AREA PRESCRIBING COMMITTEE MEETING
Birmingham, Sandwell, Solihull and environs
Minutes of the meeting held on
Thursday 9th May 2019
Venue – Birmingham Research Park
Vincent Drive, Birmingham, B15 2SQ

PRESENT:

Dr Lisa Brownell	BSMHFT (Chair)
Dr Paul Dudley	Birmingham and Solihull CCG
Prof Mark DasGupta	Birmingham and Solihull CCG
Liz Thomas	Birmingham and Solihull CCG
Dr Angus Mackenzie	Sandwell & West Birmingham Hospitals NHS FT
Emily Horwill	Sandwell & West Birmingham Hospitals NHS FT
Satnaam Singh Nandra	Sandwell & West Birmingham CCG
Dr Nashat Qamar	Birmingham and Solihull CCG
Dr Sonul Bathla	Sandwell & West Birmingham CCG
Nigel Barnes	BSMHFT
Gurjit Sohal	UHB NHS FT
Dr Mark Pucci	UHB NHS FT
Inderjit Singh	UHB NHS FT
Katy Davies	UHB NHS FT
Carol Evans	UHB NHS FT/Birmingham and Solihull CCG
Dr Sangeeta Ambegaokar	Forward Thinking Birmingham Partnership
Dr Neil Bugg	Birmingham Women's and Children's NHS FT
Alison Tennant	Birmingham Women's and Children's NHS FT
Ravinder Kalkat	Midlands & Lancashire CSU
Kuldip Soora	Midlands & Lancashire CSU

IN ATTENDANCE:

Dr Abid Hussain for item 0519/05	UHB NHS FT HGS
Rakhi Aggarwal for item 0519/05	Birmingham and Solihull CCG
Rashmeet Bhogal for item 0519/05	UHB NHS FT HGS

No.	Item	Action

0519/01 Apologies for absence were received from:

Dr John Wilkinson, Birmingham and Solihull CCG

It was confirmed that the meeting was quorate.

0519/02 Items of business not on agenda (to be discussed under AOB)

- Commissioning decisions
- APC management meeting
- Branded medicines in outpatient settings

0519/03 Declaration of Interest (DoI)

The Chair reminded members to submit their annual declarations of interest to the APC Secretariat.

0519/04 Welcome and Introductions

The Chair welcomed everyone to the meeting today. Introductions around the table were carried out for the benefit of a new member.

The Chair reminded members, the meeting is digitally recorded for the purpose of accurate minute taking and once the minutes are approved, the recording is deleted by the APC secretary.

0519/05 Summary of antimicrobial prescribing guidance – Birmingham Antibiotic Advisory Group – for discussion/ratification

The Chair welcomed members of the Birmingham Antibiotic Advisory Group (BAAG); Dr Abid Hussain, Consultant Microbiologist, UHB NHS FT HGS, Rashmeet Bhogal, Antimicrobial pharmacist, UHB NHS FT HGS and Rakhi Aggarwal, Senior Prescribing Advisor, Birmingham and Solihull CCG to the meeting and invited them to present their Summary of antimicrobial prescribing guidance- managing common infections.

Dr Hussain explained BAAG are responsible as a pan-Birmingham group to co-ordinate and facilitate the primary care guidelines. Their remit is looking at the performance of CCG prescribing in line with, for example Commissioning for Quality and Innovation (CQUIN) and Public Health England (PHE) fingertips and for reviewing APC guidelines in line with national standards and reviewing primary care pathways, for example the management of *C.Difficile* in community.

The current APC primary care guidelines have been reformatted in line with the NICE Managing common infections guidance. There is a national strategy at PHE to look at antibiotic prescribing such as the Keep Antibiotics Working campaign and the Start Smart then Focus campaign, as part of a global antibiotic stewardship strategy; the right antibiotic for the right patient at the right time. Some of this data has been fed into the guidance.

BAAG have modified the mentioned NICE guidance so that it is more practical for general practitioners (GPs) and provides less ambiguity. Dose ranges have been omitted as from the group's experience, guidelines involving dose ranges often lead to the lowest dose being prescribed which may be less efficacious

depending on the infection. Therefore, a higher dose for a shorter duration has been recommended. This is in line with the PHE national antibiotic stewardship strategy.

