Brighton and Hove
High Weald Lewes Havens
Clinical Commissioning Groups

Brighton Area Prescribing Committee

Minutes

Date: Tuesday 24th April 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
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, Brighton and Sussex University Hospitals Trust (BSUH)
Judy Busby (JB)	Chief Pharmacist, Queen Victoria Hospital NHS Foundation Trust (QVH)
Iben Altman (IA)	Chief Pharmacist, Sussex Community Foundation Trust (part)
Paul Wilson (PW)	Head of Medicines Management / Chief Pharmacist, HWLH CCG and BH CCG (Deputy Chair)
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
Ray Lyon (RL)	Chief Pharmacist, Sussex Partnership Foundation Trust (SPFT)
In Attendance:	
Jade Tomes (JT)	Specialist Pharmacy Technician and APC Secretary, BH CCG
Michael Watson (MW)	Senior Medicines Optimisation Pharmacy Technician, BH CCG
Harriet Hayllar (HH)	Senior Thrombosis and Anticoagulant Clinical Nurse Specialist, BSUH
Emily Rose (ERo)	Lead Dietitian - Primary Care, BH CCG
Anna Cave (AC)	Practice Nurse (trainee prescriber), HWLH CCG

Apologies:	
Julia Powell (JP)	East Sussex Local Pharmaceutical Committee Member
Michael Okorie (MO)	Associate Medical Director, BSUH

Item No	Item	Action
1	**Welcome**	
	PMcK welcomed the Committee. Introductions were made. Apologies received from JP, MO.	
2	**Declarations of Interest**	
	As per the register. LU declared that he had previously worked in blood clotting and anticoagulation and that he knew the presenter. IM declared that she provides an anticoagulation service with Coagucheck in the surgery where she is employed. RM declared that he has been provided with numerous sandwich lunches from various drug company representatives and is a provider of INR testing service.	
3	**Urgent AOB**	
	None.	

Previous meeting and actions

4	**March 2018**	
	• SL advised the committee that she didn't feel the previous minutes were a true reflection of what had been discussed. As the minutes were already approved as final, a post meeting note will be added to reflect the discussion around medication supplied on discharge in more depth.	**JT 18.5.18**
	• Outpatient prescribing polies – SL advised that MO was dealing with this however she was aware that some new information had been posted on the trust internet. MO to feedback to the next committee.	**MO 22.5.18**
	• BSUH SCGs – SG in receipt of 1 updated SCG. SG will follow up with BSUH.	**SG 18.5.18**
	• Testogel for women – Dr Susie Rockwell had been contacted regarding the new Testogel pump product however she advised that this would not be suitable for this cohort of patients as it is too strong. (Ideally 5mg per day needs to be administered.) Dr Rockwell has advised that Tostran gel pump is a more suitable strength product and would like a PIL to go alongside the formulary entry. There may be a PIL already in use in C, HMS CCG. JV and PMcK to follow up.	**JV / PMcK 18.5.18**
	• Omega 3 – an application for lipid clinic use only will be submitted to the May APC. It was confirmed that Omega 3 is no longer used in patients living with HIV. PMcK will liaise with AW with the view to obtaining a statement from Lawson clinic and to get their support to discontinue prescribing in this cohort of patients in primary care.	
	• MSK SCGs – waiting for the suite to be uploaded to the MSK Central website. Stephanie Butler was awaiting C, HMS CCG CPMAP approval. JV will chase this.	**JV 18.5.18**
	• NHSE guidance on responsibility for prescribing between primary & secondary/tertiary care – response to Regional Medicines Optimisation Committee (RMOC) ongoing.	**SG / PMcK 18.5.18**
	• NHSE guidance for CCGs: Liothyronine – The RMOC 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 22.5.18**
	• 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 11.5.18**

New drug / indication applications

5 Coagucheck XS PT test strip. Presented by Harriet Hayllar.

HH arrived at 2.15pm, *Iben Altmen arrived at 2.20pm.*

It was noted that this application was for patients under the BSUH anticoagulation service, not the Brighton Community Pharmacy Anticoagulation Management Service which is currently out for tender where a self-testing component is being considered. HWLH, C and HMS CCGs commission primary care to carry out INR testing.

