

## Brighton Area Prescribing Committee

### Minutes

**Date:** Tuesday 27<sup>th</sup> February 2018 **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)
Dr Stewart Gaspole (SG)	Specialist Interface Pharmacist, Brighton and Hove (BH) CCG
Fionnuala Plumart (FP)	Prescribing Advisor, BH CCG
Paul Wilson (PW)	Head of Medicines Management / Chief Pharmacist, HWLH CCG and BH CCG (Deputy Chair)
Dr Riz Mirakowski (RM)	Clinical Lead Prescribing, Horsham Mid Sussex (HMS) CCG (left at 4.10pm)
Rita Shah (RS)	Prescribing Advisor, BH CCG (left at 4.10pm)
Lloyd Ungood (LU)	Lay Member, BH CCG
Dr Irma Murjikneli (IM)	Clinical Lead Prescribing, HWLH CCG
Ray Lyon (RL)	Chief Pharmacist, Sussex Partnership NHS Foundation Trust (SPFT) (left at 4.10pm)
Jay Voralia (JV)	Head of Medicines Management, Crawley (C) HMS CCG (left at 4.10pm)
Dr Michael Okorie (MO)	Chair of the DTC, Brighton and Sussex University Hospitals NHS Trust (BSUH) (via telecom)
Dr Paul Deffley (PD)	GP representative, BH CCG (via telecom)
Stephanie Butler (SB)	Principal Pharmacist, Sussex Community Foundation Trust (SCFT) (via telecom)
Fiona Brown (FB)	Prescribing Advisor, CHMS CCG (via telecom – left at 4.10pm)

#### In Attendance:

Jade Tomes (JT)	Specialist Pharmacy Technician and APC Secretary, BH CCG
Jade Wallis (JW)	Prescribing Support Technician, HWLH CCG
Christian Chadwick (CC)	Specialist Clinical Pharmacist for Paediatrics, BSUH

#### Apologies:

Samantha Lippett (SL)	Lead Antimicrobial Pharmacist, (BSUH)
Julia Powell (JP)	East Sussex Local Pharmaceutical Committee Member
Judy Busby (JB)	Chief Pharmacist, Queen Victoria Hospital NHS Foundation Trust (QVH)
Brian Chatfield (BC)	Lay Member, HWLH CCG
Iben Altman (IA)	Chief Pharmacist, SCFT

Item No	Item	Action
<b>1</b>	<b>Welcome</b>	
	PMcK welcomed the Committee. Introductions were made. Apologies received from SL, JP, JB, BC, IA	
<b>2</b>	<b>Declarations of Interest</b>	
	As per the register.	
<b>3</b>	<b>Urgent AOB</b>	
	None.	

