Enclosure 1

Meeting of the Area Prescribing Group (APG)
Held on Thursday 30th June 2016
Board Room 1, Anglesey House, Rugeley
Chaired by: Mahesh Mistry

		19/06/ 2015	21/08/ 2015	30/10/ 2015	11/12/ 2015	03/03/ 2016	29/04/ 2016	30/06/ 2016
Susan Bamford (SB)	Head of Medicines Management, East Staffs CCG	✓	✓	✓	✓	✓	✓	✓
Samantha Buckingham (SJB)	Stafford & Surrounds CCG Pharmaceutical Adviser	✓	✓	✓	✓	✓	✓	✓
Tania Carruthers (TC)	Clinical Director of Pharmacy - Heart of England NHS Trust	✓	✓	✓	A	✓	✓	✓
Gill Hall (GH)	Service Development Manager for Community Pharmacy- SS LPC	✓	✓	✓	✓		✓	A
Dr Anna Onabolu DrAO)	Cannock CCG GP Rep	X	X	A	A	A	A	A
Dr Clare Pilkington (DrCP)	SES CCG GP Rep	✓	✓	✓	✓	A	A	A
Mohammed Azar (MA)	Deputy Chief Pharmacist Pharmacy & Medicines Optimisation South Staffs & Shropshire Healthcare NHS Foundation Trust					✓	A	✓
Mahesh Mistry (MM) Chair	Head of Medicines Management SES& SP CCG	✓	A	✓	✓	✓	✓	✓
Dr Mark Stone (DrMS)	S&S CCG GP Rep	✓	A	✓	✓	✓	✓	A
Dr Judith Crosse (DrJCr)	ES CCG GP Rep	A	✓	✓	✓	A	✓	A
Sharuna Reddy (SR)	Pharmaceutical Adviser- CC CCG	✓	A	✓	✓	A	✓	✓
Tracey Hall (TH)	Non-Medical Prescribing Lead SSOTP	✓	A	A	✓	✓	✓	✓
Paul Fieldhouse (PF)	Clinical Director Pharmacy Services SSOTP	A	A	A	A	A	A	A
Teressa Froggatt (TF)	Pharmacist SSOTP	A	A	A	A	A	A	A
Lisa Nock (LN)	Principal Pharmacist in Surgery Burton Hospitals NHS Foundation Trust					✓	✓	✓
Fiona McKean (FM)	Asst Director for Clinical Services and Medicines Management at RWT							✓
Susan Mason (SM)	Tissue Viability Nurse Specialist						✓	✓
Susan Thomson (ST)	Chief Pharmacist UHNM						✓	
Mary Johnson (MJ)	Senior Medicines Optimisation Pharmacist SES&SP CCG							✓
Lesley Arnold (LA)	Medicines Support Officer – South Staffordshire CCGs	✓	✓	✓	✓	A	✓	✓

Key: ✓ = Attended A = Apologies X = Not Attended

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South Staffordshire Area Prescribing Group
30TH June 2016
Boardroom 2, Anglesey House, Rugeley

Minutes:

1.	**Welcome and Apologies** Apologies noted on Front Sheet.	
	No Declarations of Interest were reported. The Meeting was not quorate as no GPs present at the meeting. From the next meeting an attendance list will be done with a column for authority for the meeting to be recorded.	
2.	**Minutes from previous meeting** **Changes** **SB thanked Susan Mason for all her hard work.** **6.1 Surinder Passan** **Page 8 – SLA for Community Pharmacists in North Staffs only** AGREED to be a True Record with the above amendments.	
3.	**Matters Arising**	
3.1	Repatriation Scheme and Rebates from Dudley – still waiting to receive them. FK to find out at which stage they will be doing to repatriation scheme	RK FK
3.3	MM still waiting to hear about Public Health and Lay Representation for the group. Agreed to leave this for now and pick up at a later date	MM
3.5	School Inhalers – RK s attending a meeting and will get the feedback	RK
3.8	Mahesh still checking on the advice being given to Schools regarding EPI Pens as it is felt that Schools are asking for two devices. Carry forward to next meeting	MM/LA
3.9	Ciclosporin eye drop pathway for Consultants – LN to speak Sam Hardy. MM informed the group that looking at producing a Dry Eye Guideline and this could be linked in. MM to email Sam to see if she needs any help from a CCG prospective.	LN
3.10	SSSFT Hypnotics Guidelines – MA reported that Citalopram is one of the choices for outpatients to be given.	MA
3.11	Gluten Free Guidelines will now go through NHS England and then will come to this meeting for ratification in August 2016.	
4.	**Items for Information**	
4.1	**NICE Technical Appraisals** **TA387 – Abiraterone for treating metastatic hormone-relapsed prostate cancer before chemotherapy is indicated – NHS England Responsibility** **TA388 – Sacubitril valsartan for treating symptomatic chronic heart failure with reduced ejection fraction - £126,404 per 100,000 patients according to NICE. This has a 30 day implementation period and agreed to add as AMBER1 Secondary Care initiation. SB confirmed that there is a NICE implementation checklist being**	LA to add to Net Formulary