HH gave an overview of the application. She advised that currently there are between 160-200 patients on the BSUH VTE and anticoagulation service books. These patients are often more complex and therefore require management by secondary care. They often have to test more frequently. A small cohort of patients have been self-testing (11 patients). Previously the hospital had little control over machine/strip use and ensuring the validity of the device. However, whilst attending a conference, a good model from another hospital was demonstrated and now a policy and database has been produced for in-house use.
HH highlighted that NICE have recommended as an option in their recent guidelines (DG14). It was explained that the Coagucheck strips are available on prescription and therefore the service requested that they are added to the Joint Formulary as blue, suitable for GP prescribing after BSUHT Anticoagulant Service specialist recommendation.
The cost impact was discussed. The strips are currently £167.99 for 48. (£3.50 per strip) Other benefits such as patient convenience and improved quality of life were noted.
The APC discussed the cost of self-testing of INR vs treatment with a DOAC. HH explained that for some patients DOACs are contraindicated. (This is the case with most of the patients under their service).
HH advised that if this was accepted onto the formulary then she would expect self-testing patient numbers to increase by 15-20.
HH explained the guidelines and process and confirmed that patients would have to perform a manual dexterity and mental agility test prior to being offered self-testing.
The APC raised concerns regarding over testing and increased costs and questioned if there was a recommended frequency. HH explained that one test per week is normally suggested however there may be reason for more frequent testing dependent on the individual patient circumstances. E.g. when the patient is unwell or taking antibiotics.
HH confirmed that patients have to sign an agreement prior to being offered self-testing and also show motivation to self-test.
HH left the committee.
The APC discussed the application in depth and raised concerns regarding equity. The patient is required to self-fund the machine at a cost of £300 and if approved their condition must be judged complex enough for the patient to be seen under the BSUH service. The committee concluded that:

- Self-testing will have a positive impact on patients' life
- NICE guidance advised to offer as an option
- Innovation and new technology should be encouraged
- No concerns raised with the evidence and safety information provided in the submission
- If testing frequency is appropriate and patients are not over testing then costs will be controlled
- Place in treatment pathway is clear
- An audit will be carried out to monitor outcomes
- The APC will review the decision in 12 months with support from the audit data as noted in the policy and with a view to expanding the

	cohort of patients suitable for self-testing after addressing any concerns around equity. The APC requested that the service include the suggested frequency of testing in all communications to the patient's GP and collect this information in the audit. The service would need to request the quantity of strips prescribed from the GP to collect this information. It was noted that this would be a good project for an undergrad student. PMcK will discuss with Alison Warren. PW will discuss with the CPAMS commissioner in BH CCG regarding the service retendering.	**PMcK 18.5.18** **PW 18.5.18**
	DECISION: Approved – **BLUE** – on recommendation from the BSUH Anticoagulation service. To be added to the joint formulary as blue.	**JT 18.5.18**

Polices and Guidelines

6.1	**Overseas Travel Guidance for Patients. Presented by Paul McKenna.**	
	PMcK gave a brief overview of the guidance for patients. He advised that this has been updated from the previous version. The APC raised no concerns. **DECISION:** Approved To be uploaded to the website	**JT 18.5.18**
6.2	**Minor conditions for which prescriptions could potentially be restricted. Presented by Paul McKenna.**	
	PMcK gave an overview of the submission. It was noted that this was a lengthy document with 35 conditions to discuss and could therefore take up a lot of this committee's time to discuss in the detail it requires. It was therefore agreed that a working group would be set up to consider the recommendation and implementation process. This group would meet prior to the next APC if diaries permit. It was noted that pre-existing policies were in place in the South place and therefore these can be strengthened rather than reproduced. Communication and engagement plans are being made for use across the STP and they are currently working to an ambitious timescale of 6 weeks. The committee discussed implementation and the Joint Formulary (i.e. code included items as Green with OTC symbol). It was agreed that the working group be granted delegated authority with an aim to advise of the decision at the next APC. PMcK to assemble members to the working group and arrange meeting. **DECISION**: Deferred - delegated authority granted to the working group.	**PMcK 4.5.18**

