AREA PRESCRIBING COMMITTEE MEETING
Birmingham, Sandwell, Solihull and environs

Minutes of the meeting held on
Thursday 9th October 2014
Birmingham Medical Institute, 36 Harborne Rd, Birmingham, West Midlands B15 3AF.

PRESENT:

Dr Paul Dudley	PD	Chair, Birmingham CrossCity CCG
Alima Batchelor	AB	Birmingham South Central CCG
Satnaam Nandra	SN	Birmingham CrossCity CCG
Dr Jamie Coleman	JC	UHB NHS FT
Professor Robin Ferner	RF	S&WB Hospitals Trust
David Harris	DH	Birmingham Community Healthcare Trust
Jonathan Horgan	JH	M&L CSU
Bola Ogunremi	BO	M&L CSU
Alan Pollard	AP	Birmingham Womens NHS FT
Dr Timothy Priest	TP	HEFT NHS FT
Carol Evans	CE	HEFT NHS FT
Inderjit Singh	IS	UHB NHS FT
Dr Urmila Tandon	UT	Birmingham Community Healthcare Trust
Karen Ennis	KE	Birmingham CrossCity CCG
Sumaira Tabussum	ST	Sandwell and West Birmingham CCG
Tony Green	TG	Patient Representative

IN ATTENDANCE:

Patricia James	PJ	APC Secretary, Midlands & Lancashire CSU

No	Item	Action
1014/01	**Apologies** Apologies for absence were received from: Dr Lisa Brownell, Joint Chair, BSMH NHS FT Claire Pilkington, South East Staffs and Seisdon Peninsula CCG Elizabeth Walker, Sandwell and West Birmingham CCG Maureen Milligan, The ROH NHS FT Mandy Matthews, NHS England Nigel Barnes, BSMH NHS FT Dr Waris Ahmad, Birmingham South Central CCG Tania Carruthers, Heart of England Foundation Trust	
1014/02	**Items of business not on the agenda (for AOB)** No items were raised.	
1014/03	**Declaration of Interest** The Chair advised that the majority of the Declarations of Interest had now been received. Area Prescribing Committee (APC) Secretary to chase outstanding forms by email.	
1014/04	**Welcome and introductions** PD welcomed those present to the APC.	
1014/05	**Approval of minutes of the meeting 11th September 2014** 0914/06 Matters arising/action log; JC felt that the phrase “expressed his disapproval” should be amended to read “was disappointed”.	**APC Secretary**
	AP highlighted that the discussion around enoxaparin in pregnancy was not fully documented in the minutes. AP recommended that the prescribing should be transferred to primary care during pregnancy to support access to prescriptions. CE highlighted that this issue affects patients from HEFT also. It was agreed that this needs to be discussed with commissioners outside the APC.	
	ACTION: CSU to collate information for commissioners to discuss.	**CSU and CCG leads**

0914/14 Any other business – HEFT Ranolazine RICaD;

IS queried whether the process for the Rationale for Initiation, Continuation and Discontinuation (RICaD) had been resolved at the last meeting. He outlined that clarity was needed on how the RICaD is communicated and shared.

The committee discussed whether the RICaD would be sent by the specialist on discharge or if GPs would be referred to a web link. Discussions were also had on whether it should be signed or not. It was highlighted that GPs want assurance that a patient meets the required criteria for prescribing and that primary care clinicians have access to correct information to ensure safety in the use of any unfamiliar drugs involved in the transfer of care.

The committee was informed that whilst Heart of England Foundation Trust was able to tag certain documents to the patient's record, University Hospitals Birmingham Foundation Trust was unable to do this currently. The conclusion was reached: It was noted that the RICaD replaces some information in the clinical letter so can support the transfer process.

if the RICaD is not patient specific then messages could be put on Scriptswitch by the CCG Leads following APC approval and the specialist can refer the GP to a RICaD on the web in clinical letters. If the RICaD is patient specific then it needs to be sent with the clinical letter similar to ESCAs.