The Chair invited questions or comments from members. Discussion points/concerns raised included:

- Members commended BAAG on the document produced.
- Dr Hussain noted the empirical management of sexually transmitted infections (STIs) in community is concerning for some GPs around the storage and administration requirements of intramuscular (IM) ceftriaxone in community. Dr Hussain highlighted this part of the guidance is going to be discussed at BAAG and asked APC members for their thoughts. A primary care representative stated regarding STIs most GPs would refer to Umbrella in most instances.
- The guidance refers to MHRA drug safety updates for example quinolone antibiotics and their potential risks. Dr Hussain explained he would not necessarily select an alternative antibiotic if a quinolone was indicated. Instead clinicians should consider a benefit-risk assessment for patients at risk and counsel where necessary.
- A member asked, how should clinicians proceed when the guidance states "only if culture results are available and susceptible"? For example, when recommending co-amoxiclav for pyelonephritis. The guidance does not indicate what should be used if culture results are unavailable. Dr Hussain confirmed the primary care clinician would initiate empirical co-amoxiclav and then wait for culture results.
- It was confirmed the guidance would be incorporated into the BSSE APC formulary, providing a more user-friendly way of accessing the guidance compared to searching a large PDF document. Currently there is no way of incorporating the guidance into GP clinical systems apart from making the drugs available to prescribe.
- A member noted the presented guidelines are badged as NICE guidelines. BAAG clarified the guidelines have been amended for local use by recommending the highest dose for the shortest duration, and by narrowing the choice of antibiotic indicated to help GPs. The member suggested the document reflects this by way of adding the BAAG logo onto the document.
- A primary care member asked if there are any plans to link community antibiotic intravenous (IV) pathways into the guidance presented. For example, when IV antibiotics are indicated the member felt it would be useful for some additional guidance to GPs regarding how to access the service. Dr Hussain explained there is a move to using shorter durations of antibiotics or IV antibiotics followed by a longer course of oral antibiotics. He acknowledged a process for community IV antibiotics would be a useful and this would be taken up by BAAG.
- A member commented there is a move towards self-care and use of over the counter preparations. The guidance should not imply that GPs should supply all the medicines indicated via prescriptions but acknowledge other routes of supply. BAAG members agreed with this point and it would be considered further at BAAG.

The Chair thanked the BAAG members for attending the meeting and for answering all the questions from the APC members.

There were no further discussion points in the absence of the specialists.

Decision Summary: APC approved the guidance pending addition of BAAG logo.

ACTION:

- **Relay approval of guidance to BAAG pending addition of BAAG logo.** **APC sec**

0519/06 BSSE APC Away day documents - Central Nervous System for ratification

The away day was held on Thursday 11th May 2019 covering formulary chapter 4 – Central Nervous System, excluding pain section.

The Chair directed members to the enclosure Central Nervous System. The full proposals and rationale from the away day are documented within the enclosures. A summary was relayed to the members:

- Melatonin – Several different clinical groups request change from Red to Amber. APC agreed new applications required for use in different specialties with defined cohorts.
- Sodium oxybate – currently non-formulary and not routinely commissioned. Part of the RMOC workplan for use in defined cohorts. Individual clinicians to request service development through commissioners.
- Members agreed to add diazepam liquid as Red for inpatients/prison settings only.
- Members agreed to amend lorazepam from Amber to Green.
- Members agreed to remove meprobomate as it is no longer available.
- Members agreed chlopromazine, haloperidol and levomepromazine injections should not be used for psychiatric/anxiolytic purposes in primary care; Red status. However, acknowledge use in palliative care so await review of palliative care formulary.
- Periciazine add ££ to entry.
- Members agreed to amend pimozide to non-formulary due to side effect profile and low usage at BSMHFT.
- Anti-psychotic long acting depot injections – a service development required before prescribing can be shared with primary care.
- Asenapine agreed as non-formulary. Low usage in secondary care at BSMHFT.
- Members agreed to amend hyoscine from Amber to Green for hypersalivation caused by antipsychotics in line with Green status for hypersalivation use in Parkinson's Disease.
- Amend clomipramine to Green in line with other antidepressants.
- UHB NHS FT HGS sleep clinicians requested Amber for clomipramine, fluoxetine, dexamfetamine and methylphenidate for cataplexy symptoms in narcolepsy. Members agreed use for new indications would require new drug applications.
- Remove references to second line use for fluoxetine and paroxetine.
- BSMHFT suggested citalopram requires an annotation regarding risk of QT prolongation which was agreed.
- Duloxetine – remove need for rationale for use.
- Members agreed buproprion requires a new application to change status from Red to Amber as an adjunctive treatment in difficult to treat depression.
- Orlistat – the formulary should reference self-care for the 60mg capsules.

- Eslicarbazepine – remove the requirement for DTC approval.
- Members agreed to remove the ESCAs and monitor decline to prescribes received for pramipexole, ropinirole, rotigitine and co-careldopa/entacapone (Stalevo®), rasagiline, selegiline hydrochloride and entacapone.

