Brighton and Hove
High Weald Lewes Havens
Clinical Commissioning Groups

Brighton Area Prescribing Committee

Minutes

Date: Tuesday 28th November 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 (from 2.40)
Fionnuala Plumart (FP)	Prescribing Advisor, BH CCG
Katy Jackson (KJ)	Chief Pharmacist, BH CCG (from 2.40)
Samantha 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
Dr Riz Mirakowski (RM)	Clinical Lead Prescribing, Horsham Mid Sussex (HMS) CCG
Judy Busby (JB)	Chief Pharmacist, Queen Victoria Hospital NHS Foundation Trust (QVH)
Brian Chatfield (BC)	Lay Member, HWLH CCG
Ray Lyon (RL)	Chief Pharmacist - Strategy, Sussex Partnership NHS Foundation Trust (SPFT)
Iben Altman (IA)	Chief Pharmacist, SCFT
Rita Shah (RS)	Prescribing Advisor, BH CCG
Clare Mace (CM)	Pharmaceutical Advisor, Crawley, Horsham and Mid Sussex (C,HMS) CCGs
Dr Paul Deffley (PD)	GP representative, BH CCG (from 2.40)
In Attendance:	
Jade Tomes (JT)	Specialist Pharmacy Technician and APC Secretary, BH CCG
Edel Marshall (EM)	Medication Review Pharmacist, BH CCG
Alison Warren (AW)	Consultant Pharmacist Cardiology, BH CCG and BSUH
Dr David Lipscomb (DL)	Clinical Lead, Diabetes Care For You, SCFT
Dr Ali Chakera (AC)	Consultant Diabetologist, Diabetes Care For You, SCFT

Apologies:	
Lloyd Ungoed (LU)	Lay Member, BH CCG
Dr Irma Murjikneli (IM)	Clinical Lead Prescribing, HWLH CCG

Item No	Item	Action
1	**Welcome**	
	PMcK welcomed the committee. Introductions were made. Apologies received from LU and IM	
2	**Declarations of Interest**	
	As per the register.	
3	**Urgent AOB**	
	None.	

Previous meeting and actions

4	**October 2017**	
	• JF updates – all changes and additions have been actioned apart from sodium clodronate as awaiting information from Emma Foreman at BSUH. Info to come to Jan APC. • Paracetamol and Ibuprofen dispensing at BSUH and Outpatient Prescribing Policies – ongoing, BSUH to feedback in January. • Dressing packs - action ongoing. Currently with finance and contracts. Update to come to Jan APC. • T2 Diabetes guidelines – updates now included. To be added to the website. • Metformin for the management of weight gain. Meeting had to be cancelled. Will be rearranged before the next APC. • Access to antibiotics via community pharmacy – discussions ongoing. • Shared care guidance – these would be updated by BSUH in the New Year. • Recap of minutes from previous meeting – PMcK advised that there had been 2 post meetings notes added to previous meeting's minutes. One on the Freestyle Libre®. (Re-submission on the agenda) and the other on the submission on the use of Botox for headaches outside of the NICE criteria. It was confirmed that the application for Botox would be considered at another appropriate forum within the CCG.	**SL 5.1.18** **MO/SL 5.1.18** **IA/SG 5.1.18** **JT 8.12.17** **PMcK 8.12.17** **FP/JP 5.1.18** **SL 5.1.18**

Formulary Review

5.1	**Chapter 2 – Cardiovascular. Presented by Alison Warren.**	
	PMcK advised that a number of comments were received and suggested changes had been made to the formulary at the formulary review meeting with Alison Warren, Consultant Pharmacist Cardiology present. The APC questioned if Selexipag is commissioned by NHS England. AW to confirm. It was agreed to change NOACs to DOACs for consistency. It was noted that spironolactone is used in hypertension. AW to add comment as used as 4th line. **DECISION:** Approved on the basis that all suggested changes are made. Make changes and upload to website.	**AW 15.12.17** **JT 18.12.17**
5.2	**Late comment for noting re. Chapter 1 – Gastro-intestinal. Presented by Jade Tomes**	
	JT advised that a comment regarding chapter 1 was submitted to the committee too late to be included in the chapter review. As a result, Gastrocote tablets have been removed as they have been discontinued. **DECISION:** For noting only.	

