

## Brighton Area Prescribing Committee

### Minutes

**Date:** Tuesday 23<sup>rd</sup> October 2018 **Time:** 2-5pm

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

#### Members:

Paul McKenna (PMcK)	Principal Pharmacist, High Weald Lewes Havens HWLH CCG (Chair)
Dr Riz Mirakowski (RM)	Clinical Lead Prescribing, HMS CCG
Lloyd Ungoed (LU)	Lay Member, BH CCG
Dr Zoe Schaedel (ZS)	GP representative, BH CCG
Michael Okorie (MO)	Associate Medical Director, BSUH
Samantha Lippett (SL)	Lead Antimicrobial Pharmacist, Brighton and Sussex University Hospitals Trust (BSUH)
Stephanie Butler (SB)	Principal Pharmacist, Sussex Community Foundation Trust (SCFT)
Stacey Nelson (SN)	Senior Medicines Optimisation Pharmacist, BH CCG
James Atkinson (JA)	Deputy Chief Pharmacist, Sussex Partnership Foundation Trust (SPFT) (from 3pm)
Dr Irma Murjikneli (IM)	Clinical Lead Prescribing, HWLH CCG
Julia Powell (JP)	East Sussex Local Pharmaceutical Committee Member (LPC)

#### In Attendance:

Alison Warren (AW)	Consultant Pharmacist, Cardiology, BH CCG and BSUH (part)
Emily Rose (ER)	Lead Dietitian - Primary Care, BH CCG (part)
Michael Watson (MW)	Senior Medicines Optimisation Pharmacy Technician HWLH CCG

#### Apologies:

Fiona Brown (FB)	Pharmacist, Crawley (C), Horsham and Mid Sussex (HMS) CCG
Judy Busby (JB)	Chief Pharmacist, Queen Victoria Hospital NHS Foundation Trust (QVH)
Dr Stewart Gaspole (SG)	Principal Pharmacist, BH CCG
Jade Tomes (JT)	Senior Medicines Optimisation Pharmacy Technician BH CCG

#### Not in Attendance:

Mike Cross (MC)	Interim Chief Pharmacist BSUH
Paul Wilson (PW)	Deputy Director, Medicines Management, HWLH CCG and BH CCG
Ray Lyon (RL)	Chief Pharmacist, (SPFT)
Iben Altman (IA)	Chief Pharmacist, SCFT
Jay Voralia (JV)	Head of Medicines Management, CHMS CCG

Item No	Item	Action
<b>1</b>	<b>Welcome</b>	
	PMcK welcomed the Committee. Introductions were made. Apologies received from Judy Busby, Stuart Glaspole and Fiona Brown. PMcK noted that the committee was not quorate and that the decisions made would be approved by Paul Wilson post meeting.	
<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	September 2018	
	<ul style="list-style-type: none"> <li>Shared Care Guidelines – agenda item to be discussed.</li> </ul>	<b>CLOSED</b>
	<ul style="list-style-type: none"> <li>Chapter 4 – CNS (Non-MH review only) - JT and KS have met - summary of changes has been sent to SL and amendments made to the JF. An application for Apicapone will be submitted by BSUH separately.</li> </ul>	<b>CLOSED</b>
	<ul style="list-style-type: none"> <li>Members DOIs outstanding – The Chair asked members to complete and submit any outstanding DOI's before the next committee meeting.</li> </ul>	<b>Multiple 09.11.18</b>
	<ul style="list-style-type: none"> <li>Outpatient Prescribing Guidelines – BSUH Medicines Governance Group have noted APC comments and SL confirms final documents have been sent to JT.</li> </ul>	<b>CLOSED</b>
	<ul style="list-style-type: none"> <li>Submission guidance and templates - Link to NHS evidence added to the submission paper and out of date reference sources removed – on agenda.</li> </ul>	<b>CLOSED</b>
	<ul style="list-style-type: none"> <li>Omega 3 fatty acid compounds - SL confirmed that Lawson unit will add clear details about lipid monitoring to the letters they send to GP's following a change of ARV.</li> </ul>	<b>CLOSED</b>
	<ul style="list-style-type: none"> <li>Coagucheck XS PT test strip - Alison Warren has advised that the HWLH LCS will be updated to include details that patients interested in Self-Testing should be referred to BSUH.</li> </ul>	<b>CLOSED</b>
	<ul style="list-style-type: none"> <li>Vitamin D - Desunin 4,000 units tablets – SL advised that it is the intention of BSUH to adopt the CCG vitamin D guidelines, once she has received final version from ER it will be passed the their MGG the formulary will then be aligned.</li> </ul>	<b>SL/ER 09.11.18</b>
	<ul style="list-style-type: none"> <li>Ikervis – JB not present so await update at next meeting.</li> </ul>	<b>JB 09.11.18</b>
	<ul style="list-style-type: none"> <li>Free of Charge medicines schemes – PMcK advised RMOC have put a list of medications together and feels it would be prudent to review the conditions recommended by RMOC. SL confirmed BSUH are looking at this too; both agree it is best to be aligned with RMOC recommendations will await the paper written by the Specialist Pharmacist for High Cost Drugs at BSUH before acting further.</li> </ul>	<b>PMcK SL 09.11.18</b>
	<ul style="list-style-type: none"> <li>NG100: Rheumatoid arthritis in adults: management – SB advised that she and SG had reviewed the guidance and there was nothing new that needs to be brought to the APC.</li> </ul>	<b>CLOSED</b>
	<ul style="list-style-type: none"> <li>Sodium Valproate - clarity on provider process for recalling pts – SL reported that there was not a problem within paed's and that neurology are aware and having discussions on how to manage this. They understand the importance but already have a nine month waiting list. JA advised that all the SPFT consultants had been aware but usage is relatively low in MH</li> </ul>	

