



Berkshire West Area Prescribing Committee (BWAPC)

Paper APC17-03

**MINUTES of BWAPC Meeting held on 11<sup>th</sup> January 2017 10am – noon (Room G28, 57/59 Bath Road, Reading, RG30 2BA)**

Attendance:	
	Interface Pharmacist Lead, BWCCGs
	Chief Pharmacist (BHFT)
	Pharmaceutical Adviser, BWCCGs
	Clinical Integration Pharmacist, BWCCGs
	GP, North & West Reading CCG
	GP, Newbury & District CCG
	GP, Wokingham CCG
	GP, SRCCG
	Lay Member (Chair for the meeting)
	Pharmacist, CIRCLE
	MI Lead Pharmacist, BHFT
	Chief Pharmacist, RBFT
	Associate Director of Medicines Optimisation, BWCCGs
<b>Also present:</b>	
	Care Homes Lead Pharmacist (BWCCG)
<b>Minutes:</b>	
	PA to Asso. Dir. of Meds Opts & Admin Support, BWCCGs
Apologies:	
	Lay Member – Chair
	CEO, Thames Valley Local Pharma Committee
	Lay Member, Wokingham CCG
	Lay Member
	Interim Medical Director, BHFT
	Pharmacist, BIH
	Deputy Chief Pharmacist, RBFT
	Clinical Pharmacist - SPIRE
1.	<b>Welcome &amp; apologies:</b> The chair welcomed everyone to the meeting. Apologies were noted as above.
2.	<b>Declaration of Conflicts:</b> None Declared
3.	<b>Minutes of the APC meeting held on 2<sup>nd</sup> November 2016:</b> The minutes were agreed as an accurate record. Action Log updated.
4.	<b>Matters Arising from Meeting not included in Main Items:</b>

- A) APC ToRs & Chair Update:** ■ highlighted that the APC ToRs were still outstanding, there is ongoing work with the BWCCG Governance team to confirm the appointment of the Chair & Deputy Chair & a final update will be given at the next APC meeting. ■ informed that the APC ToRs were also forwarded to RBFT & asked if any Non-Exec Chair would want to volunteer to be the next APC Chair. ■ also agreed to ask BHFT Non-Execs if any were interested in chairing the APC.  
**Action:** ■ to update on the Final APC ToRs & Chair's update at the March'17 APC Meeting.
- B) Update on ONS:** ■ informed that both the inpatient & community policy needed to be aligned, including the discharge procedures at RBFT. There was an ONS issue at RBFT which was being investigated by ■, ■ & ■. Once resolved, the ONS Policy will be brought back to the APC. ■ also informed the group that ONS is a workstream for the ACS.
- C) Update on Fluoride Products:** Following the last APC Meeting held in Nov'16, this policy has been brought back as further clarification was required from the Head of Dentists before making a final decision on Fluoride treatments such as Duraphat. The Consultant in Dental PH provided her comments on the policy & chose Option 2 with additions to include : 'Doctors or other Health Professionals to prescribe for long stay patients in care establishments, unable to leave & having no access to dental services. Not all members were in agreement with the additional comments, as the belief was that dentists do go in to see long stay patients in hospitals & care establishments. ■ suggested that the actual product names for fluoride products need to be added onto Scriptswitch to inform GPs of the policy for the any occasions when GPs are asked to prescribe these products. The committee agreed that patients currently prescribed this treatment should have it stopped. The following recommendation was therefore agreed:  
OPTION 2: 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 add actual product names for Duraphat onto Scriptswitch for ease of use.
- D) TVPC Policy on sequential use of biologics in Rheumatoid Arthritis:** The proposed new TVPC Policy is more restrictive than the currently used policy. RBFT who hadn't initially commented when the policy was circulated at the consultation stage were concerned & have therefore contacted TVPC to provide their analysis for consideration. Their comments will still be considered as assured by ■. There may be an updated policy thereafter. ■ further informed that Rheumatology would be the first department whose high cost drugs would be managed via on BlueTec when it is implemented at RBFT on a 2 year project.
- E) Blutec Database:** ■ informed that Blutec would go live on 1<sup>st</sup> April'17 for a 2 year implementation & management of high cost drugs. The clinical teams at RBFT would input data into the system. According to the new contract, RBFT would not be reimbursed for high cost drugs unless they had implemented Blutec from April 2019. It was also confirmed that invoices from RBFT would be verified against the data on Blutec at the time of payment. ■ raised a concern that the private providers prescribing high cost drugs may not be captured on Blutec thus not giving the true cost spent on the drugs.  
**Action:** ■ to check on how data could be captured via Blutec from private providers spend on high cost drugs.