### Previous meeting and actions

4	January 2018	
	<ul style="list-style-type: none"> <li>DOIs – Noted that some members' DOIs were still outstanding. JV will get an updated DOI to the secretary by the end of the week.</li> </ul>	<b>JV 02.3.18</b>
	<ul style="list-style-type: none"> <li>NHSE guidance for CCGs: Liothyronine – The Regional Medicines Optimisation Committee discussed liothyronine at the most recent South meeting. The APC await the outcome of the newly formed RMOC working group. RL questioned if there would be mental health representation on the RMOC working group. MO to find out and let RL know.</li> </ul>	<b>MO 13.3.18</b>
	<ul style="list-style-type: none"> <li>NHSE guidance for CCGs: Omega 3 fatty acid compounds – it was confirmed that the NHSE guidance did not consider patients living with HIV and patient with high triglycerides (&gt;8). Around 300 patients are prescribed omega 3 fatty acid in BH and HWLH CCG at a cost of £60k per year. It was agreed that the specialists would be asked to bring a submission to the APC for those indications where they wish to use omega 3 fatty acid compounds.</li> </ul>	<b>PMcK 13.3.18</b>
	<ul style="list-style-type: none"> <li>Testogel – PMcK advised that the company do not have any stability data for when the sachet is left open. They could only advise that as the gel contains ethanol, the texture of the gel may change as the ethanol evaporates. It was agreed that PMcK would discuss how this information would be communicated to the patient with Dr Rockwell and also query why Tostran gel (which is available in a pump) is not an option.</li> </ul>	<b>PMcK 13.3.18</b>
	<ul style="list-style-type: none"> <li>Paracetamol and Ibuprofen – MO advised that this had been implemented at BSUH. However, unsure if communication had been prepared to supply patients on discharge. It was agreed to close the action but for documents to be brought back to the APC for information.</li> </ul>	<b>CLOSED</b>
	<ul style="list-style-type: none"> <li>Outpatient prescribing policy – MO advised that this action had slipped but assured the committee that someone would be able to feedback in March.</li> </ul>	
	<ul style="list-style-type: none"> <li>Shared Care Guidelines – BSUH to update the SCGs ongoing.</li> </ul>	
	<ul style="list-style-type: none"> <li>Review of golden ticket document – This document had been in use for 6 months and no feedback had been received therefore it was agreed to close the action.</li> </ul>	<b>CLOSED</b>
	<ul style="list-style-type: none"> <li>Discontinued drugs in NICE TAs – ongoing as there had been no reply from NICE or CQC yet.</li> </ul>	
	<ul style="list-style-type: none"> <li>Dressing packs – SG advised that the commissioners of the service met last week however the outcome is not yet known. JV asked that CHMS are included in any future conversations.</li> </ul>	

### New drug / indication applications

5	Self-testing of INR at BSUH
	The presenters were unable to attend therefore; the submission will be deferred until the next meeting.

## Policies and Guidelines

<b>6</b>	<b>Antibiotics in primary care. Presented by Fionnuala Plumart.</b>	
	<p>FP advised that the Management of Infections in Primary Care Guidance had been updated following updates to the Public Health England Guidance. Minor changes were noted and disparities to the PHE guidance acknowledged. FP highlighted and explained that the local guidance now omits trimthoprim from empirical guidelines (although remains in pregnant women and children) for UTIs as local resistance is now at 50%. The committee discussed sensitivity data and it was recognised that microbiology need to update their reporting. MO advised that he would take this forward.</p> <p>The committee asked that the brand names for ear preparations be included as this would make them easier for GPs to find on their prescribing systems. It was also noted that for genital tract infections, the PHE guidance lists miconazole 100mg pessary as recommended treatment. FP advised that this formulation is no longer available in the UK. It had therefore been removed from the guidance and PHE have been contacted.</p> <p><b>Decision:</b> Approved (on the basis that the above amendments are made) for use in BH and HWLH CCG. To be uploaded to the BH website once changes are made.</p>	<p><b>MO 16.3.18</b> <b>FP 16.3.18</b></p> <p><b>JT 16.3.18</b></p>
<b>6.2</b>	<b>UTI Assessment Tool for older people in Care Homes. Presented by Fionnuala Plumart.</b>	
	<p>FP explained that this diagnosis assessment tool is an adaptation from a project in the South West of England called "To Dip or Not To Dip". The purpose of the assessment tool is to discourage the use of dipsticks in older people in care homes. By using dipsticks, 50% of these patients can be misdiagnosed as having a UTI. If the diagnostic tool is used, this could reduce inappropriate prescribing as only symptoms would be checked. The project in the SW had seen a reduction in the amount of antibiotic prescribing for UTI and there had been no reports of unintended harm or hospital admissions.</p> <p>PD advised that there is currently a pilot care home telehealth project being set up in BH CCG and the assessment tool could be used there.</p> <p>PW asked that HWLH CCG logo be added.</p> <p><b>Decision:</b> Approved for use in BH and HWLH CCG To be uploaded to the BH website once changes are made.</p>	<p><b>JT 16.3.18</b></p>

