NHS

County Durham & Tees Valley
Area Prescribing Committee

County Durham and Tees Valley Area Prescribing Committee

Thursday 12th March 2020
9am – 11.30am
Memorial Hall Board Room, Darlington Memorial Hospital

Present

Name	Job Title	Membership Capacity	Organisation	Sep 2019	Nov 2019	Jan 2020	Mar 2020
David Russell	GP Prescribing Lead	Clinician	Darlington CCG	✓	✓	✓	✓
Deborah Giles	Medicines Optimisation Pharmacist	Pharmacist	Darlington CCG	✓			
Peter Foster	GP Prescribing Lead	Clinician	DDES CCG	✓	✓	✓	
Kate Huddart	Senior Pharmaceutical Advisor	Pharmacist	DDES CCG	✓	✓	✓	✓
Mark Duggleby	GP	Clinician	HRW CCG				
Susan Broughton	HRW CCG Lead Pharmacist: Planning and Delivery	Pharmacist	HRW CCG	✓	✓	✓	Apols
Rupert Smith	GP Prescribing Lead	Clinician & Chair of FSG	HAST CCG	Apols	✓	✓	✓
Michaela Connolly	Clinical Pharmacist	Pharmacist	HAST CCG	Angela Dixon	Apols	Apols	
Ian Davidson (Chair)	Medical Director	Clinician	N Durham CCG	✓	✓	✓	Apols
Joan Sutherland	Medicines Optimisation Lead	Pharmacist	N Durham CCG	✓	✓	✓	Charntel Gash
Janet Walker	Medical Director	Clinician	Tees CCGs	✓	✓	✓	✓
Alastair Monk	Medicines Optimisation Pharmacist	Pharmacist	S Tees CCG	✓			
Shafie Kamaruddin	Consultant & Chair of CSTC	Clinician	CDDFT	✓	✓		✓
Jamie Harris	Chief Pharmacist	Pharmacist	CDDFT	Bev Walton	✓	✓	✓
		Clinician	NTHFT				
Chris Mallon	Formulary Pharmacist	Pharmacist	NTHFT	✓	✓	✓	✓
Andy Lloyd	Consultant & Chair of D&T	Clinician	STFT				✓
Helen Jones	Chief Pharmacist	Pharmacist	STFT	✓	✓	✓	✓
Baxi Sinha		Clinician	TEWVFT	Kath Currah	✓	✓	Apols
Chris Williams	Chief Pharmacist	Pharmacist	TEWVFT	Ruth Head	✓	✓	✓
Julie Birch or Tanya Johnston	GP	LMC Rep		✓ TJ	✓ JB	Apols	Apols
Rob Pitt	Community Pharmacist	LPC Rep – County Durham		Apols	✓	✓	✓
Brent Foster	Community Pharmacist	LPC Rep – Tees		✓	✓	Apols	
Claire Jones	Public Health Pharmacist	Public Health Rep	Durham Council	Apols	✓	✓	✓
Chris Cunnington - Shore		Service User Rep – County		Brewis Henderson	Apols	Brewis Henderson	Brewis Henderson

		Durham					
		Service User Rep - Tees					
Mark Pickering	Chief Finance Officer for Durham Dales, Easington and Sedgefield CCG and Darlington CCG	Commissioning & Finance Rep	County Durham & Tees CCGs	Mark Booth	✓	✓	Apols
Rosie England	Chief Pharmacist	NEAS	NEAS	Apols			
Ian Morris	Senior Medicines Optimisation Pharmacist	NECS	NECS	✓	Apols		
Gavin Mankin	Principal Pharmacist Medicines Management	Professional Secretary	Regional Drug & Therapeutics Centre, Newcastle	✓	✓	✓	✓

In attendance
Nil.

The meeting was quorate with minimum number of stakeholder organisations represented and Angela Dixon as the pharmacist representative from Darlington, HAST and South Tees CCGs.

The meeting was chaired by Shafie Kamaruddin.

