Brighton and Hove
High Weald Lewes Havens
Clinical Commissioning Groups

Brighton Area Prescribing Committee

Minutes

Date: Tuesday 26th June 2018 **Time:** 2-5pm

Location: Room G91, Hove Town Hall, Norton Road, Hove

Members:	
Paul McKenna (PMcK)	Senior Strategic Pharmacist, High Weald Lewes Havens (HWLH) CCG (Chair)
Julia Powell (JP)	East Sussex Local Pharmaceutical Committee Member
Rita Shah (RS)	Prescribing Advisor, BH CCG
Lloyd Ungoed (LU)	Lay Member, BH CCG
Dr Irma Murjikneli (IM)	Clinical Lead Prescribing, HWLH CCG
Dr Zoe Schaedel (ZS)	GP representative, BH CCG
Samantha Lippett (SL)	Lead Antimicrobial Pharmacist, Brighton and Sussex University Hospitals Trust (BSUH)
Brian Chatfield (BC)	Lay Member, HWLH CCG
Dr Riz Mirakowski (RM)	Clinical Lead Prescribing, Horsham Mid Sussex (HMS) CCG
In Attendance:	
Michael Watson (MW)	Senior Medicines Optimisation Pharmacy Technician, HWLH CCG
Emily Rose (ERo)	Lead Dietitian - Primary Care, BH CCG
Scott Sweeney (SS)	Operations Manager, Medicines Management, BH CCG
Neveen Sorial (NS)	Senior Strategic Pharmacist, BH CCG
Kimberly Ho (KH)	Senior Medicines Optimisation Pharmacist, HWLH CCG (left at 15:20)
Fiona Brown (FB)	Pharmacist CHMS CCG
Apologies:	
Michael Okorie (MO)	Associate Medical Director, BSUH
Dr Stewart Glaspole (SG)	Specialist Interface Pharmacist, Brighton and Hove (BH) CCG
Paul Wilson (PW)	Head of Medicines Management / Chief Pharmacist, HWLH CCG and BH CCG (Deputy Chair)
Jade Tomes (JT)	Specialist Pharmacy Technician and APC Secretary, BH CCG
Mike Cross (MC)	Interim Chief Pharmacist BSUH
Not in Attendance:	
Jay Voralia (JV)	Head of Medicines Management, Crawley (C) HMS CCG
Judy Busby (JB)	Chief Pharmacist, Queen Victoria Hospital NHS Foundation Trust (QVH)
Iben Altman (IA)	Chief Pharmacist, Sussex Community Foundation Trust (part)
Ray Lyon (RL)	Chief Pharmacist, Sussex Partnership Foundation Trust (SPFT)

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

Previous meeting and actions

4	**April 2018**	
	The Committee did not sit in May 2018	
	• Prontosan audit – PMcK confirmed that he had received data on the prescribing of Prontosan since it had been added to ONPOS in January. The figures show a 12% increase in items and 9% cost increase which equates to around £40 increased spend per month. The committee agreed that this was acceptable and the action should be marked as complete.	
	• BSUH SCGs – SG in receipt of 1 updated SCG. SG to follow up with BSUH.	**SG 13.7.18**
	• Testogel for women – Dr Rockwell was happy with the Tostran PIL which has been produced but requested some adjustments. The committee agreed that the title of the PIL should be updated to include the brand name Tostran and the strength; any mention of tubes of gel will be removed for clarity as prescribing of the pump canisters is preferred. Within the "how is testosterone given" section further administration details will be added stating that patients should depress the dosing pump once and apply the gel onto non hairy areas such as the inner surface of the forearms or thighs *every other* day. PMcK to arrange adjustments.	**PMcK 13.7.18**
	• Omega 3 – an application for lipid clinic use only will be submitted to the September APC. It has been 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. Outstanding.	**PMcK 13.17.18**
	• NHSE guidance on responsibility for prescribing between primary & secondary/tertiary care – response to Regional Medicines Optimisation Committee (RMOC) on agenda.	
	• Coagucheck XS PT test strip – PMcK confirmed that ePACT could be used to monitor prescribing figures. SL felt that it could still be a good project as it was a small cohort of patients who are very engaged. SL will discuss with AW and put in application for the project to go ahead	**SL 13.7.18**
	• Outpatient prescribing policies – SL advised that these are still ongoing. SL to feedback to the next committee.	**SL 13.7.18**
	• 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 13.7.18**

