Brighton and Hove
High Weald Lewes Havens
Clinical Commissioning Groups

Brighton Area Prescribing Committee

Minutes

Date: Tuesday 24th October 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, Brighton and Hove (BH) CCG
Lloyd Ungoed (LU)	Lay Member, BH CCG
Fionnuala Plumart (FP)	Prescribing Advisor, BH CCG (until 4pm)
Dr Irma Murjikneli (IM)	Clinical Lead Prescribing, HWLH CCG
Sam Lippett (SL)	Lead Antimicrobial Pharmacist, Brighton and Sussex University Hospitals NHS Trust (BSUH)
Julia Powell (JP)	East Sussex Local Pharmaceutical Committee Member
Dr Michael Okorie (MO)	Chair of the DTC, BSUH
Anne Smith (AS)	Senior Clinical Quality and Patient Safety Manager and Nurse Representative, BH CCG (until 4.20pm)
Stephanie Butler (SB)	Principal Clinical Pharmacist MSK, Sussex Community NHS Foundation Trust (SCFT)
Dr Riz Mirakowski (RM)	Clinical Lead Prescribing, Horsham Mid Sussex CCG
Judy Busby (JB)	Chief Pharmacist, Queen Victoria Hospital NHS Foundation Trust (QVH)
In Attendance:	
Jade Tomes (JT)	Specialist Pharmacy Technician and APC Secretary, BH CCG
Scott Sweeney (SDS)	Lead Technician, Medicines Optimisation, BH CCG (until 2.40pm)
Emily Rose (ER)	Lead Dietitian Primary Care, BH CCG (until 4.20pm)
Wipaporn Pietzsch (WP)	Prescribing Support Technician, HWLH CCG
Nikki Leighton (NL)	Area Head of Nursing and Governance – East, SCFT (until 2.40pm)
Archna Palmer (AP)	Specialist Gastroenterology Pharmacist, BSUH (2.40pm – 2.50pm)
Dr Jeban Ganesalingam (JG)	Consultant Neurologist and Headache Lead, BSUH (4.30pm – 4.45pm)
Brian Chatfield (BC)	Lay Member, HWLH CCG
Apologies:	
Katy Jackson (KJ)	Chief Pharmacist, BH CCG
Ray Lyon (RL)	Chief Pharmacist - Strategy, Sussex Partnership NHS Foundation Trust (SPFT)
Iben Altman (IA)	Chief Pharmacist, SCFT
Neil Fergusson (NF)	Chief Pharmacist, BSUH
Sue Mills (SM)	Deputy Chief Pharmacist, (BSUH)
Rita Shah (RS)	Prescribing Advisor, BH CCG
Clare Mace (CM)	Pharmaceutical Advisor, Crawley, Horsham and Mid Sussex (C,HMS) CCGs

Item No	Item	Action
1	**Welcome**	
	PMcK welcomed the committee. Introductions were made. Apologies received from KJ, RL, IA, NF, SM, RS and CM.	
2	**Declarations of Interest**	
	As per the register.	
3	**Urgent AOB**	
	None.	