APC members and attendees were reminded to keep detailed discussions confidential to allow free and full debate to inform unencumbered decision-making. Discretion should be used when discussing meetings with non-attendees and papers should not be shared without agreement of the chair or professional secretary to ensure confidentiality is maintained.

Part 1

1. Apologies for Absence:
Julie Birch, Tanya Johnston, Susan Broughton, Mark Pickering, Joan Sutherland, Baxi Sinha, I Davidson

2. Declarations of Interest

Declarations of interest:
The chair reminded subgroup members of their obligation to declare any interest they may have on any issue arising at committee meetings which might conflict with the business of the APC.
Declarations declared by members of the APC are listed in the APC's Register of Interests. The Register is available either via the professional secretary or on the APC website at:
http://medicines.necsu.nhs.uk/committees/durham-darlington-committees/

Declarations of interest from sub committees:
None declared.

Declarations of interest from today's meeting:
Item 24: Review of Blood Glucose Testing Strips and Meters – Shafie Kamaruddin chaired the working group updating this guidance and so excluded himself from discussion on this item or chairing the meeting for this agenda item.

3. Minutes and Decision Summary of the Previous APC Meeting Held on 9th January 2020

The minutes were accepted as a true and accurate record with the following amendment:

- Page 11 – Tapentadol – "For Chronic pain team use only, not for acute pain team use" changed to "For chronic pain team use and inpatient acute pain team use only".

The decision summary of the January 2020 meeting was accepted as a true and accurate record.

4. Matters Arising Not On the Agenda

Nil.

5. Action Log

County Durham and Tees Valley APC Position Statement on Prescribing Opioids and Gabapentinoids in Persistent Pain

On today's agenda under Chair's Action.

APC Workplan

Leads identified for each piece of work but timescales still to be finalised before circulating/publishing final Workplan.

Cardiology Formulary

GPs reviewed and agreed document is fine as is without any further changes so agreed to remove from Action Log. Document is available under Cardiovascular System Guidelines on Tees Guidelines pages of NECS website.

NICE TAs and MHRA Drug Safety Update – October & November 2019 – TA607: Rivaroxaban for preventing atherothrombotic events in people with coronary or peripheral artery disease

Unable to find contact details for cardiology network so have asked formulary lead pharmacist in each Trust to seek guidance from their cardiologists particularly around what to do with historic patients who may be eligible and what tools exist to assess ischaemic risk plus bleeding risk. Further guidance is expecting following regional cardiology meeting later this month.

Tees Apomorphine Shared Care Guideline for Approval

Now added to Tees Guidelines pages of NECS website.

Tees Tinzaparin in Obstetrics Shared Care Guideline for Approval

Now added to Tees Guidelines pages of NECS website.

Declarations of Interest Policy

Forms circulated. A few remain outstanding and will be chased up by the RDTC.

RMOC Liothyronine Guidance

Was discussed at Oct 2019 meeting of NE Endocrine Network. Looking at regional approach to implementation and review of T3 patients as part of a StR's ST3-5 project in New Year. Also exploring a single consultant in each unit being the single point of contact for T3 cases to improve consistency of care Aiming for regional guidance for end of August 2020.

Draft Formulary Application Form

Updated form with expanded financial impact section for primary care on today's agenda.

Algorithm for Blood Glucose Lowering Therapy in Adults with Type 2 Diabetes

Work continues to explore the possibility of financial and health modelling of this guideline being done regionally or pan-regionally.

Part 2 – Mental Health

6. TEWV Drug & Therapeutics Committee Feedback – January 2020

CW presented to the APC a briefing report highlighting the main issues discussed at the recent TEWV D&T.

7. TEWV Safe Transfer of Prescribing Guideline (updated)

This document has undergone a full review based on recently integrated formulary for County Durham & Darlington. The RAG system for medicines has now been updated to reflect the green+ status changing to amber specialist recommendation / initiation. All antipsychotic depots are now amber shared care. A new checklist has been added as an appendix to support effective transfer and advice on how to deal with unsuccessful transfers.
The updated guidance as endorsed by the APC.

