Brighton and Hove
High Weald Lewes Havens
Clinical Commissioning Groups

Brighton Area Prescribing Committee

Minutes

Date: Tuesday 26th March 2019 **Time:** 2-5pm

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

Members:	
Ciara O'Kane (CO)	Principle Pharmacist, High Weald Lewes Havens (HWLH) CCG (Chair)
Dr Stewart Glaspole (SG)	Principal Pharmacist, Brighton and Hove (BH) CCG (Deputy Chair)
Lloyd Ungoed (LU)	Lay Member, BH CCG
Dr Irma Murjikneli (IM)	Clinical Lead Prescribing, HWLH CCG
Rita Shah (RS)	Senior Medicines Optimisation Pharmacist, BH CCG
Fiona Brown (FB)	Pharmacist, Crawley (C) CCG and Horsham and Mid Sussex (HMS) CCG
Dr Zoe Schaedel (ZS)	GP representative, BH CCG
Iben Altman (IA)	Chief Pharmacist, Sussex Community Foundation Trust (SCFT)
Kristina Fowlie (KF)	Senior Medicines Optimisation Pharmacist, BH CCG
Ashleigh Bradley (AB)	Deputy Chief Pharmacist, C CCG and HMS CCG (part)
Mike Cross (MC)	Chief Pharmacist, Brighton and Sussex University Hospitals Trust (BSUH) (part)
In Attendance:	
Jade Tomes (JT)	Senior Medicines Optimisation Pharmacy Technician BH CCG
Romi Saha (RSa)	Consultant Neurologist/PD specialist, BSUH (part)
Jane Rowney (JR)	Consultant Nurse, Diabetes Care for You (DCFY), SCFT (part)
Stephanie Butler (SB)	Principal Pharmacist, SCFT (part, via phone)
Dr Arsinah Boles	F1 Doctor, HWLH CCG
Su Lim	Senior Medicines Optimisation Pharmacist, BH CCG
Louise Makuvise	Medicines Optimisation Pharmacy Technician BH CCG
Gareth Davies	Medicines Optimisation Pharmacy Technician HWLH CCG
Sabrina Dahlab	Pre-registration Trainee Pharmacist, BSUH
Silouanos Chtistodoulou	Pre-registration Trainee Pharmacist, BSUH

Apologies:	
Paul Wilson (PW)	Deputy Director, Medicines Management, BH CCG and HWLH CCG
Samantha Lippett (SL)	Lead Antimicrobial Pharmacist, BSUH
Judy Busby (JB)	Chief Pharmacist, Queen Victoria Hospital (QVH)
Stacey Nelson (SN)	Senior Medicines Optimisation Pharmacist, BH CCG
James Atkinson (JA)	Deputy Chief Pharmacist, Sussex Partnership Foundation Trust (SPFT)
Ramiz Bahnam (RB)	East Sussex Local Pharmaceutical Committee Member (LPC)

Item No	Item	Action
1	**Welcome**	
	CO welcomed the Committee. Introductions were made. Apologies received from PW, SL, JB, SN, JA and RB.	
2	**Declarations of Interest**	
	As per the register.	
3	**Urgent AOB**	
	None.	

Previous meeting and actions

4	**January 2018**	
	• RMOC liothyronine guidance – CO advised the committee that this action had been passed to her but had not progressed any further.	**CO 12.04.19**
	• ADHD information sheet update – Awaiting action from SPFT. To be presented at a future meeting.	**JA 5.04.19**
	• Anti-dementia drugs – Awaiting action from SPFT. To be presented at a future meeting.	**JA 5.04.19**
	• Free of charge (FOC) medicine schemes – ongoing.	**CO 12.04.19**
	• Vitamins and minerals, life after surgery leaflet – CO advised that she was in discussions with Coastal West Sussex CCG and Western Sussex Hospitals Foundation Trust. The trust wanted to raise the idea of providing 4 weeks of treatment in TTO packs to patients on discharge rather than 6 weeks' worth which patients currently receive post discharge. The APC discussed this and it was noted that patients must be on liquid medications for 6 weeks post-surgery and therefore 6 weeks should be supplied by the hospital. CO would follow this up.	**CO 12.04.19**
	• Flutiform and Spiriva Respimat for asthma – Stacey Nelson had posted onto Kahootz prior to the meeting that Harpreet Ranu, Lead consultant asthma BSUH, was in agreement with the proposal for both items to be added to the JF as Green.	**JT 12.04.19**
	• NACSYS – Stacey Nelson had posted onto Kahootz prior to the meeting that she had obtained feedback from Jo Congleton and Jemma Sanger who advised that carbocisteine liquid and sachets could be removed from the JF. NACSYS was licensed for use in adults only, however the JF does not cater to paediatrics therefore it was felt that a liquid carbocisteine should not be retained for this reason. If the APC wish to keep a liquid formulation listed for use in children, the 250mg/5ml syrup is licensed from 2 years and above. If to be retained, advise listing as only for use in children and not for adult cohort. There is no published guidance surrounding the switching of carbocisteine to NACSYS however JC feels suitable to actively switch patients. The APC agreed to list the carbocisteine 250mg/5ml syrup for use in children only.	**JT 12.04.19**