	produced and legally needs to be done within 90 Days. **TA389 – Topotecan, pegylated liposomal doxorubicin hydrochloride, paclitaxel, trabectedin and gemcitabine for treating recurrent ovarian cancer - NHS England Responsibility** **TA390 – Canagliflozin, dapagliflozin and empagliflozin as monotherapies for treating type 2 diabetes – This is not expected to be significant changes in funding due to similar costs of SGLT-2 and DPP-4 inhibitors.** **TA391 – Cabazitaxel for hormone-relapsed metastatic prostate cancer treated with docetaxel - NHS England Responsibility**	
4.2	**NICE Associates list** • Lead Specialised Commissioning reported that as far as Biosimilar Gain Sharing is concerned Hospitals should be purchasing at best price. • SB said that there was a very long discussion about Right Care and Medicines Optimisation regarding unrealistic cost-savings and validity of moving to a mean (from both directions). SB said that another CCG had been giving a saving of £20k on Naproxen as a high user and this was not achievable. Estimated cost-savings of £331million from top 30 medications on the STOPP list have been identified with associated quality benefits- currently being validated and a Right Care Implementation Tool is being developed. • Hypercholesterolemia and mixed dyslipidemia – New injection for lowering cholesterol. SB said there is no long time data to show any benefit and is very expensive. This has been given a TA and if for patients who are intolerable to statins. SB will feedback if discussed next time	MM
5.	Items for Approval	
5.1	**ESCA for Colomycin** TH raised the following: • Whose responsibility it was to provide the equipment and no mention of filters and the special Colomycin mask. Need clarity on the consumables. • Are Secondary Care going to be reviewing after 6 months or is it GP lead? Needs more clarity. • Link does not work – LA accessed the link and sent out via email to APG group RK raised that it states unlicensed indications in the Prescribed indications and then in the Therapeutic summary under Colomycin takes about antibiotic solution licensed for the treatment by inhalation of patients with CF (Cystic Fibrosis) and non CF bronchiectasis, which indicates that it is licensed. **Action:** MM to speak to Sam Hardy about the feedback.	MM
5.2	**SSOTP Wound Care Formulary** Susan Mason said that this was a six month live document to ensure that they have go	

	the compliance right. New innovations are already available and any amendments and additions would be added and then brought to APG for approval each time. North Staffs CCG has approved this document. They are also looking at doing an app for this document. SM said that page 5 now shows a Formulary Guidance Chart to show the products that have been replaced and with which product. They have added more descriptions to the dressings. SM said that a GP at North Staffs asked about the AMBER Section as this is for two week prescriptions only but there is no evidence for the GPs to be aware of this. SM will be looking into this and adding a paragraph for the GPs. The RED section – Pico dressings will be for Tissue Viability Nurse (TVN) guidance only and the TVN won the contract for the commissioning for finance for Tropical Negative Pressure but this does not include Pico. SM said they will be keeping a tight constraint on all Pico dressings. SJB asked about Leave Therapy and SM confirmed that all the RED Section will be on the TVN guidance only and will do the initial prescription and the assessments. SJB asked for this to be added to the formulary in all the RED sections. LN said that Pharmacy at Burton Hospital have nothing to do with dressings anymore and is covered by the TVN. MM thanks SM for all her hard work and was a good piece of work and was agreed by the group. **Actions** : Amendments as above and MM to circulate to the GPs for virtual approval.	SM/MM
5.3	**Formulary Application for Beclometasone & Formoterol (Fosair 200/6 pMDI and NEXThaler)** This was presented by Dr Mukesh Singh and Mr David Cook for Asthma patients only as not licensed for COPD patients. No issues raised at FWG **Action:** Approved and will be added to NetFormulary once the GPs have feedback	MM/LA
5.4	**Formulary Application for Trulicity® (dulaglutide) 0.75mg and 1.5mg solution for injection in a pre-filled pen** Sarah Orme came to FWG to do a presentation on this new Pen for diabetic patients and FWG approved this to be added to NetFormulary as AMBER1 so a RiCAD needs to be produced and prescribed by the Specialist Diabetic Teams. MM asked if this was to be for all diabetic patients or a certain cohort of patients. **Action:** Approved subject to having a RiCAD produced and clarification of which patients will receive this. SJB to check with Sarah and feedback to be sought from GPs not at the meeting. RK said that this has not yet been approved in Wolverhampton and TC did not think it had come to Birmingham for approval. SB confirmed that Derbyshire have approved.	SJB