Decision Summary: Members agreed with the proposed formulary decisions.

The Chair directed members to the draft notes from the away day. These notes would be uploaded onto the APC Sharepoint for members information.

The Chair directed members to the draft formulary wording for medicines used in paediatrics.

The Chair invited questions or comments from members. Discussion points/concerns raised included:

- A Birmingham Women's and Children NHS FT representative highlighted there are several liquid and dispersible preparations not listed on the formulary. The Trust on occasion receive decline to prescribes relating to formulation rather than drug. Further work is necessary to decipher why some formulations aren't listed and to understand the support GPs require to feel competent to prescribe medicines in paediatrics.
- UHB NHS FT HGS highlighted some examples discussed at the away day and noted they recently had further instances where GPs have declined to prescribe; a statement such as the one discussed would have been useful to communicate the APC position.
- Members approved the wording for medicines used in paediatrics.

ACTIONS:

- **Make formulary amendments as discussed** — **APC sec**
- **Add approved wording for medicines used in paediatrics to the formulary** — **APC sec**

0519/07 BSSE APC lisdexamphetamine ESCA – For ratification

The Chair directed members to the enclosure for the BSSE APC lisdexamfetamine ESCA.

Lisdexamfetamine ESCA was produced by Birmingham Solihull Mental Health NHS Trust in collaboration with Forward Thinking Birmingham and Birmingham Children's NHS Trust. The ESCA was circulated for comments; no further comments were received.

The Chair invited questions or comments from members. Discussion points/concerns raised included:

- It was confirmed the ESCA would only apply to the Solihull locality at present due to commissioning arrangements.
- A member raised under the Monitoring section; weight gain, blood pressure and growth development is carried out by specialists at regular reviews, however the GP may be requested to carry out monitoring if specialist review is greater than 6 months. Therefore, there may be a discrepancy between the clinic letter which follows the ESCA. Members agreed all ESCAs suggest "baseline" ways in which GPs and secondary care may manage the responsibilities for the

prescribing of drugs. If the specialist and GP come to a different arrangement with regards to ongoing monitoring, the clinic letter would take precedent. This would apply to all ESCAs.

ACTION:

- **Publish lisdexamfetamine ESCA to the formulary** — **APC sec**

0519/08 **BSSE APC ESCAs feedback –** For discussion

The Chair directed members to the sodium clodronate ESCA and the feedback received from secondary care regarding primary care concerns with the ESCA. Primary care clinicians had raised concerns surrounding the monitoring of sodium clodronate which they deemed unclear.

The Chair invited questions or comments from members. Discussion points/concerns raised included:

- Specialists have highlighted very few patients on sodium clodronate would be reviewed every 3 months within secondary care. Patients are not discharged from secondary care follow up due having established bone metastasis and expected relapse patterns.
- A member highlighted the current wording in the ESCA which states "Normally monitoring of biochemical and haematological parameters will be done by the specialist. Exceptionally a specialist may ask for the GP to monitor renal and hepatic function, white cell count, serum calcium and phosphate levels and explain what to do if results fall out of range." Therefore, the ESCA acknowledges monitoring is usually carried out by secondary care.
- A member asked if there was any need for primary care to be involved as very few patients are prescribed sodium clodronate. A member highlighted these patients may be under palliative care conditions therefore primary care would be involved.
- There was a discussion surrounding primary care clinician willingness to prescribe drugs for cancer indications. A member highlighted there is also an ESCA for ibandronic acid use in cancer.
- Primary care prescribing data was noted. Birmingham and Solihull CCG confirmed there were 141 prescription items for sodium clodronate in the last calendar year which equates to approximately 8-12 patients across Birmingham and Solihull. Sandwell and West Birmingham CCG reported possibly 6 patients treated over the last month.
- Members agreed to retain the sodium clodronate ESCA.

ACTION:

- **Retain sodium clodronate ESCA on APC formulary** — **APC sec**

0518/09 **BSSE APC Primary Care Clinical Pathway for Atrial Fibrillation Detection and Management – for ratification**

The Chair directed members to the Primary Care Clinical Pathway for Atrial Fibrillation Detection and Management.

