Brighton and Hove
High Weald Lewes Havens
Clinical Commissioning Groups

Brighton Area Prescribing Committee

Minutes

Date: Tuesday 25th July 2017 **Time:** 2-5pm

Location: Room 181, Hove Town Hall, Norton Road, Hove

Members:	
Paul McKenna (PMcK)	Senior Strategic Pharmacist, High Weald Lewes Havens (HWLH) CCG (Chair)
Paul Wilson (PW)	Head of Medicines Management, HWLH CCG (Deputy Chair)
Dr Stewart Glaspole (SG)	Specialist Interface Pharmacist, BH CCG
Tim Sayers (TS)	Lay Member, HWLH CCG (part 2.15pm)
Ray Lyon (RL)	Chief Pharmacist - Strategy, Sussex Partnership NHS Foundation Trust (SPFT) (part: left at 4.45pm)
Iben Altman (IA)	Chief Pharmacist, SCFT (part 2.15 – 4.00pm)
Lloyd Ungoed (LU)	Lay Member, BH CCG
Niall Ferguson (NF)	Chief Pharmacist, Brighton and Sussex University Hospitals NHS Trust (BSUH)
Penny Woodgate (PWo)	Communications and Engagement Senior Officer, East Sussex Local Pharmaceutical Committee
In Attendance:	
Jade Tomes (JT)	Specialist Pharmacy Technician and APC Secretary, BH CCG
Sam Lippett (SL)	Lead Antimicrobial Pharmacist, BSUH (part)
Katie Clark (KC)	Senior Paediatric Dietitian, BSUH (part)
Jenny Williams (JW)	Stoma Clinical Nurse Specialist, BSUH (part)
Wenda Avery (WA)	Prescribing Support Technician, HWLH CCG
Neveen Sorial (NS)	Lead Pharmacist, Adult Social Care, BH CCG

Apologies:	
Katie Stead (KS)	Clinical Lead Medicines Optimisation, BH CCG
Clare Mace (CM)	Pharmaceutical Advisor, Crawley, Horsham and Mid Sussex (C,HMS) CCGs
Dr Irma Murjikneli (IM)	Clinical Lead Prescribing, HWLH CCG
Katy Jackson (KJ)	Chief Pharmacist, Brighton and Hove CCG
Judy Busby (JB)	Chief Pharmacist, Queen Victoria Hospital NHS Foundation Trust (QVH)
Jay Voralia (JV)	Head of Medicines Management, CHMS CCG
Dr Riz Miakowski (RM)	Clinical Lead Prescribing, HMS CCG
Rita Shah (RS)	Prescribing Advisor, BH CCG

Item No	Item	Action
1	**Welcome**	
	PMcK welcomed the committee. Introductions were made. Apologies received from KS, CM, IM, KJ, JB, JV, RM, RS	
2	**Declarations of Interest**	
	As per the register.	
3	**Urgent AOB**	
	None.	

Previous meeting and actions

4	**June 2017**	
	• Caphosol – Awaiting Emma Foreman to provide an update to the APC in September. PMcK to follow up.	**PMcK**
	• Metformin for the management of weight gain – PMcK to facilitate meeting with interested parties on 9th Aug (provisional). PMcK to report back to the APC in September.	**PMcK**
	• Insulin degludec results of questionnaires back to the committee – the committee discussed the feasibility of the questionnaires now that the provider has changed and the prescribing sits with primary care. It was agreed that prescribing data would be downloaded and trends looked at.	**JT / PMcK**
	• Prontosan audit – PMcK advised of the background and requested what information would satisfy the committee. It was noted that North and West Sussex CCGs have included Prontosan on their formularies. PMcK to feedback to Valerie and data/information to be sought from other CCGs.	**JT / PMcK**
	• Type 2 diabetes guideline – Dr. DJ has been made aware of the changes needed. He is on annual leave until 7th August. PMcK to follow up on his return.	**PMcK**
	• Information sheet for Alzheimer's disease – PW advised that the approved information sheet does not match either cohort of patients in HWLH (golden ticket and non-golden ticket) therefore a discussion is needed between HWLH and SPFT.	**PW**
	• Testosterone information sheets - Bhumik Patel has now left BSUH. PMcK to pass onto Emma Foreman for approval.	**PMcK**

Change to traffic light status

5	**Forceval RED to BLUE for the nutritional supplementation and viamin D maintenance of the small cohort of patients with Anorexia Nervosa and a BMI of <17.5 – presented by Dr Craig Milne via telecom.**	
	Dr CM gave a brief overview of the submission. He explained that GPs are currently unable to prescribe Forceval capsules as this is coded red on the formulary. The eating disorder service does not have a facility to manage repeat prescriptions and the NICE guideline recommends that patients should be on a nutritional supplement. Dr CM advised that there are currently 69 (high risk) patients who would be eligible for this treatment. The yearly cost of treatment with Forceval would be £125.44.	