8. TEWV Dementia Treatment Algorithm

The APC approved a minor change to this guidance as follows. Previous version recommended switch to standard-release formulation for escalation of dose following initiation with MR preparation (at 8mg daily), with the following statement: "Modified release preparation can only be continued after the 1st 4 weeks of treatment where there is a documented clinical need e.g. poor compliance / carer daily visit and the rivastigmine patch formulation inappropriate"
The guidance has been amended to support the option of continuing the MR formulation, with removal of the above statement, which will support better patient compliance with and tolerance of treatment.

9. TEWV Lisdexamfetamine Shared Care Guidelines

The reviewed and updated SCG was approved for use in County Durham & Tees.

10. TEWV Psychotropic Monitoring Guide

This document has been fully reviewed and the following amendments made: agomelatine added; note added re baseline ECG for ADHD meds; note added re review of side-effects for antipsychotics; and links to NICE guidance updated.
The updated guidance as endorsed by the APC and will be fully approved following the next TEWV D&T meeting.

Part 4 – Formulary Issues

11. Appeals Against Previous APC Decisions

The APC approved the recommendation of FSG to add Dymista® to the formulary following their review of the decision of APC not to approve addition of Dymista® to the formulary taken at the November 2019 APC. This review was requested by STHFT.

Following a through discussion the FSG agreed to recommend to the APC that Dymista® be added to the formulary as GREEN drug for use in allergic and non-allergic acute rhinitis plus chronic rhinitis ONLY if a robust local guidelines/pathway is put in place to support its place in therapy based on BSAIC guidelines plus pathways from Derbyshire and Nottingham.

This recommendation was made because:

- Use included as step in BSACI guidelines 2017 for allergic and non-allergic rhinitis. Dymista should be used when symptoms remain uncontrolled on an antihistamine, intranasal corticosteroid monotherapy, or a combination of oral antihistamine and intranasal corticosteroid. NICE has accredited the process used by the BSACI to produce its patient management guidelines - accreditation is valid from 2018 until 2023.
- Use in primary care after failure of treatment with INS or antihistamine or combination or INS plus oral antihistamine may result in reduced referrals to secondary as part of an agreed pathway.

- Allergic and non-allergic rhinitis can be appropriately managed in primary care. The first line treatment option should remain at OTC nasal spray and/or an OTC antihistamine.
- It was also agreed that patients should be reviewed in primary care after three months trial of Dysmista®, and the Dymista® be stopped if not working before considering referral to secondary care.
- The current local prescribing data for Dymista® is widespread. It was felt that this will not change even if the decision not to approve adding Dymista® to the formulary stands.

ACTION:

- **RDTC to update the online formulary with the approved change.**

12. NICE TAs and MHRA Drug Safety Update – December 2019 & January 2020

These were presented to the group and the following actions were taken by the APC:

NICE Technology Appraisal/Guidance Title and date published	Date issued	Current formulary status	Recommended action for APC
TA614: Cannabidiol with clobazam for treating seizures associated with Dravet syndrome **Commissioning: NHSE, PbRe** Cannabidiol with clobazam is recommended as an option for treating seizures associated with Dravet syndrome in people aged 2 years and older, only if: • the frequency of convulsive seizures is checked every 6 months, and cannabidiol is stopped if the frequency has not fallen by at least 30% compared with the 6 months before starting treatment • the company provides cannabidiol according to the commercial arrangement	18/12/19	Not on formulary (Product = Cannabidiol 100 mg/ml oral solution (Epidyolex®, GW Pharma)	Add to formulary in chapter 4.8 as RED drug with links to TA614 & TA615.
TA615: Cannabidiol with clobazam for treating seizures associated with Lennox–Gastaut syndrome **Commissioning: NHSE, PbRe** Cannabidiol with clobazam is recommended as an option for treating seizures associated with Lennox–Gastaut syndrome in people aged 2 years and older, only if: • the frequency of drop seizures is checked every 6 months, and cannabidiol is stopped if the frequency has not fallen by at least 30% compared with the 6 months before starting treatment • the company provides cannabidiol according to the commercial arrangement	18/12/19	Not on formulary (Product = Cannabidiol 100 mg/ml oral solution (Epidyolex®, GW Pharma)	Add to formulary in chapter 4.8 as RED drug with links to TA614 & TA615.