Polices and Guidelines

6	**Minor conditions for which prescriptions could potentially be restricted – working group outcomes. Presented by Scott Sweeney.**	
	SS joined the committee at 14:15 The committee was advised that this update was for noting only as the working group was granted delegated authority to approve from the Committee. SS gave an overview of the working group notes and outcomes explaining that the joint formulary has been updated with a new green OTC symbol. This symbol links directly to the mission statement that the working group has updated. SS noted that feedback had already been received requesting that the mission statement be updated to make it clear that exemption from the prescription charge does not mean exemption from the new guidelines. The committee agreed with this and it was suggested that the original wording from the NHSE document could be used. The committee noted that campaign materials had been released to GP practices but it was felt the message was not being presented strongly enough. SS explained that the North Place had led on this campaign and the materials had been approved so it would not be possible to amend the content. It was also noted that dentists may routinely be prescribing many of the items included within the guidance so an effort should be made to ensure that they are aware of the changes. The committee questioned how the campaign should be shared with community pharmacies. NS stated that Penny Woodgate had received all the electronic materials and believed that hard copies were due to be distributed imminently to community pharmacies. It was also suggested that materials be shared in Hospital A&E departments and outpatient clinics to ensure a consistent message is being delivered. LU suggested that PPG groups could also be utilised to disseminate information. **ACTION:** SS and JP to liaise with regard to comms for community pharmacy, JP to speak to Penny Woodgate and feedback to the next APC. SS to look into dental prescribing and ways to ensure consistent approach to OTC is maintained across the board. SL to feedback re. hospital actions to promote consistent message. **DECISION:** Already actioned / on website.	**JP 13.7.18** **SS 13.7.18** **SL 13.7.18**

Formulary Extension

8.1	**Xaggitin XL. Presented by Michael Watson.**	
	The committee was advised that as per the TOR a member of SPfT should be present for any submissions concerning mental health, it was however highlighted by RM that there had been supply issues with Matoride and it would be beneficial for prescribers to have a cost effective alternative. PMcK decided that the submission would go ahead on the proviso that RL was informed of the discussion post APC and any actions be postponed until RL had an opportunity to review. MW gave an overview of the submission explaining that whilst Xaggatin was at the same price point as the current formulary first choice Matoride it has a 27mg tablet available which can be helpful for maintaining brand continuity whilst titrating doses.	

	The committee questioned whether the mechanisms were the same and if patients could be freely switched, The committee agreed that confirmation would be sought from RL. The committee questioned if a full switch was planned, MW advised that currently the plan would just be to direct all new prescribing to Xaggatin via OptimiseRx and that SPfT would be initiating treatment on Xaggatin. JP advised that if a full switch was undertaken; 3 months' notice to community pharmacies would be required to ensure they were not left with excess unused stock. The committee noted that stock would not be available via Alliance Healthcare until October, which may mean that Boots are unable to obtain a supply, as Alliance Healthcare are their primary wholesaler. **Decision**: Approved subject to actions – **BLUE** – specialist initiated with info sheet (info sheet specifies generic name so no need to amend) **ACTION:** Confirm availability with Boots and feedback to committee. Confirm with RL if there is any risk of harm if patients switched between different brands of the same strength. To be added to the Brighton Joint Formulary once RL has reviewed and actions complete. OptimiseRx message to be authored/enabled.	**JP 13.7.18** **PMcK 13.7.18** **JT 13.7.18**

8.2 Foodlink Complete. Presented by Emily Rose.

	ERo joined at 4.50pm. ERo gave an overview of the submission explaining that there were currently three powdered milkshakes on the JF but foodlink represented better value for money than those currently favoured. She advised that whilst prescribing of powdered shakes is currently much lower than that of pre-mixed sips such as Fortisip, the medicines management teams in the South Place are planning a piece of work to ensure that patients are using a powdered product whenever possible which should lead to financial savings. ERo advised that if successful, Complan Shake and Ensure Shake would both be removed from the JF and Foodlink would become first line with Aymes shake remaining as an alternative option. The discussion raised concerns that GP's were being asked to prescribe supplements without being provided all the information. SL highlighted that all patients should have a MUST score taken in hospital and suggested that she have this added to discharge summaries as part of the review that is currently taking place at BSUH. ERo also highlighted that the JF currently has pre-thickened supplements and thickeners listed as blue under the recommendation of a dietician, it was requested that the committee consider updating this to be blue on the recommendation of a dietician or speech and language therapist. The rationale for this being that if the current rules were followed the SLT team would need to refer patients to a dietician each time they wanted to prescribe a thickener or pre-thickened supplement. The committee had no objection to this proposal and approved the amendment. **DECISION**: Foodlink Approved – **GREEN** **ACTION:** To be added to the Brighton Joint Formulary as green. ONS guidelines to be updated allowing both dietician and speech and language therapists to recommend use of pre-thickened supplements SL to investigate if MUST score can be added to the discharge summaries as	**JT 13.7.18** **ER 13.7.18** **SL 13.7.18**

