

Brighton Area Prescribing Committee

Minutes

Date: Tuesday 28th May 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 Gaspole (SG)	Principal Pharmacist, Brighton and Hove (BH) CCG (Deputy Chair)
Lloyd Ungoad (LU)	Lay Member, BH CCG
Dr Irma Murjikneli (IM)	Clinical Lead Prescribing, HWLH CCG
Dr Zoe Schaedel (ZS)	GP representative, BH CCG
Ashleigh Bradley (AB)	Deputy Chief Pharmacist, Crawley (C) CCG and Horsham and Mid Sussex (HMS) CCG (part)
Iben Altman (IA)	Chief Pharmacist, Sussex Community Foundation Trust (SCFT)
Tracey-Leigh Smalley (TS)	Senior Medicines Optimisation Pharmacist, HWLH CCG
Kathryn Steele (KS)	Senior Medicines Optimisation Pharmacist, BH CCG
Samantha Lippett (SL)	Assistant Director of Pharmacy - Medicines Governance, Information, Education & Research Brighton and Sussex University Hospitals Trust (BSUH)
Mike Okorie (MO)	Associate Medical Director, BSUH
Iben Altman (IA)	Chief Pharmacist, Sussex Community Foundation Trust (SCFT)
James Wood (JW)	Chair Community Pharmacy Sussex and Surrey (CPSS)

In Attendance:

Jade Tomes (JT)	Senior Medicines Optimisation Pharmacy Technician BH CCG
Scott Sweeney (SS)	Operations Managers, Medicines Management Team, BH CCG
Emily Rose (ER)	Lead Dietitian - Primary Care, BH CCG (part)

Apologies:

Stacey Nelson (SN)	Senior Medicines Optimisation Pharmacist, BH CCG
James Atkinson (JA)	Deputy Chief Pharmacist, Sussex Partnership Foundation Trust (SPFT)
Fiona Brown (FB)	Prescribing Advisor, C, HMS CCGs
Rita Shah (RS)	Senior Medicines Optimisation Pharmacist, BH CCG
Ramiz Bahnam (RB)	East Sussex Local Pharmaceutical Committee Member (LPC)
Judy Busby (JB)	Chief Pharmacist, Queen Victoria Hospital (QVH)
Angharad Parsons (AP)	Thrombosis and Anticoagulation Nurse Specialist, BSUH

Item No	Item	Action
1	Welcome	
	CO welcomed the Committee. Introductions were made. Apologies received from SN, JA, FB, RS, RB, JB and AP	
2	Declarations of Interest	
	As per the register. KS – works for Wellsbourne Healthcare CIC JW – community pharmacy owner	
3	Urgent AOB	
	None.	

Previous meeting and actions

4	April 2019	
	<ul style="list-style-type: none"> • RMOC liothyronine guidance – MO advised that the RMOC are modifying the guidance in response to concerns raised by stakeholders. He explained that the draft guidance moves towards a clear focus on specialist initiation and supervision. The publication of the final guidance is imminent. This would be tabled and published at the APC in the future. 	CLOSED
	<ul style="list-style-type: none"> • Free of charge (FOC) medicine schemes – on the agenda. 	
	<ul style="list-style-type: none"> • ADHD information sheet update – KS advised that she has emailed SPFT as the Committee is awaiting action from them. JA not present. To be presented at a future meeting. 	JA 7.6.19
	<ul style="list-style-type: none"> • Vitamins and minerals, life after surgery leaflet – on the agenda. 	
	<ul style="list-style-type: none"> • RMOC feedback – CO has fed back to Gill Ells (RMOC South CCG representative). The Committee will await a reply from the RMOC. 	Ongoing
	<ul style="list-style-type: none"> • Ketone testing and sick day rules guidance – IA advised that the guidance would be tabled at the SCFT Medicines Safety and Governance Group in July. 	Ongoing
	<ul style="list-style-type: none"> • FreeStyle Libre – confirm frequency of reviews – CO advised that she had received responses from 3 providers, Diabetes Care For You, BSUH and MTW: <ul style="list-style-type: none"> ○ Follow up frequency is unchanged from previously. The minimum the patients get is – <ul style="list-style-type: none"> ▪ Group Libre start - as previously with patient signing contract, letter sent to GP etc. - this is as it was previously. ▪ Then one month telephone follow up with DSN (BSUH sometimes with diabetes dietician) ▪ 3 month DSN follow up (BSUH sometimes with diabetes dietician) ▪ 6 month Consultant follow up. At the 6 month appointment there is a decision made to continue or not the Freestyle Libre and this is communicated by letter to GP. 	

