

Hull and East Riding Prescribing Committee Minutes – Unconfirmed

Date / Time Wednesday 22nd September 2021, 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 – to be confirmed with Prof Morice post meeting

Miss J Morgan, Senior Principal Pharmacist, HUTH
Dr B Ali, GP Prescribing Lead, ER CCG
Mrs E Baggaley, Head of Medicines Service, CHCP
Mr K McCorry, Senior Pharmacist, NECS
Ms M Opoku-Fofie, Senior Pharmacist, HFTH
Mr D Corral, Chief Pharmacist, Clinical Director Therapy & Therapeutics, HUTH
Dr Z Norris, GP, LMC

Apologies Mr P Davis, Strategic Lead Primary Care, Hull, CCG
Dr R Shreiber, Professional Secretary LMC
Prof M Lind, Professor of Oncology, HUTH
Prof A Morice, Professor of Respiratory Medicine, HUTH

Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date/Date complete
2021.09.01	Apologies	As above				
2021.09.02	Declarations of Interest	None				
2021.09.03	Minutes of the Previous Meeting	Accepted as a true record				
2021.09.04	Matters Arising & Action Tracker	<p>Correspondence Received JM still working with rheumatology to prepare pathway with rituximab without MTX</p> <p>Action Tracker RS to discuss SCF with GCP and feedback – RS not present but ZN said the LMC view was a firm no to private/NHS interface prescribing until the BMA update their guidance</p> <p>Feedback From Commissioning Groups KMc and JM to work with CCG to approve MS guideline</p> <p>PG/SCF JM has discussed with Mr Smith and Mr Simms the degarelix SCF and it has now been updated.</p> <p>Traffic Light Status WH has updated joint formulary and red list</p> <p>Traffic Light Status WH has amended status of Tafamadis on joint formulary</p> <p>PG/SCF JM has asked Dr Khan to audit Acarizax use and feedback</p> <p>PG/SCF JM/MH to add references to T2DM guideline</p> <p>PG/SCF JM to check pulmonary rehab phone number is correct and alter recommendations for JIC</p> <p>PG/SCF</p>	<p>JM will feedback next time when pathway is due</p> <p>Action complete</p> <p>Ongoing</p> <p>JM to add to website</p> <p>Action complete</p> <p>Action complete</p> <p>Action complete</p> <p>Ongoing</p> <p>Action complete</p>	<p>Feedback next time</p> <p>for further action see section 10</p> <p>Feedback next time</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>JM</p> <p>RS</p> <p>KMc/JM</p> <p>JM</p> <p>WH</p> <p>WH</p> <p>JM</p> <p>JM/MH</p> <p>JM</p>	<p>Nov 21</p> <p>Sept 21</p> <p>July 21</p> <p>July 21</p> <p>Sept 21</p> <p>Sept 21</p> <p>Sept 21</p> <p>Sept 21</p> <p>Sept 21</p>