Dr CM explained that the service would initiate treatment and supply the first 3 months of Forceval. A letter would be sent to the patients' GP advising of the treatment and requesting that the prescribing is continued. Once the patient reaches a healthy weight (BMI >17.5) and no longer needs supplementation, a letter would be sent to the GP advising to discontinue prescribing.

The committee asked Dr CM if any patients purchase multivitamins over the counter (OTC). Dr CM advised that not many do and in his experience this cohort avoid taking tablets unless they are recommended or prescribed.

The committee questioned how many patients have been admitted to secondary care. Dr CM advised that he is aware of 4 patients in the past 2 months that had been admitted to specialist centres.

The committee discussed the application and the cohort of patients. It was clarified that these patients are vitamin and mineral deficient which the CCG funds. (The CCG does not fund supplementation.)

It was agreed that the committee would support the treatment of deficiency for patients with Anorexia Nervosa who have a BMI <17.5.

DECISION: approved – BLUE - for those with AN, a BMI <17.5 and who are mineral and vitamin deficient.

JT 11.8.17

To be added to the Brighton Joint Formulary as BLUE.

Policies and Guidelines

6 Antimicrobial Guidelines - presented by Sam Lippett and Fionnuala Plumart (via telecom)

FP advised that the local antimicrobial guidelines have been reviewed following updates from PHE in Jan 2017 and May 2017. A table of changes was referred to. The quality premium for UTIs in adults where the ratio of trimethoprim vs nitrofurantoin is monitored was also noted.

It was highlighted that PHE recommend pivmecillinam as an option to be used empirically to treat UTIs for those with reduced renal function, where nitrofurantoin and trimethoprim are not suitable options.

SL advised that the lead microbiologist at BSUH expressed concern at the empirical use of pivmecillinam however the alternative suggestion of cephalexin would not be supported due to the risks of *c.diff*. It was noted that trimethoprim is not a suitable option for many patients (with resistance risks) as local resistance rates are over 40%.

SL advised that pivmecillinam would only be used on a certain cohort of patients where nitrofurantoin and trimethoprim are not suitable (reduced renal function and resistance risks). As pivmecillinam is a penicillin antibiotic, the option of fosfomycin is also provided.

These particular patients should have an MSU carried out on first presentation. An audit of these MSUs will be carried out within BSUH.

IA asked if Charlotte Williams had been consulted. FP advised that she had been consulted as well as other CCGs.

The committee questioned the supply chain of pivmecillinam and wanted assurance that this was robust. FP to consult with Maggie Dolan (regional procurement) and ensure that a GP/community pharmacy communication plan is delivered.

FP 11.8.17

	Minor formatting corrections were noted. FP confirmed that the dosing instructions will be made clearer. (Women/men treatment length on UTI and fosfomycin use for penicillin allergic patients). It was confirmed that CHMS use the Surrey PCN guidelines who have just taken PHE guidance. **DECISION:** Approved for use locally Upload to the website	**FP 11.8.17** **JT 11.8.17**

Change to traffic light status

7	**Pivmecillinam and fosfomycin BLUE to GREEN – presented by Sam Lippett and Fionnuala Plumart**	
	FP advised that in order for the guidelines to be implemented the formulary status of pivmecillinam and fosfomycin needs to be changed from Blue to Green. The impact to prescribers would be a reduced requirement to contact microbiology for advice as primary care would have a wider range of treatments available on prescription. This would also mean fewer delays for patients. For the reasons explained in the previous submission the committee agreed to approve pivmecillinam and fosfomycin as green. **DECISION: Approved – GREEN – suitable for non-specialist initiation.** To be added to the Brighton Joint Formulary as **GREEN**	**JT 11.8.17**

Formulary extensions

8	**Amoxil (amoxicillin branded generic) – presented by Paul McKenna**	
	PMcK gave a brief overview of the submission. He advised that if implemented there would be a £25k saving across Brighton and Hove CCG and High Weald Lewes Havens CCG. It was noted that as the treatment is usually prescribed acutely, there would be minimal impact to patients if there were to be any supply issues. JT advised that the GSK website confirmed that there were no current supply issues with Amoxil. The committee agreed that the CCGs should take advantage of this cost saving. It was highlighted that the price was guaranteed until end of 2018. **DECISION: Approved – GREEN – suitable for non-specialist initiation** To be added to the Brighton Joint Formulary as **GREEN**	**JT 11.8.17**

Policies and Guidelines

9	**Infant feeds – CMPI guidelines, Flow charts for pre-term, faltering growth, GOR and lactose free, Recommended quantities to prescribe, formula available to be purchased – presented by Katie Clarke**	
	KC gave an overview of the submissions. She advised that guidelines for CMPI have been updated and flow charts for common issues have been included. The flow charts are used in other local CCGs.	