	<p>comparatively. He advised that SPFT along with other MH trusts have challenged back the guidance, SL agreed that if Specialist nurses or pharmacists could do the consultation instead of consultants it would be helpful. JA still waiting for clarification if patients referred back in to specialist services should be kept open or if they should be discharged and referred annually. IM raised concerns about the correct forms not being used – JA and SL confirmed that all specialists now know the correct forms to use. JA advised the committee that information had been sent to community pharmacies raising awareness about the importance of providing PIL's. PMcK summarised that patients should continue to be referred to specialist.</p> <ul style="list-style-type: none"> <li>• JA and SL to update committee with any developments about the process for the recall process for sodium valproate patients.</li> </ul> <p>It was noted that comments on the minutes from the September APC had been received following their approval it was requested that “The committee discussed that GPs should document in patient’s notes if they felt that a discussion about effective contraception or a referral to the specialist for a PPP was not appropriate due to learning difficulties etc.; however, it was noted that the specialist review should also include a discussion around alternative, more suitable, treatments available.” Be added to the provider update section – there were no objections.</p>	<p><b>CLOSED</b></p> <p><b>JA SL</b> <b>08.12.18</b></p>
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## New drug / indication formulary application

<b>5</b>	<b>None</b>
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## Formulary extension

### 6.1 Aymes Shake Smoothie, Shake Savoury, Shake Compact , Shake Extra and Foodlink Complete with Fiber. Presented by Emily Rose

	<p>ER Joined the committee. The first proposal was to integrate the blue section of the oral nutrition formulary with the main body of the formulary so it is clear for users and is aligned with the main formulary. This was agreed without question. The second proposal was to replace the current terminology used within the formulary, moving away from the use of “sip feeds” and to the use of “oral nutrition supplements”. This was agreed without question.</p> <p>ER then presented a number of amendments to the formulary as detailed below.</p> <p>Juice Style ONS:</p> <ul style="list-style-type: none"> <li>• Aymes Shake Smoothie to be added as GREEN (1<sup>st</sup> line)</li> <li>• Ensure Plus Juice to change from GREEN to BLUE (2<sup>nd</sup> line)</li> <li>• Fortijuice to change from GREEN to BLUE (HEF patients, 3<sup>rd</sup> line)</li> </ul> <p>Savoury flavoured ONS:</p> <ul style="list-style-type: none"> <li>• Aymes Shake Savoury to be added as GREEN (1<sup>st</sup> line)</li> <li>• Ensure Plus Savoury to remain GREEN (2<sup>nd</sup> line)</li> <li>• Vitasavoury change from GREEN to BLUE (renal patients only)</li> </ul> <p>Low volume Milkshake Style ONS:</p> <ul style="list-style-type: none"> <li>• Aymes Shake Compact to be added as GREEN (1<sup>st</sup> line)</li> <li>• Fortisip Compact to change from GREEN to BLUE (HEF patients and 3<sup>rd</sup> line)</li> <li>• Ensure Compact to be removed for the formulary.</li> </ul> <p>Yoghurt Style ONS:</p> <ul style="list-style-type: none"> <li>• Fortisip Yoghurt Style to remain as BLUE (but 4<sup>th</sup> line)</li> <li>• Ensure Plus Yoghurt Style to remain as BLUE (but 4<sup>th</sup> line)</li> </ul>	
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High protein ONS:

