Brighton and Hove
High Weald Lewes Havens
Clinical Commissioning Groups

Brighton Area Prescribing Committee

Minutes

Date: Tuesday 24th July 2018 **Time:** 2-5pm

Location: Room G79, Hove Town Hall, Norton Road, Hove

Members:	
Paul McKenna (PMcK)	Principal Pharmacist, High Weald Lewes Havens (HWLH) CCG (Chair)
Iben Altman (IA)	Chief Pharmacist, Sussex Community Foundation Trust (SCFT)
Rita Shah (RS)	Prescribing Advisor, Brighton and Hove (BH) CCG
Lloyd Ungoed (LU)	Lay Member, BH CCG
Dr Zoe Schaedel (ZS)	GP representative, BH CCG
Samantha Lippett (SL)	Lead Antimicrobial Pharmacist, Brighton and Sussex University Hospitals Trust (BSUH)
Fiona Brown (FB)	Pharmacist, Crawley (C), Horsham and Mid Sussex (HMS) CCG
Brian Chatfield (BC)	Lay Member, HWLH CCG
Neveen Sorial (NS)	Principal Pharmacist, BH CCG (Deputy Chair)
Jay Voralia (JV)	Head of Medicines Management, CHMS CCG
Ray Lyon (RL)	Chief Pharmacist, Sussex Partnership Foundation Trust (SPFT)
In Attendance:	
Jade Tomes (JT)	Senior Medicines Optimisation Pharmacy Technician and APC Secretary, BH CCG
Heather Robinson (HR)	Advanced Speech & language Therapist, SCFT
Emily Rose (ER)	Lead Dietitian - Primary Care, BH CCG

Apologies:	
Michael Okorie (MO)	Associate Medical Director, BSUH
Dr Stewart Glaspole (SG)	Specialist Interface Pharmacist, BH CCG
Paul Wilson (PW)	Head of Medicines Management / Chief Pharmacist, HWLH CCG and BH CCG
Mike Cross (MC)	Interim Chief Pharmacist BSUH
Dr Irma Murjikneli (IM)	Clinical Lead Prescribing, HWLH CCG
Julia Powell (JP)	East Sussex Local Pharmaceutical Committee Member (LPC)
Judy Busby (JB)	Chief Pharmacist, Queen Victoria Hospital NHS Foundation Trust (QVH)
Not in Attendance:	
Dr Riz Mirakowski (RM)	Clinical Lead Prescribing, HMS CCG

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

Previous meeting and actions

4	**June 2018**	

	• Formulary review – Chapter 4, CNS was on the agenda.
	• Shared Care Guidelines – SG had been in touch with SL and it was agreed that they would present the updated SCGs at the September meeting.
	• Omega 3 fatty acid compounds – NHSE guidance for CCGs – Alison Warren had written to the Chair advising on the cohort of patients for whom the lipid clinic wish to prescribe omega 3 fatty acids and the criteria for prescribing.
	  ○ Hypertriglyceridemia - Omega 3 fish oils should only be prescribed on the recommendation of the lipid clinic or HIV team for severe hypertriglyceridemia
	  ○ Patients receiving Anti-Retroviral (ARV) treatment - Contact the HIV doctor/HIV pharmacy team for advice
	  ○ Cardiovascular Outcomes - not recommended for this patient group
	The APC agreed to support deprescribing in those patients who did not fall into these patient cohorts. Practicalities of how and who would do the deprescribing was discussed. It was agreed that SL would follow up with Claire (HIV pharmacist at BSUH).
	• Outpatient Prescribing Policies – SL confirmed that the polices were going through the BSUH DTC in September and would be tabled at the September APC for noting.
	• Liothyronine RMOC working group – MO to confirm if there would be mental health representation on the RMOC working group. The RMOC minutes advise that the draft guidance out for consultation with specialists. This will be tabled at the APC when final guidance is published.
	• Coagucheck XS PT test strip – Alison Warren to discuss with HWLH commissioner. PW to update the committee.
	• Testosterone gel for women – Patient Information Leaflet (PIL) from C, HMS was sent to Dr. Susie Rockwell for comment. Minor amendments were made to the PIL. It was agreed that the brand Tostran gel will be added to the leaflet as there is more than one testosterone pump product on the market. The committee approved the PIL and agreed that this would be uploaded to the website with a link added to the formulary. As a result, Testogel sachets will be removed and Tostran gel will be added.
	• Minor conditions for which prescriptions could potentially be restricted – working group outcomes- SS to look into dental prescribing and ways to ensure consistent approach to OTC is maintained across the board. SS did not provide the committee with an update (not present at meeting). JT to follow up and provide update to next committee.
		SL 7.9.18
		
