescribing"</p> <p><b>Buprenorphine Prolonged Release Solution for Injection</b> For the treatment of opioid dependence, will only be administered in a clinical setting to be added to section of formulary including methadone with annotation "To be Prescribed by Specialist Services"</p>	<p>Approved as BLUE</p> <p>Approved as BLUE</p> <p>Approved as RED</p> <p>Approved change from RED to BLUE</p> <p>Not Approved</p> <p>Approved as BLUE</p>	<p>WH to update the joint formulary</p>	<p>WH</p>	<p>Nov 20</p>
2020.09.06	Feedback From Commissioning Groups	Nothing this month				

Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date/Date complete
2020.09.09	Prescribing guidelines, shared care frameworks for approval	<p><b>NEW</b>            Fremanezumab for Chronic Migraine Guideline and Blueteq Forms            The CCG previously requested that Fremanezumab be subject to application via Blueteq.            KMc was concerned that in line with NICE modelling patient numbers should equate to 32 Hull and 33 ER however the trust had suggested there were a potential 200 patients who would benefit from treatment. However as this is a NICE approved treatment it is not possible to put a cap on patient numbers.            Many of the patients are treated at the Spire and DO has requested access to Blueteq to enable him to monitor the patients on a month by month basis. DO agreed to keep KMc informed of patient numbers. It was agreed that stopping criteria must be explained to patients and that headache diaries must be completed.</p>	Approved	WH to update joint formulary	WH	Nov 20
		<p><b>Updated</b>            Erectile Dysfunction Guideline            Main change was to include Tadalafil 5mg OD, KMC pointed out this was not recommended in NICE guidance and therefore the CCG would want this option removing</p>	EB/JM to feedback to Dr Joshi that this paragraph would need to be removed.	EB/JM	Nov 20	
		<p><b>Adult Epilepsy Guideline</b>            Minor changes to include Dravets Syndrome, CBD as per NICE guidance and buccal midazolam strength updated to mirror use</p>	Approved	WH to add to website	WH	Nov 20
		<p><b>Rhinitis Guideline</b>            The committee requested that JM add information regarding urgent referral contact SHO/Consultant via switchboard to document</p>	JM to update	JM	Nov 20	
		<p><b>Riluzole SCF</b>            JM requested this be added to November agenda as further amendments were required</p>	WH to add to November agenda	WH	Nov 20	
		<p><b>Blood Glucose Meters</b>            Updated to include My Life Unio which was requested by HUTH paediatric team, as the information can be downloaded by MDT and the meters are nicer for patients to use, the strips are available via Drug Tariff and are more cost effective.</p>	Approved WH to add to website		Nov 20	
2020.09.08	MHRA DSU	<b>Stimulant Laxatives: New Measures to support safe use</b>				

Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date/Date complete
		<p>Document includes new measures to support safe use</p> <p><b>MHRA DSU July 2020</b>  <b>Systemically administered VEGF pathway inhibitors:Risk of aneurysm and artery dissection</b>            Primary care need to be aware that patients receiving this treatment may suffer vascular side effects the main one being hypertension.</p> <p><b>Liposomal and Lipid complex formulations: Name change to reduce medication errors</b>            Both brand and generic names of these medicines to include the descriptor eg liposomal amphotericin, and AmBisome Liposomal</p> <p><b>August 2020</b>            Clozapine monitoring levels checking for toxicity levels, JS said HFTH are already doing this and JM said she would discuss internally for patients in HUTH</p> <p>Baricitinib increased risk of diverticulitis and GI perforation, KMc to check if this can be flagged on Optimise Rx</p> <p>Isotretinoin remind of important risks and precautions</p> <p><b>NPSA Emergency Steroid Card</b>            This is a new steroid card with more detailed information regarding what to do if a patient goes into primary adrenal insufficiency. The card should be supplied at the point of prescribing. SR pointed out that a lot of prescribing is done electronically now so this would not always be possible.KM said that the cards were available in a PDF format and could be sent direct to the patient. JS said HFTH are aware and looking at the alert but it is not always practical to issue care at the point of prescribing in a mental health setting.            The MSO at HUTH is looking into this alert from the secondary care point of view but the primary care will also need to action the alert.            The alert needs to be actioned by 13/5/2021</p>	<p>Noted</p> <p>Noted</p> <p>Noted</p> <p>JM to discuss with MSO</p> <p>KMc to check Optimise Rx</p> <p>Noted</p> <p>WH to add to agenda for review in early 2021</p>	<p>No further action</p> <p>No further action</p> <p>No further action</p> <p>No further action</p> <p>No further action</p>	<p></p> <p>JM</p> <p>KMc</p> <p>WH</p>	<p></p> <p>Nov 20</p> <p>Nov 20</p> <p>Nov 20</p>
2020.09.09	Discontinuation of Priadel SDA	<p>JS said she had been asked to prepare a flowchart by MMIG to demonstrate how HFTH would deal with the SDA however since then this work has been put on hold and HFTH are awaiting publication of national guidance. Although the discontinuation is set for next year patients are already struggling to obtain supplies. JM is looking at the effects on cluster headache patients in HUTH although JS said the issues around the effect on bipolar patients would be much more severe</p>				

Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date/Date complete
		and was the bigger issue around this SDA				
2020.09.10	Regional Medicines Optimisation Committee	None this month				
2020.09.11	Correspondence Received	<p><b>Methadone for Pain</b></p> <p>Dove House recently had a patient who was prescribed methadone tablets for pain (licensed indication for tablets) as other agents had been tried but were unsuccessful in managing the patient's pain. Joint formulary currently states Methadone is BLUE for opioid dependence.</p> <p>It was suggested that Dove House could request an IFR but JM said that was not the route to take as this was a rational licensed treatment. The committee was not happy to add methadone tablets for pain to joint formulary and therefore requested JM discuss further with CHCP pharmacists and look at the possibility of a SCF</p>	JM to discuss with CHCP possibility of a SCF		JM	Nov 20
2020.09.12	Primary Care Rebate Scheme	None to report				
2020.09.13	Additional Minutes for Information	<ul style="list-style-type: none"> <li>a)MMIG (July, August)</li> <li>b) HEY D&amp;T (June July)</li> <li>c) HTFT DTC</li> <li>d) CHCP</li> <li>e) Formulary Sub Group</li> <li>f) Hull CC Planning &amp; Commissioning (April May June)</li> </ul>	Noted	No further action		
2020.09.14	A.O.B	<p>SR asked if it was possible to ask Optimise Rx to recommend the Zapain® brand of Co-Codamol 30/500 as it was currently half the price of other brands. KMc said Optimise should already recommend the most cost effective version when prescribing.</p> <p>KMc said an audit had taken place of AMBER drugs which demonstrated that many patients did not have a SCF in place; this could be due to historical reasons i.e. drug prescribed before SCF in place or if patient has moved from another area where drug was not on SCF.</p> <p>KMc asked JM how the SCF for hydroxychloroquine was progressing. JM said she has been discussing with the ophthalmologists but the Royal College of Ophthalmologists have still not come to an agreement regarding monitoring</p>	Noted		KMc  JM	

Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date/Date complete
	<b>Date and Time of Next Meeting</b>	Wednesday 25 <sup>th</sup> November 2020, 1pm, WEBEX				