



AREA PRESCRIBING COMMITTEE MEETING
Birmingham, Sandwell, Solihull and environs

Minutes of the meeting held on
Thursday 11th September 2014

Birmingham Medical Institute, 36 Harborne Rd, Birmingham, West Midlands B15 3AF.

PRESENT:

Dr Paul Dudley	PD	Chair, Birmingham CrossCity CCG
Dr Lisa Brownell	LB	BSMHFT
Dr Waris Ahmad	WA	Birmingham South Central CCG
Mahesh Mistry	MM	South East Staffs & Seisdon CCG
Satnaam Nandra	SN	Birmingham CrossCity CCG
Karen Ennis	KE	Birmingham CrossCity CCG
Nilima Rahman-Lais	NRL	Solihull CCG
Elizabeth Walker	EW	Sandwell & West Birmingham CCG
Dr John Wilkinson	JW	Solihull CCG
Isabelle Hipkiss	IH	BSC CCG (M&L CSU representing)
Nigel Barnes	NB	BSMHFT
Dr Jamie Coleman	JC	UHB NHSFT
Professor Robin Ferner	RF	S&WB Hospitals Trust
David Harris	DH	Birmingham Community Healthcare Trust
Jonathan Horgan	JH	M&LCSU
Bola Ogunremi	BO	M&L CSU
Alan Pollard	AP	Birmingham Womens NHSFT
Tim Priest	TP	HEFT NHS FT
Tania Carruthers	TC	HEFT NHS FT
Inderjit Singh	IS	UHB NHSFT
Dr Urmila Tandon	UT	Birmingham Community Healthcare Trust
Maureen Milligan	MMil	The ROH NHSFT
Peter Cooke	PC	S&WB Hospitals NHST

IN ATTENDANCE:

Helen Cooper	HC	PA, Midlands & Lancashire CSU
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No	Item	Action
0914/01	Apologies Apologies for absence were received from: Kate Arnold, Solihull CCG Alima Batchelor, Birmingham SC CCG Mark Dasgupta, Birmingham CrossCity CCG Tony Green, Patient and Public Representative Dr S. Ramachandran, HEFT NHS FT Mandy Matthews, NHS England	
0914/02	Items of business not on the agenda (for AOB) No items were raised	
0914/03	Declaration of Interest Members were requested to ensure that they had completed the DOI and submitted these to the APC Secretary. No individual declarations were raised in relation to the agenda for this meeting.	
0914/04	Welcome and introductions PD welcomed those present to the Area Prescribing Committee meeting and members introduced themselves.	
0914/05	Approval of minutes of the meeting (14th August 2014) The minutes of the meeting held on Thursday 14 th August 2014 were approved with the following amendments: Page 1 Amend “minutes, once agreed, were deleted” to “recording, once agreed, would be deleted” on the last paragraph. Page 2 Action 0714/5.9 – Change dapogliflozin to dapagliflozin. Page 3 Action 0714/11 – Change Ophthalmic to Ophthalmic. Page 4 Action 0714/12, last paragraph – Change “was no entirely clear” to was not entirely clear” Members discussed the proposed away day. It was confirmed that the away day would be focused on reviewing/harmonising formulary chapters to speed this work up, and it was agreed that more than one day would be required.	HC



JH to circulate the proposed away day dates and scope another date from members for a second away day in January 2015. **JH**

0914/06 **Matters Arising/Action Log**

0514/4 - 4.2 Completed and removed
0514/4 - 4.1 Ongoing
0614/5 - 5.3 Ongoing
0614/6 - 6.9 Completed and removed
0714/5 - 5.9 Completed and removed
0714/12-12.4 BO provided a verbal update in relation to the response from lead haematologists regarding the guidelines around NOACs. Dr Lester (lead haematologist for UHBFT) confirmed that consultant initiation in line with NOAC toolkit is already in use at UHBFT. It was agreed that the APC should develop a common statement around best practice, recommend a preferred agent and to circulate it again to haematologists and seek to get consensus. **BO**

0814/06 LB explained the background in relation to Professor Ferner's letter to the APC. A detailed debate took place in relation to approving use of non-formulary drugs within trusts and primary care. JH to raise the issue with CCG Medicines Leads to confirm their support in relation to transfer of suitable hospital D&T Chairs approved non formulary drugs to GPs. Following their agreement JH to write to all Trust CEOs and Chairs of D&Ts requesting them to share with APC the Chair's Actions on approval of funding for non-formulary drugs. This is to identify trends in secondary care prescribing which may necessitate changes to the Joint Formulary. **JH/PD/LB**

It was agreed Trust Chair's Actions will be a regular agenda item for future meetings. **PJ**

Matters arising not on the agenda

JC was disappointed with the untimely manner in which the APC decisions were conveyed to Dr Richter following her drug applications in August 2014.

