



Berkshire West Area Prescribing Committee (BWAPC)

Paper APC16-03

MINUTES of BWAPC Meeting held on 2nd November 2016 from 10:00 – 12:00 in Room G29/G30, 57/59 Bath Road, Reading, RG30 2BA

| Attendance: | |
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| | Lay Member – Chair |
| | Interface Lead Pharmacist, BWCCGs |
| | Chief Pharmacist, BHFT |
| | Pharmaceutical Adviser, BWCCGs |
| | CEO, Thames Valley Local Pharma Committee |
| | Clinical Integration Pharmacist, BWCCGs |
| | GP, North & West Reading CCG |
| | GP, Newbury & District CCG |
| | Anaesthetist, RBFT |
| | GP, Wokingham CCG |
| | Lay Member |
| | Lay Member |
| | Pharmacist, CIRCLE |
| | MI Lead Pharmacist, BHFT |
| | Chief Pharmacist, RBFT |
| | Deputy Chief Pharmacist, RBFT |
| | Associate Director of Medicines Optimisation, BWCCGs |
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| Also present: | |
| | Dietetic Dept, BHFT |
| | Practice Support Dietitian, BWCCGs |
| | Clinical Lead Dietician, BHFT |
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| Minutes: | |
| | PA to Asso. Dir. Of Meds Opts & Admin Support, BWCCGs |
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| Apologies: | |
| | Lay Member, Wokingham CCG |
| | Interim Medical Director, BHFT |
| | Pharmacist, BIH |
| | Lead Contracts Manager, RBFT |
| | Clinical Pharmacist - SPIRE |
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| 1. | Welcome & apologies: The chair welcomed everyone to the meeting. Apologies were noted as above. |
| 2. | Declaration of Conflicts: None Declared |

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| 3. | <p>Minutes of the APC meeting held on 7th September 2016: The minutes were agreed with a few amendments. Action Log updated.</p> |
| 4. | <p>Matters Arising from Meeting not included in Main Items:</p> <p>A) APC Terms of Reference (ToR): ■ presented the APC ToR for review. ■ highlighted that the new lay chair would be appointed for a fixed one year term & then reviewed annually. ■ left the room whilst the discussion to elect a new chair was being held. ■ deputised on behalf of ■ for this section. SD informed that unlike other lay Chairs, AP is paid a remuneration which does not fit with other CCG Meetings. ■ suggested that ■ could be offered an NHS contract like other lay chairs & if not then a vote to take place to elect the next chair. All agreed to have ■ continue as the APC Chair in the interim.</p> <p>Under Membership, the following were agreed:</p> <ul style="list-style-type: none"> • CCGs Nurse rep should be an NMP • RBFT’s members should include Chief Pharmacist, Medical Director OR Formulary Pharmacist or rep. Contracts Manager to be removed. ■ informed all that he would not be chairing the RBFT DTC from now on & therefore would also not be attending the APC in that capacity. All thanked ■ for his contributions to the APC. • BHFT to include Medical Director OR Chair of Drugs Committee or MI. <p>Under Quorum the following were agreed:</p> <ul style="list-style-type: none"> • At least one Pharmacist representative from MOT, BHFT & RBFT • At least one lay including the chair. <p>Action: ■ to get the “Lay Members Exclusion” document from ■ (Head of Corporate Affairs) & distribute to all APC Members.</p> <p>Action: Provider Trusts to ask their Non-Execs if they were interested in chairing the Berks West APC Meeting.</p> <p>Action: ■ to check with the CCGs if ■ could continue as the APC lay chair in the interim.</p> <p>Action: ■ to email ■ & ■ to check if they would like to send a representative to the APC.</p> <p>B) Net formulary Formal Launch: ■ informed that the net formulary for CCGs, RBFT & BHFT had gone live. This mammoth task was done manually by ■. The net formulary also included traffic light status. Any feedback or reviews on the net formulary should be sent to ■.</p> <p>C) Dermatology steering group: ■ informed the APC that a Dermatology Steering Group which meets monthly has been set up. The group includes stakeholders from primary and secondary care and meetings are held via telephone dial in. A GP who leads the group has requested a primary care Actinic Keratosis pathway. Part of this involves changing 5-fluouracil cream to become GREEN drug. ■ informed that this would be brought to the APC in Jan’17 for approval.</p> |
| 5. | <p>PAPERS for consultation:</p> <p>A) Idarucizumab for the reversal of the Anticoagulant effect of Dabigatran: ■ informed that Idarucizumab was the first agent to be licensed in the UK that reverses the anticoagulant effect of a non-vitamin K antagonist oral anticoagulant (NOAC). It is currently a RED drug, not Pbr excluded & therefore not rechargeable to the CCGs. ■ further highlighted that Idarucizumab was relatively cheaper than drugs currently used such as Feiba, which was funded by NHSE. Also, the pharma</p> |

company provided 2 free doses for every hospital, which was currently not being accepted by RBFT.