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		<p>JM has not yet discussed with AM why Duaklir was removed, discuss next time</p> <p>PG/SCF Renal Analgesic Ladder - -JM has amended with committees comments, but is now awaiting feedback from renal consultants</p> <p>PG/SCF Ibandronate for Metastatic Bone Disease – JM has updated monitoring section however Nth Lincs LPC now want additional updates making which JM will do</p> <p>Hydroxychloroquine SCF JM to discuss ophthalmology checks with rheumatology – JM still to arrange meeting with Dr Ogunbambi</p> <p>Hydroxychloroquine SCF KMc said there are 300patients in Hull and 450 patients in the ER receiving treatment with hydroxychloroquine.</p> <p>Dementia SCF JM to email Wendy Storey regarding compliance problems</p> <p>Antibiotic Prescription Requests from Maternity JM has discussed with maternity who are working through the issues, but have stated staffing is also causing them problems at the moment.</p>	<p>JM to update next time</p> <p>JM will feedback comments next time</p> <p>JM to add NLincs updates</p> <p>Ongoing</p> <p>Action complete</p> <p>JM to email Wendy Storey</p> <p>Action complete</p>	<p>Update next time</p> <p>Update next time</p> <p>JM to update</p> <p>No further action</p> <p>No further action</p>	<p>JM</p> <p>JM</p> <p>JM</p> <p>JM</p> <p>KMc</p> <p>JM</p> <p>JM</p>	<p>Sept 21</p> <p>Sept 21</p> <p>Sept 21</p> <p>Sept 21</p> <p>Sept 21</p> <p>Sept 21</p>
2021.09.05	Traffic Light Status	<p>Selpercatinib – approved as RED via chairs approval at HUTH only</p> <p>TA695 Carfilzomib with dexamethasone and lenalidomide for previously treated multiple myeloma – approved as RED</p> <p>TA708 Budesonide orodispersible tablet inducing remission of eosinophilic oesophagitis – approved as RED for this indication only</p>	<p>WH to update the red list</p>		<p>WH</p>	<p>Nov 21</p>
2021.09.06	Feedback From Commissioning Groups	<p>All previous guidelines/SCF have now been approved.</p> <p>Although ER CCG did comment that rescue steroids should be added to the COPD guideline and changes made to the wording of the monitoring section</p>	<p>Noted</p>	<p>No further action</p>		<p>Sept 21</p>

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		Hull CCG commented that they were concerned the system may not be able to cope with the number of asthma referrals after the update				
2021.09.07	Prescribing guidelines, shared care frameworks for approval	<p>NEW</p> <p>a)Hyperkalaemia Guideline the HUTH renal team requested this document be written and requested the committee look at reclassification of some of the treatments for use in primary care. JM recommended be left as RED for now and the committee should consider reclassification in the future to AMBER. Committee agreed Patiromer and Zirconium should remain red and sections 1b and 1c should be clearly defined as secondary care issues.</p> <p>b)Treatment of Paediatric Food Allergy for Hull & East Riding Dietetics Team The document has been written by CHCP paediatric dietitians and approved by NECS team. SR said it was a well written document but felt that a simple flow chart with a table of prices would also be useful as a quick reference document. EB agreed to provide this.</p> <p>c)Sativex Shared Care Framework NICE has published guidance recommended prescribing of Sativex via shared care for the treatment of spasticity in MS patients. The committee discussed the risks and benefits of adopting a shared care framework for sativex including the lack of monitoring required, and how easy/difficult it is to discuss patients with the neurology team if issues arose. KMc said there are a number of clinicians in ER who would like to keep red and there are many concerns over prescribing for other indications. JM and BA both agreed if the SCF were approved all prescribing would need to be done via Blueteq to enable monitoring of prescribing. Eventually the committee agree that Sativex should remain red and that this could be reviewed in a years time, when Dr Harley has performed an audit of prescribing.</p> <p>d)SGLT2i in HF Patients with/without Diabetes Document aimed at use by HF team which includes nurse and pharmacist specialist prescribers but felt it would be useful to have information available on the website. JM to clarify on document who it is aimed at and emphasise it is not for GP initiation.</p> <p>UPDATES</p> <p>e)Gonadorelin and Gonadotrophin Releasing Hormone Antagonists in the Treatment of Prostate Cancer</p>	<p>JM to amend sections 1b and 1c</p> <p>EB to request flow chart</p> <p>JM to feedback to Dr Harley the committees comments and request prescribing audit be performed</p> <p>JM to amend with committees comments</p> <p>Approved</p>	<p></p> <p></p> <p></p> <p>JM to add to</p>	<p>JM</p> <p>EB</p> <p>JM</p> <p>JM</p> <p>JM</p>	<p>Nov 21</p> <p>Nov 21</p> <p>Nov 21</p> <p>Nov 21</p> <p>Nov 21</p>