The Chair invited questions or comments from members. Discussion points/concerns raised included:

- Under the section "Specialist cardiology input:" a member suggested adding "if valvular AF is suspected" as the treatment pathway for valvular AF is different to non-valvular AF.
- A member suggested in the box stating "Patient is unwell or haemodynamically unstable" it should be explicit to state admit patient to hospital.
- There was a discussion surrounding how primary care clinicians manage suspected AF. Members agreed clinicians should anticoagulate patients if AF suspected whether valvular or non-valvular. A primary care member suggests more GPs are diagnosing AF and anticoagulating without referral. In primary care, some GPs are able to request an echocardiogram.
- A member added the NICE patient decision aids should be referred to within the document.
- The Cockcroft-Gault equation should be removed as it is not accurate in certain groups such as overweight, underweight and elderly patients. Clinicians should use creatinine clearance to measure renal function.
- Members agreed following amendments discussed, the document should be circulated to member organisations for review.
- The final document will be shared with West Midlands Academic Health Science Network (WMAHSN) who produced the original document.

ACTION:

- **Amend document as discussed and circulate to member organisations for review.** — **APC sec**

0519/10 Regional Medicines Optimisation Committee recommendations – For discussion

The Chair directed members to the RMOC Newsletter – 2019 Issue 3

No comments made

0519/11 Minutes of the meeting held on Thursday 14th March 2019 – for ratification

The minutes of the meeting held on Thursday 14th March 2019 were discussed for accuracy.

- Page 2; Reword to "Dr Whitehouse explained that over ninety percent of CF patients are pancreatic insufficient, so require fat soluble vitamins from birth."

It was confirmed that subject to the above amendments, the minutes are approved, can be uploaded to the APC website and the recording deleted.

The DST for Paravit-CF® was also approved for uploading to the APC website.

0519/12 Matters Arising

The Chair moved onto the action table for comments and updates:
(See separate document attachment for updated version). Consider actions closed if not discussed.

The outstanding actions include:

- 0319/06 Pan-Birmingham Respiratory Group Asthma Guidelines **Update:** Pending authorisation from individual organisations; in final stages.

- 0319/07 BSSE APC Away day documents Circulate Fiasp® ESCA for wide consultation with member organisations. **Update:** comments received. Scheduled for June meeting

- 0319/09 BSSE APC Dermatology ESCAs Clarify monitoring requirements and responsibilities for Methotrexate ESCA, particularly PIIINP **Update:** Awaiting feedback from specialists

- 0219/06 BSSE APC Type 2 Diabetes prescribing guidance Amend guidance and seek approval by individual organisations governance processes **Update:** In final stages with DMMAG

- 1118/AOB Identified issues with shared care documents – **Update:** Denosumab ESCA with nurse specialist for review.

- 0418/08 APC membership list – for ratification. **Update:** In progress.

0419/13 NICE Technological Appraisals (TAs)

In April 2019, there were 5 TAs published; of these, 2 are NHSE commissioned, 2 CCG commissioned and 1 is not recommended.

The CCG commissioned NICE TAs are:

- Tildrakizumab for treating moderate to severe plaque psoriasis [TA575]
- Certolizumab pegol for treating moderate to severe plaque psoriasis [TA574]

Red status agreed for both.

ACTION: Update APC formulary with decisions on NICE TAs. **APC sec**

Any other business:

1. Commissioning decisions

Members agreed it would be useful for the APC to provide some clarity regarding next steps when a decision falls outside of APC remit and becomes a commissioning decision. A member suggested the pathway is described in the APC policy and the APC should provide more support to applicants to follow this pathway.

A member highlighted CCGs should routinely relay their decisions back to the APC so members are fully aware of progress made.

2. APC Management meeting

A management meeting will be scheduled for July. Discussions for the management meeting were highlighted: content of ESCAs, transmission of ESCAs and RICaDs across the interface, presentation of the formulary, RAG status review, pricing information within the formulary and commissioning

decision pathway.

3. Branded medicines in outpatient settings

UHB NHS FT report a cardiology clinic patient presented with a list of medicines from the GP where all medicines were given as proprietary names. The member asked if generic names could be added in brackets as it is time consuming for clinicians to look up generic equivalent products. Furthermore, the clinician reported this is an increasing problem in clinics across the Trust.

A CCG representative stated for certain medicines, the branded product is the most cost-effective and will be specified. There was a discussion whether clinical systems can include generic name in brackets. A CCG member confirmed the drug line currently allows either brand name or generic name. A member asked if any data could be collected to support the clinician's assertions as this would require a large change to processes in primary care; it would be useful to see the size of the problem or if it is limited to certain GP practices or specific medicines.

A member added some drugs are deemed No Cheaper Stock Obtainable (NCSO) i.e. out of stock and only certain brands are available to order by community pharmacies therefore pharmacies may specify certain brands are prescribed.

UHB NHS FT and CCG to discuss outside of APC.

The Chair thanked the members for their input today. The meeting closed at 16:30.

Date of next meeting: Thursday 13th June 2019 14:00 – 16:45
Birmingham Research Park.