	KC confirmed that she is delivering a teaching session to health visitors in September. Minor changes were noted (spelling of dietitian). **DECISION:** Approved on the basis that minor amendments are made. Upload guidelines to website once amendments are made.	**JT 11.8.17**

Formulary review

10	**Chapter 9 – Nutrition and Blood – presented by Katie Clark**	
	KC advised that the formulary had been amended to include further products, which are more cost effective and align current clinical practice. Minor changes were noted (change i.e. to e.g. and adding an apostrophe to parents). **DECISION:** Approved on the basis that minor amendments are made. Make changes to formulary once amendments are made.	**JT 11.8.17**

Policies and guidelines

11	**Stoma Care prescribing guidelines – presented by Jenny Williams**	
	JW explained that the guidelines were in a chart format however, feedback suggested that they were not easy to use. As a result of this feedback they were changed into a flow diagram. It was noted that questions pharmacists and nurses can ask patients to help identify issues and determine when to appropriately refer to the stoma team have been added to the guidelines. The committee asked if parastomal hernia could be changed to hernia behind stoma. **DECISION:** Approved on the basis that parastomal hernia is changed. To be uploaded to the CCG website once amendments are done	**JT 11.8.17**

Formulary Review

12	**Ap 2 – Stoma Care Accessories Formulary – presented by Jenny Williams**	
	JW gave an overview and rationale explaining why a few of the products had been removed from the formulary. It was noted that the discretionary underwear and deodorants are listed on the PrescQIPP drop list. The committee questioned how the changes would impact patients. After discussion it was agreed that a template patient letter / patient information leaflet be developed. **DECISION:** Approved To be uploaded to the CCG website Template letter and PIL to be developed by CCGs with provider input	**JT 11.8.17** **PMcK 11.8.17**

Change to traffic light status

13	**Branded drugs to BLACK – presented by Stewart Glaspole**	
	SG described a proposal to blacklist the top 30 prescribed branded medicines because a generic, more cost effective version is available. It was noted that this work is being carried out across the STP. The committee approved the principle of generic prescribing unless for clinical or cost effective reasons (e.g. branded generics). It was agreed to discuss how this could be implemented outside of the meeting and that Katy Jackson should be involved in the conversation (who originally requested this submission). **DECISION:** Principle approved. Implementation to be agreed.	**JT / PMcK / KJ 25.8.17**

Policies and Guidelines

14.1	**Morphine for use in breathlessness PIL – presented by Paul McKenna**	
	For information only. Noted by the APC.	
14.1	**'As required' strong opioid pain relief medication PIL– presented by Paul McKenna**	
	For information only. Noted by the APC.	
14.2	**Paracetamol and Ibuprofen dispensing at BSUH – presented by Niall Ferguson**	
	NF advised that BSUH are frequently providing paracetamol and ibuprofen to patients as a discretionary prescription rather than a requirement for their treatment. NF advised the committee that the largest volume item dispensed on discharge is paracetamol. Therefore, BSUH wish to advise patients to purchase paracetamol and ibuprofen OTC. It was confirmed that this would only be for acute PRN occasions for adults only (paediatrics currently being explored). The committee questioned if patients would present at their GP to obtain paracetamol instead. NF confirmed that patients would be advised to buy from a pharmacy / supermarket. It was discussed that a communication should be developed to give to patients on discharge. (Similar to the communication given to elective patients prior to admission.) **DECISION:** The APC supports BSUH in encouraging patients to purchase paracetamol and ibuprofen OTC for acute PRN occasions and not to be dispensed on discharge.	**NF 25.8.17**
14.3	**Outpatient Prescribing Polices for discussion – Presented by Stewart Glaspole**	
	It was agreed that this item be deferred until the September meeting when Katy Jackson would be present. It was noted this policy is very outdated and it would be worth bringing an updated version to the committee. **DECISION:** Deferred	**KJ 8.9.17**

Formulary review

15.1	**Ap 3 – Blacklist – presented by Stewart Glaspole**	
	SG advised that there had been a few minor amendments following on from comments received from Emma Foreman. The reference to NHS England commissioned and CDF medicines has been removed as it is acknowledged that these should be coded as red on the joint formulary. It was also noted that the NICE "do not dos" and TAs with a negative recommendation have been added. **DECISION:** Approved Make changes and upload to website	**JT 11.8.17**
15.2	**Chapter 15 – Anaesthesia – presented by Paul McKenna**	
	No changes made. **DECISION:** Approved Upload to website	**JT 11.8.17**