RF suggested that a draft decision is circulated for comments with a clear timeline of one week from the meeting date for responses to be collated. It was also agreed that if a delay was envisaged the Chair would send a 'holding letter' to the presenting Specialist simply stating the APC decision and informing that a detailed letter would follow. **PD & LB**

Website Update

BO circulated a copy of the front page of the website to members and confirmed temporary members' login and password details to the draft website. BO confirmed that Chapter 1 of the Formulary has been completed online. Members were asked to report any comments in relation to the website to BO no later than Monday, 15th **All**



September. BO confirmed the web address to members as www.birminghamandsurroundsformulary.nhs.uk

0914/07	NICE Technology Appraisal	BO
	BO confirmed this is a standing agenda item. BO explained that the report was for information and included drugs recently appraised by NICE. There was a detailed debate in relation to lubiprostone. It was agreed that this could remain Grey until 21 st October 2014 whilst guidance is sought from specialists.	
0914/08	RAG Rating Paper	JH
	Comments were received on the RAG rating paper relating to grammar. JH to revise and circulate.	
0914/09	ESCAs	BO
	Grammatical irregularities were pointed out and the accuracy of the clinical information presented in the ESCAs was reviewed and amended as appropriate. The ESCAs were approved with the following amendments:	
	1. Azathioprine for Inflammatory Bowel Disease – managerial document	
	Cessation/dose reduction: units for WCC, Neutrophils and Platelets to be 10 ⁹ /L instead of 10 ⁹ /L	
	2. Azathioprine for Inflammatory Bowel Disease – ESCA Version 2	
	Line above Responsibilities and Roles table should read “A prescriber assumes legal responsibility” (instead of responsible) “for any drug s/he prescribes even if it is based on advice from a specialist.”	
	Under specialist responsibilities point 4 add “or alternative treatment if absent TPMT activity.”	
	Under specialist responsibilities point 6, add “new” to mouth ulcers to read “new mouth ulcers.”	
	Under cautions reword as follows: “In general it is more beneficial that a patient with IBD on azathioprine remains well during pregnancy, and should normally be advised to continue taking the drug. If the patient is thinking of becoming pregnant, or is pregnant, the Consultant or IBD Clinical Nurse Specialist should be informed so that the matter can be discussed in more detail.”	
	Under immunisations: change from “flu vaccination” to “influenza vaccination.”	



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

First paragraph; change from “all unlicensed indications” to “off label use.”

Remove side effects relating to rheumatology as this is for gastroenterology (i.e. increased nodule formation, watch for adverse effects if changing NSAIDs.)

0914/10	Chapter Harmonisation (Chapter 2 update)	<p>A general comment by RF around grammatical accuracy was noted. The committee debated and discussed changes whilst SN made amendments to the master document.</p>	SN
0914/11	Chapter 2 – Brand Rationalisation for calcium channel blockers and nitrates	<p>This item was postponed to allow organisations time to review</p>	
0914/12	Communication template - Decision to decline prescribing of medicines recommended by hospital specialists	<p>A document was presented from BCC CCG for wider adoption.</p> <ol style="list-style-type: none">1. The members suggested adding “Unable to contact consultant” as another option on the form.2. A general discussion ensued around branding of APC documents. It was agreed that Midlands & Lancashire CSU would develop a template with appropriate branding.3. Following a discussion about operational issues for GPs’ prescribing, it was confirmed that willingness to accept prescribing of Amber drugs in primary care was at the discretion of local commissioners. It was agreed that JH would coordinate a response to the Head of Medicines of the CCGs for clarity.	BO/IH BO/IH JH
0914/13	Black Country Partnership NHS Trust Managed entry of drugs policy (formulary policy)	<p>The Chief Pharmacist of the Black Country Partnership NHS Trust requested APC oversight of this policy since Sandwell CCG is an important commissioner of services from the Trust.</p> <p>A discussion ensued about the validity of any comments or decisions taken by the APC on this matter since the Trust provides services that are commissioned by other CCGs which are not members of the APC. JH was asked to feedback comments from this committee, and to request new decisions for drugs are shared with this APC.</p>	JH



0914/14

Any Other Business:

- **HEFT - Ranolazine RICaD**

The committee was informed that Prof Townend from UHB submitted an application to request the addition of ranolazine to the Joint Formulary.

He was advised that BNF Chapter 2 had been reviewed as part of the local formularies harmonisation, and that ranolazine had been included in the Joint Formulary with an Amber RAG status and a RICaD.

It was agreed that a subgroup of the APC should review the expired HEFT document and produce an APC approved RICaD for ranolazine.

BO/IH

- **Website Update**

This was discussed under Matters Arising.

0914/14

Date of Next Meeting:

Thursday 9th October 2014- Birmingham Medical Institute,
36 Harborne Road, Edgbaston, Birmingham B15 3AF
Solomon Wand Room, 1st Floor