Brighton and Hove
High Weald Lewes Havens
Clinical Commissioning Groups

Brighton Area Prescribing Committee

Minutes

Date: Tuesday 27th March 2018 **Time:** 2-5pm
Location: Room G70, Hove Town Hall, Norton Road, Hove

Members:	
Paul McKenna (PMcK)	Senior Strategic Pharmacist, High Weald Lewes Havens (HWLH) CCG (Chair)
Dr Stewart Glaspole (SG)	Specialist Interface Pharmacist, Brighton and Hove (BH) CCG (Deputy Chair)
Rita Shah (RS)	Prescribing Advisor, BH CCG
Lloyd Ungoed (LU)	Lay Member, BH CCG
Dr Irma Murjikneli (IM)	Clinical Lead Prescribing, HWLH CCG
Jay Voralia (JV)	Head of Medicines Management, Crawley (C) HMS CCG (part – left at 3.50pm)
Dr Zoe Schaedel (ZS)	GP representative, BH CCG
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)
Iben Altman (IA)	Chief Pharmacist, SCFT (part)
In Attendance:	
Jade Tomes (JT)	Specialist Pharmacy Technician and APC Secretary, BH CCG
Emily Robinson (ER)	Public Health Specialty Registrar, Brighton and Hove City Council
Emily Rose (ERo)	Lead Dietitian - Primary Care, BH CCG
Jigna Patel (JPa)	Senior Medicines Optimisation Pharmacist, HWLH CCG

Apologies:	
Paul Wilson (PW)	Head of Medicines Management / Chief Pharmacist, HWLH CCG and BH CCG
Fionnuala Plumart (FP)	Prescribing Advisor, BH CCG
Brian Chatfield (BC)	Lay Member, HWLH CCG
Dr Riz Mirakowski (RM)	Clinical Lead Prescribing, Horsham Mid Sussex (HMS) CCG

Item No	Item	Action
1	**Welcome**	
	PMcK welcomed the Committee. Introductions were made. Apologies received from PW, FP, BC and RM.	
2	**Declarations of Interest**	
	As per the register.	
3	**Urgent AOB**	
	None.	

New drug / indication applications

4.1	**Flexitol 10% Urea Cream. Presented by Dr Susannah George (via telecom)**	
	Dr George gave the committee an overview of the submission. The reason Flexitol was being presented to the committee was due to its high urea content. Dr George explained that there is little evidence to suggest which emollient is more effective however; it is known that urea keeps moisture in the skin. Higher urea content is also useful when treating patients with areas of thicker skin. It was noted that the 500g container of Flexitol is more cost effective than other urea containing emollients (Eucerin and Calmurid). The committee questioned if Flexitol would replace an emollient on the formulary. Dr George explained that Flexitol contains lanolin and so there is a need to keep an alternative 10% urea cream on the formulary for those with lanolin sensitivities. Calmurid cream was discussed by the committee. It was noted that this contains lactic acid and is expensive (£33 / 500g). The committee asked if this could be removed from the formulary. Dr George advised that she would consult with colleagues (and consider which products do not contain lanolin). The committee considered the decision making criteria. Concerns were raised regarding the cost of the smaller pack sizes of Flexitol. It was agreed that prescribing of the 500g pack size would be encouraged by adding a note to the Joint Formulary. **DECISION:** Approved – **GREEN** – suitable for non-specialist prescribing. To be added to the joint formulary as Green.	**JT 13.4.18**
4.2	**Thealoz Duo. Presented by Emily Robinson**	
	ER gave a background to dry eye disease. It is estimated that between 7,800 and 16,600 people per 100,000 adult population have dry eye disease. 20% of those have severe dry eye disease. (Estimated maximum in Brighton of 3,320 people). ER explained that currently there were no eye drops containing trehalose on the Joint Formulary. There are no safety concerns with Thealoz Duo and it is recommended to add to the formulary as a treatment option for severe dry eye. The cost of Thealoz Duo was discussed and compared with the other dry eye products on the formulary. It was noted that Thealoz Duo is more cost effective than Hylo-Forte. (Based on usage as 6 drops per day.) The committee considered the decision making criteria and discussed the current treatment pathway. After deliberation, it was agreed that Thealoz Duo be added to the Joint Formulary as Green as first line for severe dry eyes in the treatment pathway (prior to Hylo-Forte). It was also agreed that the types of devices would be added to the formulary notes section. **DECISION:** Approved – **GREEN** – suitable for non-specialist prescribing. To be added to the joint formulary as Green. Dry eye pathway to be amended.	**JT 13.4.18**