**5. PAPERS for consultation:**

- A) Actinic Keratosis Pathway:** ■ presented the paper & informed that the recently established

Dermatology Steering Group consisting of a GP lead, RBFT Consultant Dermatologists, CCG Interface Lead Pharmacist and the CCG Planning & Transformation Team had suggested that a pathway for treating AK was required in primary care. 5 Fluorouracil (5FU) was a safe and effective treatment for AK, but is currently a red drug (prescribed by hospital clinicians only). The Steering Group requested a change in traffic light status to Green so that GPs could initiate this treatment.

█ highlighted that although GPs are prescribing Efudix (Fluorouracil), there had been concerns that patients were not appropriately counselled on the correct dosage and some educational support was required. It was therefore suggested that the manufacturer's dosage & direction of use, be scanned & uploaded onto DXS & Scriptswitch.

IB commented that as Solaraze is not being recommended by the consultants, the dermatology steering group should review its place in the pathway. There was also discussion that Solaraze be kept as reserve treatment but changed to an AMBER drug. █ reminded all about the MOT's Dermatology Event on 31<sup>st</sup> Jan'17. The recommendation from all was therefore to choose *OPTION 1: Accept this pathway & provide more education to the patient.*

**Action:** █ to scan & upload the manufacturer's dosage & direction of use onto DXS & Scriptswitch & change Solaraze to an Amber Drug.

- B) Trevicta:** █ presented the options appraisal paper on Paliperidone (Trevicta®), a Long Acting Injection (LAI) to be administered every three months to patients who have been stabilised on the monthly injection, Xeplion® for 4 months. Trevicta is used for the maintenance treatment of schizophrenia. There is no difference in unit cost between the 2 presentations. The BHFT DTC has approved this treatment in line as part of their formulary & are using it as per SPC & will also be added to the Shared Care guidelines.

Janssen are providing a rebate if the patient relapses within two years. The patient would need to be admitted to hospital for assessment and all the dates of drug administration would need to be provided; It is likely that this will preclude qualification for the rebate due to patient's missing appointments. █ was unsure if this product will be used but █ suggested signing up for the rebate anyway. Patients can be seen in between injections for other healthcare advice.

There were concerns of not being paid the rebate if the patient kept changing their appointments or were seen regularly. All agreed to *OPTION 2: Agree to consider the addition of Trevicta® to the Formulary with participation in the proposed scheme.*

- C) Travel Vaccines:** █ presented a paper based on the PRESCIPP report (APC 16 21 03) which was previously circulated in 2015 and considered by the APC in September. Unfortunately a decision was never taken. Due to the current financial situation, this area has been requested for further discussion with a view to a policy. The following immunisations are not remunerated by the NHS as part of additional services:

- Hepatitis B (single agent)
- Meningitis ACWY (quadrivalent meningococcal meningitis vaccine; A, C, Y and W135)
- Yellow fever
- Japanese B encephalitis
- Tick borne encephalitis
- Rabies.

It was agreed that vaccinations not allowed on the NHS should not be prescribed or supplied on the NHS for travel purposes. Patients should be charged for these vaccinations and any associated costs. █ suggested providing HepB Vaccines for Health & social care workers as they were at risk from work related infection. It was argued that it was the employer's duty to assess that risk and

protect their workforce.

█ suggested a policy would support prescribers when faced with difficult request from patients and third parties.