Recommendation: All agreed to OPTION 1: Idarucizumab should be a formulary option for the reversal of dabigatran

- B) Aflibercept for Myopic CNV:** ■ presented a paper on intravitreal aflibercept (Eylea), a vascular endothelial growth factor (VEGF) inhibitor that is already licensed for several ophthalmic indications. The paper is based on the NICE Evidence Summary New Medicines review on this drug. Lucentis is already a treatment option for this condition. The recommendation is not to switch patients currently failing Lucentis to aflibercept which should only be used for anti-VEGF treatment naïve patients.

Recommendation: All agreed to OPTION 1 (after the necessary amendments are made to the document): Aflibercept should be a treatment option for myopic choroidal neovascularisation.

- C) Fluoride containing products:** ■ presented the document on fluoride containing products (including toothpastes, mouth washes etc) with an aim to renew the policy. There have been request for GPs to prescribe this and many feel this is not within their remit. It was highlighted that the maxillo-facial (max-fax) team at RBFT have been recommending this product for GPs to prescribe. GPs feel that only dentists should be allowed to prescribe it. ■ highlighted that the consultation document was circulated to the max-fax team, but did not receive any feedback on the policy.

Recommendation: All agreed on OPTION 2 (with further clarification appreciated from the Head of Dentists): Prescribing of fluoride toothpaste and other fluoride treatments (eg Duraphat®) for the prevention of dental caries is not recommended except where prescribed by a dentist on an FP10(D).

Action: ■ to forward the policy on Fluoride Toothpaste to her equivalent among the dentists for further feedback.

- D) Guidance on the prescribing quantities for adrenaline auto injectors:** ■ presented the guidelines to support GPs in the prescribing of adrenaline auto injectors as there is currently no guidance on how many maximum auto injectors a child can have. It was also updated that the diagnosing consultant would inform the GP of the dose as it then has to be prescribed by the GP. ■ also highlighted that prescribing more than a maximum of 4 auto injectors was not practical due to the expiration dates of the adrenalines.

Recommendation: All agreed to OPTION 2 with the additional amendments: Prescribing of maximum of 4 auto injectors (2 to be with child & 2 to keep at school if school doesn't allow child to carry the medicines).

- E) Oral Nutritional Supplements:** ■ informed the group that since the last APC meeting, discussions was ongoing with the BHFT Dietetics team. This team were present at the APC meeting to represent their views. ■ explained her role as primary care dietician & highlighted that sometimes supplements were unnecessarily prescribed. She outlined a proposal of following food first as the first line option with guidance on how to fortify food. ■ also raised concerns that hospitals were giving out supplements as TTOs on discharge to inappropriate patient cohorts. Once this happens it becomes difficult to get patients off these supplements. RBFT confirmed that ■ raised this with the Head Nurse & their staff & the consensus was to cut down on ONS.

■ informed that staff should be using the Malnutrition Universal Screening Tool, MUST which is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition, or obese. It also includes management guidelines which can be used to develop a care plan. RBFT also have guidelines on when a nurse should be referring a patient to the dietician. ■ also informed that