TA616: Cladribine for treating relapsing–remitting multiple sclerosis
Commissioning: NHSE
This guidance replaces TA493.
Cladribine is recommended as an option for treating highly active multiple sclerosis in adults, only if the person has:
• rapidly evolving severe relapsing–remitting multiple sclerosis, that is with at least:
  ○ 2 relapses in the previous year and
  ○ 1 T1 gadolinium-enhancing lesion at baseline MRI or a significant increase in T2-lesion load compared with a previous MRI, or
• relapsing–remitting multiple sclerosis that has responded inadequately to treatment with disease-modifying therapy, defined as 1 relapse in the previous year and MRI evidence of disease activity
	19/12/19	On formulary in chapter 8.1 as a RED drug with link to TA493.	Replace link to TA493 with link to TA617

TA617: Lusutrombopag for treating thrombocytopenia in people with chronic liver disease needing a planned invasive procedure **Commissioning: CCG, PbRe** Lusutrombopag is recommended, within its marketing authorisation, as an option for treating severe thrombocytopenia (that is, a platelet count of below 50,000 platelets per microlitre of blood) in adults with chronic liver disease having planned invasive procedures.	08/01/20	Not on formulary Product = Lusutrombopag 3 mg film-coated tablets (Mulpleo®, Shionogi B.V.)	Add to formulary in chapter 9.1.4 as a RED drug, with link to TA617.
TA618: Atezolizumab with carboplatin and nab-paclitaxel for untreated advanced non-squamous non-small-cell lung cancer (terminated appraisal) **Commissioning: NHSE** NICE is unable to make a recommendation about the use in the NHS of atezolizumab with carboplatin and nab-paclitaxel for untreated advanced non-squamous non-small-cell lung cancer because Roche did not provide an evidence submission. The company has confirmed that it does not intend to make a submission for the appraisal because the technology, in this combination, is unlikely to be used at this point in the treatment pathway.	15/01/20	On formulary in chapter 8.2.4 as a RED drug.	No further action; not recommended. No cost impact for CCGs as NHSE commissioned.
TA619: Palbociclib with fulvestrant for treating hormone receptor-positive, HER2-negative, advanced breast cancer **Commissioning: NHSE** Palbociclib with fulvestrant is recommended for use within the Cancer Drugs Fund as an option for treating hormone receptor-positive, human epidermal growth factor receptor 2 (HER2)-negative, locally advanced or metastatic breast cancer in people who have had previous endocrine therapy only if: • exemestane plus everolimus is the most appropriate alternative to a cyclin-dependent kinase 4 and 6 (CDK 4/6) inhibitor and • the conditions in the managed access agreement for palbociclib with fulvestrant are followed	15/01/20	On formulary in chapter 8.1.5 as a RED drug.	Add link to TA619 to chapter 8.1.5
TA620: Olaparib for maintenance treatment of relapsed platinum-sensitive ovarian, fallopian tube or peritoneal cancer **Commissioning: NHSE** Olaparib is recommended as an option for the maintenance treatment of relapsed, platinum-sensitive, high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer in adults whose disease has responded to platinum-based chemotherapy only if: • they have a BRCA1 or BRCA2 mutation • they have had 3 or more courses of platinum-based chemotherapy and • the company provides olaparib according to the commercial arrangement Olaparib is recommended for use within the Cancer Drugs Fund as an option for the maintenance treatment of relapsed, platinum-sensitive, high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer in adults whose disease has responded to platinum-based chemotherapy only if: • they have a BRCA1 or BRCA2 mutation • they have had 2 courses of platinum-based chemotherapy and • the conditions in the managed access agreement for olaparib are followed	15/01/20	On formulary in chapter 8.1.5 as a RED drug.	Add link to TA620 to chapter 8.1.5