5.5	**Staffordshire Antibiotic Guidelines 2016 – key points for approval:** • <u>Suggested minor changes from South Staffs APG</u>… o COPD page 11 – remove the ambiguous 2 capsules as both 50mg and 100mg ones are available o Infective Exacerbation of Bronchiectasis page 12 – the 'arms' information is confusing and needs clarification that 1 symptom from each arm (group) MUST be present o To remove prescribing recommendations for dental section and keep text to state refer to dentist. o Page 19 to state ORAL for vancomycin for C.diffe infection o Page 26 – there is no alternative for penicillin allergic patients. If there is no suggested alternative (to confirm with James/Khrisnan) we will need to add contact microbiology for advice. o Fosfomycin doses are being confirmed as those included differ from those in the eBNF. • <u>Additional changes from North Staffordshire APC</u>… o Tonsillitis (page 15) – they want to include amoxicillin as an alternative option for children with tonsillitis if taste of phenoxymethypenicillin is a problem, keep phenoxymethypenicillin as first line and clarithromycin as second line in adults. Awaiting confirmation from microbiology. o Dental abscesses (page 17)– to REMOVE this section completely. o UTI (page 22 onwards) Women <65 - to clearly state Nitrofurantoin is first line then give the option to the prescriber to choose either 100mg MR BD or 50mg standard- release QDS (because MR can have stock problems and has had long term stock problems in the past) Women <65 – to clearly state trimethoprim as second line – then to remove the statement about Staffordshire o UTI in children – cost of nitrofurantoin suspension - is £260 for a bottle 300ml compared to trimethoprim suspension 100ml at £15.00. Can we state to give trimethoprim first line here for clarity or do we stick with what is already written? Awaiting confirmation from microbiology. SJB confirmed that PHE have had sight of the new guidelines. SJB said that they wanted to have an app for the new guidelines. MM thanked Sam for all the hard work that had gone into this document. **Action**: SJB to feedback all the comments, complete formatting and update the index and circulate with comments to the GPs not present for virtual approval. SJB to get quotes for paper based Formulary as it was felt that the clinicians preferred to have a paper copy. SB asked for a quick reference guide to be done for GPs with the main changes to the guidelines.	SJB
5.6	**Fosfomycin Community Pharmacy Service Proposal** SJB inform the group that North Staffs have an SLA for Fosfomycin with just three key pharmacies to have this in stock at all times due to the supply issue. The current North Staffs scheme has been up and running for over 12 months and pays a one-off £50 fee	

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	to Pharmacies at the start of the service and then covers any potential losses of stock which goes out-of-date before dispensing. Proposal to introduce a similar process as in North Staffs whereby if Fosfomycin is indicated as a treatment, a proforma should be completed by the prescribing GP and the patient directed to specific pharmacies which hold stocks of Fosfomycin for supply. MM asked if Community Hospitals could hold this in stock. SJB said this was tried in the North, also an FP10 would not be accepted in a hospital pharmacy and they are not accessible at all times and would be better to have in 100hour pharmacies or Supermarket pharmacies. Suggestion to set one or two pharmacies up in each locality. **Action**: Approved by APG for each CCG to individually approve if they want to implement the service.	ADVISERS
5.7	**Prescribing Commissioning Policy (previously Drugs of Limited Clinical Value Policy)** The updated policy has been discussed with clinical leads across the 3 CCGs and has been renamed and now includes drugs in 2 sections: List A: Drugs not commissioned for prescribing within South Staffordshire List B: Drugs which are only recommended for prescribing in certain circumstances The Self Care section has been removed as GPs were concerned about medico legal implications. TH asked if this runs alongside the Formulary for compliance and the answer was only around QIPP. The activity for this will be reported back to the Governing Board on a quarterly basis and GPS challenged if warranted – this has been agreed in the Staffordshire CCG. **Acton**: Individual CCGs to ratify if they want to implement this and work being done to produce some patient information leaflets. SB queried about some of the products are prescribed at the Pain Clinic and this may be a problem. SB had received an email asking if pregnant women are prescribed 5mg of Folic Acid should they be told to buy it – agreed prescription only.	
5.8	**Ondansetron formulary status review** Ondansetron is currently on the formulary as RED to be prescribed by specialists in secondary care only. It is currently licensed only to use in prevention and treatment of post-operative nausea and vomiting and for the management of nausea and vomiting during chemotherapy or radiotherapy. Proposed that this is changed to AMBER1 to enable GPs to prescribe within primary care when necessary **for licensed indications only**.	

