

Item: 8.1i

PLANNING & COMMISSIONING COMMITTEE MEETING HELD ON 4 MARCH 2022 CHAIR'S UPDATE REPORT

INTRODUCTION

This is the Chair's report to the Clinical Commissioning Group Board following the March Committee.

HULL & EAST RIDING PRESCRIBING COMMITTEE – PRESCRIBING GUIDELINES/GUIDANCES AND OTHER RELEVANT PAPERS.

Primary Care guidelines – Urinary tract infection chapter (update)

The Medicine Optimisation Pharmacist advised that the urinary tract infection charter with the implemented changes was in line with the NICE recommendations. It was noted that cefalexin was mentioned more as a second line option and with the acute pyelonephritis was the first line option.

It was stated that the changes were in line with NICE guidance and local sensitivities.

Planning and Commissioning Members voted unanimously to approve the Primary Care Guidelines for the Urinary Tract Infection chapter.

Direct acting oral anticoagulants (DOACs) (decide from options)

The national procurement for DOAC had been discussed at the February 2022 Planning, Commissioning Committee, and approved to go with the national framework. Further to the national procurement paper, NHSE/I had issued commissioning recommendations for DOACs in atrial fibrillation. It was noted that the NHSE/I national commissioning recommendations provides a more national steer.

The following three options had been articulated within the paper for committee members to review and approve a way forward.

Option 1

Do nothing and maintain the Hull and East Riding Prescribing Committee alphabetical order for DOAC choice in Non-valvular atrial fibrillation (NVAF) – see HERPC word document attached above.

Option 2

Change to the NHSE/I commissioning recommendation for atrial fibrillation and commencing patients i.e. For patients commencing treatment for AF: subject to the criteria specified in the relevant NICE technology appraisal guidance, clinicians should use edoxaban where this was clinically appropriate. If edoxaban was contraindicated or not clinically appropriate for the specific patient then, subject to the criteria specified in the relevant NICE technology appraisal guidance, clinicians should then consider rivaroxaban first, then apixaban or dabigatran.

Option 3

Change to the NHSE/I commissioning recommendation for atrial fibrillation and commencing patients i.e. For patients commencing treatment for AF: subject to the criteria specified in the relevant NICE technology appraisal guidance, clinicians should use edoxaban where this was clinically appropriate. If edoxaban was contraindicated or not clinically appropriate for the specific patient then, subject to the criteria specified in the relevant NICE technology appraisal guidance, clinicians should then consider rivaroxaban first, then apixaban or dabigatran.

Plus

For patients already prescribed a DOAC for the treatment of AF: subject to the criteria specified in the relevant NICE technology appraisal guidance, commissioners may wish to consider developing local policy to review patients currently prescribed apixaban, rivaroxaban or dabigatran, where clinically appropriate. ..."

A wide and varied discussion took place with the following points being raised;

- There was an element of risk changing patients from one DOAC to another DOAC, as they may not be understanding the instructions of switching over and dosage schedule.
- There would be a workforce issue when switching patients over as there would be an initial GP appointment and potentially additional appointments if the patients have queries.
- The protocol needs to specify that DOAC was being proscribe on the cost element as per the NHSE/I commissioning recommendation and national procurement.
- It was stated the hierarchy was on the cost element from the NHSE/I national procurement.
- Concerns was raised on what would happen when DOACs comes off patient.
- The Acute would firstly prescribe the medication and GP would not want to change.

Committee Members voted unanimously for option 2

ENHANCED SERVICES COMMISSIONED FROM COMMUNITY PHARMACIES

Dr Balouch asked for data around the usage of minor ailments from community pharmacies. The Medicines Optimisation Pharmacist advised that £125,000 medication had been prescribed for minor ailments for 20/21.

It was noted that the only consequence of not renewing the minor ailments scheme would be an increased pressure on Primary Care.

The minor ailments scheme was a well-established service which patients value.

Committee Members voted unanimously to continue commissioning enhanced services for community pharmacies.



Vincent Rawcliffe
Clinical Chair, Planning and Commissioning Committee
March 2022