TA621: Osimertinib for untreated EGFR mutation-positive non-small-cell lung cancer **Commissioning: NHSE** Osimertinib is not recommended, within its marketing authorisation, for untreated locally advanced or metastatic epidermal growth factor receptor (EGFR) mutation-positive non-small-cell lung cancer (NSCLC) in adults.	22/01/20	On formulary in chapter 8.1.5 as a RED drug.	No further action, not recommended
Drug Safety Advice	**Date issued**	**Current formulary status**	**Recommended action for APC**
Domperidone for nausea and vomiting: lack of efficacy in children; reminder of contraindications in adults and adolescents Domperidone is no longer licensed for use in children younger than 12 years or those weighing less than 35 kg. Results from a placebo-controlled study in children younger than 12 years with acute gastroenteritis did not show any difference in efficacy at relieving nausea and vomiting compared with placebo.	16/12/19	On formulary in chapter 4.6, with link to MHRA advice.	No further action
Letters and drug alerts sent to healthcare professionals in November 2019 • Lucentis (ranibizumab) 10 mg/ml pre-filled syringe: Update on plunger on syringe too stiff – (see letter from September 2019 for previous advice) • Emerade 150, 300, 500 micrograms adrenaline auto-injectors: recall of all unexpired batches • Ranitidine – further recall	16/12/19	For info	No further action
E-cigarette use or vaping: reporting suspected adverse reactions, including lung injury Be vigilant for any suspected adverse reactions associated with use of e-cigarettes or vaping (including lung injury) and report them to the MHRA via the Yellow Card Scheme. In this article we provide UK case definitions of e-cigarette or vaping associated lung injury (EVALI) to facilitate identification.	27/01/20	e-Voke (licensed product, not launched) is on the Not Approved list. No other e-cigarettes on formulary.	Add link to MHRA advice in chapter 4.10.2, as part of the Not Approved listing.
Ondansetron: small increased risk of oral clefts following use in the first 12 weeks of pregnancy Recent epidemiological studies suggest exposure to ondansetron during the first trimester of pregnancy is associated with a small increased risk of the baby having a cleft lip and/or cleft palate.	27/01/20	On formulary in chapter 4.6 as a GREEN drug.	Add link to MHRA advice to chapter 4.6
Mecasermin (Increlex▼): risk of benign and malignant neoplasia Cases of benign and malignant neoplasms have been observed among children and adolescents who received treatment with mecasermin. Do not use mecasermin in children or adolescents with active or suspected neoplasia or with any condition or medical history that increases the risk of benign or malignant neoplasia.	27/01/20	On formulary in chapter 6.7.4 as a RED drug.	Add link to MRHA advice to chapter 6.7.4
Letters and drug alerts sent to healthcare professionals in December 2019 • Insuman – permanent discontinuation of 3 presentations • Update - Valproate Pregnancy Prevention Programme • Ranitidine – further recalls	27/01/20	Affected Insuman preparations on formulary in chapter 6.1.1.2 & 6.1.1.3: Insuman basal 100 U/mL (vial) Insumab Comb 25 100 U/mL (vial)	See formulary amendment re Insuman insulin discontinuation.