It was noted that this conclusion needs to be tested to confirm it works. JC suggested that both primary and secondary care look at options over the next 6 months.

1014/06 **Matters Arising/Action Log**

0514/4 - 4.1 Outstanding Declarations of Interest

ACTION: Email members with outstanding Declarations of Interest **APC Secretary**

0614/5 Jargon buster - this work is still required. **BO/TG**

0814/12 – Communication template: Decision to decline prescribing of medicines recommended by hospital specialists

ACTION: "Unable to contact Consultant" needs to be moved to the top of the first table. **APC Secretary**

0914/05 – Away Day – 24th November 2014

First date is the 24th November 2014. Although some members will not be present, the committee agreed that it was important to proceed. The agenda for the day was agreed as follows:

a. Complete the review of Chapter 2 prior to gaining views from cardiologists. The APC aims to sign off in the December meeting
b. Complete review of Chapter 3
c. Commence review of Chapter 4 and 10

ACTIONS:

Cascade Chapters 4 and 10 for member comments prior to the away day. **APC Secretary**

All to confirm availability for the away day date in January by Friday 17th October 2014 **All**

0914/06(1)– Guidelines for NOACs

BO tabled the NOACs guidance. She advised that this is a draft document which had been shared with haematologists. Comments from Dr Will Lester, UHB Consultant Haematologist have been incorporated.

There was discussion about the approaches to INR patient self-testing across CCGs. The guidance advises that alternatives such as self-testing should be considered before a NOAC. It was agreed that this advice should be retained within the document.

There was discussion about where this guidance fits in as some CCGs and Trusts have their own documents. It was confirmed this was an advisory document. RF advised the document was too lengthy and that a one page summary would be more useful. BO to review this.

ACTIONS: Email the draft document to members for comments back to her. Paper to be brought to the November meeting. **BO**

Scope a 1 page version and advise at the next meeting **BO**

0914/06(3) – write to trust CEOs and Chairs of D&Ts requesting them to share with the APC the Chair's Actions on approval of funding for non-formulary drugs **Chair/JH**

0914/06(4) – Trust chairs action are on the agenda.

0914/06(5) Process for new drug applications.

The Chair confirmed that the requesting clinician will be notified of the final decision within one week of the meeting, with a copy of the decision cascaded to the APC membership so that members can take forward relevant implementation actions locally.

It was confirmed that if the drug presented is accepted, the information would be uploaded to APC Birmingham, Sandwell, Solihull and environs formulary website once the decision has been relayed to the clinician.

0914/07 NICE Technology Appraisal: Lubiprostone (TA318)

It was agreed at the last meeting that this drug would remain formulary status grey whilst guidance was sought. TP read out the recommendations from NICE TA318 in relation to the prescribing responsibilities; “Lubiprostone should only be prescribed by a clinician with experience of treating chronic idiopathic constipation, who has carefully reviewed the person's previous courses of laxative treatments.”

There was discussion on whether this drug should be recommended for specialist or GP prescribing following initiation.

It was reported that South Staffordshire had recently adopted a formulary recommendation of amber status (initial prescribing of 2 weeks) with a RICaD for the GP to continue.

There was agreement that NICE supports specialist (GPSI included) assessment and initiation of prescribing. NICE guidance requires review at 2 weeks.

RF expressed his concerns about the amount prescribed and the review. The BNF advises the clinician to “dispense in original containers” and dispose of after 4 weeks. Therefore although the patient needs reviewing after 2 weeks use they will be prescribed 4 weeks supply.

It was also highlighted that the therapy costs around £60 compared to less than £4 for laxatives such as senokot.

The APC concluded that this drug should be Amber with specialist initiation and then referral with an ESCA to the GP for review at 2 weeks. The ESCA will need to be clearly worded to ensure that GPs understand their role in assessing benefit over the two week period and reviewing whether the therapy should be continued or discontinued.