## Formulary extension

<b>7.1</b>	<b>Symbicort MDI</b>	
	<p>The presenter was unable to attend therefore; the submission will be deferred until the next meeting.</p>	
<b>7.2</b>	<b>Elemental E028. Presented by Paul McKenna.</b>	
	<p>The committee discussed the submission and PMcK explained that the Lead Primary Care Dietitian had authored the submission but was unable to attend this meeting. PMcK advised that Elemental E028 is used PRN for rare bowel conditions and was currently being prescribed in 9 GP practices across BH CCG. He highlighted that it is more expensive than other nutritional supplements however the place in the treatment pathway is after a liquid diet, standard ONS and peptide based supplements. The committee discussed the costs and it was acknowledge that the next line in therapy would be TPN which would be costly and have a great impact on the patient's life.</p> <p>The committee raised questions regarding, pathway, current practice and cost in secondary care which could not be answered therefore, it was agreed to defer until the Lead Primary Care Dietitian would be available to present the submission.</p> <p><b>Decision:</b> deferred until next meeting.</p>	

<b>6.3</b>	<b>Bevacizumab (Avastin) for AMD. Presented by Stewart Glaspole.</b>	
	<p>SG gave the background to the submission. He advised that bevacizumab is not licensed for AMD however when used off label in AMD it is considerably more cost effective than the licensed alternatives. Bevacizumab had now come to the APC as a result of new guidance published by 3 organisations. NICE had considered bevacizumab in their latest clinical guideline update, RCOphth had endorsed the use of bevacizumab and the GMC had released a statement advising that they would not consider any fitness to practice claims against clinicians who use bevacizumab off label for AMD providing doctors are applying the broader principles of their prescribing guidance.</p> <p>MO advised that BSUH were in support of this submission (however, the DTC were due to meet the coming Thursday but he does not envisage any issues to approval.)</p> <p>It was agreed that bevacizumab be approved as a treatment option alongside the licensed options.</p> <p><b>Decision:</b> Approved - <b>RED</b> – specialist only To be added to the Joint Formulary as Red.</p>	<b>JT 16.3.18</b>

## Policies and guidelines

<b>8</b>	<b>GP resource pack – reducing antipsychotics in those people living with dementia. Presented by Ray Lyon.</b>	
	<p>RL advised that this is the 5<sup>th</sup> version of the resource pack. The Medicines Information department at Western Sussex Hospitals NHS Trust had reviewed all published guidance and did not find anything that would change the advice. The psychiatrists have reviewed the non-pharma content. Minor changes include, correct contact numbers and updated terminology (e.g. challenging behaviour). Implementation of the pack was discussed. Ideas such as a training session at a Protected Learning Scheme and a simplified audit to be included in a future Prescribing Improvement Scheme were discussed.</p> <p><b>Decision:</b> Approved for use in BH and HWLH CCG Link to be added to BH website. RS and FP to follow up with RL regarding implementation in BH CCG.</p>	<b>JT 16.3.18</b> <b>RS/FP</b> <b>16.3.18</b>

## Formulary Review

<b>9</b>	<b>CNS Chapter 4 – Mental Health Review only. Presented by Ray Lyon.</b>	
	<p>RL advised that he had been tasked to review the formulary drugs used in mental health only. The comments were discussed and it was noted that the Trust's formulary is backed up by NICE and Maudsley guidelines.</p> <p>It was agreed that PMcK would liaise with RL with regards to the suggested changes and agree the process for any potential additions to the formulary.</p> <p>It was highlighted that the formulary review schedule has slipped by a few months therefore PMcK would also liaise with BSUH with regards to the next chapter to be reviewed dependent on their capacity.</p>	<b>PMcK</b> <b>6.3.18</b>

## Shared Care

<b>10.1</b>	<b>MSK SCGs. Presented by Stephanie Butler (via telecom)</b>	
	<p>SB explained that the suite of Shared Care Guidelines (SCG) had been updated to consider the latest version of the BSR guidelines. It was noted that the SCG for MMF had been updated already and was therefore not being presented at this meeting. SB informed the committee that all stakeholders including SCFT, BSUH and SASH had been consulted and given an opportunity to comment.</p> <p>Members' comments on Kahootz were discussed. RL advised that the dosing instructions could be made a little clearer. SB advised that she would review if this became an issue.</p> <p><b>Decision:</b> Approved for use in BH and HWLH CCG Link to be added to BH website.</p>	<b>JT 16.3.18</b>

**10.2 Sodium Clodronate information sheet. Presented by Stewart Glaspole.**

SG explained to the committee of the background to this information sheet. RM advised that it would be helpful for the prescriber to know what levels should be considered as abnormal. It was agreed that in any patient with abnormal levels, the specialists should be contacted. It was discussed if this would cause inappropriate contact with the specialists. It was agreed that if this was the case the specialists would let SG know. A review into the appropriateness of the information sheet was scheduled for 6 months’.