Requested formulary amendments	BNF Chapter	Reasoning	Recommended action for APC
Tolcapone 100mg tablets CD&D = RED previously TMGG = AMBER SC previously	5.9.1	Confirmed with specialists that limited number of patients and that shared care is appropriate. Noted current supply issues with opicapone.	Add to formulary as AMBER SC using Tees shared care guideline
Choral Hydrate oral solution – change in strength recommended from 1g/5ml to 500mg/5ml	4.1.1	To note that formulary has been updated to reflect a change in NPPG guidance recommended 500mg/5ml strength rather than 1g/5ml i.e. back to what was originally on the formulary before it was updated following January 2020 APC.	n/a
Nefopam 30mg tablets CD&D = NOT APPROVED previously TMGG = DNP previously STHFT = GREEN (on advice of pain team)	4.7.1	Noted Tees had good position statement on use which could be re-issued as now due for review. Received feedback from Trust and pain team support use as per current Tees position statement	Add to formulary as AMBER specialist initiation for patient who are unable to tolerate opioids or where opioids are contra-indicated. To update and reissue position statement from Tees as an APC document: • don't initiate nefopam for acute or chronic pain in primary care • don't continue nefopam post-discharge following secondary care acute initiation • only continue nefopam in line with recommendations of the specialist pain service • review existing patients
Insuman Basal 5ml vial, Comb 25 5ml vial and Comb 15 Cartridge – remove from formulary	6.1.1	These three presentations of Insuman Basal have been discontinued by the manufacturer.	To remove from formulary

Sativex® spray for spasticity in MS	10.2.2	Cannabis-based medicinal products NICE NG144: Nov 2019 – change in NICE recommending use for spasticity in MS NICE have recommended that use in MS related spasticity will be initiated by specialists but may be transferred to primary care for prescribing under a shared care agreement. A formulary application is currently pending from the neurologists at STHFT. North of Tyne APC have recently approved as AMBER Shared Care.	Interim position should be that Sativex for spasticity in MS is RED until shared care in place as per North of Tyne APC position.
Ingenol mebutate gel - remove from formulary	13	EMA has suspended the license for suspends Picato® gel as a precaution while review of skin cancer risk continues. As a result the MHRA & manufacturer have issued a product recall.	To remove from formulary
New formulary applications	**BNF Chapter**	**Reasoning**	**Recommended action for APC**
Midazolam 2mg/ml oral solution in a single-dose container (5ml ampoules) (Ozalin®) Requested as an additional oral formulation of midazolam pre- medication for anxious children prior to anaesthesia.	15.1.4.1	• This medication will be a Consultant only prescription for children requiring a Midazolam premedication, who have spat out Midazolam in the past, attended anxiety clinic or who have oral aversion/sensory syndromes where a bitter taste would not be tolerated. It will not be used as the routine Midazolam preparation. • Licensed product for this indication (other oral solutions used off-label for this indication).	Add to formulary as a RED drug
Tiopronin 100mg tablets (Thiola®)	9.8.1	• As second line treatment for cystinuria in patients who fail to tolerate/respond to penicilliamine. • It is unlicensed and imported from Japan.	Add to formulary as a RED drug

Buprenorphine oral lyophilisate (Espranor®) Request comes from Spectrum CIC for use in the community following release from prison. North East Prison Cluster (NEPC) have approached all 3 APCs in the Region to ask for consideration of the introduction of Espranor onto community formularies on a restricted basis by the prison service only.	4.10.3	Espranor may offer some advantages over SL prep: • Reduce risk of divergence as cannot be crushed like SL prep • Reduced time administering dose as not need to crush to reduce risk of divergence The FSG came to this recommendation not to approve addition to the formulary because: • Concerns were expressed around patient safety implications including potential variation in bioavailability, confusion arising from multiple dosage forms of buprenorphine and the impact on community pharmacy supervised services – this was expressed previously by North of Tyne • Risk of dispensing errors in community pharmacies from have Espranor and SL forms both available when 2mg and 8mg strengths both available – people may not realise the products and dose are different. • NEPC policy is not to crush the SL preparation when crushing of SL preparations by prison services is supported in the Orange Guide. • Concerns around that Espranor use in the community could become difficult to monitor if added to formulary as may be creep in use outside of those released from prison. • FSG did not feel comfortable adding to formulary with sentence saying only for use following release from prison because of any stigma this might create unintentionally for those clients (hope I have explained that ok) i.e. anyone dispensing a script for Espranor or involved in the care of someone on it in community would potentially know they are only on it as they have been in prison if they looked at formulary website	
Thickened feeds • **Nutilis Complete Drink Level 3** • **Nutilis Complete Crème Level** • **Nulitis Fruit Level 4**	n/a	• All Trusts confirmed that these three preparations are currently being used on the advice of SALT team/dieticians only, and this was supported by looking a local primary care prescribing data. • Recommended on patient safety grounds to avoid thickening standard oral nutritional supplements due to the difficulties that can be encountered in thickening standard oral nutritional supplements.	Add to formulary as AMBER Specialist Recommendation on the advice of SALT/dietician only.