Formulary Review

8	**CNS Chapter 4 – Mental Health Review only. Presented by Ray Lyon.**	
	RL advised that he had been asked to review the mental health sections of the CNS Joint Formulary chapter. He had noticed that some drugs had been omitted and was asked by the chair to put together a brief rationale of why they should be included, summarising place in treatment pathway, evidence, cost and proposed traffic light coding. RL gave an overview of each drug. (NB: process taken from the April 2018 drug tariff): Name: Clonazepam Place in treatment pathway: Alternative to diazepam as less liable to abuse. Used for anxiety Evidence: Maudsley Guidelines, Psychotropic Drug Directory Traffic light coding: Blue Cost: 100x2mg tablets = £29.89 Name: Benperidol	

Place in treatment pathway: Inappropriate sexual behaviour, more likely to be tertiary initiated
Evidence: Licensed indication
Traffic light coding: Blue
Cost: 112 x 250mcrogm tablets = £117.31 (dose 1-6 tablets daily)

Name: Flupentixol
Place in treatment pathway: Schizophrenia and other psychoses particularly with withdrawal and apathy. Used widely as a depot injection
Evidence: Licensed indication
Traffic light coding: Blue
Cost: 60x1mg tablets = £4.86

Name: Zuclopenthixol
Place in treatment pathway: Schizophrenia and other psychoses. Used widely as depot injection
Evidence: Licensed indication
Traffic light coding: Blue
Cost: 100x25mg tablets = £16.13

Name: Promazine
Place in treatment pathway: Agitation in the elderly, third or fourth line
Evidence: Licensed indication
Traffic light coding: Blue
Cost: 100x50mg tablets £76.34 (dose 25-50mg 4 times a day)

Name: Paroxetine
Place in treatment pathway: Only licensed medication for post-traumatic stress disorder
Evidence: Licensed indication
Traffic light coding: Blue
Cost: 28x10mg capsules £9.43 (dose max. usually 40mg)

RL briefly discussed liothyronine not being included in the Joint formulary for its use in depression advising that the STAR*D study provides good evidence. The Chair advised that the NHSE guidance didn't consider any evidence as an anti-depressant. The committee is currently awaiting the outcome of the RMOC liothyronine working group prior to considering its use for that indication.

RL also advised that the three monthly paliperidone injection should be reclassified from Red to Blue for use by the BH CCG practices in accordance with the Serious Mental Illness Locally Enhanced (Commissioned) Service (SMILES).

Decision: All approved – traffic light coding as stated above.
Listed drugs to be added to the Joint Formulary as their suggested colour coding.

JT 18.5.18

Policies and guidelines

9	**Prevention, Investigation and Treatment of Vitamin D Deficiency and Insufficiency in Adults. Presented by Emily Rose.**	
	ERo joined at 4.50pm. ERo gave an overview of the guidelines and advised of the background to this submission. She advised that a new report had been published which contained further evidence and more information on the benefits of treating vitamin deficiency. Following the publication of the new CKS guidelines, C, HMS CCGs reviewed their vitamin D guidelines to align with this guideline. This was subsequently approved at the Surrey Prescribing Clinical Network. ERo advised	

	the committee of the significant changes to the previous version: • The level at which deficiency is treated is now <30nmol/l. Previously it was <25nmol/l. • It is only recommended to test vitamin D levels if the patient is presenting with clinical symptoms. • In some cases it is recommended to treat for insufficiency at levels of between 30-50nmol/l. • It is recommended that all patients take vitamin D supplements (400iu daily) • 2 treatment pathways are included. One for patients with bone disease and one for patients without bone disease. SL advised of current hospital practice for patients with TB. The hospital policy has been in draft form for some time and it is therefore suggested that they adopt the CCG policy. **DECISION**: Approved. Upload to the website	**JT 18.5.18**