Previous meeting and actions

4	**September 2017**	
	• Stoma care accessories formulary – awaiting a patient information leaflet / letter to be developed by Jenny Williams. The APC expect that this will be presented at the next committee.	
	• DOI – PMcK reminded the committee that all members are required to complete a DOI form every 6 months or earlier if it needs to be updated.	
	• Sodium Clodronate – SG advised that this is outstanding and the monitoring schedule is yet to be confirmed by the specialists.	**SG / SM**
	• Anti-dementia medication document – amendments have been done.	**CLOSED**
	• Prontosan – logistical issues regarding inclusion onto the JF need to be worked through. JT to liaise with Valerie Dowley.	**JT**
	• JF updated – all added apart from Prontosan, sodium clodronate and NICE TAs.	**JT**
	• Dressing packs - action ongoing. SG awaiting information from IA.	**SG / IA**
	• Anti-dementia drugs – PW to forward link to JT	**PW**
	• Pivmecillinam – advice from Maggie Dolan regarding supply not received however all manufactures are aware of the change in guidance. APC agreed to close the action. FP and SL advised the committee that on two known recent occasions fosfomycin has been prescribed locally in primary care for the treatment of UTI, but despite contacting a number of community pharmacies, none were able to fulfil the prescription due to lack of stock on the shelf. The medication could not be obtained until the following day. Two known cases relating to patient safety were discussed. FP advised that the Medicines Management Team (BHCCG) had contacted the LPC to make local community pharmacies aware of the change in guideline and recommended that a baseline stock of both antibiotics be held. Two emails had been sent to all Brighton and Hove pharmacies from the LPC as well as a large article in the LPC newsletter. The LPC representative noted that they are able to issue advice to community pharmacies however, it is down to each pharmacy to decide what they hold as stock. It was noted that both pivmecillinam and fosfomycin are not expensive drugs and are now higher on the UTI treatment pathway; therefore, there is an increased likelihood of them being prescribed. The APC re-emphasised that in the interest of patient care, it is recommended that all pharmacies keep a baseline stock of antibiotics that are included in local and national guidelines (including fosfomycin and pivmecillinam). It was agreed that a discussion should take place outside of the meeting to agree on how this can be achieved and so reduce the risk of patients coming to harm in the future.	**CLOSED** **JP / FP**
	• September minutes – SG advised that there needed to be an amendment to the linagliptin evidence review notes. It was suggested that the	**JT**

underlined text is added to the following sentence:

"It was stressed that the reason for this submission was that linagliptin is the only DPP-4 inhibitor which is licensed for use at all levels of renal function without the need for dose adjustment"

The APC agreed to this.

Evidence Review

5.1 Sharps Safety Devices for insulin administration. Presented by Stephanie Butler and Nikki Leighton, Sussex Community NHS Foundation Trust

NL and SDS joined the committee.

NL gave a brief overview of the submission explaining that on 11th May an EU directive on safer sharps was published. It was noted that other CCGs who commission SCFT to provide community services are allowing the patients' GP to prescribe safety needles on prescription. BH and HWLH CCGs are not doing likewise.

As a result of an increase in insulin doses being administered by SCFT staff (in March 17 2886 doses were administered in BH), some untrained staff have been sent out to administer insulin. SCFT need to ensure that this is done as safely as possible.

The APC questioned why SCFT do not provide safety needles to protect their staff as each person administering insulin could be provided with a box of safety needles. It was confirmed that currently the most cost effective brand of safety needle is compatible with all major pen brands. It was acknowledged that GPs do prescribe pen needles for patients who are self-administering. The APC conceded that safety needles are a prescribable appliance however the committee stressed that it is the responsibility of the employer to protect their staff and not the patients GP. It was noted that the GP does not prescribe gloves, aprons or other personal protective equipment. The APC confirmed that other injections (e.g. B12, flu, denosumab) do not require a safety needle and that the use of a safety needle does not eliminate the risk of a sharps injury to the person administering the insulin.

NL left the committee.

The APC agreed that safety needles should be used as per the legislation however it should not be the responsibility of the GP to provide these via a prescription.

The APC recommend that if SCFT wish to pursue extra funding for procuring safety needles then a contractual uplift be explored.

DECISION: Not prescribable on FP10.

SDS left the committee.

5.2 Feraccru (ferric maltol) for the treatment of iron deficiency anaemia (IDA) in adults with inflammatory bowel disease (IBD). Presented by Archna Palmer, Brighton and Sussex University Hospitals NHS Trust

AP joined the committee.

AP gave a brief overview of the submission. It is recommended that Feraccru is used when patients are unable to tolerate ferrous based oral iron products before IV iron is offered (which is expensive) and can lead to patients receiving blood transfusions. It was explained that Feraccru is only licensed for use in pts with IBD. AP explained that currently 82 patients are receiving IV iron in the trust and that some of these patients only require IV iron because they are unable to tolerate the oral iron products that are currently available. It was confirmed that the submission proposes to add Feraccru to the Joint Formulary as Blue (specialist initiation only). This would be discontinued on specialist advice, as the patient would be seen regularly in specialist clinic. It was noted that Worthing had recently approved the use of Feraccru. AP confirmed that some patients who are currently receiving IV iron would be switched to Feraccru if approved.