ACTION:

- **RDTC to update the online formulary with the approved changes.**
- **RDTC to circulate and add approved updated APC position statement on Nefopam to APC pages of NECS website.**

13. New Drug Applications

- Midazolam 2mg/ml oral solution in a single dose container (5ml ampoules) (Ozalin®)
- Tiopronin 100mg tablets (Thiola®)
- Buprenorphine oral lyophilisate (Espranor®)
- Thickened feeds – Nutilis Complete Drink Level 3, Nutilis Complete Crème Level 3, Nutilis Fruit Level 4

Discussed and approved under Item 12 excepting the Buprenorphine oral lyophilisate (Espranor®) which was not approved for the reasons stated.

14. NTAG Update

Nil to report this month.

15. RMOC Update

The following RMOC documents have been published since the January 2020 APC:

Free of Charge (FOC) Medicines Schemes: updated advice
Agreed to adopt this guidance as an APC and all stakeholder Trusts were supportive of this.

RMOC Advisory Statement: Sequential Use of Biologic Medicines
Agreed to adopt this guidance as an APC.

RMOC: Standard Principles for Medicines Prior Approval Forms
Received for information. Noted that Blueteq currently not used locally for CCG commissioned tariff excluded drugs.

16. CDDFT CSTC Update

Nothing to report from last meeting.

17. NTHFT D&T Update

Meeting later this month.

18. STHFT D&T Update

Verbal update given.

19. Primary Care Prescribing Committee Updates

The County Durham CCGs Prescribing Committee Update was circulated for information
The Tees CCGs Prescribing Committee Update will be circulated for information post meeting but a verbal update was given at the meeting.

Part 5 – Shared Care and Guidelines (non-Mental Health)

20. Melatonin Shared Care – minor update

The existing shared care guideline has been updated to remove use in adult neurology as this is not covered the shared care status for this drug. This is at the request of adult neurology at STHFT and approved by the STHFT D&T, as part of the move to one shared care guideline across the APC patch. STHFT neurology treat their small amount of use in adults as AMBER specialist initiation rather than shared care.
This change was approved by the APC.

ACTION:

- **RDTC to arrange for approved version to be added to APC pages of NECS website.**

21. Methotrexate Oral Shared Care (County Durham & Darlington)

The shared care document for Methotrexate was due for review around 18 months ago. At the

time there were ongoing discussions regarding the management of patients who require subcutaneous methotrexate. Initially, it was suggested that there was a shared care document for ORAL methotrexate and another one for SC methotrexate. It has now been agreed that SC methotrexate should be prescribed by secondary care within County Durham & Darlington and therefore there is no longer a requirement for a separate shared care document detailing the Homecare process.
The updated shared care document covers:

- Patients who a prescribed oral methotrexate
- Patients who are currently stable on SC methotrexate and managed by their GP via FP10. (The plan is for these patients to be manged by homecare in the future but it will enable continued supply until this time)

The format of the document has changed to be in line with other recently approved DMARD documents and sections (e.g. monitoring) updated to reflect national guidance.

The reviewed and updated SCG was approved for use in County Durham & Darlington. Note there is already in-date Tees version in place.