	part of the review at BSUH	

8.3	**Aymes Creme, Forticreme Complete and Nutilis Fruit Stage 3 Presented by Emily Rose.**	
	ERo gave an overview of the submission explaining that for the majority of patients the expensive "pudding" type supplements were not suitable as they provide no more benefit to the patient than the many yogurts and puddings that can be readily purchased in the supermarket. She confirmed the SLT team did not favour them as the consistency caused patients to swallow twice in order to clear their mouth. ERo went on to explain that they may be suitable for a small number of renal patients due to the low potassium and phosphate content that would not be available in a supermarket product. Ero advised that Aymes crème represented the best value for money and proposed that they be added to the formulary as Blue only for renal patients on the recommendation of a dietician. The committee were all in agreement to approve the submission. **DECISION:** Approved – **BLUE** – dietitian recommended. **ACTION:** To be added to the Brighton Joint Formulary as blue for renal patients only. . ONS guidelines to be updated.	**JT 13.7.18** **ERo 13.7.18**

Formulary Review

9	**Chapter 5 – Infections. Presented by Samantha Lippett.**	
	SL presented a paper which proposed changes to Chapter 5 of the formulary. The APC agreed to approve all changes highlighted in the paper with the following exceptions which need further discussion, review and or submission to the APC. • A proposed change in the traffic light status of gentamicin 80mg/ml for intra-vesical use. SL to arrange for SCG & change in traffic light status submission to the September APC. • Review to be carried out on the appropriate use of macrolides. Senior medicines Optimisation Pharmacist Ellen Mason to review, update guidelines and aide memoire if necessary and report decision to the September APC. NS said that she would contact Janet Rittman regarding the chlamydia PGD. • SL to review the traffic light status of all TB medications (with the intention to move from blue to red) with the exception of rifampicin for non-TB indications and submit to the APC in September. • After discussion the APC agreed due to cost and patient factors (i.e. freq. of dosing, need to take on an empty stomach) considerations to remove oxytetracycline from the JF for the treatment of acne and replace with lymecycline as 1st line treatment. SL and Ellen Mason to update aide memoire and guidelines as appropriate. **DECISION:** Green items listed above approved, amber and red need further investigation/submission to the APC as per minutes above **ACTION:** SL to discuss Gentamycin, TB meds and macrolides with EM (lead antimicrobial pharmacist) and bring outcomes to a future APC for approval NS to contact Janet Rittman regarding chlamydia PGD Changes as detailed above to be made to the Brighton Joint Formulary Changes as detailed above to be made to the Abx guidelines/aide memoire	**SL 13.7.18** **NS 13.7.18** **JT 13.7.18** **EM 13.7.18**

Shared Care

11	RMOC Shared Care Guideline Q&A	
	PMcK explained that the RMOC South were looking to facilitate the implementation of shared cared guidance, and had requested that APC and DTC's responded with the answer to three questions. 1. Does the area operate an effective shared care process? 2. What are the three main issues that arise that create difficulty at the interface? 3. What are the five most common medicines/classes that create difficulty at the interface?" The committee discussed these three questions in depth and agreed to formulate these answers into a formal response to the RMOS South before the reply deadline of 20th July 2018. **ACTION: Complete questionnaire and forward to RMOC South by 20th July.**	**PMcK 13.07.18**

Traffic light status change

12	Olopatadine (Opatanol) Red to Green	
	SL gave an overview of the submission. The benefits of twice-daily dosing, product license starting at age 3 and cost effectiveness were highlighted. The committee noted that most other formulary options are available to purchase over the counter and that patients should be directed to OTC products first line in line with the new guidelines. RM questioned what the benefit of a topical antihistamine over a patient taking an oral antihistamine, the committee noted that some patients could not or did not wish to take an oral preparation if the problem could be resolved with a topical treatment. SL highlighted that the safety profile of olopatadine was better than oral antihistamines and most other topical preparations. The committee discussed where it would sit in the treatment pathway, it was agreed that self-care/OTC products should be the first line option and patients should only be offered olopatadine after unsuccessfully trying OTC remedies and if they are unable to tolerate oral antihistamines. It was also agreed that it should be first line for children aged between 3 and 6 years old as it is the only licensed topical option. **DECISION:** **GREEN** for patients who have failed with OTC products and are unable to tolerate oral antihistamines. First line for children age 3-6 years. **ACTION:** To be added to the Brighton Joint Formulary as above.	**JT 13.17.18**

NICE TA briefing

13	None	

Traffic light status change

13.1	NICE Guidance published April 2018. Presented by Paul McKenna.	
	CG90: Depression in adults: recognition and management. Noted by the APC. CG137: Epilepsies: diagnosis and management. Noted by the APC	