Shared care

16	**Perampanel blue information sheet – presented by Paul McKenna**	
	PMcK advised this updated version has been compared to the current information sheet. It was agreed that "action/review any reports from GP" be added to the consultant/specialist responsibility. **DECISION:** Approved on the basis that the above change is made. Feedback to author Upload to website once amendments are made	**PMcK 11.8.17** **JT 18.8.17**

NICE TA briefing

17	**NONE**	

NICE guidance and TAs

18	**Published June 2017**	
	CG176 - Head injury: assessment and early management. Noted by the APC NG65 - Spondyloarthritis in over 16s: diagnosis and management. Noted by the APC NG70 - Air pollution: outdoor air quality and health. Noted by the APC QS151 – Oral health in care homes. Noted by the APC QS153 – Multimorbidity. Noted by the APC QS154 - Violent and aggressive behaviours in people with mental health problems. Noted by the APC TA446 - Brentuximab vedotin for treating CD30-positive Hodgkin lymphoma. Commissioned by NHS England. Add to the Joint Formulary as **RED**.	**JT 11.8.17**

	TA447 - Pembrolizumab for untreated PD-L1-positive metastatic non-small-cell lung cancer. Commissioned by NHS England. Add to the Joint Formulary as **RED**.	**JT 11.8.17**
	TA448 – Etelcalcetide for treating secondary hyperparathyroidism. Commissioned by NHS England. Add to the Joint Formulary as **RED**.	**JT 11.8.17**
	TA449 - Everolimus and sunitinib for treating unresectable or metastatic neuroendocrine tumours in people with progressive disease. Commissioned by NHS England. Add to the Joint Formulary as **RED**.	**JT 11.8.17**
	TA450 - Blinatumomab for previously treated Philadelphia-chromosome-negative acute lymphoblastic leukaemia. Commissioned by NHS England. Add to the Joint Formulary as **RED**.	
	TA451 - Ponatinib for treating chronic myeloid leukaemia and acute lymphoblastic leukaemia. Commissioned by NHS England. Add to the Joint Formulary as **RED**.	**JT 11.8.17**

New drug / indication formulary applications

19	**Testosterone Gel for use in menopausal women with low libido in whom oestrogen or oestrogen and progesterone (HRT) therapy alone has been unsuccessful (resubmission) – presented by Dr Susie Rockwell via telecom**	
	Dr SR gave a brief overview of the re – submission and discussed the differences from the previous application. The committee was informed that the application is now for tubes (Testim gel) not sachets. The APC did not approve the sachets due to concerns regarding their stability and bioavailability. Dr SR advised that the tubes are re-sealable and airtight. It was noted that Dr SR runs a weekly private menopause clinic. The chair advised that this could be a perceived conflict of interest. Dr SR advised that Mr Nick Panay (Consultant Gynaecologist Chelsea & Westminster hospital, board adviser for International Menopause Society) had written the evidence review complete with references which has been submitted. It was confirmed that the dose of Testim gel is a small pea sized amount to be applied to a non-hairy area of the skin daily. One tube should last between 7-10 days. Dr SR advised that if a tube had been finished before the 10th day then patients should wait for the 11th day before starting another tube. Dr SR advised that HRT should have been trialled before testosterone gel is offered to patients. It was confirmed that 1 box (6 x 5g tubes) should last 2-3 months after which time patients should be reviewed. The APC considered the decision making criteria and noted that this is a relatively inexpensive treatment. The re-submission was compared to the original submission and it was agreed that the additional information satisfied the committee's previous concerns. The committee agreed that GPs would be able to prescribe Testim gel for this indication, however it was advised that this should not be added to repeat prescriptions. It was agreed that a PIL should be developed noting off-label use, administration and dosage guidance, as well as confirming that the tubes must	**SR 25.8.17**

	be resealed. **DECISION:** approved – **GREEN** – for use in menopausal women with low libido in whom oestrogen or oestrogen and progesterone (HRT) therapy alone has been unsuccessful. To be reviewed after 3 months for efficacy and not to be added to repeat prescriptions. To be added to the Brighton Joint Formulary as green.	**JT 01.9.17**

APC Admin

20	**Members 6 monthly DOI – presented by Jade Tomes**	
	JT reminded members to forward their updated declarations of interest. Template form is available to download from Kahootz.	**ALL 11.8.17**

AOB

21		
	• JT advised that the APC workplan would be reviewed in August. Members are invited to submit any items for discussion so they can be scheduled into the workplan • It was noted that the meeting was not quorate due to lack on GP/Clinical Lead representation. Therefore, all decisions are subject to their approval. PMcK will seek ratification from GP/Clinical Lead ***POST MEETING NOTE: All decisions ratified by Dr Irma Murjikneli post meeting (15.08.17)***	**ALL 11.8.17** **PMcK 4.8.17**

Close

22	**Date of next meeting**	
	Tuesday 26th September 2017. **Room 181, Hove Town Hall, Norton Road, Hove, BN3 4AH**	