New formulary application

6.1 Freestlye Libre® glucose monitoring system. Presented by Dr David Lipscomb and Dr Ali Chakera

DL and AC gave an overview of the resubmission. They advised that the Diabetes Care For You (DCFY) and BSUH diabetes teams agreed with Regional Medicines Optimisation Committee's (RMOCs) recommendations and criteria for initiation. They committee questioned who had authored the paper and it was confirmed that the submission had been submitted on behalf of the DCFY and BSUH diabetes team.
The committee asked how the authors had come to the conclusion that 20% of type 1s would be eligible for the FreeStyle Libre® based on the RMOCs criteria. DL confirmed that this was their best guess in their opinion. It was acknowledged that this number may increase as permitting the system to be prescribed may encourage patients to test more frequently.
It was stressed that initiation of the FreeStyle Libre® would be by specialists only (not primary care). The committee questioned how the initiation would be funded and DL explained that Abbott would provide a monitor and 1 sensor (which lasts 14 days) free of charge. DL went on to advise that all suitable patients would have to attend a half day, group training programme provided by Abbott and a local NHS Diabetes Nurse Specialist prior to the system being prescribed to the patient.
The committee discussed expectation setting and how important this was between the HCP and the patient. The committee noted that patients would still require conventional blood glucose testing as the DVLA have not approved the system to assess if the patient is fit to drive.
The patient pathway was discussed and it was agreed that a contract be drawn up by the initiating consultant and signed by patient. Once the patient had attended the group training session they would be provided with a monitor and one sensor. After this point, the GP would be asked to continue prescribing. DL advised that the specialist service would follow up with the patient via telephone or face to face. At the 6 month appointment the patient would be reviewed against the initiation criteria.
Audit data was discussed and it was confirmed that DCFY would collect data systematically through SystmOne, an analysist and a data programme.
The current service capacity was highlighted and it was confirmed that FreeStyle Libre® would only be discussed at patients' next routine appointment (6 monthly), therefore initiating the system would not have an impact on patient flow or waiting lists. However, if patients were deemed to fit the initiation criteria and were not presently be seen by the service, then this would require a new referral (currently 3-4 months wait).
It was acknowledged that there is a cohort of patients who are currently self-funding. These patients would need to be assessed to see if they matched the inclusion criteria, attended appropriate training and signed an agreed contract.
It was decided that a joint statement between BH and HWLH CCGs and the specialists outlining the APC position be published post committee meeting as the CCGs are currently receiving many queries regarding the system.
It was noted that if patients were experiencing inconsistent readings, then DL confirmed that Abbott would provide the patient a free replacement sensor. If 3 consecutive readings were wrong then the issue would need to be explored further. DL advised that there is a helpline which is available Monday – Friday 9am – 5pm.

After further lengthy discussions the APC agreed it would routinely fund the system on NHS prescription in line with the initiation criteria based on the recommendations by RMOC which are:
FreeStyle Libre® should only be used for people with type 1 diabetes, aged four and above, attending specialist diabetes type 1 care using multiple daily injections or insulin pump therapy, who have been assessed by the specialist clinician and deemed to meet one or more of the following criteria:

1. Patients who undertake intensive monitoring 8 or more times daily.

2. Those who meet the current NICE criteria for insulin pump therapy [HbA1c >8.5% (69.4mmol/mol) or disabling hypoglycemia as described in NICE TA151] where a successful trial of FreeStyle Libre® may avoid the need for pump therapy.
3. Those who have recently developed impaired awareness of hypoglycaemia. It is noted that for persistent hypoglycaemia unawareness, NICE recommend continuous glucose monitoring with alarms and FreeStyle Libre® does currently not have that function.
4. Frequent admissions (more than 2 per year) with DKA or hypoglycaemia.
5. Those who require third parties to carry out monitoring and where conventional blood testing is not possible.