		SL 14.9.18
		
		SL 7.9.18
		
		CLOSED
		
		PW 14.9.18
		
		JT 10.8.18
		
		JT 10.8.18

	• AOB – info sheet template– to be amended. Ongoing. Will be on September agenda. • Responsibility for prescribing between Primary and Secondary Care – PMcK advised that the completed questionnaire had been sent to the RMOC secretary. Members asked that this is shared with them. • Coaguchek XS test strip – Potential for undergrad project. SL advised that this had been discussed. • Xaggatin – RL to confirm if there is any risk of harm if patients switched between different brands of the same strength - awaiting information from Graham Brown. • MUST Score on discharge summaries – SL advised that the weight is on discharge summaries however, it would not be feasible for the MUST score to be noted as some patients are in hospital for <24 hours e.g. acute admissions unit. • Chapter 5 – Infections – discuss Gentamycin, TB meds and macrolides with EM (lead antimicrobial pharmacist) and bring outcomes to a future APC for approval - discussions ongoing. • NS to contact Janet Rittman regarding chlamydia PGD – Stacey Nelson attended the public health and community pharmacy forum. PGDs will now be under the Safety and Quality committee where they will be signed off. It was confirmed that the PGD is for doxycycline as per local specialist advice and guidance. • Infections JF chapter – ongoing as a few things need tying up and the primary care antibiotic guidelines and aide memoir also need to be updated. • Minor conditions for which prescriptions could potentially be restricted – SL advised that the commissioning position had been circulated to staff at BSUH. #helpmyNHS materials and that an Alliance position statement had been sent to the divisional head of nursing for medicine for display in A&E, Urgent Care Centers and outpatient departments. There was a discussion about campaign communications to primary care and community pharmacy. Feedback from a cluster meeting was that the campaign was not well known with GPs and they hadn't received resource materials. It was agreed that this would be followed up outside of the meeting. • Xaggitin XL – JP had posted a message on Kahootz advising that Boots would be able to order through Phoenix wholesaler.	**PMcK 7.9.18** **PMcK 10.8.18** **CLOSED** **RL 10.8.18** **CLOSED** **SL 7.9.18** **CLOSED** **JT 7.9.18** **CLOSED** **CLOSED**

New drug / indication formulary application

5	**None**	

Polices and Guidelines

6.1	**Continuous glucose monitoring systems statement from Surrey PCN. Presented by Paul McKenna.**	
	PMcK advised of the background to this item being presented and read out the statement. He informed members that the South Alliance CCGs had not published a position statement for CGMS before. Members questioned what the current commissioning route was and what had happened previously. It was questioned if this is a contractual issue and whether discussions should take place with contracting in attendance. It was noted that the number of queries and requests for the CCG to fund are on the rise and the publication of a statement would support the CCGs position. It was noted that a business case for CGMS was approved in London. The committee discussed this and it was highlighted that as the NHS England pricing team had confirmed that the CGMS and consumable costs are not excluded from national tariff therefore, the cost of CGM should be met from tariff payments.	

	It was confirmed that the committee could not approve the publication of such policy statement due to the issues raised above. As the CGMS and the consumables are not prescribable, it was questioned if the APC was the correct committee or if the policy statement should be tabled at another committee. The committee agreed that the statement was a factual statement and publishing it would clarify the position. SL asked for opportunity to discuss with her colleagues and get back to Chair. **Decision**: Not approved. **ACTION:** To discuss policy statement with BSUH colleagues and notify PMcK of outcome. PMcK to find out further detail and information of the London business case and bring back to the September APC.	**SL 3.8.18** **PMcK 7.9.18**
6.2	**IDDSI framework and thickener. Presented by Heather Robinson.**	
	HR advised that this item was to alert healthcare professionals to the changes that are happening worldwide to the way thickening textures are described. HR outlined the changes and advised of the support the SCFT Adult Speech and Language Therapy (SALT) team are providing with those changes. She explained that the International Dysphagia Diet Standardisation Initiative (IDDSI) have introduced uniformity in how thickeners are described. Descriptors are on level based system of 0 – 7 which is different to how the UK classified them, in stages. The new descriptor information is printed on all new tins and have a colour coding which matches the descriptors. The transition phase will need to be managed and it is advised that users check the tin as there is old stock in the system which will be dispensed by community pharmacies until this supply is depleted. HR explained the potential risks of patients being transferred from their current stage to a level which is not appropriate (thinner). It was advised that the SALT team have provided training and are raising awareness and upskilling healthcare professionals. HR also advised that Nestle are providing free training to anyone who requests it. HR confirmed that SCFT holds a list of people who are prescribed thickeners and they have communicated the changes to them / their carers. Nursing homes have also been made aware through the rapid response swallowing service. It was highlighted that SCFT only use one product, however BSUH use a different product. It was noted that the use of one thickening product throughout the local health system would be advantageous and minimise the risk of errors. ER advised that from September 2018, BSUH would be moving to a different product which uses the same number of scoops as the SCFT product. This minimises the risk. The committee asked why SCFT have decided to use a more expensive product. It was explained that the SALT team prefer the more expensive product as it is thought to be a more superior product and is more palatable for patients, which improves compliance. The committee asked if Nestle are providing free training that they do not endorse / recommend any of their other products. The communication from SCFT which will be sent to GPs and pharmacists was discussed and approved. **Decision**: Approved for use in Brighton and Hove and High Weald Lewes Havens Clinical Commissioning Groups.	
6.3	**Paediatric vitamin D guidelines. Presented by Emily Rose.**	
	ER advised that the guidelines were up for review and the process for how they were reviewed. ER advised that minor changes have been made to bring them into line with the Scientific Advisory Committee on Nutrition (SACN) recommendations and NICE guidance. ER summarised the changes. It was noted that OTC advice had been added where a maintenance dose is	