New drug / indication formulary application

5.1	**Opicapone. Presented by Romi Saha.**	
	Romi Saha joined the committee. He advised that opicapone is a Catechol-O-methyl transferase (COMT) inhibitor licensed as adjunctive therapy to levodopa/DOPA decarboxylase inhibitors (DDCI) preparations in adults with Parkinson's Disease (PD) and end-of dose motor fluctuations who cannot be stabilized on those combinations, or do not tolerate already available treatments (e.g. entacapone/Stalevo®). He advised that the place in therapy would be as a second line COMT inhibitor (COMTi) in patients known to benefit from entacapone (first line) fixed dose combination products (Stalevo®, Sastravi®) but who suffer intolerable dyskinesia's on increasing the L-dopa/DDI component: • Opicapone added to co-beneldopa /co-careldopa allows flexibility with the L-dopa/DDI dose whilst maintaining a fixed COMTi dose • Nb entacapone given separately to L-dopa/DDI is known not to be as effective *cf* if given in fixed combination products eg Stalevo® or Sastravi® Romi Saha highlighted the benefits of opicapone as a once daily preparation which offers a compliance advantage in patients on an already complicated medicine regime. He advised that he had 18 months experience with using opicapone locally and the medicine is listed on the formulary in many other CCGs as second line for those with failure to entacapone. Romi Saha discussed the clinical effectiveness compared to entacapone which was comparable however there is known to be higher incidences of dyskinesia's with opicapone. It was thought that less than 10% of patients would be on opicapone compared to entacapone. It was discussed that tolcapone is another COMTi and opicapone could replace its use in the treatment pathway. It was noted that tolcapone is not listed in the Brighton Joint Formulary. *AB joined the committee at 2.15pm.* It was noted that no special monitoring is required and therefore it is proposed to be added as blue (specialist recommended) on the Joint Formulary. *Romi Saha left the committee.* The committee discussed the application and it was noted that currently opicapone with L-dopa/DDI (co-beneldopa /co-careldopa) is double the price of Sastravi®. Opicapone will not come off patent until 2031. The committee agreed that the evidence for opicapone is strong and there are no notable safety concerns. The committee discussed that if a patient was already taking medicines 5-6 times per day anyway, to give them a medicine which is once daily would be of little advantage to them. Therefore it was agreed that opicapone should be added as blue and used as second line if the patient was experiencing problems with entacapone. **Decision:** Approved – **BLUE** – 2nd line **ACTION:** Add to the Brighton Joint Formulary as **BLUE** (2nd line)	**JT 12.04.19**
6.1	**Ketone testing and sick day rules guidance - Presented by Jane Rowney, Consultant Nurse, diabetes, DCFY.**	
	Jane Rowney joined the committee. JR introduced herself to the committee and explained that the two documents had been put together to help manage patients with type 1 diabetes or type 2 diabetes who were high risk (ketosis prone). The aim is to reduce hospital admissions and reduce the length of illness. The guidance explains how and when to monitor and	

	how to manage with the use of medications. It was noted that an amendment is required on the pathway as 2 boxes are needed to be supplied to those that are newly diagnosed. (As well as the removal of any reference to Freestyle Optium ketone strips [see items below].) *MC left the committee* IA advised that the guidance would need to be approved by the Medicines Safety and Governance Committee at SCFT. **Decision:** Approved (on the basis that amendments are made and that SCFT MSG committee approve with no further changes).	**IA 23.04.19**