In addition:

- All patients (or carers) must attend training (arranged by the specialist service) in the use of Freestyle Libre® System
- Commit to ongoing regular follow-up and monitoring (including remote follow-up where this is offered)
- Adjunct blood testing strips should be prescribed according to locally agreed best value guidelines with an expectation that demand/frequency of supply will be reduced

In view of the concerns noted with regard to the clinical evidence, costing information supplied, and in order to monitor outcomes which may inform future commissioning arrangements, the APC agreed that initiation on the NHS must be via the patient's usual consultant led specialist diabetes service.
Therefore the system must not be initiated by primary care prescribers.
Access to the system may be through Diabetes Care For You (DCFY), but could be with an alternative provider such as the paediatric team at BSUH or the level 4 diabetes services provided by BSUH.
Patients will have the opportunity to discuss FreeStyle Libre® at their next routine appointment with the relevant local specialist service where they will make an assessment as to whether the patient meets the criteria. If criteria are met, patients will be required to sign a contract outlining their commitment to regular scans, their use in self-management and attendance at relevant training provided by the diabetes specialist team. The contract will also outline discontinuation criteria to include:

- Failure to meet individualised clinical criteria to support ongoing benefit
- Failure to achieve a reduction in test strip usage
- Failure to commit to regular scans and their use in self-management

On completion of relevant training, the specialist service will provide an initial 2 week supply of the system to the patient and a copy of the contract will be sent to the patient's GP. At this point it will be appropriate for the primary care prescriber to take on prescribing until the patient attends a 6 month specialist review where the outcomes will be reviewed and a decision made with respect to ongoing benefit. This decision will be communicated to the primary care prescriber. In the absence of benefit of the system or if they fail to have a 6 month review, the system will no longer be funded on the NHS in line with the contract.
In the unlikely event of a patient not under the local specialist service AND potentially meeting initiation criteria, a referral should be made to the relevant specialist service. Patients currently self-funding will be reviewed by the specialist service at their next planned specialist appointment and those meeting the criteria will be considered for NHS prescription if they agree to follow the same pathway as new patients.
The APC decision will be reviewed in 12 months or sooner in light of further national guidance.
It was agreed that an updated position statement (based on the above) be drafted from the Brighton APC and endorsed by the local diabetologists.
DECISION: Approved – **BLUE** – specialist initiation only
Added to the Joint formulary and OptimiseRx messages to be authored.

PW 30.11.17
JT15.12.17

Policies and Guidelines

7.1	**Stoma Care Accessories Formulary – PIL for discretionary underwear and deodoriser. Presented by Paul McKenna**	
	Paul McKenna advised that the patient information leaflets have been developed on the back of the stoma care accessories formulary being reviewed and the removal of some products. It was noted that these have been developed in conjunction with the Stoma Clinical Nurse Specialists. The committee noted that there was a typo (manufacturers) which needed correcting. It was agreed to reword "save money" to "help the NHS to use limited resources more effectively" and state that these products were no longer "routinely" available on the local NHS. It was noted that if these correspondence was being sent from the GP practice then the practices letterhead should be used (not the CCG). The line "contact your Stoma nurse if you have any issues" was only on one letter and it was agreed that it should be on both letters. The APC asked about patient engagement. It was noted that through the Stoma Clinical Nurse Specialist's contact with patients, there has been satisfactory engagement. PMcK advised that the Stoma CNS will be presenting a submission at the next APC for deodorisers to be used a certain cohorts of patients. It was therefore agreed that only the discretionary underwear PIL be approved and the deodoriser PIL be put on hold. **DECISION:** Approved (discretionary underwear PIL only).	