ACTION:

- **RDTC to arrange for approved version to be added to APC pages of NECS website.**

22. Vitamins and Minerals Guidance

This guidance has been requested by prescribers in order to give them more robust guidance on which patients it may be suitable to prescribe vitamins or minerals for, and for how long. It will also be utilised by other clinicians within the Health Economy to enable them to advise patients on whether to purchase supplements rather than requesting them from primary care e.g. dieticians.
The guidance has been discussed at Joint 5 CCGs Dietetic Meetings and FSG. It has also been consulted via email with relevant clinicians within secondary care at CDDFT, NTHFT and STHFT.
The APC approved the guidance with no further amendments.

ACTION:

- **RDTC to arrange for approved version to be added to APC pages of NECS website.**

23. Self-monitoring of Blood Glucose Guidance and Review of Blood Glucose Testing Strips and Meters

This item of the agenda was chaired by Kate Huddart and Shafie Kamaruddin precluded himself from the discussion.

These updated local guidelines have been developed by a Working Group involving professionals from both primary and secondary care across Teeside and Durham. Two meetings were convened. The first meeting looked at a considering the machines and scoring them to identify a suitable machine for Type 2 diabetics that did not require a meter with specialist functions. The second meeting looked at recommendations for specialist meters and associated test strips for Type 1 diabetics, taking into account:

a. Meters with inbuilt ability to measure ketones
b. Smart meters with Carb counting
c. Compatible with insulin pumps

The APC noted that the process and scoring considered the functionality and patient experience that the meters could provide as well as the cost.
The approved the guidelines clinically for use within County Durham and Tees Valley, and also approved the updated local choices of meters and test strips.
There is further work to be done by the CCGs with regard to consideration of switching of existing patients on to the new local choices. Initially any switch would only be considered for

Type 2 diabetic patients.

ACTION:

- **RDTC to arrange for approved version to be added to APC pages of NECS website.**

Part 5 – Other Items of Business

24. Formulary Application Form – updated primary care finance section

The new formulary application form was approved at the Nov 2019 APC but it was asked that the primary care financial impact section be updated. This has been done and approved by the CCGs Finance & Commissioning Rep to the APC.

This section would need completing before signing by Mark Pickering (CCGs Finance & Commissioning Rep) for any drugs with in impact of CCG drug budgets e.g. any Tariff excluded CCG commissioned RED drugs, Green drugs, Amber SI drugs, and Amber Shared Care drugs. It would not be required for any tariff included RED drugs. It is envisaged obtaining this signature at the APC meeting itself.

The APC agreed to approve the updated primary care finance section of the Formulary Application Form to the APC.

ACTION:

- **RDTC to arrange for approved version to be added to APC pages of NECS website.**
- **RDTC to circulate form to formulary pharmacist at each of APC stakeholder Trusts.**

Part 6 – Standing Items (for information only)

25. Formulary Steering Group Minutes - December 2019

For information.

26. TEWV D&T Minutes – November 2019

For information.

27. CDDFT Clinical Standards and Therapeutics Committee Minutes – since Aug 2019

Not yet available.

28. North Tees & Hartlepool Hospitals D&T Minutes – January 2020

For information.

29. South Tees Hospitals D&T Minutes – January 2020

For information.

30. RDTC Horizon Scanning – January & February 2020

For information.

31. NE&C CCG Prescribing Forum Minutes – December 2019

For information.

32. NEAS Medicines Group Minutes - November 2019

For information.

Chairman's Action

<u>APC Statement on Prescribing of Opioids and Gabapentinoids in Persistent Pain</u>

Now approved by Chair's Action and published on APC website incorporating the comments received from STFHT. A copy was also circulated with the APC Agenda.

Any Other Business

APC Terms of Reference and Membership

It was agreed to review the current APC Terms of Reference and membership in light of CCG mergers from the 1st April 2020 at the next APC meeting.

ACTION:

- **RDTC to circulate current APC Terms of Reference and membership to APC members to review prior to May 2020 APC.**

Date and time of next meeting:

Thursday 14th May 2020, 9am – 11.30am, virtual meeting via tele/videoconference – details to be circulated.