



Berkshire West Area Prescribing Committee (BWAPC)

Paper APC16-03

MINUTES of BWAPC Meeting held on 4th November 2015 from 10:00 – 12:00 in Room G29/G30, 57/59 Bath Road, Reading, RG30 2BA

Attendance:	
	Lay Member – Chair
	Commissioning Pharmacist, Wokingham CCG
	█, Thames Valley Local Pharma Committee
	Interim Chief Pharmacist █
	GP, Newbury & District CCG
	Pharmaceutical Adviser, BWCCG
	Anaesthetist, RBFT
	GP, Wokingham CCG
	Lay Member
	Lay Member
	Pharmacist, CIRCLE
	MI Lead Pharmacist, BHFT
	Chief Pharmacist, █
	Clinical Integration Pharmacist (BWCCG)
Also Present:	
	Nurse Practitioner, North & West Reading CCG
Minutes:	PA to Asst Dir. Of Meds Opt & Admin Support
Apologies:	
	Pharmaceutical Adviser (Part of Meeting)
	RBFT
	Lay Member, Wokingham CCG
	GP, North & West Reading CCG
	GP, South Reading CCG
	Interim Medical Director, BHFT
	Lead Contracts Manager, RBFT
	Associate Director of Medicines Optimisation
	Clinical Pharmacist - SPIRE
1.	Welcome & apologies: █ welcomed everyone to the meeting & apologies were noted as above
2.	Declaration of Conflicts: █ declared she had done some consultancy work and received training from NeoNavitas who market YourMag.

3.	<p>Minutes of the APC meeting held on 2nd Sept2015: The minutes were agreed as an accurate record. Action Log updated.</p>
4.	<p>Matters Arising from Meeting not included in Main Items:</p> <p>a) Introduction of Clinical Integration Pharmacist: ■ introduced ■ as the new Clinical Integration Pharmacist who would be coordinating the joint formulary. He would also be in charge of bringing forward the DTC priorities of RBFT to the BWCCG APC Meeting. ■ will also be co-ordinating audits on PBR excluded drugs in Rheumatology, Gastroenterology, Dermatology and Ophthalmology as well as working with teams to switch to biosimilar biologics.</p> <p>b) APC Consultation Form (Updated Oct 2015): ■ presented the new APC Consultation forms. A few suggestions were made including adding Date of the Doc, Version Number, Responsible Specialist & if Reviewed by BHFT / RBFT. Action 1: ■ to incorporate the agreed changes in the APC Consultation form. New forms to be piloted for January APC papers.</p> <p>c) APC New Drugs Matrix Form: ■ presented a drugs matrix template as a way of standardizing criteria to add a drug onto the formulary as well as form an audit trail. AS explained that this would help if ever audited about the drugs on the formulary and would help formulate a checklist of all questions which should be asked. It was recommended to remove the percentage weighting column. Action 2: ■ to share a screening mechanism of the Drugs Matrix to all members.</p> <p>d) APC Report Oct 2015: The draft TOR's of the APC was briefly discussed by all.</p> <ul style="list-style-type: none"> • Membership: It was agreed to include a Public Health representative, an NMP Nurse for which ■ was nominated. No Acute Nurses were required for the membership. • Non-attenders: ■ emphasized the need to have a process for non-attendees & appoint a deputy in the event of a member not being able to attend the APC meeting. If a member didn't attend 2 consecutive meetings OR misses 3 meeting in a year & did not send a deputy, the Chair would write formally to the member. • Tenure of Chair: ■ left the meeting for this section whilst ■ took over as chair. It was agreed that the membership of Chair should be reviewed by a vote every 3 years & the Chair should always be a lay member to avoid conflicts of interest. <p>Action 3: Members were requested to send in their nominees for APC Chair & APC Deputy Chair to ■, who would suggest it to ■ & ■ for final consent from Dr. ■.</p> <p>e) APC Work Plan 2016-17: ■ presented the APC Work Plan for 2016-17 for information only.</p>
5.	<p>PAPERS for consultation:</p> <p>5.1 Oral Magnesium: ■ presented the paper "Oral Magnesium for Replacement Therapy". There is now a licensed available which should be used over an unlicensed product. There was a discussion around the causes of hypomagnesaemia and making an attempt to remove the underlying cause if possible. Examples of potential causes of hypomagnesaemia include the use of proton pump inhibitors. If after removing all potential causes and the use of the licensed product has not worked then clinician could look at using an alternative unlicensed product.</p>