	In some Trusts Ondansetron in hyperemesis in an off-licensed manner. As Ondansetron is not licensed for this, if prescribed by the GP, they would take on the full clinical responsibility for the prescription and therefore recommended that prescribing for this remains with specialist teams. **Action**: MM to circulate to GPs for comments and virtual approval.	MM
5.9	**Continence Prescribing Formulary & Guidance** MM said this has been approved in North staffs. The main update is a new section on Anal Irrigation. TH said the North have asked for Barrier creams to be added as requested by Care Homes in the North, TH has asked for a caveat to be added. TH confirmed that they do monitor compliance on these products for SSOTP. **Actons**: Mid Staffs Hospital to be removed of the front cover and UHNM to be added. MM will email the changes to Surinder Kumar. TH confirmed that they do monitor compliance on these products MM to then circulate to GPs for approval	MM MM
6.	**Items for Discussion**	
6.1	**South Staffordshire & Shropshire Healthcare MOC minutes –** Not ready for circulation before this meeting **Birmingham Heartlands Hospital Medicines Management Group – 11.05.16** Nothing to highlight **Burton Hospitals D&T Group – not included** SB said the Medical Director was at the D&T meeting and there was a discussion around Lidocaine patches and that they should not be kept in the hospital and was going to follow this up. **Formulary Working Group Minutes May 2016** Mirabegron – Currently Amber 1 but asking if should be GREEN based on the fact from Mr Delves that a Consultant would not be aware of the hypertension issues of patients. **Action: FWG Task & Finish group to look into the classification of Urology drugs and bring back to FWG in September.** **Wolverhampton City APC –** Nothing to feedback on and FK will in future forward the Wolverhampton Acute Trust minutes as well	LA/MJ

	MHRA Drug Safety Updates – All relevant information to be published in the APG Newsletter **June** Canagliflozin: signal of increased risk of lower extremity amputations observed in trial in high cardiovascular risk patients. A signal of increased lower limb amputation (primarily of the toe)in people taking canagliflozin compared with placebo in a clinical trial in high cardiovascular risk patients is currently under investigation. Nexplanon (etonogestrel) contraceptive implants: reports of device in vasculature and lung There have been rare reports of Nexplanon implants having reached the lung via the pulmonary artery. An implant that cannot be palpated at its insertion site in the arm should be located as soon as possible and removed at the earliest opportunity. If an implant cannot be located within the arm, perform chest imaging. Correct subdermal insertion reduces the risk of these events. LN reported following on from the MHRA alert in January 2016 regarding mucosal damage and ulcerations with Nicorandil, at Burton hospital in the last 2 weeks, we have seen 2 patients with this side effect – 1 with a severe rectal bleed requiring blood transfusions, and 1 with GI perforation, requiring a prolonged hospital stay and a minimum of 2 weeks of TPN. Link for MHRA report: https://www.gov.uk/drug-safety-update/nicorandil-ikorel-now-second-line-treatment-for-angina-risk-of-ulcer-complications	
7.	**Any Other Business**	
	TH was concerned about a supply issue with Diamorphine and informing nurses to use Morphine. Patients from UHNM were being discharge on Morphine cause of a supply issue. SJB had raised this with the Pharmacies that are doing the palliative care service and they did not have an issue with the supply of Diamorphine so it was unsure why the North had decided to do this blanket switch. SJB confirmed an email she had received from Fiona (Pharmacist in the North) who confirmed the Pharmacists do have Morphine stocked and have received a letter telling them to make sure they have stock of Morphine and Sue Brown had sent an email out to Practices telling them to prescribe Morphine instead of Diamorphine. SJB will follow this up and find out why this is being sent out in the North. LN stated that the Dermatologists like to use Hydroxasine liquid which has been discontinued. Burton Hospital have managed to source and unlicensed option which is significantly cheaper than Trimemprozine - LN wanted to know if GPs would be happy to continue with the prescribing of this unlicensed product. MM said the issue would be that once the GP has issued the FP10 it's up to the Community Pharmacist to then choose where they get this from and can be very expensive. The advice was to stay with the licensed product. SR said that she had heard there was a rising increase in Vitamin D and GPs seeing more patients who had been referred for Vitamin D.	SJB

	Buprenorphine patches to be prescribed by Brand - Butec	
8.	**Date and Time of Next Meeting:** **Friday 19th August 2016** **Boardroom 2 , Anglesey House, Rugeley** **1pm – 3pm**	**Papers for Agenda Items to be with Lesley by Friday 5th August 2016**