Formulary Extension

8.1	**Airflusal MDI. Presented by Fionnuala Plumart**	
	FP advised that the CCG spends £700k on Seretide 125 and 250 MDI annually. There are now branded generics available which if prescribed could release savings to the prescribing budget. Airflusal MDI is the preferred brand as other equivalent products are not compatible with spacers. If 100% of prescriptions were prescribed as Airflusal then this would equate to £263k savings for BH CCG and £197k for HWLH. As this is an MDI, used in the same way as the originator, this will be minimal impact for patients. It was noted that whilst optimising patient's medication, information on high dose prescribing, exacerbations and use in COPD will be collected and fed back to practices. The LPC advised that branded generics affect the way in which community pharmacy is remunerated and that they may be an issue with supply as it is only available through AAH and Alliance wholesalers. FP to confirm which wholesalers will be stocking this product. **DECISION:** Approved – **GREEN** – non-specialist initiation only To be added to the Joint Formulary as Green. *RM left the committee at 4.22pm*	JT 15.12.17

Shared Care

9	**NONE**

NICE TA briefing

10	**NONE**
	None this month.

NICE guidance and TAs

11.1	Published October 2017	
	CG89 Child maltreatment: when to suspect maltreatment in under 18s – Noted by the APC CG165 Hepatitis B (chronic): diagnosis and management – Noted by the APC MIB124 Mepilex Border dressings for preventing pressure ulcers. It was noted that the local Tissue Viability Nurse had been emailed and they advised that they will not be advocating Mepilex to be used in this way. – Noted by the APC MIB126 Promonitor for monitoring response to biologics in rheumatoid arthritis - SG to speak to the acute trust and update at the next APC. NG76 Child abuse and neglect – Noted by the APC NG77 Cataracts in adults: management - Noted by the APC NG78 Cystic fibrosis: diagnosis and management - Noted by the APC NG79 Sinusitis (acute): antimicrobial prescribing - Noted by the APC QS162 Cerebral palsy in children and young people - Noted by the APC TA477 Autologous chondrocyte implantation for treating symptomatic articular cartilage defects of the knee - Commissioned by NHS England. Add to the Joint Formulary as **RED**	JT 15.12.17
	TA478 Brentuximab vedotin for treating relapsed or refractory systemic anaplastic large cell lymphoma - Commissioned by NHS England. Add to the Joint Formulary as **RED**	JT 15.12.17
	TA479 Reslizumab for treating severe eosinophilic asthma - Commissioned by NHS England. Add to the Joint Formulary as **RED**	JT 15.12.17
	TA480 Tofacitinib for moderate to severe rheumatoid arthritis - Commissioned by Clinical Commissioning Groups. Add to the Joint Formulary as **RED**	JT 15.12.17
	TA481 Immunosuppressive therapy for kidney transplant in adults - Commissioned by NHS England. Add to the Joint Formulary as **RED**	JT 15.12.17
	TA482 Immunosuppressive therapy for kidney transplant in children and young people - Commissioned by NHS England. Add to the Joint Formulary as **RED**	JT 15.12.17

APC Admin

12.1	RMOC update. Presented by Michael Okorie and Julia Powell	
	MO advised that the next meeting on the RMOC is the 30th November. The letter on AMR was noted. The next consultation and work stream is on the primary care / secondary care interface. This policy on shared care was last reviewed in 1991 and therefore needs to be updated.	
12.2	**Update post training on managing meetings effectively. Presented by Paul McKenna and Jade Tomes**	
	PMcK advised that he and JT attended training on managing meetings. Changes have been made to the agenda format and a break will now be scheduled halfway through the meeting. PMcK asked for members to give feedback via a survey monkey which will be sent out early December. This will give members the opportunity to provide feedback on the committee, it's templates, processes, chair and secretary. JT to forward survey to members	JT 15.12.17

AOB

13		
	Low value medicines consultation – due to be finalised by end of the week. As this should be implemented by year end, it was agreed that a local paper be drafted and circulated virtually via Kahootz.	

Close

14	Date of next meeting	
	Tuesday 23rd January 2017. **Room G70, Hove Town Hall, Norton Road, Hove, BN3 4AH**	