- Fortisip Extra to be REMOVED from fomulary
- Fortisip Compact Protein to remain as BLUE (but for HEF patients and 3<sup>rd</sup> line)

Fibre containing ONS:

- Foodlink Complete with fibre to be added as GREEN
- Fortisip Compact Fibre keep as BLUE (but for HEF patients 2<sup>nd</sup> line)
- Ensure Plus Fibre to be REMOVED

High-energy powdered ONS:

- Aymes Shake Extra – to be added as BLUE (3<sup>rd</sup> line)
- Scandishake Mix – to be REMOVED

ER explained the rationale for the above changes to the committee detailing discussions with the specialist dieticians. The committee noted the general availability of many supplement products or equivalents in supermarkets but recognised the need for the items listed above to be available on prescription. ER explained that patients who require more than the basic level of supplementation should always be under the care of a dietician so the addition of many items as blue was appropriate. RM questioned why Ensure compact had been removed and Fortisip compact had been kept as ensure was more competitively priced. ER explained that this was due to the fact that BSUH had a contract with Fortisip. All formulary changes were agreed by the committee.

ER then advised the committee that the manufacturer (Nutricia) has changed the name and description of the products to make them IDDSI compliant:

- Nutilis Complete Stage 1 will be re-labelled as Nutilis Complete Level 3.
- Nutilis Complete Stage 2 will be re-labelled as Nutilis Complete Crème Level 3.

This was noted by the committee.

ER advised the committee that following the approval of the above the ONS guidelines and quick guide would be updated as would the suite of Optimise Rx messages – it was agreed that there would be no need for the APC to review these again following these minor changes.

**Decision:** Approved – GREEN

**ACTION:** JF, ONS guide, quick guide and Optimise Rx messages to be updated.

ER, JT  
08.11.18

## 6.2 End of Life Considerations in Nutrition and Hydration Care. Presented by Emily Rose.

ER advised the committee that these guidelines had been adapted from the Macmillan Durham Cachexia Pack 2007. They had been reviewed and agreed by the dietitians at SCfT, SPfT and BSUH and by the GP Palliative Care working group. They were developed as there is currently no advice on ONS in palliative care within the ONS Guidelines. It is planned that they will also be added to the Community Palliative Care support folder as there is nothing currently that addresses this issue within the folder.

The committee had no questions about the document.

**Decision:** Approved

**ACTION:** ONS Guide to be update, to be added to Community Palliative Care support folder

ER  
08.11.18

## Polices and Guidelines

<b>7.1</b>	<b>Vitamins and minerals for life after surgery. Presented by Emily Rose</b>	
	<p>ER advised that the committee should adopt the PIL created by the bariatric team at St Richards's hospital so that the same message is given to patients in both primary and secondary care. The committee raised concerns about some aspects of the PIL:</p> <ul style="list-style-type: none"><li>• Should calcium supplements be listed as one twice instead of two once daily?</li><li>• Should iron supplements also be listed as twice daily in cases where two are required?</li><li>• Should B12 injections be removed from the "what to buy section" as this is misleading?</li><li>• Should it be detailed that the dose of multivitamin tablets needed will be higher than that given on the packaging?</li><li>• Does a cost of £1 per day sound too high/controversial?</li></ul> <p>ER advised that patients would be counselled before their surgery about having to take higher than usual doses of vitamins and that they would be self-funding so it was not felt that this would be an issue. ER felt it may be hard to make selective amendments s it is not the CCG's leaflet. SL advised that the authors of the original PIL should be contact and made aware of the APC's comments, with a view to having the original updated and amended.</p> <p><b>Decision:</b> Approved on the basis that St Richards are contacted and the agreed changes are made.</p> <p><b>ACTION:</b> Liaise with St Richards about requested changes return to APC for noting once complete.</p>	<b>ER</b> <b>09.11.18</b>
<b>7.2</b>	<b>Hypertension Guide. Presented by Alison Warren</b>	
	<p>AW explained to the committee that the new guidance was initially developed for use by NMP's running clinics in general practice who had fed back that it was hard to find clear accessible information. She explained that the guide was based on current NICE guidance and it the plan was for the main body to be available as an online document with a set of hardcopy ringed flashcards for use during consultations. The plan is to launch the guide at the upcoming alliance nursing conference.</p> <p>The committee agreed that the guide was a great tool and praised it's clear content and layout, questions were raised about the focus on NICE guidance which is due to be updated next year when more recently published European and American papers are making different recommendations. The committee discussed the benefits of initiating dual vs mono therapy and acknowledged there is a lack of guidelines about initiating dual therapy currently available to prescribers. The committee discussed the benefits of the various different methods of monitoring blood pressure and which were appropriate for which patients. It was not felt that there was enough information around this in the guide. AW and the committee agreed that extra information will be added about home blood pressure monitoring (HBPM), its benefits and when it is appropriate. It was also agreed that the required duration for HPBM would be reduced from 7 to 5 days in line with current recommendations.</p> <p>Concerns were raised about having the flashcards printed off, as the information would undoubtedly be updated periodically. AW felt that the flashcards were an important part of the guide for it to fully support NMP's. It was agreed that version control and clear dating would be utilised to ensure that out of date versions could be easily identified.</p>	