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		<p>6 monthly preparation has been added to reduce number of administration appointments required</p> <p>f)Prescribing for Patient with Heart Failure Reduced Ejection Fracture JM has merged two documents into one the sacubitril valsartan document has now been merged with the HF guideline. The document has a new section relating to the prescribing of dapagliflozin for HF including sick day rules and JM said she would further update once NICE have approved empagliflozin for HF</p> <p>g)SCF Cinacalcet New caution section added, side effects have been given more clarification and interaction with smoking has been included.</p> <p>h)Prescribing Guideline for Benzodiazepines in Adults Titration dose for anxiety and insomnia has been altered from 7.mg to 5-15mg in line with BNF</p> <p>i)Oral Care Guidance Information on risk of aspiration with use of sponges and swabs has been added, along with topical analgesia information and the use of emollients on lips.</p> <p>j)Anticoagulation Choices in Non Valvular AF Updated in line with NICE Guidance NG196, the major change is moving from warfarin as first line treatment to DOACs. There is no preferential choice of DOAC and they have therefore been listed alphabetically. Reference to HASBLED score has been removed and altered to ORBIT in line with NICE guidance. JM will alter to link to patient decision aid. KMc pointed out that this was a major change in policy based on NICE guidance which we have a choice in adopting unlike NICE TA which have to be adopted. This guidance will need approving by both CCGs before it can go live.</p> <p>k)Guide to your JIC Medicines Leaflet Updated as due review.</p>	<p>Approved</p> <p>Approved</p> <p>Approved</p> <p>Approved</p> <p>KMc will discuss with CCGs and feedback next time</p> <p>Approved</p>	<p>website</p> <p>JM to add to website</p> <p>WH to add to website</p> <p>WH to add to website</p> <p>WH to add to website</p> <p>KMc to feedback next time</p> <p>JM to add to website</p>	<p>JM</p> <p>WH</p> <p>WH</p> <p>WH</p> <p>KMc</p> <p>JM</p>	<p>Nov 21</p> <p>Nov 21</p> <p>Nov 21</p> <p>Nov 21</p> <p>Nov 21</p> <p>Nov 21</p> <p>Nov 21</p>
2021.09.08	MHRA DSU	<p>July 2021 Chloramphenicol eye drops containing borax or boric acid buffers:use in children younger than 2 years</p> <p>Herbal and homeopathic medicines:reminder to be vigilant for</p>	Noted	No further action		Sept 21

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		<p>suspected adverse reactions and to report them to the yellow card scheme</p> <p>Oral Retinoid Medicines:temporary monitoring advice during coronavirus pandemic</p> <p>August 2021 Covid 19 Vaccines update</p>				
2021.09.09	Regional Medicines Optimisation Committee	<p>Draft Shared Care Consultation 3 – Azathioprine, Hydroxychloroquine & Mycophenolate – sent to rheumatology for info but not comments received back</p> <p>Draft Shared Care Consultation 4 – Atomoxetine, guanfacine and Riluzole</p>	Noted	No further action		Sept 21
2021.09.10	Correspondence Received	Correspondence from Dr Grover which was discussed under the tracker. Committee agreed not to approve private use of SCF until BMA authorised this.	JM will feedback the committees decision to Dr Grover		JM	Nov 21
2021.09.11	Primary Care Rebate Scheme	None to report this month	Noted	No further action		
2021.09.12	Additional Minutes for Information	<ul style="list-style-type: none"> a) MMIG (August) b) HEY D&T (June) c) HTFT DTC (May) d) CHCP e) Formulary Sub Group (July) f) Hull CC Planning & Commissioning 	Noted	No further action		Sept 21
2021.09.13	A.O.B	<p>The joint APC meetings looking at a merge with the south bank are still going ahead. Terms of reference are being worked on. It has been agreed that one GP representative from each area will need to be on the final committee resulting in four GP members in total.</p> <p>The south bank use NET formulary which is an electronic formulary platform, the group is looking at adopting for the north bank also this will result in a cost of approx. £2400 split between both CCGs. It is hoped that the merger will be complete by Jan/Feb 2022.</p>	Noted	No further action		Sept 21
	Date and Time of Next Meeting	Wednesday 24 th November 2021, 1pm, WEBEX				