	CG173: Neuropathic pain in adults: pharmacological management in non-specialist settings. Noted by the APC	
	CG185: Bipolar disorder: assessment and management. Noted by the APC	
	CG192: Antenatal and postnatal mental health: clinical management and service guidance. Noted by the APC	
	NG95: Lyme disease. Noted by the APC	
	NG96: Care and support of people growing older with learning disabilities. Noted by the APC	
	TA517: Avelumab for treating metastatic Merkel cell carcinoma. Commissioned by NHS England. Add as **RED** to the joint formulary.	**JT 13.17.18**
	TA518: Tocilizumab for treating giant cell arteritis. Commissioned by NHS England. Add as **RED** to the joint formulary.	**JT 13.17.18**
	TA519: Pembrolizumab for treating locally advanced or metastatic urothelial carcinoma after platinum-containing chemotherapy. Commissioned by NHS England. Add as **RED** to the joint formulary.	**JT 13.17.18**

13.2	**NICE Guidance published May (and Fast Track June) 2018. Presented by Paul McKenna.**	
	ES17: Chronic obstructive pulmonary disease: beclometasone, formoterol and glycopyrronium (Trimbow). Noted by the APC.	
	MIB145: Point-of-care diagnostic testing in primary care for strep A infection in sore throat. Noted by the APC.	
	QS167: Promoting health and preventing premature mortality in black, Asian and other minority ethnic groups. Noted by the APC.	
	QS168: Cystic fibrosis. Noted by the APC.	
	QS169: Developmental follow-up of children and young people born preterm. Noted by the APC.	
	TA520: Atezolizumab for treating locally advanced or metastatic non-small-cell lung cancer after chemotherapy. . Commissioned by NHS England. Add as **RED** to the joint formulary.	**JT 13.17.18**
	TA521: Guselkumab for treating moderate to severe plaque psoriasis. Commissioned by Clinical Commissioning Groups. Add to the Joint Formulary as **RED**. Blueteq form to be developed and enabled.	**JT/ PMcK 13.17.18**

APC admin

14.1	**RMOC South update. Presented by …**	
	• JP advised that the liothyronine working group appointed by the RMOC south had met in May. JP informed the committee that the group's recommendations were still in draft version awaiting approval. It was noted that no further update could be given until these recommendations had been published and the APC had discussed in relation to the local healthcare economy. It was noted that until that point the position of the APC remained the same, i.e. liothyronine prescribing is not supported in any healthcare setting for unlicensed indications. • JP advised that the RMOC are also looking at polypharmacy and specifically polypharmacy in care homes for which a working group has now been created. The committee noted but had no comments on the RMOC updates that were brought to the APC.	

15.2	Provider update. Presented by…	
	BSUH DTC May 2018 minutes attached to the agenda for noting. QVH MMOGG January 2018 minutes attached to the agenda for noting. SPFT DTG April January 2018 minutes attached to the agenda for noting.	

AOB

16		
	MW gave a brief overview of items for noting by the committee: • Nedocromil has been discontinued and therefore removed from the joint formulary. • Amoxil is no longer the most cost effective way to prescribe amoxicillin following a drop in the generic price. It has therefore been removed from the joint formulary as the preferred brand and OptimiseRx messages have been disabled. • Lidocaine plasters had previously been added to the joint formulary as Black but Green for patients suffering from post-herpetic neuropathy, this was incorrect as it was just a research recommendation so the formulary has now been updated with lignocaine as black for all indications. MW sought approval from the committee for the following items: • Prednisolone Dompe is no longer more cost effective than soluble prednisolone tablets so it is proposed it be removed as a preferred brand and prescribers are directed to soluble tablets. (It was noted that plain prednisolone tablets easily dissolve in water but it would not be appropriate to recommend an off label use when a licensed formulation is available). • Olmesartan is currently on the blacklist due to previous high cost and rationalization of ARB's as it is now available generically cost is no longer of concern so it is proposed that it is removed from the blacklist and becomes non-formulary. **DECISION:** The committee agreed to the above proposals **ACTION:** Formulary amendments to be made as detailed above. It was also proposed that the wording used on information sheets for blue drugs be updated to remove the reference to shared care as it is not applicable. SL requested that extra wording be added to encourage GP's to contact the specialist and discuss the request before declining it. It was agreed that PMcK would work on this and bring it to the next APC. SL highlighted to the APC that BSUH have a new interim chief pharmacist – Mike Cross, he sent apologies today but he expected to regularly attend and it was likely that his role would become permanent in due course.	**JT 13.7.18** **PMcK 13.7.18**

Close

17	Date of next meeting	
	Tuesday 24th July 2018. Room G79, Hove Town Hall, Norton Road, Hove, BN3 4AH.	