<p>5.2</p> <p>5.3</p> <p>5.4</p>	<p>Recommendation: Option 3 – Accept recommendations but amend to “Best Practice is to look at underlying care of the patient”.</p> <p>Action 4: ■ to add the decision on oral magnesium on Scriptswitch</p> <p>VSL: ■ presented the “Probiotics including VSL#3 for Managing Gastrointestinal Symptoms” paper. It was agreed that ■ would confirm with ■ the outcomes which would be expected following treatment as well as definitions of cohorts of patients to treat and information on stopping criteria. The decision has been deferred till ■ comes back with more info.</p> <p>COPD: ■ presented the algorithm for the use of inhaled therapies in COPD. After discussion, it was decided that ■ should add a cover sheet to say that treatment is purely for COPD (not for patients with asthma COPD crossover syndrome (ACOS)). ■ informed that more nurses had been trained to provide better quality spirometer.</p> <p>Action 5: ■ to circulate the amended “Algorithm for the use of inhaled therapies in COPD” document to ■ & ■ before it is launched.</p> <p>Liothyronine & Armour Thyroid: ■ presented the paper & it was agreed that it produces unsatisfactory evidence in providing support.</p> <p>Recommendation: Option 1 - Liothyronine & Armour Thyroid are not recommended for the treatment of hypothyroid for new patients. However, patients already on it can continue.</p>
<p>6.</p>	<p>NICE Updates: The below updates were presented for information only.</p> <ul style="list-style-type: none"> • TA357: Pembrolizumab for treating advanced melanoma after disease progression with ipilimumab. Oct 2015 • TA335: Edoxaban for preventing stroke and systemic embolism in people with non-valvular atrial fibrillation. Sept 2015 • TA356: Ruxolitinib for treating polycythaemia vera (terminated appraisal) Sept 2015
<p>7.</p>	<p>Shared Care:</p> <ul style="list-style-type: none"> • Denosumab: ■ presented the updated Denosumab Shared care guideline. It was agreed that the following should be added under consultant responsibilities: “To confirm whether patient is on bisphosphonate, If so STOP the bisphosphonate before the first Denosumab injection. Then determine a management strategy & ensure follow-up in conjunction with the GP”. <p>Action 6: ■ to add the updated Denosumab Shared Care Guideline in the APC Newsletter & instruct GPs to check calcium levels before each dose is administered.</p>
<p>8.</p>	<p>Other Committee Updates: ■ presented these papers for information only.</p> <ul style="list-style-type: none"> • RBFT DTC Minutes • BHFT DTC Minutes • Thames Valley Priorities Committee Minutes
<p>9.</p>	<p>Expired APC Policies:</p> <ul style="list-style-type: none"> • Linacotide, Zonisamide, Lisdexamphetamine, Glycopyrronium, Leuprorelin, NOAC IVDU were updated as it was. • OAB Pathway – Updated with safety information on Mirabegron • Ultibro – Withdrawn as new COPD guidelines will replace • Rivaroxaban, Dapagliflozin, Aripiprazole, Eltrombopag & Aflibercept – Withdrawn as NICE TA available

	requested that for future use, to add the date of when the policy was last checked & if there was any new evidence.
10.	<p>AOB:</p> <ul style="list-style-type: none"> Free Stock Policy: produced & presented the “Free Stock Policy” & asked for members feedback. confirmed that if NICE had approved a drug, GPs were obliged to prescribe it. All agreed for the policy to be adopted.

ACTION LOG

No.	Action	Lead	Outcome
Actions from 2nd September’15 Meeting			
1.	Action 1: to confirm the local policy for providing Hepatitis B for carers.		Ongoing
2.	Action 2: to create a separate policy for Travel vaccines		Ongoing
3.	Action 4: to present all the shared cared guidelines in a one page tabular format for easy reading		Completed & going to BHFT DTC. Once approved to forward to
4.	Action 6: to send the ToR’s of the Priorities Committee to as BHFT would like to send a representative.		passed on the info to . She confirmed she received meeting invites but will nominate a colleague to attend & represent BHFT.
Actions from 4th November’15 Meeting			
1.	to incorporate the agreed changes in the APC Consultation form.		Completed
2.	to share a screening mechanism of the Drugs Matrix to all members		On Jan’16 Agenda under 4.7
3.	Members were requested to send in their nominees for APC Chair & APC Deputy Chair to , who would suggest it to & for final consent from Dr.		reminded all to send in their nominations as she hadn’t received any.
4.	to add the decision on Orla Magnesium on Scriptswitch		On Jan’16 Agenda
5.	to circulate the amended “Algorithm for the use of inhaled therapies in COPD” document to & before it is launched		Ongoing
6.	to add the updated Denosumab Shared Care Guideline in the APC Newsletter & instruct GPs to check calcium levels before each dose is		Completed

	administered		
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Dates of Future APC Meetings: All Meetings are on Wednesday from 10.00am – 12.00pm

Date of Meeting	Venue
6 th January 2016	Rooms G29/30, 57/59 Bath Road, Reading, RG30 2BA
2 nd March 2016	Rooms G29/30, 57/59 Bath Road, Reading, RG30 2BA
4 th May 2016	Rooms G29/30, 57/59 Bath Road, Reading, RG30 2BA
6 th July 2016	Rooms G29/30, 57/59 Bath Road, Reading, RG30 2BA
7 th September 2016	Rooms G29/30, 57/59 Bath Road, Reading, RG30 2BA
2 nd November 2016	Rooms G29/30, 57/59 Bath Road, Reading, RG30 2BA