

**North of Tyne, Gateshead and North Cumbria
Area Prescribing Committee**

Minutes of the meeting held on Tuesday 18th April 2023

Present

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| Catherine Armstrong | | CBC Health |
| Teresa Barnes | | CNTW |
| David Campbell | Chief Pharmacist/Clinical Director for Medicines Optimisation | NHCT |
| Alasdair Green | Formulary Pharmacist | NHCT |
| Sue Dickinson | Director of Pharmacy | RDTC |
| Tim Donaldson | Chief Pharmacist | CNTW |
| Venessa Echanique | | |
| Paul Fieldhouse | Clinical Director of Pharmacy | NCICFT |
| Juliet Fletcher | | NENC ICB |
| Alastair Green | Formulary pharmacist | NHCT |
| Helena Gregory | | NENC ICB |
| Matt Grove | Consultant Rheumatologist | NHCT |
| Alison Hunter | | NECS |
| Chris Jewitt | GP prescribing lead | NENC ICB 13T |
| Jane Lothian | Medical secretary Northumberland LMC | N LMC |
| Matthew Lowery | Formulary and Audit Pharmacist | NUTH |
| Alan McCubbin | Chair, Newcastle and North Tyneside LMC | NNT LMC |
| Fiona McKean | | NCICFT |
| Helen Seymour | Senior Pharmacist | NECS |
| Sheetal Sundeep | Consultant Microbiologist | NHCT |
| Graham Syers | Clinical Director of Primary Care | NENC ICB 00L |
| Venessa Echanique | Deputy Chief Pharmacist | GHFT |
| Susan Turner | Pharmacist | NECS |

Apologies

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| Chris Coe | Consultant anaesthetist | NHCT |
| Geraint Morris | Chair | LPC |
| Sharon Scully | Consultant anaesthetist | NUTH |
| Lorna Smith | | |

Member organisations

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| GHFT | Gateshead Health NHS Foundation Trust |
| NENC ICB 13T | Newcastle Gateshead |
| NENC ICB 99C | North Tyneside |
| NENC ICB 01H | North Cumbria |
| NCICFT | North Cumbria Integrated Care Foundation Trust |
| NENC ICB 00L | Northumberland |
| NoT LPC | North of Tyne Local Pharmaceutical Committee |
| NNT LMC | Newcastle and North Tynesdie LMC |
| N LMC | Northumberland LMC |
| NHSE | NHS England |
| NHCT | Northumbria Healthcare NHS Foundation Trust |

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| NECS | North of England Commissioning Support Organisation |
| CNTWT | Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust |
| NUTH | Newcastle upon Tyne Hospitals NHS Foundation Trust |
| RDTC | Regional Drugs and Therapeutics Centre |
| ST&G LPC | South Tyneside and Gateshead LPC |

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| 2023/14 | <p>Declarations of interest None</p> |
| 2023/15 | <p>Appeals against previous decisions None</p> |
| 2023/16 | <p>Minutes and decision summary from previous meeting. The following documents were accepted as a true record:</p> <ul style="list-style-type: none"> • Decision summary from 10/01/23. • Minutes from 10/01/23. |
| 2023/17 | <p>Matters arising not on the agenda or Action Log. None</p> |
| 2023/18 | <p>Action Log The action log was reviewed and will be updated to reflect the following:</p> <ul style="list-style-type: none"> • 2022/22. Chloroprocaine 10mg/ml & 20mg/ml. At the point of approval it was agreed that an audit of use would be returned to FSC one year after approval. There has been very positive support from consultant anaesthetic colleagues about the use of this for specific day case spinal anaesthesia. An audit will still be organised but it took time to procure the product which resulted in a delay in starting to use it. It will continue to be used in appropriate situations. Action closed <p>No outstanding actions remaining.</p> |
| 2023/19 | <p>Report from the Formulary Sub-committee The formulary website is available at North of Tyne, Gateshead and North Cumbria Area Prescribing Committee Formulary.</p> <p>Minutes and recommendations from the North of Tyne, Gateshead and North Cumbria FSC meeting held on 2/3/23: The above minutes and recommendations were received by the committee. The following specific points were highlighted for further consideration:</p> <p>Morphine Sulfate oral dispersible tablets (Actimorph®) The APC opioid subgroup have reviewed this request and do not support the inclusion of Actimorph® to the formulary on the grounds that the addition of another opioid, for minimal benefit, is contrary to the ongoing efforts to reduce opioid prescribing.</p> <p style="background-color: #e1eef6; border: 1px solid black; padding: 2px;">Decision: Refused</p> <p>Hydrocortisone sodium phosphate 0.335% eye drops (Softacort®) The dry product review that was requested as a result of this application has been completed and is now with NTAG. Further work will be undertaken as part of an ICB overall review of these products. Consideration as to the formulary position of Softacort® will need to be picked up by NTAG as part of this wider review of these products.</p> <p>Sodium Hydrogen Carbonate 500mg capsules (Nephrotrans®) This was requested by Newcastle Hospitals Nephrology. As it is already on the</p> |