SL suggested that much of the information within the guide could be utilised to create a PIL. AW agreed that this is something she will look into the need and practicality of producing one.

**Decision:** Approved pending minor adjustment detailed above.

**ACTION:** Ensure version control and plan to recover hard copies in place, add information about HBPM and amend HPBM required duration from 7 to 5 days.

**AW**  
**09.11.18**

## Formulary Review

**9**      **None**

### Traffic light status change

#### **10.1**      **Capsaicin Cream change from Blue to Blue/Green. Presented by Michael Watson**

MW explained that Capsaicin (Axsain) 0.075% w/w Cream is currently licenced for two indications, post-herpetic neuralgia after open skin lesions have healed and for painful diabetic peripheral polyneuropathy. The SPC states that specialist input is only required in cases treating diabetic peripheral polyneuropathy. Currently listed on the formulary as BLUE it is proposed that it be changed to dual status to reflect the SPC.

- **GREEN** for post-herpetic neuralgia (after open skin lesions have healed).
- **BLUE** for painful diabetic peripheral polyneuropathy (under direct supervision of a hospital consultant with access to specialist resources).

The committee had no questions.

**Decision:** Approved.

**ACTION:** JF to be updated.

**JT**  
**09.11.18**

#### **10.2**      **Anti-dementia drugs. Presented by James Atkinson.**

JA advised that SPfT are tabling the same requests for amendments to the traffic light coding of anti-dementia drugs across all the APC/DTC's they work with. Those being:

- Donepezil – change from **BLUE** with information sheet to **GREEN**
- Memantine – change from **BLUE** with information sheet to **GREEN**
- Rivastigmine - change from **BLUE** with information sheet to **BLUE** without information sheet
- Galantamine - change from **BLUE** with information sheet to **BLUE** without information sheet

The committee discussed the current MAS pathway with many patients waiting 6 months from referral to treatment. It was suggested that the MAS could initiate prescriptions at the beginning of the pathway as opposed to waiting until imaging had been completed, as this is essentially, what they are asking GPs to do. It was felt by the GP members of the committee that the MAS wasn't just providing diagnosis and medication but support and advice which GP's do not have the time to provide. The suggestion of diagnosing a patient and giving medicine which is not necessarily the best first line treatment and without a firm diagnosis was not seen as ideal by the GPs.

JA advised that NICE guidance was now recommending GP initiation and the request had been driven by prescribers in CWS CCG who felt that they were unable to prescribe treatment even when they were positive it was the correct diagnosis. It was highlighted that donepezil would not have an immediate impact on a patient's life and waiting for a referral would not be detrimental in most cases.

	<p>PMcK suggested that the paperwork had not been seen by all the appropriate people within the CCG and requested that JA liaises with Becky Jarvis and Katherine Steel and then brings an options appraisal back to the APC.</p> <p><b>Decision:</b> Declined  <b>ACTION:</b> JA to bring options appraisal back to APC following discussion with Beck Jarvis and Katherine Steele.</p>	<p>JA  09.11.18</p>
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## Shared Care