AP left the committee.

	The APC noted the decision making criteria. The APC felt that there was robust evidence to support the application and treatment with an oral product is safer than an using an IV product. Treatment with IV iron is costly (drug cost and activity cost) and patient outcomes would be improved with oral treatment. **DECISION: Approved – BLUE – specialist initiation (no information sheet required)** To be added to the Brighton Joint Formulary as blue.	**JT 10.11.17**
5.3	**FreeStyle Libre flash glucose monitoring sensors for patients with Diabetes on multiple daily injections of insulin. Presented by Dr Paul Grant (via telecom)**	
	Post meeting note After the APC it came to the chair's attention that the General Medical Council had confirmed a four month Order for suspension of Dr Paul Grant's registration to practice from midnight 23rd October 2017. As the submission by Paul Grant came to the committee on the 24th of October the chair has taken an action to remove this item from the minutes. The chair will invite another clinician from the community diabetes service to review and approve this application which if reviewed in time could be re-submitted to the November APC.	

Policies and Guidelines

6.1	**Overseas Travel Prescribing Guide. Presented by Paul McKenna**	
	PMcK advised that the prescribing guide had been reviewed to ensure it was up to date with current PHE guidelines. The committee advised that it was a useful document and should be shared widely. It was agreed that the prescribing guide would be included in the prescribing newsletter and shared with the medicines information department at BSUH. **DECISION: Approved** To be uploaded to the website and included in the next newsletter.	**JT 10.11.17**
6.2	**Prescribing Hepatitis B vaccine on the NHS Frequently Asked Questions. Presented by Fionnuala Plumart**	
	FP advised that an FAQ had been developed as a resource to which practices could refer when patients ask for the hepatitis B vaccine. FP explained when it is and is not appropriate to provide the hepatitis B vaccine on the NHS. FP advised that a decision needs to be made on whether the APC supports the use of the combined Hepatitis A and B vaccine for travel on the NHS. The APC discussed the FAQ. It was noted that although very well written, the document would be easier to read if bullet pointed. It was confirmed that the APC does not routinely support the use of the combined vaccine for travel on the NHS. It was agreed that the local PGD would be updated outside of the meeting. **DECISION: Approved on the basis that the information is bullet pointed.** To be uploaded to the website once amended.	**FP 10.11.17** **JT 17.11.17**
6.3	**Golden Ticket. Presented by Paul McKenna**	
	PMcK advised that this item was concerning HWLH CCG only. It was noted that: • All patients with Alzheimer's or mixed Alzheimer's diagnosis to be included on the Golden ticket. • Patients with single diagnosis outside the NICE criteria currently being treated in primary care are to be regarded as legacy patients and will be included in the Golden Ticket • A submission to the APC to re-code anti-dementia drugs from red to blue will be required for patients outside NICE criteria currently being seen in secondary care (SPFT) before they can be included in the Golden Ticket pathway. Legacy patients (as outlined above) are to remain in primary care and will become part of the Golden Ticket pathway. PMcK advised that SPFT will need to submit an application to the APC for	

	approval in order to re-code the AD drugs from red to blue. If approved this application will allow the small cohort of patients who currently remain in secondary care (SPFT) and who lie outside the NICE criteria to enter the Golden Ticket pathway. The formulary request to change the traffic light status of these drugs would be submitted to the APC in November. **DECISION: Approved.**	