Formulary Extension

10	**Vivomixx (Live lactic acid bacteria and bifidobacteria food supplement). Presented by Emily Rose.**	
	ERo advised that currently only probiotic is on the formulary which is VSL3. This is approved based on NICE guidance only for pouchitis and it is the only listed item in the ACBS section of the Joint Formulary. An alternative formulation is now available which is more cost effective choice and BSUH would like to switch over to using this product. The committee questioned if it is proposed that Vivomixx replaces VSL3 on the formulary. SG explained that due to the different types of bacteria, it would be beneficial to keep both on the formulary. **DECISION:** Approved – **BLUE** – dietitian recommended. To be added to the Joint Formulary as blue.	**JT 18.5.18**

Shared Care

11	**None**	

Traffic light status change

12	**None**	

NICE TA briefing

13	**None**	

Traffic light status change

14	**NICE Guidance published March 2018**	
	NG87: Attention deficit hyperactivity disorder: diagnosis and management. Noted by the APC. NG88: Heavy menstrual bleeding: assessment and management. Noted by the APC.	

	NG89: Venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism. Noted by the APC.	
	NG90: Physical activity and the environment. Noted by the APC.	
	NG91: Otitis media (acute): antimicrobial prescribing. Noted by the APC. Will update the Abx guidelines when PHE update the national guidance.	
	NG92: Stop smoking interventions and services. Noted by the APC.	
	NG93: Learning disabilities and behaviour that challenges: service design and delivery. Noted by the APC.	
	NG94: Emergency and acute medical care in over 16s: service delivery and organisation. Noted by the APC.	
	QS3: Venous thromboembolism in adults: reducing the risk in hospital. Noted by the APC.	
	QS39: Attention deficit hyperactivity disorder. Noted by the APC.	
	QS47: Heavy menstrual bleeding. Noted by the APC.	
	QS165: Drug misuse prevention. Noted by the APC.	
	QS166: Trauma. Noted by the APC.	**JT 11.5.18**
	TA508: Autologous chondrocyte implantation using chondrosphere for treating symptomatic articular cartilage defects of the knee. Commissioned by NHS England. Add as RED to the joint formulary.	**JT 11.5.18**
	TA509: Pertuzumab with trastuzumab and docetaxel for treating HER2-positive breast cancer. Commissioned by NHS England. Add as RED to the joint formulary.	**JT 11.5.18**
	TA510: Daratumumab monotherapy for treating relapsed and refractory multiple myeloma. Commissioned by NHS England. Add as RED to the joint formulary.	**JT 11.5.18**
	TA511: Brodalumab for treating moderate to severe plaque psoriasis. Commissioned by CCGs. Add as RED to the joint formulary.	**JT 11.5.18**
	TA512: Tivozanib for treating advanced renal cell carcinoma. Commissioned by NHS England. Add as RED to the joint formulary.	**JT 11.5.18**
	TA513: Obinutuzumab for untreated advanced follicular lymphoma. Commissioned by NHS England. Add as RED to the joint formulary.	
	TA514: Regorafenib for previously treated advanced hepatocellular carcinoma. Not recommended.	
	TA515: Eribulin for treating locally advanced or metastatic breast cancer after 1 chemotherapy regimen. Not recommended.	**JT 11.5.18**
	TA516: Cabozantinib for treating medullary thyroid cancer. Commissioned by NHS England. Add as RED to the joint formulary.	

APC admin

15.1	**RMOC South update**	
	No RMOC members present to provide update.	
15.2	**Provider update**	
	BSUH DTC March 2018 minutes attached to the agenda for noting.	

AOB

16		

- SL advised that the CNS chapter needs to be updated regarding the choice of treatment in alcohol detox as oxazepam is not used.
- RS wanted to raise awareness of current known issues in the city with the misuse of alprazolam. It had been raised by a safeguarding lead at BH CCG as they had enquired with the Medicines Management Team regarding alprazolam withdrawal treatment. The committee were advised about a free website called Neptune http://neptune-clinical-guidance.co.uk/ which may be of use.
- JT advised that Benzoyl Peroxide 4% cream had been discontinued. This will be removed from the Joint Formulary. **JT 18.5.18**

Close

17 Date of next meeting

Tuesday 22nd May 2018.
Room G70, Hove Town Hall, Norton Road, Hove, BN3 4AH.