Formulary extension

7.1	**GlucoMen Areo Ketone Sensors and KetoSens. Presented by Jane Rowney.**	
	JR explained that in order for patients to monitor their ketones as per the guidance, they need to be able to access ketone test strips on prescription and therefore the application was for two cost effective brands of ketone strips to be added to the Brighton Joint Formulary as Blue (specialist recommendation). The meters used with both ketone strips also have the ability to monitor blood glucose levels. The blood glucose testing strips for these meters are also cost effective at <£10/50 strips. Both meters meet the ISO standards. Both ketone test strips are £9.95/10 and have a shelf life of 18 months. The committee questioned if ketone test strips should be removed from patient's repeat medicines list if they had not been ordered for more than18 months. JR advised that they should be kept on the repeat list as patients need to be able to access them quickly at any given time. The APC agreed that the GlucoMen Areo Ketone and KetoSens strips be added to the Brighton Joint Formulary as Blue. **Decision**: Approved – **BLUE** – specialist recommended. **ACTION:** Add to the Joint Formulary as **BLUE** It was noted that the GlucoMen Areo blood glucose strips are listed on the Joint Formulary however, CareSens blood glucose testing strips (£9.95 / 50 strips) are not and therefore should be added as **GREEN** to allow patients to test both blood and ketones with the one meter.	**JT 12.04.19** **JT 12.04.19**
7.2	**Freestyle Optium ketone test strips. Presented by Jane Rowney.**	
	JR explained that these ketone test strips are for use with the Freestyle Libre system (flash glucose monitoring). It was asked that they are added to the Brighton Joint Formulary for use in those patients who use the Freestyle Libre system and are trained to use the advanced setting of the Freestyle Libre to carbohydrate count and there is significant clinical benefit to have one meter only. JR advised that it is also because the data can be downloaded from the Freestyle Libre system to the same digital upload (Diasend / Libreview). The committee questioned if ketone test strips should be removed from patient's repeat medicines list if they had not been ordered for more than18 months. JR advised that they should be kept on the repeat list as patients need to be able to access them quickly at any given time. The committee discussed the cost of the strips which are more expensive at £21.71/10 compared to the more cost effective ketone test strips. The committee noted the convenience of having one meter to test both ketones and blood glucose and to have the data downloaded in one system however, it is not mandated by the DVLA for these tests (sensor, ketones and blood glucose) to	

be carried out on the same meter and there is no evidence to suggest that this improves patient outcomes. It is also thought that a high proportion of users would be using their smartphone to scan the Freestyle Libre sensor and therefore be carrying an extra device anyway. Which JR confirmed is what patients are currently doing.

The committee concluded that there is no evidence to suggest a benefit or improvement to patient outcomes or safety at this stage. It was agreed that providing a dual meter (blood glucose and ketones) to patients is sufficient for their needs, regardless of if the patient uses the Freestyle Libre system.

The committee however would welcome any evidence and data to be presented at a future meeting.

Decision: not approved
ACTION: none

7.3 Freestyle Optium blood glucose test strips. Presented by Jane Rowney.

JR explained that the Freestyle system also has the ability to test blood glucose and therefore it is asked that Freestyle Optium blood glucose test strips added to the Brighton Joint Formulary for use in those patients who use the Freestyle Libre system and drive.
JR advised that when patients with diabetes are driving, they have to show they have a blood glucose measurement above 4.0mmol/l. This could be done on two separate meters however, the opportunity to use the same system for both sensor and capillary glucose would allow the practitioner and patient to view both pieces of confirmatory data in the same upload (Diasend / Libreview). JR expressed that it was important to be able to evidence when both the sensor and capillary tests were done. The committee questioned how important this was, as patients would act on the blood capillary reading not the sensor. JR advised that not all Freestyle users would be given Freestyle Optium blood glucose testing strips. It would only be offered to those who are driving and experiencing episodes of hypoglycaemia or hyperglycaemia.

The committee questioned what percentage of patients were using their smart phones to read the Freestyle Libre sensors. JR did not know the figure, however she explained that when patients are started on Freestyle Libre, they are all supplied with and trained on the Freestyle Libre system. JR advised that when patients are driving, they should carry a meter to be able to test their capillary glucose level. Currently they would be carrying a separate meter.

The committee questioned what percentage of patients using the Freestyle Libre are drivers. JR didn't know the percentage but expected that it was high as the majority of Freestyle Libre users are of working age.

The committee confirmed that patients currently using the Freestyle Libre system would already be using a secondary device to test their blood glucose levels which is able to be downloaded to Diasend. JR explained to the committee that this data would not be perfectly aligned with the Freestyle Libre sensor reading.