Formulary Extension

7.1	**Budesonide rectal foam (Budenofalk®). Presented by Paul McKenna**	
	PMcK advised that the Consultant Gastroenterology pharmacist at BSUH was in support of this submission. It was recommended that Budesonide rectal foam is used in preference to the more expensive prednisolone foam enema. The mechanism of action and patient outcomes are similar. It was noted that switching from prednisolone foam enema to budesonide rectal foam would save £12,000 in BH and £14,000 in the HWLH area. The APC considered the submission and agreed that it would be beneficial to include on the formulary. Removing prednisolone foam from the formulary was considered, however it was noted that this may be used in paediatrics. SL advised that she would confirm with her colleagues. **DECISION: Approved – GREEN – non-specialist initiated** Budesonide rectal foam (Budenofalk brand) to be added to the Joint Formulary.	**SL 17.11.17** **JT 10.11.17**
7.2	**CD Medical Peel Easy Adhesive Remover. Presented by Paul McKenna**	
	PMcK gave a brief overview of the submission. He advised that the Rhodes brand of adhesive removal spray and wipes were added to the stoma care accessories formulary post the latest formulary review. However, feedback from stoma care nurses has been that the product is not as effective as the previous formulary choices and that the bottles do not completely empty. This it was explained leads to wastage. Therefore, it was recommended that the previous products by CD Medical are reinstated on the JF. The committee considered the submission and agreed to remove Rhodes adhesive remover products and add the CD Medical adhesive remover products. The APC recommended that the Stoma Care Team feedback their concerns with the Rhodes adhesive remover products to the manufacturer. **DECISION: Approved – GREEN – non-specialist initiated** CD Medical Peel Easy Adhesive Remover spray and wipes to be added to the Joint Formulary and Rhodes Adhesive Remover spray and wipes to be removed.	**JT 10.11.17**
7.3	**Neomag - magnesium glycerophosphate chewable tablets. Presented by Paul McKenna**	
	PMcK advised that there is now a licensed magnesium glycerophosphate available. It is 3p more expensive per tablet compared to Magnaphate tablets, which are a food supplement. The APC considered the submission and confirmed that a licensed product should be used in favour of a food supplement. This recommendation extends to BSUH. **DECISION: Approved – GREEN – non-specialist initiated** To be added to the Joint Formulary. Magnaphate to be removed.	**JT 10.11.17**

Shared Care

8.1	**NONE**	
	None this month.	

Formulary Review

9	NONE	
	None this month. Chapter 2 – Cardiovascular is currently out for consultation. Deadline for comments is Friday 17th November. This will be discussed at the November committee meeting.	

NICE TA briefing

10	NONE	
	None this month.	

NICE guidance and TAs

11.1	Published July 2017	
	CG28: Depression in children and young people: identification and management. Update noted by the APC. CG54: Urinary tract infection in under 16s: diagnosis and management. Updated noted by the APC. CG153: Psoriasis: assessment and management. Update noted by the APC. CG156: Fertility problems: assessment and treatment. Update noted by the APC. MIB110: FreeStyle Libre for glucose monitoring. Update noted by the APC. NG51: Sepsis: recognition, diagnosis and early management. Update noted by the APC. NG73: Endometriosis: diagnosis and management. Noted by the APC. NG74: Intermediate care including reablement. Noted by the APC. NG75: Faltering growth: recognition and management of faltering growth in children. Noted by the APC. PH21: Immunisations: reducing differences in uptake in under 19s. Update noted by the APC. PH38: Type 2 diabetes: prevention in people at high risk. Update noted by the APC. QS36: Urinary tract infection in children and young people. Update noted by the APC. QS156: Physical health of people in prisons. Noted by the APC. QS157: HIV testing: encouraging uptake. Noted by the APC. QS158: Rehabilitation after critical illness in adults. Noted by the APC. QS159: Transition between inpatient mental health settings and community or care home settings. Noted by the APC. QS160: End of life care for infants, children and young people. Noted by the APC. QS161: Sepsis. Noted by the APC. TA357: Pembrolizumab for treating advanced melanoma after disease progression with ipilimumab. Update noted by the APC. TA366: Pembrolizumab for advanced melanoma not previously treated with ipilimumab. Update noted by the APC. TA428: Pembrolizumab for treating PD-L1-positive non-small-cell lung cancer after chemotherapy. Update noted by the APC. TA439: Cetuximab and panitumumab for previously untreated metastatic colorectal cancer. Update noted by the APC. TA474: Sorafenib for treating advanced hepatocellular carcinoma. Commissioned by NHS England. Add to the Joint Formulary as **RED**. TA475: Dimethyl fumarate for treating moderate to severe plaque psoriasis. Commissioned by Clinical Commissioning Groups. Add to the Joint Formulary as **RED**. TA476: Paclitaxel as albumin-bound nanoparticles with gemcitabine for untreated metastatic pancreatic cancer. Commissioned by NHS England. Add to the Joint Formulary as **RED**.	**JT 10.11.17** **JT 10.11.17** **JT 10.11.17**