	recommended. It was agreed that the OTC symbol would be added to where OTC is mentioned. It was agreed to change "winter months" to "summer months". The committee questioned if the guidance should include information on testing and what would trigger a test, since this information is included in the adult guidance. It was agreed that ER would discuss this with the other authors and bring back for noting to the next APC. It was also agreed that "IU" would be changed to "units (IU)". **Decision**: Approved on the basis that the above changes are made and information on testing is included. **ACTION:** Discuss testing information with authors and include and make the agreed changes.	**ER 7.9.18**
6.4	**Adult vitamin D guidelines – change to product choice. Presented by Emily Rose.**	
	ER advised that the adult guidelines had been recently approved however the introduction of a new flowchart had caused some confusion regarding how to prescribe certain doses as there was no equivalent product listed on the Joint Formulary. See below outcome of the formulary extension requests. It was also noted that the reference to a 1000 unit (equivalent to 25 micrograms Vitamin D_3) product has been removed as this is very costly to the NHS compared to the formulary choice of 800 unit (equivalent to 20micrograms Vitamin D_3) products. **Decision**: Approved **ACTION: To be uploaded to the website**	**JT 10.8.18**

Formulary Extension

7.1	**Vitamin D. Presented by Emily Rose.**	
	Desunin 4,000 units tablets ER explained that this was more cost effective than the 3,200 unit capsules which are currently on the formulary. SL will check the hospital contract arrangements with a view to removing the 3,200 unit capsules from the formulary. **Decision**: Approved – GREEN – suitable for non-specialist initiation. **Plenachol 40,000 unit capsules** ER advised that 2 x 20,000 unit Fultium capsules are more expensive therefore it would be a saving to add the Plenachol 40,000 unit capsules to the formulary. It was noted that the Fultium 20,000 unit capsules are still required to be on the formulary as they are included in the paediatric guidelines. **Decision**: Approved – GREEN – suitable for non-specialist initiation. **Invita D3 50,000 solution** ER advised that Invita D_3 2 x 25,000 unit solution are more expensive therefore it would be a saving to add the Invita D_3 50,000 unit solution to the formulary. It was noted that the Invita D_3 25,000 unit solution is still required to be on the formulary as they are included in the paediatric guidelines. **Decision**: Approved – GREEN – suitable for non-specialist initiation. **ACTION:** Changes to be made to the Joint Formulary.	**SL 9.7.18** **JT 10.8.18**

Formulary Review

9	**Chapter 4 – CNS (Non-MH review only). Presented by Samantha Lippett.**	
	SL explained that comments had been collected from all the relevant specialities in BSUH. A general comment was that the JF structure does not match the new BNF structure. It was also highlighted that many hospital only (red) drugs are not included in the Joint Formulary. SL discussed the suggested changes which were collated in a spread sheet.	