The committee noted the convenience of having one meter to test both ketones and blood glucose and to have the data downloaded in one system, however, it is not mandated by the DVLA for these tests (sensor, ketones and blood glucose) to be carried out on the same meter and there is no evidence to suggest that this improves patient outcomes. It is also thought that a high proportion of users would be using their smartphone to scan the Freestyle Libre sensor and therefore be carrying an extra device anyway.

JR and MC left the committee.

	The committee concluded that there is no evidence, which suggests a benefit or improvement to patient outcomes or safety at this stage. It was agreed that providing a dual meter (and blood glucose and ketones testing strips) to patients is sufficient for their needs, regardless of if the patient uses Freestyle Libre. The committee would welcome evidence and data to be presented at a future meeting. **Decision:** not approved **ACTION:** none	

New drug / indication formulary application and information sheet

8 + 9	**Sildenafil in Raynaud's and Blue information sheet. Presented by Stephanie Butler.**	
	Stephanie Butler dialed in via telephone SB advised that this application was for sildenafil to be added to the Brighton Joint Formulary as Blue (with an information sheet) to be used in Raynaud's phenomena associated with systemic scleroderma (SSc) in adults. Previously sildenafil was not considered cost effective by NHS England however as a generic version is available, they have reconsidered the position of sildenafil in the treatment pathway. The pathway now includes sildenafil 25mg tds increasing to 50mg tds as second line after standard medical treatment with calcium channel blockers, ACE inhibitors, losartan and fluoxetine and before IV prostanoid (usually Iloprost) courses. Sildenafil can also be used in combination with IV prostanoids. SB explained that prostanoids are difficult therapies to use and often needs to be stopped as infusion side effects are poorly tolerated. Use of these drugs also involve a day case admission (3 infusions on 3 consecutive days) which is costly. It was confirmed that the specialist would supply the first month and that no monitoring was required. It would only be the specialist who would increase the dose. *Call with Stephanie Butler was ended.* The committee considered the application and it was highlighted that as this was off-label use of sildenafil, informed consent should be sought from the patient. It was agreed that a line about off-label use be added to point 3 of the consultant / specialist responsibilities and in the indication/s covered section in the information sheet. It was also noted that Crawley CCG was not included in the header of the information sheet. The committee concluded that it is highly efficacious, safer than alternatives further down the treatment pathway and cost effective. **Decision**: Approved – **BLUE** – second line, specialist initiated with information sheet. Information sheet approved on the basis that the above amendments are made. **ACTION:** Add to the Joint Formulary as **BLUE** Amend information sheet as per above. *POST MEETING NOTE:* *SG and JT discussed the sildenafil in Raynaud's application and whether it was necessary for an information sheet to accompany the formulary entry. Members of the Committee were asked if they had any objections to adding sildenafil for use in Raynaud's to the Joint Formulary as blue with no accompanying information sheet. After consultation, it was agreed that no information was required however, a link to the NHS England commissioning policy would be added to the notes section of the JF entry.*	**JT 12.04.19** **SG 15.04.19** **JT 18.04.19**

Policies and guidelines

9	**Freestyle Libre – alignment with NHS England guidance. Presented by Ciara O'Kane**	
	CO advised the committee that NHS England have produced national guidelines to increase uptake and reduce national variation with regards to access. It is proposed that the committee adopt the NHS England position, which would supersede the local position statement in Brighton and Hove and High Weald Lewes Havens CCG. The committee noted that there were differences between the local and national position. The national guidance includes patients with any form of diabetes on haemodialysis on insulin treatment or with CF on insulin treatment. Also those with type 1 diabetes who the MDT determines to have occupational or psychosocial circumstances that warrant a 6 month trial. It was noted that some other CCGs in the country are using Blueteq to monitor uptake and usage. The committee discussed how frequently patients would be reviewed to ensure the system was being used appropriately and patients self-management was improving. It was agreed that the frequency would be confirmed with the specialists. **Decision:** Approved – local position statement to be retired. **ACTION:** upload to the website Confirm frequency of review with providers	**JT 15.04.19** **CO 15.04.19**