APC Admin

12.1	**RMOC update. Presented by Michael Okorie**	
	MO advised that he had attended a national RMOC event with JP. It was emphasised at this event that the RMOCs must be impactful and effective in making recommendations. It was also noted that the relationship that the RMOCs have with the APCs are crucial and these committees will be considering implementation of the recommendations.	
12.2	**Declarations of Interest. Presented by Paul McKenna**	
	It was noted that DOI's are to be updated every 6 months. All members present had made a DOI within the past 6 months.	

AOB

13	**Request for change to commissioning of BOTOX service to Brighton and Sussex University Hospital. Presented by Dr Jeban Ganesalingam.**	
	Dr Jeban Ganesalingam (JG) joined the committee. Dr Ganesalingam informed the committee that the current NICE criteria (TA260) for Botox use in migraine sets out that patients need to have tried and failed 3 preventatives (ineffective at the top dose for 2 months or not tolerant of side effects), addressed analgesia overuse as well as having > 15 headache days and > 8 migraines days per month. The discontinuation criteria dictates that patients stop being administered Botox who are not adequately responding to treatment (<30% reduction in headache days per month after two treatment cycles) or have changed to episodic migraines (<15 days) for 3 consecutive months. JG proposed to the committee that they allow the continuation of the administration of Botox for those that demonstrate a 30% decrease in headache load (severity x frequency). He stressed that Botox treatment in these patients does have a positive impact on the quality of their lives as it means that they are able to function normally (attend work, drive etc.) 2 published papers were discussed and JG believed that these would be considered when the NICE guidance is next reviewed. It was noted that Hull and Oxford areas have commissioned the use of Botox with the proposed amendments to NICE criteria. It was estimated that this proposal would increase patient numbers by 20%. (Approximately 20 patients.) *Dr JG left the committee.* The committee noted that the evidence is robust enough to approve Botox for this use. However, it was questioned if the STP clinical effectiveness programme was considering the use of Botox in headaches to align thresholds for each CCG within the STP. The APC questioned if it could be proven that there would be a reduction in A&E and GP attendances. It was discussed that data should be gathered (from Blueteq) and audited. Findings should be brought back to the committee in 12 months' time. **DECISION: Approved – RED – specialist only.** To be added to the Joint Formulary and audit data to be presented to the committee in 12 months' time. ***POST MEETING NOTE:*** Following the APC meeting, the commissioner for planned care at Brighton and Hove CCG was informed of the APC decision. The wider impact of the decision was discussed: It was noted that although the Botox itself had been approved by the APC the commissioners for planned care would need to consider the treatment from the perspective of increased out-patient activity (follow-up) at BSUH and as such are unable to give approval to this as a pathway change. Therefore, the commissioner for planned care at Brighton suggested that Dr Ganesalingam advises on the increased volume of activity this change in pathway would	**JT 10.11.17** **JG 10.2018**

generate given patients would need to receive treatment every 3 months.

The commissioners would then need to follow due process and take the pathway change through their internal governance processes.

DECISION: Not approved

Close

14 Date of next meeting

Tuesday 28th November 2017.

Room 181, Hove Town Hall, Norton Road, Hove, BN3 4AH