**Decision:** Approved for use in BH and HWLH CCG

To be uploaded to the BH website.

Information sheet to be reviewed in 6 months’ time.

**JT 16.3.18**

**JT 14.3.18**

**Traffic light status change**

**11 None**

**NICE TA briefing**

**12 None**

**Traffic light status change**

**13 NICE Guidance published January 2018**

NG82: Age-related macular degeneration. Noted by the APC. Paper on bevacizumab discussed previously and discussed at a the next DTC.

NG83: Oesophago-gastric cancer: assessment and management in adults. Noted by the APC.

NG84: Sore throat (acute): antimicrobial prescribing. Noted by the APC.

TA497: Golimumab for treating non-radiographic axial spondyloarthritis. Already on JF as FAST TRACK TA. (Discussed at the previous APC.)

TA498: Lenvatinib with everolimus for previously treated advanced renal cell carcinoma. Commissioned by NHS England. Add to the Joint Formulary as **RED**

**JT 16.3.18**

TA499: Glecaprevir–pibrentasvir for treating chronic hepatitis C. Commissioned by NHS England. Add to the Joint Formulary as **RED**

**JT 16.3.18**

TA500: Ceritinib for untreated ALK-positive non-small-cell lung cancer. Commissioned by NHS England. Add to the Joint Formulary as **RED**

**JT 16.3.18**

TA501: Intrabeam radiotherapy system for adjuvant treatment of early breast cancer. Commissioned by NHS England. Not recommended.

TA502: Ibrutinib for treating relapsed or refractory mantle cell lymphoma. Commissioned by NHS England. Add to the Joint Formulary as **RED**

**JT 16.3.18**

TA503: Fulvestrant for untreated locally advanced or metastatic oestrogen-receptor positive breast cancer. Commissioned by NHS England. Not recommended.

## New drug / indication applications

### 14 Cefaclor Oral antibacterial therapy in children with an infective exacerbation of CF. Presented by Christian Chadwick.

CC advised of the background to the submission. He explained that there needs to be another option available that allows patients to be treated in the community. CC listed the many advantages to cefaclor and advised that SL was in support of this application. It was noted that 4 other centers in England have cefaclor listed on their formulary and currently 36 patients are treated in the primary care treatment center.

It was advised that the CF team would request that the GP would prescribe cefaclor on their recommendation.

The committee discussed the costs of cefaclor and it has highlighted that the cost varies depending on what form is prescribed. CC advised that solid forms are encouraged and that most patients prefer solid forms as the majority of the other medications they are taking are also solid.

**Decision:** Approved - **BLUE** – specialist (paediatric CF team) recommendation only.

To be added to the Joint Formulary as Blue.

**JT 16.3.18**

## APC admin

### 15.1 RMOC update

No further information.

### 15.2 Provider update

None. DTC minutes (or equivalent) to be embedded on the March APC agenda.

## AOB

### 16

- JT advised that Trimovate would be unlicensed for at least the next 6 months whilst the new manufacturers obtain a license from MHRA.
- PMcK advised that there are reported diamorphine shortages from prescribers and community pharmacies however; he had contacted the manufacturer Wokhardt who had advised that they have stock of the 10mgs, 30mgs and 100mgs. AAH and Alliance have been sent stock in the past week and the 5mgs would come back into stock in March.

## Close

### 17 Date of next meeting

Tuesday 27<sup>th</sup> March 2018.  
Room G70, Hove Town Hall, Norton Road, Hove, BN3 4AH