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| | <p>unlike BHFT, RBFT wards order their own ONS stock bypassing pharmacy due to storage problems. ■ raised concerns about the nursing home that he looks after where patients with dementia and diabetic patients were being discharged on ONS even though their BMI was high. ■ felt the MUST tool is not being utilised appropriately. After much discussion, it was agreed that the cohort of patients needing ONS were those with a MUST Score of 2 or above as per the current policy. The following actions were suggested by the members:</p> <p>Action: Realign the RBFT & Community ONS Policy. Amend the RBFT’s discharge protocol. Brief summary on the ONS Policy to be given to all patients.</p> <p>Action: RBFT to assure the APC that necessary steps are being taken to stop unnecessary ON prescriptions.</p> |
| 6. | <p>NICE TAs funded by the CCG: (Sept & Oct)</p> <ul style="list-style-type: none"> a) TA407: Secukinumab for active ankylosing spondylitis after treatment with non-steroidal anti-inflammatory drugs or TNF-alpha inhibitors. b) TA409: Aflibercept for treating visual impairment caused by macular oedema after branch retinal vein occlusion <p>NICE TAs (NHSE)</p> <ul style="list-style-type: none"> a) TA408: Pegaspargase for treating acute lymphoblastic leukaemia b) TA410: Talimogene laherparepvec for treating unresectable metastatic melanoma c) TA411: Nectinumab for untreated advanced or metastatic squamous non-small cell lung cancer d) TA412: Radium -223 dichloride for treating hormone relapsed prostate cancer with bone metastases. |
| 7. | <p>Commissioning Statements: ■ presented the following</p> <ul style="list-style-type: none"> A) Secukinumab: Although a RED drug, NHS Berkshire West APC supports the use of Secukinumab as a treatment option when used as recommended by NICE and when initiated by a consultant. ■ gave reassurance that the use of tick box forms means that NICE recommendations are being followed with appropriate reviews conducted. Whilst retrospective auditing was difficult due to the clinical systems, triggers would be introduced through the use of tick box forms until the Blutec system, a database for patient follow up and review is introduced to RBFT. B) Naloxegol: NHS Berkshire West APC supports the use of Naloxegol as a treatment option when used as recommended by NICE and when initiated by a consultant. All agreed that as it has to be initiated by a consultant, it should stay at AMBER. <p>Action: ■ to add Naloxegol to the RBFT DTC agenda.</p> |
| 8. | <p>Shared Care: Prescribing Guidance for Inflammatory Joint Disease: ■ presented 5 papers on the shared care prescribing guidance for the treatment of inflammatory joint disease. These included:</p> <ul style="list-style-type: none"> A) AZATHIOPRINE for the treatment of inflammatory joint disease B) Cyclosporin for the treatment of inflammatory joint disease C) Gold therapy for the treatment of inflammatory joint disease D) Mycophenolate mofetil (MMF) for the treatment of inflammatory joint disease E) Leflunomide for the treatment of inflammatory joint disease <p>■ informed that we currently had around 3000 patients under the treatment of inflammatory joint disease on the DAWN System with specialist nurse monitoring and coordination with GPs. ■ clarified that the Gold Therapy was not for new initiations and intended for patients who had been started on this</p> |

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| | <p>treatment in other areas prior to moving to Berkshire West. ■ highlighted that there were not many patients on it anyways. ■ to explore on the topic & eliminate the Gold therapy from the list of shared care guidelines if no patients found using it.</p> <p>Action: ■ to explore on how many patients are on Gold Therapy & eliminate it from the list of shared care guidelines if no patients found using it.</p> |
| 9. | <p>Other Committee Updates: ■ presented these papers for information only.</p> <p>A) RBFT DTC Minutes: No Minutes were available. The last RBFT DTC was cancelled & postponed to 10th Nov'16</p> <p>B) BHFT DTC Minutes: For noting only</p> <p>C) Thames Valley Priorities Committee Minutes: For noting only</p> |
| 10. | Expired APC Policies: NONE |
| 11. | Any other Business: None |

ACTION LOG

| No. | Action | Lead | Outcome |
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| Actions from 2nd Nov'16 Meeting | | | |
| 1. | <ul style="list-style-type: none"> ■ to get the "Lay Members Exclusion" document from ■ (Head of Corporate Affairs) & distribute to all APC Members. Provider Trusts to ask their Non-Execs if they were interested in chairing the Berks West APC Meeting. ■ to check with the CCGs if ■ could continue as the APC lay chair in the interim. ■ to email ■ & ■ to check if they would like to send a representative to the APC. | <p>■</p> <p>RBFT & BHFT</p> <p>■</p> <p>■</p> | |
| 2. | ■ to forward the policy on Fluoride Toothpaste to her equivalent among the dentists for further feedback | ■ | |
| 3. | <ul style="list-style-type: none"> Realign the RBFT & Community ONS Policy. Amend the RBFT's discharge protocol. Brief summary on the ONS Policy to be given to all patients. RBFT to assure the APC that necessary steps are being taken to stop unnecessary ON prescriptions. | RBFT | |

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| 4. | to explore on how many patients are on Gold Therapy & eliminate it from the list of shared care guidelines if no patients found using it. | | |
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Dates of Future APC Meetings: All Meetings are on Wednesday from 10.00am – 12.00pm

| Date of Meeting | Venue |
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| 11 th January 2017 | Rooms G29/30, 57/59 Bath Road, Reading, RG30 2BA |
| 1st March 2017 | Rooms G29/30, 57/59 Bath Road, Reading, RG30 2BA |