Previous meeting and actions

5	February 2018	
	• Dressing packs – SG advised that the commissioners and contracting had met. It was agreed to close the action as the matter was now being dealt with outside of the APC however the outcome would be fed back for the purpose of updating the Joint Formulary and agreeing next steps regarding communications.	**CLOSED**
	• All Joint Formulary and website updates outstanding.	**JT 13.4.18**
	• Joint Formulary review – CNS. RL and PMcK had agreed that omitted medicines would be submitted collectively to the Committee. The submission is expected at the next meeting.	**RL 6.4.18**
	• 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. Ongoing.	**MO 6.4.18**
	• NHSE guidance for CCGs: Omega 3 fatty acid compounds – it was confirmed that the NHSE guidance did not consider patients living with HIV and patients with high triglycerides (>8). PMcK had discussed with Alison Warren (consultant pharmacist cardiology) and a submission will be presented to the committee at a future meeting. It was discussed that if no submission was forthcoming, then the committee would adopt the NHS England recommendation.	**AW Oct 18**
	• Joint Formulary review – current capacity at BSUH is limited due to staffing problems. SL suggested that the pain or surgery department may be able to review their areas in the CNS chapter next.	**SL 13.4.18**
	• Outpatient prescribing policy – ongoing.	**MO 13.4.18**
	• Shared Care Guidelines – BSUH had forwarded updated SCGs to SG. SG will review these before they are presented to the committee.	**SG 13.4.18**
	• Discontinued medicines in NICE TA's – response received from NICE. It was agreed that an updated TA with a removal of a discontinued drug would be the trigger for removing that drug from the Joint Formulary.	**CLOSED**
	• Testogel – Dr Rockwell had been contacted. Testogel have now produced a pump pack which will be considered. Ongoing.	**PMcK 13.4.18**
	• Lab reporting on sensitivities – SL advised that the lab currently test on 2 plates.	**CLOSED**
	• Dementia resource pack and audit for the Brighton Prescribing Quality Improvement Scheme – RS advised that the audit would not be included in the 18/19 scheme but asked for the action to be moved forward 6 months for consideration in a future scheme.	**RS Oct 18**

Formulary extension

6.1	Symbicort MDI.	
	The presenter was unable to attend therefore; the submission will be deferred until the next meeting.	

6.2	**Elemental E028. Presented by Emily Rose**	
	ERo advised on the reason for the submission. She explained that Elemental E028 is used in inflammatory bowel disease as either a nutritional supplement or as a sole source of nutrition. Adding this to the formulary would allow another option to be available prior to TPN, which is very costly, impacts on the patients' quality of life and is more risky. ERo advised that it is more commonly prescribed as a treatment course for 6-8 weeks prior to surgery. The place in the treatment pathway was discussed. ERo confirmed that after normal food, liquid food would be trialled. Then the patient would try powder shakes and then semi elemental products such as Modulen IBD as these have fewer bonds that need to be broken down. If these have been unsuccessful then Elemental (E028) would be trialled as no digestion needs to take place. If this fails the only other option is TPN where the nearest centre is St George's Hospital London at a cost of approx. £66,000 per patient per year. The maximum cost of Elemental E028 would be £12,200 per patient per year (if used as sole source of nutrition. 6 weeks treatment would cost £414). ERo advised the committee that Elemental E028 comes in a powder and liquid formulation. The powder is preferable as it can be used in a more concentrated way. The committee agreed that Elemental E028 should be added to the Joint Formulary as blue (dietitian recommended). It was confirmed that patients should be reviewed regularly and quantity and treatment duration should be noted in the communication sent to the patient's GP. **Decision**: Approved – **BLUE** – dietitian recommended. To be added to the Joint Formulary as blue. **Additional item:** ERo advised that she wanted to take this opportunity to raise another matter regarding the recent gluten free consultation. She had written a response, which outlines the commissioning positions of BH and HWLH CCGs. It was noted that work to amend the Joint Formulary would start once the Department of Health had amended the Drug Tariff (likely to be in November).	**JT 3.4.18**
6.3	**Mepilex Border Dressing. Presented by Jade Tomes**	
	JT advised that this submission had been prompted by a request from a tissue viability nurse in the Lewes area. They asked if the 10 x 10.5cm dressing could be added to the formulary as this is a frequently used size. Currently nurses have to use a larger size which is 82p more expensive. JT explained that adding the 10 x 10.5cm size to the formulary would result in savings to the prescribing budget, formulary adherence and patient satisfaction. The committee agreed to add the 10 x 10.5cm size to the formulary. JT advised that epact data had been run for the whole range of sizes and the other sizes are infrequently prescribed and therefore not currently worth adding to the formulary. **Decision**: Approved – **GREEN** – suitable for non-specialist prescribing. To be added to the Joint Formulary (and ONPOS) as green.	**JT 13.4.18**