All agreed & recommended *OPTION 1: Accept these recommendations.*

**Action:** █ to contact █ from Public Health & check if they would take on the costs for the unintended consequences of withholding vaccination.

**D) Mesalazine brand change:** █ informed that Octasa had previously been to APC and approved for use in primary care. Gastro consultants at RBFT would now like to start using Salofalk (approved by RBFT DTC) as a brand of mesalazine for patients with ulcerative colitis with continued prescribing in primary care. █ suggested not continually switching patients as they are not comfortable with it. █ also suggested making Asacol 2<sup>nd</sup> or 3<sup>rd</sup> Line. All agreed to recommend *OPTION 1: Salofalk addition to formulary with switch as recommended.*

**Action:** █ to check with RBFT on whether they are switching from both Octasa & Asacol.

Post meeting confirmation that Gastro consultants wish to have Octasa, Pentassa and Salofalk as treatment options.

**E) Lacosamide:** █ presented the application on Lacosamide for addition to the joint formulary. Lacosamide, an adjunctive medication for patients with partial onset seizures, with or without secondary generalization, who have been refractory to other treatment strategies. Lacosamide is therefore another possible add-on therapy for patients who are already taking first line drugs (typically carbamazepine, sodium valproate or lamotrigine) but who have continuing seizures despite adequate trials of other second or third line drugs. *All agreed to add it as an AMBER drug whereby treatment should be initiated by a specialist.*

**6. NICE TAs funded by the CCG: (Nov'16):** The table below shows **ALL NICE guidance** published in **November 2016**.

Guidance type and reference	Title	Commissioner(s)	Main providers(s)	Impact for CCG commissioners (financial /public interest/quality of care)
Technology Appraisal TA288 <b>Update</b>	Dapagliflozin in combination therapy for treating type 2 diabetes	CCGs	Primary care, community providers and secondary care – acute and tertiary	No significant resource impact anticipated. Update reflects TA418 Dapagliflozin in triple therapy for treating type 2 diabetes.
Technology Appraisal TA417	Nivolumab for previously treated advanced renal cell carcinoma		NHS England	Secondary care
Technology Appraisal TA418	Dapagliflozin in triple therapy for treating type 2 diabetes	CCGs	Primary care, community providers and secondary care – acute and tertiary	No significant resource impact anticipated.

Technology Appraisal TA419	Apremilast for treating moderate to severe plaque psoriasis	CCGs	Primary care and secondary care - acute	This guidance is not expected to have an impact on resources, as the technology is an option alongside current standard treatment options. The company has agreed a patient access scheme for this technology.
Quality Standard QS16 Update	Hip fracture in adults	CCGs	Secondary care - acute	No additional resource impact is expected in addition to that associated with implementing the underpinning guideline.
Clinical guideline CG95 Update	Chest pain of recent onset: assessment and diagnosis	CCGs	Primary care, ambulance services and secondary care - acute	Cost saving
Clinical guideline CG145 Update	Spasticity in under 19s: management	NHS England and CCGs	Primary care and secondary care	No significant resource impact anticipated
Clinical guideline CG190 Update	Intrapartum care for healthy women and babies	CCGs	Primary care, community health care and secondary care - acute	No significant resource impact anticipated.
Clinical guideline CG127 Update	Hypertension in adults: diagnosis and management	CCGs	Primary care and secondary care - acute	A footnote about 2 MHRA drug safety alerts was added to recommendations covering angiotensin-converting enzyme (ACE) inhibitor use during pregnancy and breastfeeding.
NICE Diagnostic guideline DG25	High-throughput non-invasive prenatal testing for foetal RHD genotype	CCGs	NHS hospital trusts	Implementation will result in savings to providers.
NICE guideline NG18 Update	Diabetes (type 1 and type 2) in children and young people: diagnosis and management	CCGs and NHS England	Primary care, community health care and secondary care	Resource impact to be assessed locally due to variation in clinical practice.
NICE guideline NG57	Physical health of people in prison	NHS England	Primary care, community health care services and NHS hospital trusts	
NICE guideline	Coexisting severe mental illness	CCGs and LAs	Various	Resource impact to be assessed locally due to