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| | <p>Sunderland formulary it has been agreed that it will be added to the ICB single formulary as part of the ongoing merging work.</p> <p>Dihydroartemisinin Piperazine Phosphate (Eurartesim®) An application to consider this product has been referred to NTAG.</p> <p>Tropicamide, phenylephrine and lidocaine injection (Mydrane®) Requested by Newcastle Hospitals Ophthalmology. Already on the Sunderland formulary so will be added to the ICB single formulary as part of the ongoing merging work.</p> <p>Botulinum toxin A for complex hernia repair. Requested by Newcastle Hospitals. To be reviewed by NTAG.</p> <p>Calcipotriol 50 micrograms/g and Betametasone dipropionate 0.5mg/g cream (Wynzora®) Requested by Newcastle Hospitals Dermatology. Already on the Durham and Tees Valley Formulary so will be added to the ICB single formulary as part of the ongoing merging work. It was noted that these items should be added to the formulary generically and prescribed generically where possible.</p> <p>Adapalene 3mg (0.3%) Benzoyl Peroxide (2.5%) (Epiduo® 0.3%) Currently have the 0.1% strength on formulary for the treatment of acne. The 0.3% strength is requested to be in line with the Primary Care Dermatology Society (PCDS) guidelines that Newcastle Hospitals Dermatology are planning on following.</p> <div style="border: 1px solid black; background-color: #e6f2ff; padding: 5px;"> <p>Decision: Approved. Epiduo® 0.3% will be added to the formulary (in addition to the 0.1% strength).</p> </div> <p>MHRA Potassium Permanganate safety alert The tablets had initially been removed from formulary in response to this alert however it was recognised that the relative risk from the different formulations had been misinterpreted. The tablets have now been added back on.</p> <p>The formulary sub-committee have now ceased to meet. DC thanked all members for their work and support, highlighting specifically Matthew Lowery and Matt Grove. He emphasised that it would be important to have representation from our area on the NENC committees.</p> |
| 2023/20 | <p>Report from the Medicines Guidelines and Use Group Draft minutes from meeting held on 6/3/23 were received and noted.</p> <ul style="list-style-type: none"> • Guidance/documents approved: <ul style="list-style-type: none"> ○ Urology- minor amendments (page 16 further addition to aid prescribing) ○ Trans anal irrigation- minor amendments (NCIC bladder team name change) ○ Methylphenidate in giggle incontinence - minor amendments (amber removed at beginning and IR prescribed generically) ○ Melatonin for sleep wake disorders – minor amendments (statement added (in blue)) ○ Nebulised gentamicin- minor amendments (NoTGNC name |