<b>11.1 BSUH SCGs. Presented by Samantha Lippett</b>		
	<p>SL advised the committee that following the update of the MSK shared care guidelines BSUH had decided to adopt the same method of presenting them by drug instead of by condition. The committee was hopeful that the same method could be used across the alliance. SL agreed to check online to see if they have now been aligned.</p> <p>SL advised that she was working with JT to ensure specific contact information for various specialists is provided before publishing online.</p> <p>SCGS for: Azathioprine, Ciclosporin, Leflunomide, Methotrexate, Mycophenolate Mofetil (oral) and Sulfasalazine were presented.</p> <p><b>Decision:</b> Approved on the basis that all contact details are present.  <b>ACTION:</b> Upload to the website once the agreed changes have been made.</p>	<p>SL  09.11.18</p> <p>JT  09.11.18</p>
<b>11.2 Esomeprazole Information Sheet Update. Presented by Samantha Lippett</b>		
	<p>SL explained that omeprazole mups and lansoprazole fast tabs can cause blockages of feeding tubes so esomeprazole granules are the product of choice for these situations. The only adjustment that had been made is a change to the contact details however she has noted that the information sheet details usage in patients with Jejunostomies however this is not appropriate as PPI's are absorbed in the duodenum.</p> <p>RS had commented on Kahootz that the wording "shared care agreement" should be removed from point 10 to avoid confusion and that specialist should link to the information sheets in their letters to ensure it is readily available. SL agreed to pass this on to the specialists and it was suggested that links be used in all clinic letters where appropriate.</p> <p><b>Decision:</b> Approved on the basis that references to Jejunostomies and shared care be removed.  <b>ACTION:</b> SL to speak to the specialists regarding comments above. Upload to the website once the agreed changes have been made.</p>	<p>SL/JT  09.11.18</p>
<b>11.3 ADHD Information Sheet Update. Presented by James Atkinson</b>		
	<p>JA advised the information sheet had been updated to include new treatments and cover both children and adults. The committee discussed the potential confusion around brand prescribing and which are and are not interchangeable JA agreed to create a table indicating which brands are interchangeable. It was also discussed that the specialist should give more information to prescribers on appropriate quantities especially if treatment is for school days only. This it was advised should be added to specialist responsibilities. More information was also requested on GP monitoring requirements. It was queried if GP monitoring should be periodic or regular and if the patients were being counselled on the side effects to be aware off and when to seek help when and if these side effects arise.</p> <p><b>Decision:</b> Declined  <b>ACTION:</b> Action amendments as discussed to be actioned and clarification of detail and re submitted for Nov APC.</p>	<p>JA  09.11.18</p>

## NICE TA briefing

12 None

## NICE Guidance

### 13.1 NICE Guidance published September 2018. Presented by Paul McKenna.

NG104: This guideline covers managing acute and chronic pancreatitis in children, young people and adults.  
Noted by the APC

NG105: Preventing suicide in community and custodial settings.  
Noted by the APC

NG106: Chronic heart failure in adults: diagnosis and management.  
Noted by the APC

QS9: Chronic heart failure in adults  
Noted by the APC

QS25: Asthma  
Noted By the APC

QS174: Emergency and acute medical care in over 16s.  
Noted by the APC

QS175: Eating disorders  
Noted by the APC

TA540: Pembrolizumab for treating relapsed or refractory classical Hodgkin lymphoma.

NHS England commissioned (recommendation 1.2 only) – Add to Joint Formulary as **RED**

JT  
09.11.18

TA541: Inotuzumab ozogamicin for treating relapsed or refractory B-cell acute lymphoblastic leukaemia.

NHS England commissioned – Add to Joint Formulary as **RED**

JT  
09.11.15

## APC admin

### 14.1 APC templates

#### Submission guidance and templates

PMcK advised that following discussion at the last meeting a Link to NHS evidence had been added to the submission paper and the out of date reference sources had been removed. The committee agreed to the changes and that it should be reviewed with any change to the TOR.

**Decision:** Approved

**ACTION:** Upload to the website

JT  
09.11.18

## 14.2 RMOC South update. Presented by Paul McKenna

The following RMOC recommendations were noted

- Adalimumab commissioning intentions
- Regional Medicines Optimisation Committee Update September 2018
- RMOC briefing on adalimumab - October 2018

JP advised the committee that she had resigned from the RMOC.

MO informed the committee the RMOC has been undertaking an annual review and it was felt that it needed to build stronger relationships with APC's. He noted that the final liothyronine draft had been sent to the other RMOC's for review so would hopefully be published soon. He explained that the guidance had been difficult and controversial to create and that RMOC representatives were not intended to represent their APC's at RMOC.

## 14.3 Provider update.

Minutes for the QVH MMOGG and SpfT DTG were noted.

PMcK asked other providers to provide minutes of any upcoming meetings.

JA advised that the next SPfT DTC would be on Monday and that they would be having a CQC visit the same day.

MO advised that the BSUH DTC would now be known as MGG

**JA / SL  
23.10.18**

## AOB

### 15

Nil

## Close

### 17 Date of next meeting

Tuesday 27<sup>th</sup> November 2018.  
Room G91, Hove Town Hall, Norton Road, Hove, BN3 4AH.