Formulary extension

10	**Zerolon barrier cream. Presented by Jade Tomes.**	
	JT advised the committee that this was a request to add Zerolon barrier cream to the Brighton Joint Formulary for use in wound and continence care. Tissue Viability were in support of this proposal having trialed Zerolon and another cost effective alternative. Brighton Bowel and Bladder Team were also supportive of this change. JT proposed to remove Medi Derma-S barrier cream tubes and Cavilon Durable Barrier cream from the formulary and replace was Zerolon. Medi Derma-S barrier cream sachets would remain on the formulary for use in nursing homes for infection control reasons. JT explained that Tissue Viability at BSUH had advised that they use Cavilon (which is supplied via stores) however this was not added to the discharge summary when the patient leaves hospital. JT advised the committee that a message for OptimiseRx would be authored to assist with implementation. **Decision**: Approved – **GREEN** – suitable for non-specialist initiation **ACTION:** Replace Cavilon durable barrier cream and Medi Derma-S barrier cream with Zerolon barrier cream.	**JT 15.04.19**

Traffic light status change

11	**Estriol 0.01% Cream GREEN to Non-formulary. Presented by Jade Tomes**	
	JT advised that this was a request to change the traffic light status for estriol 0.01% cream (previously known as Gynest). The committee were asked to either change the coding to non-formulary, black or green for the indication that Ovestin doesn't have a license for (pruritus vulvae and dyspareunia associated with atrophic vaginal epithelium only). JT informed the committee that she had contacted the local GP with a specialist interest in menopause who advised that she would be in support of the 0.01% being removed from the formulary as it would avoid confusion and stop people being inappropriately given the large volume product which most patients do not like and is messy. JT explained to the committee that despite the products differing in concentrations, they both deliver identical amounts of estriol per application	

	due to the difference in volume however, the cost per application of the 0.01% cream is 10x more. The committee discussed the indications for both products and the patient cohort. It was agreed to remove estriol 0.01% cream from the formulary. It was also agreed to author an OptimiseRx message. **Decision:** Approved – estriol 0.01% cream to be removed from the formulary. **ACTION:** remove estriol 0.01% cream from the formulary.	**JT 15.04.19**

Joint Formulary Chapter Review

12	**Chapter 9 – Nutrition and Blood. Presented by Ciara O'Kane**	
	CO advised that the chapter has been reviewed by a Senior Pharmacist in the medicines management team. There were many comments raised therefore it was agreed that they would be taken outside of the meeting to ratify. CO did highlight one point, which was the request to change the traffic light status of cyanocobalamin (vitamin B12) 50mg tablets from red (specialist only) to green (suitable for non-specialist initiation). The committee advised that there is little evidence for the tablets and B12 injection is preferred treatment. This would be a cost impact to the prescribing budget. It was noted that vitamin and mineral supplementation is a big part of the self-care agenda and therefore it was questioned that if patients are deficient due to diet, they be encouraged to purchase supplementation over the counter. It was also discussed that GP surgeries are keen to prescribe the oral B12 as this would reduce their costs associated with administering the injection. The committee agreed that a submission would be required if the pharmacist wished to make an application to change the colour. RS advised that 1 portion (8g) of Marmite provides 80% of your recommended daily allowance of vitamin B12. The suggestion of adding calcium lactate to the formulary was raised. The committee questioned why this was needed and would welcome an application. **Decision:** to be discussed outside of the meeting with the pharmacist to ratify amendments. **ACTION:** arrange meeting with pharmacist.	**JT / CO 15.04.19**

NICE TA Briefing

13	**None**	

NICE Guidance

14.1	**NICE Guidance published January 2019. Presented by Ciara O'Kane**	
	MTG40 - Mepilex Border Heel and Sacrum dressings for preventing pressure ulcers. For information only as Mepilex Border dressings are listed on the Joint Formulary. NG118 - Renal and ureteric stones: assessment and management. Noted by the APC. NG119 - Cerebral palsy in adults. Noted by the APC. TA555 - Regorafenib for previously treated advanced hepatocellular carcinoma. Commissioned by NHS England. Add to the Joint Formulary as **RED**. TA556 - Darvadstrocel for treating complex perianal fistulas in Crohn's disease. Not recommended. TA557 - Pembrolizumab with pemetrexed and platinum chemotherapy for untreated, metastatic, non-squamous non-small-cell lung cancer. Commissioned by NHS England. Add to the Joint Formulary as **RED**. TA558 - Nivolumab for adjuvant treatment of completely resected melanoma with lymph node involvement or metastatic disease. Commissioned by NHS England. Add to the Joint Formulary as **RED**. TA559 - Axicabtagene ciloleucel for treating diffuse large B-cell lymphoma and primary mediastinal large B-cell lymphoma after 2 or more systemic therapies. Commissioned by NHS England. Add to the Joint Formulary as **RED**.	**JT 15.04.19** **JT 15.04.19** **JT 15.04.19** **JT 15.04.19**