Formulary Review

8	**CNS Chapter 4 – Mental Health Review only. Presented by Ray Lyon.**	
	PMcK and RL will present this item at the next meeting.	

Policies and guidelines

9	**Responsibility for prescribing between Primary & Secondary / Tertiary Care (NHS England Guidance). Presented by Paul McKenna**	
	PMcK advised the committee that NHS England had published guidance for CCGs on the Responsibility for prescribing between Primary & Secondary / Tertiary Care. The committee discussed the guidance and 2 key topics were raised: Discharge Summaries The committee voiced concerns about discharge summaries not being received by primary care in a timely manner or at all. SL advised of a new system being implemented at BSUH and that it would be timely and opportunistic to feed this back. SL will report any developments back to the committee. LU advised that Healthwatch could be involved to carry out any surveys in primary care looking at errors in discharge summaries received. SL advised that at least 40% of TTOs have a prescribing error and only 40% of TTOs are seen by pharmacy prior to the patient being discharged. It was questioned if the errors come from TTOs that have not been seen by pharmacy. The committee discussed that there are opportunities for local universities to undertake a project in this area. Shared Care Guidance It was agreed to keep the local SCGs as drug specific. The APC feels the local system is clinically safer and this would be fed back to the RMOC South. It was acknowledged that currently there is no mechanism for patients who wish to continue receiving their prescriptions of the SCG drugs from hospital. The committee concluded that this scenario is likely to be rare and therefore an individual arrangement would be agreed if the case was to arise. It was noted that the guidance states the GP should confirm agreement of shared care. The APC agreed that the current local system of 'opt out' is safer and that the 'opt in' process outlined in the NHSE document may not be in the best interest of the local population. IA noted that children's needs are not fully addressed in the guidance. *Jay Voralia left at 3.50pm*. It was agreed that SG and PMcK would feed back the committee's response to the guidance to the RMOC. It was also agreed that the bat back form and SCGs would be refreshed to reference the guidance. ***Post meeting note:*** At the April APC meeting SL advised that she did not feel that what had been minuted was a true reflection of the discussion. It was requested that the following information be added to the Discharge Summaries section above: *The GPs advised that if discharge summaries were received within 24 hours then providing the patient with a supply of 7 days medication on discharge would be sufficient (taking into consideration weekends and bank holidays). However, it was recognised that the GPs do not always receive the discharge summaries within 24 hours. It was agreed to explore why this is happening outside of this committee.*	**SG / PMcK 13.4.18** **SG / JT 20.4.18**

Shared Care

10	**None**	

Traffic light status change

11	**None**

NICE TA briefing

12	**None**

Traffic light status change

13	**NICE Guidance published February 2018**

CG147: Peripheral arterial disease: diagnosis and management. Noted by the APC.

KTT5: Asthma: medicines safety priorities. Noted by the APC.

KTT6: Hypnotics. Noted by the APC.

KTT7: Antipsychotics in people with dementia. Noted by the APC.