	NG58	and substance misuse: community health and social care services			variation in clinical practice.
	NICE guideline NG59	Low back pain and sciatica in over 16s: assessment and management	CCGs	Primary care and secondary care - acute	No significant resource impact anticipated
7.	<p><b>Commissioning Statements:</b> ■ presented the following</p> <p>A) <b>Apremilast:</b> Although a RED drug, NHS Berks West APC supported the use of Apremilast as a treatment option for treating chronic plaque psoriasis (after failure of other treatments) when used as recommended by NICE and when initiated by a consultant. ■ to discuss with the dermatology group where this treatment would sit in the care pathway.</p> <p>B) <b>Certolizumab:</b> Although a RED drug, NHS Berks West APC supported the use of Certolizumab as a treatment option for treating rheumatoid arthritis after inadequate response to a TNF-alpha inhibitor when used as recommended by NICE and when initiated by a consultant. This has been approved as it is cheaper.</p>				
8.	<p><b>Shared Care: Prescribing Guidance for Inflammatory Skin Disease:</b></p> <p><b>Tacrolimus:</b> ■ presented the shared care prescribing guidance for Topical tacrolimus, licensed for the treatment of moderate to severe atopic dermatitis in adults who are not adequately responsive to or who are intolerant of conventional therapies such as topical corticosteroids. This was approved by the Dermatology Steering Group, BW APC &amp; GP MOC. The traffic status has been changed from RED to AMBER. ■ suggested that hence forth in all shared care guidance, it must say the “GPs to be asked <b>in writing</b> by consultants to prescribe the recommended drug &amp; dosage”.</p>				
9.	<p><b>Other Committee Updates:</b> ■ presented these papers for information only.</p> <p>A) <b>RBFT DTC Minutes:</b> For noting only</p> <p>B) <b>BHFT DTC Minutes:</b> For noting only</p> <p>C) <b>Thames Valley Priorities Committee Minutes:</b> For noting only</p>				
10.	<b>Expired APC Policies:</b> NONE				
11.	<b>Any other Business:</b> None				

## ACTION LOG

No.	Action	Lead	Outcome
<b>Actions from 11<sup>th</sup> Jan'17 Meeting</b>			
1.	■ to update on the Final APC ToRs & Chair's	■	Carried forward to APC in

	update at the March'17 APC Meeting		May'17
2.	█ to add actual product names for fluoride toothpastes onto Scriptswitch for ease of use	█	Completed
3.	█ to check on how data could be captured via Blutec from private providers spend on high cost drugs	█	No huge implications currently as pvt. providers aren't using high cost drugs. The Blutec forms will include all providers thus enabling auditing.
4.	█ to scan & upload the manufacturer's dosage & direction of use onto DXS & Scriptswitch & change Solareze to an Amber Drug	█	Completed
5.	█ to contact █ from Public Health & check if they would be interested to take on the costs	█	Hep B is not for travel purposes only. Carers can avail of Hep B.
6.	█ to check with RBFT on whether they are switching from both Octasa & Asacol.	█	RBFT have confirmed that they would conduct the switch

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

Date of Meeting	Venue
Wednesday 1st March 2017	Rooms G29/30, 57/59 Bath Road, Reading, RG30 2BA
Wednesday 3 <sup>rd</sup> May 2017	Rooms G29/30, 57/59 Bath Road, Reading, RG30 2BA
Wednesday 5 <sup>th</sup> July 2017	Rooms G29/30, 57/59 Bath Road, Reading, RG30 2BA
Wednesday 6 <sup>th</sup> September 2017	Rooms G29/30, 57/59 Bath Road, Reading, RG30 2BA
Wednesday 1 <sup>st</sup> November 2017	Rooms G29/30, 57/59 Bath Road, Reading, RG30 2BA
Wednesday 10 <sup>th</sup> January 2018	Rooms G29/30, 57/59 Bath Road, Reading, RG30 2BA
Wednesday 7 <sup>th</sup> March 2018	Rooms G29/30, 57/59 Bath Road, Reading, RG30 2BA