14.2	**NICE Guidance published February2019. Presented by Ciara O'Kane**	
	CG62 - Antenatal care for uncomplicated pregnancies. Update noted by the APC. NG120 - Cough (acute): antimicrobial prescribing. Noted by the APC. KF has reviewed and sent comments to Samantha Lippett. Will be discussed at a future BSUH Antimicrobial Stewardship Group. Any update will be presented to a future APC. QS178 - Sexual health. Noted by the APC. QS179 - Child abuse and neglect. Noted by the APC. QS180 - Serious eye disorders. Noted by the APC. QS181 - Air pollution: outdoor air quality and health. Noted by APC. QS182 - People's experience using adult social care services. Noted by APC. TA560 - Bevacizumab with carboplatin, gemcitabine and paclitaxel for treating the first recurrence of platinum-sensitive advanced ovarian cancer (terminated appraisal). Noted by the APC. TA561 - Venetoclax with rituximab for previously treated chronic lymphocytic leukaemia. Commissioned by NHS England. Add to the Joint Formulary as **RED**. TA562 - Encorafenib with binimetinib for unresectable or metastatic BRAF V600 mutation-positive melanoma. Commissioned by NHS England. Add to the Joint Formulary as **RED**. TA563 - Abemaciclib with an aromatase inhibitor for previously untreated, hormone receptor-positive, HER2-negative, locally advanced or metastatic breast cancer. Commissioned by NHS England. Add to the Joint Formulary as **RED**. TA564 - Dabrafenib with trametinib for treating advanced metastatic BRAF V600E mutation-positive non-small-cell lung cancer (terminated appraisal). Noted by the APC.	**JT 15.04.19** **JT 15.04.19** **JT 15.04.19**

APC admin

15.1	**Regional Medicines Optimisation Committee (RMOC) update**	
	CO noted that no RMOC representatives were present. IA advised the committee that the 'Maintaining patency of central venous catheters in adults: RMOC position statement' was not very clear and is inconsistent with other published guidance. E.g. different central lines have different guidance however, the statement notes use outside of manufacturers' guidance, differs from advice in NICE CG139 and also duplicates information which was published in a previous the NPSA alert. IA asked that the APC feedback to RMOC. It was confirmed that Gill Ells from East Sussex CCGs is our local RMOC representative. The RMOC Newsletter Issue 2 2019 was noted.	**CO 15.04.19**
15.2	**Provider update. Presented by Stewart Glaspole.**	
	BSUH MGG January and February 2019. Points to note include: • Delays to outpatient letters arriving at the GP surgery is currently being investigated. • Lidocaine plaster audit is still outstanding.	

AOB

16		
	• CO advised that as MC left after item 6, the committee was not quorate after that time. Therefore, decisions need to be ratified by BSUH before making final. • CO advised that Flixabi brand (cost effective brand of infliximab) would be added to all the infliximab entries in the Joint Formulary. (Currently only listed in chapter 10, MSK as it was added as part of the chapter review process.) • CO advised that the April committee meeting is due to meet on the Tuesday after the April bank holiday Monday. It was asked if members would be in attendance. It was confirmed that the majority of members would and therefore it would go ahead. • IA advised that ONPOS (Online Non-Prescription Ordering System. Off FP10 route for dressings and wound care) works well in the Brighton and Hove area and a similar system works in the North place. CWS CCG was considering a non-FP10 route and therefore would there be a plan for this to be implemented in HWLH CCG? JT advised that this was explored for HWLH CCG however due to the area already having good control over wound care expenditure and high levels of formulary adherence with the use of a proforma, the financial benefits were minimal and would be offset with the 20% VAT charge which would be applicable. It was noted that there are other advantages not related to the prescribing budget which include reduction of GP workload, reduced delays in accessing treatment and freeing up nurse time as they don't have to chase prescriptions for dressings all leading to better patient care. JT advised that she would raise again.	**MC 5.04.19** **JT 12.04.19**

Close

17	**Date of next meeting**	
	Tuesday 23rd April 2019. Room 181, Hove Town Hall, Norton Road, Hove, BN3 4AH.	