	<ul style="list-style-type: none"> ○ If patient does not attend, the documentation makes it clear that they may have funding for their Libre withdrawn. ○ If a patient meets the relevant criteria at 6 months, then the GP would be notified to continue to issue the prescriptions provided patients continue to demonstrate a benefit at follow up appointments. <p>The Committee questioned if this information included the paediatric cohort. CO advised that she is still awaiting a response from paediatric diabetes team and ESHT and will chase.</p> <ul style="list-style-type: none"> • Dementia information sheet – will be presented at a future APC. 	<p>Ongoing</p> <p>Ongoing</p>
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Polices and Guidelines

5.1	INR Self-Testing Audit. Presented by Angharad Parsons.	
	CO advised the Committee that AP had given apologies that morning therefore; this item would be deferred until next meeting.	
5.2	BSUH Free of Charge (FOC) Scheme. Presented by Sam Lippett	
	<p>SL advised of the background to this item. It was highlighted that the FOC scheme had been updated following comments on the potential impact on activity level, capacity and mitigating risk. A further comment had been received via Kahootz regarding patient's consent to data collection. SL advised that the consent form would be updated to cover this.</p> <p>Decision: Approved on the basis that the consent form is updated. ACTION: Share final version with the Committee</p>	<p>SL 14.06.19</p>
5.3	Vitamins and minerals for life after bariatric surgery patient information leaflet. Presented by Ciara O'Kane	
	<p><i>ER joined the Committee.</i></p> <p>CO advised that she had received a response from WSHT and they have amended the details around when patients should be taking their medications, as there were previously some confusion around the timings. The leaflet had then been further amended due to a comment raised on Kahootz about the dosing of different brands of multivitamins.</p> <p>TS noted that in the paragraph regarding annual blood tests it notes testing for copper and zinc. She believed that these tests are outsourced as difficult and expensive therefore GP should not be doing those tests if discharged from the bariatric service. Also if levels were found to be low, there is no supplementation to provide copper.</p> <p>It was recognised that the products are listed by brand and therefore the content of the product could change. It was acknowledged that by listing the products in this way it was more user friendly and it would be down to the authors to update the leaflet if the product content was to change.</p> <p>The Committee concluded that they would approve the leaflet to be added to the prescribing pages of the BH CCG website on the basis that the copper and zinc blood tests were removed.</p> <p>Decision: Approved on the basis that the copper and zinc blood tests are removed. ACTION: Contact WSHT with the Committee's feedback. Upload to website once changes have been made</p>	<p>CO 4.06.19 JT 14.06.19</p>

Formulary review

6	Specialist Supplements – additional information to be added to the Joint Formulary. Presented by Emily Rose	
	ER advised the Committee that this was a request to update the formulary with more information concerning the specialist supplements. This will provide prescribers with an idea about what each specialist product is used for and the	

<p>suitable patient group. The Committee approved this request.</p> <p>Decision: approved ACTION: Add the additional information to the specialist supplements in the joint formulary</p>	<p>JT 14.06.19</p>
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Formulary extension

7.1 Fortisip 2kcal. Presented by Emily Rose

ER advised the Committee that she was presenting the application on behalf of one of the local home enteral feeding dietitians. ER advised that Fortisip 2kcal is a 200ml bottle feed which is requested to be added to the Joint Formulary only for Home Enteral Feeding (HEF) patients with a FREKA PEG-J (narrow lumen) tube only. This is because similar formulary products (Fortisip Compact) are too viscous and cannot be administered by bolusing in these very narrow tubes. Also, less energy dense feeds (Fortisip bottle) would require a greater number of bottles to be bolused each day which increases the time and work that the patient/carer must spend administering the feed.