KTT9: Antimicrobial stewardship: prescribing antibiotics. Noted by the APC.

KTT12: Type 2 diabetes mellitus: medicines optimisation priorities. Noted by the APC.

KTT13: Non-steroidal anti-inflammatory drugs. Noted by the APC.

KTT14: Wound care products. Noted by the APC.

KTT15: Biosimilar medicines. Noted by the APC.

KTT16: Anticoagulants, including non-vitamin K antagonist oral anticoagulants (NOACs). Noted by the APC.

KTT17: Acute kidney injury (AKI): use of medicines in people with or at increased risk of AKI. Noted by the APC.

KTT18: Multimorbidity and polypharmacy. Noted by the APC.

KTT19: Psychotropic medicines in people with learning disabilities whose behaviour challenges. Noted by the APC.

KTT20: Safer insulin prescribing. Noted by the APC.

KTT21: Medicines optimisation in long-term pain. Noted by the APC.

KTT22: Chemotherapy dose standardization. Noted by the APC.

NG85: Pancreatic cancer in adults: diagnosis and management. Noted by the APC.

NG86: People's experience in adult social care services: improving the experience of care and support for people using adult social care services. Noted by the APC.

QS93: Atrial fibrillation. Noted by the APC.

QS163: Mental health of adults in contact with the criminal justice system. Noted by the APC.

QS164: Parkinson's disease. Noted by the APC.

TA160: Raloxifene for the primary prevention of osteoporotic fragility fractures in postmenopausal women. Strontium ranelate and etidronate to be removed from the Joint Formulary. **JT 13.4.18**

TA161: Raloxifene and teriparatide for the secondary prevention of osteoporotic fragility fractures in postmenopausal women. Strontium ranelate **JT 13.4.18**

	and etidronate to be removed from the Joint Formulary.	
	TA464: Bisphosphonates for treating osteoporosis. Strontium ranelate and etidronate to be removed from the Joint Formulary.	**JT 13.4.18**
	TA504: Pirfenidone for treating idiopathic pulmonary fibrosis. Commissioned by NHS England. Add to the Joint Formulary as **RED**	**JT 13.4.18**
	TA505: Ixazomib with lenalidomide and dexamethasone for treating relapsed or refractory multiple myeloma. Commissioned by NHS England. Add to the Joint Formulary as **RED**	**JT 13.4.18**
	TA506: Lesinurad for treating chronic hyperuricaemia in people with gout. Commissioned by NHS England. Not recommended. **BLACK** on the Joint Formulary.	**JT 13.4.18**
	TA507: Sofosbuvir–velpatasvir–voxilaprevir for treating chronic hepatitis C. Commissioned by NHS England. Add to the Joint Formulary as **RED**	**JT 13.4.18**

APC admin

14.1	**RMOC South February update**	
	JP gave an update to the committee regarding RMOC. Attached to the agenda was the RMOC South February 2108 update. JP explained that lots of working groups had now been formed and one of the next topics for the south meeting was deprescribing and medicines optimisation in care homes.	
14.2	**Provider update**	
	BSUH DTC February 2018 minutes attached to the agenda for noting. SPFT DTG January 2018 minutes attached to the agenda for noting. QVH will submit their quarterly DTC minutes for adding to the next agenda.	**JB 13.4.18**

AOB

15		
	• IA advised the committee that SCFT units are experiencing difficulties in obtaining diamorphine. This issue had already been raised to the Medicines Management Team at BH CCG who had spent some time contacting local pharmacies, wholesalers and manufacturers to try and establish what the issue was. JP advised that currently supplies of the different strengths are intermittent and the availability from wholesalers change on a daily basis. A Locally Enhanced Service for pharmacies to hold palliative care medicines which was in operation elsewhere in the South was discussed. It was agreed that JP would share the details with SG but current advice is to try different pharmacies as they may have access to other wholesalers who have stock. • JT advised that Fleet brand of phosphate enema is no longer available. This brand will be removed from the Joint Formulary.	**JT 13.4.18**

Close

16	**Date of next meeting**	
	Tuesday 24th April 2018. Room G70, Hove Town Hall, Norton Road, Hove, BN3 4AH	