	The committee agreed to add all the proposed red drugs to the formulary. Minor amendments were accepted. It was agreed that palliative care drugs (which were included in the palliative care folder) would be changed to green. Where blue drugs were to be added, it was agreed that these would be discussed further outside of the meeting with Kathryn Steele (author of the CCGs pain guidelines) and that submissions to the APC may be required. The full details of the outcome of the committee discussion was captured on the spreadsheet. **ACTION:** Discuss with Kathryn Steele and make agreed changes to the Joint Formulary.	**JT 10.8.18**

Traffic light status change

10	**None**	

Shared Care

11	**Riluzole Shared Care Guideline. Presented by Jade Tomes**	
	JT explained that this SCG had come up for review. Gill Yates had reviewed the guideline with her colleagues. The only amendment was an update to the SPC link since riluzole is now available generically. It was noted that the new interim chief pharmacist at BSUH should have sight of the guideline and sign it. **Decision**: Approved on the basis that MC signs the guideline. **ACTION: JT to send to MC**	**JT 10.8.18**

NICE TA briefing

12	**None**	

Traffic light status change

13	**NICE Guidance published June 2018. Presented by Paul McKenna.**	
	ES18: Chronic obstructive pulmonary disease: fluticasone furoate, umeclidinium and vilanterol (Trelegy). For information only - Noted by the APC. NG36: Cancer of the upper aerodigestive tract: assessment and management in people aged 16 and over. Update noted by the APC. NG97: Dementia: assessment, management and support for people living with dementia and their carers. Donepezil, galantamine and rivastigmine listed on the Joint Formulary. Noted by the APC. NG98: Hearing loss in adults: assessment and management. Noted by the APC. QS170:Spondyloarthritis. Noted by the APC. TA217: Donepezil, galantamine, rivastigmine and memantine for the treatment of Alzheimer's disease. Update noted by the APC. TA521: Guselkumab for treating moderate to severe plaque psoriasis. Fast Track TA – Discussed at the June APC. TA522: Pembrolizumab for untreated locally advanced or metastatic urothelial cancer when cisplatin is unsuitable. NHS England commissioned. Add to the Joint Formulary as **RED.** TA523: Midostaurin for untreated acute myeloid leukaemia. NHS England commissioned. Add to the Joint Formulary as **RED.**	**JT 10.8.18** **JT 10.8.18**

	TA524: Brentuximab vedotin for treating CD30-positive Hodgkin lymphoma. NHS England commissioned. Add to the Joint Formulary as **RED.**	**JT 10.8.18**
	TA525: Atezolizumab for treating locally advanced or metastatic urothelial carcinoma after platinum-containing chemotherapy. NHS England commissioned. Add to the Joint Formulary as **RED.**	**JT 10.8.18**
	TA526: Arsenic trioxide for treating acute promyelocytic leukaemia. NHS England commissioned. Add to the Joint Formulary as **RED.**	**JT 10.8.18**
	TA527: Beta interferons and glatiramer acetate for treating multiple sclerosis. NHS England commissioned. Add Interferon beta-1a, Interferon beta-1b (Extavia) and Glatiramer acetate to the Joint Formulary as **RED.** (Interferon beta-1b (Betaferon) is not recommended.)	**JT 10.8.18**

APC admin

14	**RMOC South update. Presented by Paul McKenna**	
	• RMOC recommendations were discussed in relation to the safety considerations required when adding insulin preparations to the joint formulary. It was noted that the checklist is generic and could be used when considering other items for inclusion in the formulary. The guidance will be considered if and when new insulins are submitted to the committee.	
15.2	**Provider update. Presented by…**	
	BSUH paracetamol and ibuprofen poster was noted by the committee. SL advised that BSUH spent £26,000 on oral paracetamol alone in the past year. The BSUH DTC June 2018 minutes attached to the agenda for noting.	

AOB

16		
	• Sodium valproate – RL advised of the latest MRHA safety alert which links sodium valproate to birth defects. In the alert, there is an onus on GPs to check that women with child bearing potential and who are prescribed sodium valproate are on the pregnancy prevention programme, are provided with patient information, seen by a specialist within the past year and are on a highly effective form of contraception. RL sought assurance that GPs are checking this. ZS advised that all GPs have received a pack. In her practice a search for patients on the clinical system was done and patients reviewed. NS advised that communications from the CCG would be disseminated. SL also advised that it would be noted at DTC. It was agreed that a centralised search is to be carried out and practices made aware through the bulletin. Practices will be asked to reply confirming that the review of patients has been actioned. It was agreed that whilst patients were waiting for a specialist appointment, they should be put on a highly effective form of contraceptive. • Dupilumab – Fast Track NICE TA due for publication 1st Aug. It was agreed as no APC in August that this would be approved via Chair's action.	**JT 10.8.18**

Close

17	**Date of next meeting**	
	Tuesday 25th September 2018. Room G91, Hove Town Hall, Norton Road, Hove, BN3 4AH.	