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| | <p>changed)</p> <ul style="list-style-type: none"> ○ Paediatric renal transplant ○ Cinacalcet ○ Methylphenidate in narcolepsy– approved during meeting ○ CMPA- to be sent separately- awaiting pricing details <ul style="list-style-type: none"> ● Guidance retired: <ul style="list-style-type: none"> ○ Opioid statement (being updated and going to ICB meds committee for regional approval) ● Guidance extended: <ul style="list-style-type: none"> ○ Bariatric guideline 12 months from current review date. GS highlighted the fact that there are increasing numbers of requests for GPs to pick up care of patients who have travelled abroad for private surgery. This leaves GPs in a difficult position as there is no commissioned NHS service for such patients, who may not indeed have met the criteria for NHS surgery. The LMC has advised that this is both out of routine GP contracted services and may be out of scope of competence, potentially leaving an indemnity risk for clinicians. RDTC advice on things to consider following private consultations has recently been published and may be useful for clinicians to consider. ○ Children's ADHD 12 months from current review date <p>JF confirmed that she had asked Ewan Maule if local APC guidance would be adopted by the NENC ICB until such time as it is superseded by ICB wide guidance. He had agreed to this and local websites will be signposted to from the NENC ICB website, under the medicines committee section.</p> <p>MGUG will continue to operate in the interim, primarily to maintain and review existing guidance. The committee will need to agree their governance structure with the NENC director of medicines but will sensibly sit underneath the new NENC wide guidelines committee once it has formed and set its terms of reference. It is expected that this would be for a time-limited period only, although there may be a need for some local audit and pathway work to continue in the longer term.</p> <p>Action: DC to write formally to EM to request confirmation of these positions.</p> |
| <p>2023/21</p> | <p>Report from pain management sub-group</p> <ul style="list-style-type: none"> • Notes from meeting on 16/3/23 • Quarter 3 data <p>Notes and data were received. DC emphasised that he hoped local collaborative work could continue despite this group no longer officially falling under a local APC. GS has an AHSN network wide role in pain management and will work to maintain links between our local group into emerging NENC structures. It is recognised that pain management is complex and data is being refined to see if it can be linked with population demographics in order to ensure any potential inequalities in care are addressed. The volume of over-the-counter purchases of codeine containing medication is also of interest although obtaining such data is proving challenging.</p> |

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| 2023/22 | <p>NENC ICS Medicines committee Approvals from February are available at: Medicines Committee North East and North Cumbria NHS (northeastnorthcumbria.nhs.uk)</p> |
| 2023/23 | <p>Northern (NHS) Treatment Advisory Group (N-TAG) The North East and North Cumbria (NENC) Medicines Committee have been seeking NENC system-wide views on:</p> <ul style="list-style-type: none"> • The adoption of two shared care protocols: <ul style="list-style-type: none"> ○ Amiodarone ○ Sativex <p>The consultations are open until 5pm on Sunday 30th April 2023 and can be accessed at https://ntag.nhs.uk/consultations/.</p> • The adoption of proposed formulary amendments covering NICE Technology Appraisals and other relevant guidance and alerts published in March 2023. The consultation is open until 5pm on Thursday 4th May 2023 and can be accessed at https://ntag.nhs.uk/consultations/. |
| 2023/24 | <p>NHS England All specialised services circulars since January`s APC meeting have been forwarded to NTAG and will be reflected in the NENC formulary.</p> |
| 2023/25 | <p>Medicines Governance across the ICB</p> <ul style="list-style-type: none"> • Letter from Ewan Maule January 2023 • Letter from Ewan Maule 9th March 2023 • PowerPoint presentation 9th March 2023 • Nomination form for new committees <p>Members considered the new governance system relating to medicines use across the NENC ICB area and accepted that there may yet be further refinement of this as the system evolved. Concern was expressed about potential delays in decision making as a result of lack of delegated authority.</p> <p>Members discussed possible nominations from our existing committees for roles in the new structure. ST and DC will meet w/c 24/4 to finalise the APC endorsed nominations that were discussed and send these on to EM by 26/4/23. It was emphasised that members could also send individual nominations. The group discussed the lack of clarity on whether LPC/LMC involvement had been considered in the regional structures. DC will highlight this, and the potential for co-opted specialist clinicians, in his communication to EM.</p> |
| 2023/26 | <p>Chair`s action No out of meeting actions were taken. DC took this opportunity to close down the APC and thanked all members for their invaluable contribution to decision making around medicines in our area over many years. He said it was time for him to step back but wished to take this opportunity to wish all who would be leading on this moving forwards well. GS thanked DC for his chairing of the group, and its predecessor, for nearly 20 years. His contribution had helped shape national guidance around local decision making in relation to medicines.</p> |
| 2023/27 | <p>Any other business None.</p> |
| | <p>Date and time of next meeting(s) All future meetings will be cancelled. All business is now transferred to the ICB medicines committee.</p> |