ACTION: CSU will prepare an ESCA for the December APC Meeting. **CSU**

0914/12 12.1 Communication template. This was covered in action log 0814/12.

0914/12 12.2 Develop branding

This work is on-going at the CSU.

ACTION: To feedback progress at next meeting **CSU**

0914/12 – 12.3 Prescribing of amber drugs by GPs.

There was some clarification on this action point. The action was for JH to contact CCG medicines leads to confirm they accept the continuation of prescribing of Chairs approved non formulary drugs in primary care. Action notes to be amended.

JH wrote to the CCG Medicines leads. Generally the leads were supportive of this noting that current arrangements exist in some CCGs. A number of points were raised;

1. GPs need to be informed about rationale for the use of a non- formulary drug
2. CCG Medicines leads could not guarantee that a GP would take over prescribing. They would however support a review of any refusal to take over prescribing.
3. Chairs would need to ensure that NHS England commissioned drugs are not referred to GPs in this process.
4. It was noted that the communication template would support the documented response from the GP.

0914/13 Black country partnership

ACTION: Liaise with the partnership. **JH**

1014/07 **NICE Technology Appraisal**

There were no new NICE TAGs relating to the APC to review this month.

BO presented enclosure 4; Achieving and demonstrating compliance with NICE TA and HST guidance for information.

It was acknowledged that any drug with a positive NICE TA must be added to Formulary without restrictions.

1014/08 **Trust Chairs' non Formulary approvals**

IS advised that UHB FT NHS had submitted these to the APC Secretary.

ACTION: Confirm if these were received. **APC Secretary**

CE advised that the Chair at HEFT NHS FT had reviewed dolutegravir for HIV. This is an NHS England commissioned drug.

1014/09 **ESCAs**

1. Azathioprine for Inflammatory Bowel Disease – ESCA Version 2

Amends:

- First paragraph, last line; insert word 'the' to read *cited in the BNF.*
- Bullet 4; take out the words 'or alternative' to read *an alternative treatment if absent TPMT activity.*
- FBCs to be amended to read FBC throughout document.
- Third page, TPMT assay paragraph; change word deficient to 'absence of' to read *Patients with absent TPMT activity.*
- Amend bullet points to all same size.

2. Oral methotrexate in adult patients (gastroenterology), ESCA version 2

Amend:

- Text box is too large on first page.
- FBCs to be amended to read FBC throughout document.

ACTION: Amend the ESCAs as above and bring back for sign off at November APC Meeting **APC Secretary**

1014/10 **Chapter 2 update incorporating Brand Rationalisation**

Chapter 2 was discussed. SN stated that a review of current usage of different brands of calcium channel blockers by CCGs was required to enable the committee to make recommendations on preferred brands

RF commented that Scriptswitch messages could be reviewed to identify recommendations in primary care. JH highlighted that these messages are placed by CCG/CSU medicines teams.

It was agreed that the chapter would be reviewed at the away day in November for approval at the December meeting.

ACTION: CCG Leads to send required prescribing information to SN by 27th October to enable review prior to away day **CCG leads**

1014/11 **Chapter 3 Formulary Harmonisation**

The committee reviewed Chapter 3 whilst SN made amendments to the master document. Comments from Mandy Matthews were noted.

The committee was informed that the Respiratory Network is currently reviewing parts of BNF Chapter 3 and its recommendations will be presented to the APC. It was requested that the network should advise the APC on the appropriateness of prescribing aclidinium and the various steroid inhalers and combination products. **KE/ KA**

JC requested that drugs not on the harmonisation list such as enantiomers are included to provide a full chapter review.

Any Other Business:

None discussed

Meeting closed at: 16:35pm

Date of Next Meeting:

Thursday 13th November 2014 Birmingham Medical Institute,

36 Harborne Road, Edgbaston, Birmingham B15 3AF

Solomon Wand Room, 1st Floor