It was noted that a small number of patients would require this product and not listing Fortisip 2kcal on the formulary is causing issues for this patient cohort accessing appropriate product.

The Committee discussed the application and agreed to approve as blue (specialist recommended only) for HEF patients with a FREKA PEG-J only.

Decision: approved - **BLUE** – specialist recommended only for Home Enteral Feeding patients with a FREKA PEG-J only

ACTION: Add to the Joint formulary as **BLUE** specialist recommended only for Home Enteral Feeding patients with a FREKA PEG-J only

JT
14.06.19

7.2 Levothyroxine 75mcg tablets. Presented by Jade Tomes

JT informed the Committee of the background to the application. The 75mcg tablets had been on the market for some time and if used vs 50mcg + 25mcg or 3 x 25mcg doses would be a cost saving to the primary care prescribing budget. Prescribing of the 75mcg tablets will also reduce the patient's pill burden and have the potential to improve compliance.

JT explained that the only manufacturer currently making the 75mcg tablets are Teva and community pharmacies are available to order these via AAH wholesalers.

It was noted that use of the 75mcg tablets will be a cost pressure (although minimal) for BSUH however they would be in support of their use due to the reasons stated in the submission.

The Committee concluded that they were in support of the 75mcg tablets being added to the Joint Formulary as Green (in line with the other strengths).

Decision: Approved – **GREEN** – Suitable for non-specialist initiation

ACTION: Add to the Joint Formulary as **GREEN**

JT
14.06.19

7.3 Sukkarto SR 750mg tablets. Presented by Jade Tomes

JT informed the Committee of the background to the application. Sukkarto SR 500mg and 1g are already listed on the Joint Formulary and therefore prescribers are already familiar with prescribing this brand. Sukkarto SR is manufactured by Morningside Pharmaceuticals and will be available from mainline wholesalers from June 2019. Prescribing of Sukkarto SR 750mg will represent a cost saving to the primary care prescribing budget compared to Drug Tariff and originator brand price.

The Committee questioned if there were any plans to promote the use of Sukkarto SR. JT advised that all formulary changes are publicised in the prescribing newsletter ad implemented via OptimiseRx.

SL advised that BSUH had logged a query with Morningside Pharmaceuticals to request the cost to secondary care and wholesaler availability as Sukkarto SR

<p>would be off contract however has not had a response. SL to contact JT if she receives a reply. <i>AB joined the Committee at 2.25pm.</i> The Committee questioned when would Sukkarto SR 750mg be added to the Joint Formulary. JT advised as soon as it became available. The Committee requested assurance from Morningside Pharmaceuticals of the exact launch date and that the supply chain was robust enough to cope with the demand. JT confirmed that she would follow this up. The Committee concluded that they would not approve Sukkarto SR being added to the Joint Formulary until a price to secondary care is known and a confirmed launch date.</p> <p>Decision: Not approved ACTION: Contact Morningside Pharmaceuticals to confirm price to secondary care and launch date.</p>	<p>SL 14.06.19</p> <p>JT 14.06.19</p> <p>JT 14.06.19</p>
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Shared Care

8	None
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New drug / indication formulary applications

9	None
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Traffic light status change

10	None
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NICE TA Briefing

11	None
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NICE Guidance

12	NICE Guidance published April 2019. Presented by Ciara O’Kane
<p>NG123: Urinary incontinence and pelvic organ prolapse in women: management. Noted by the APC. NG124: Specialist neonatal respiratory care for babies born preterm. Noted by the APC. NG125: Surgical site infections: prevention and treatment. Noted by the APC. NG126: Ectopic pregnancy and miscarriage: diagnosis and initial management. Noted by the APC. TA573: Daratumumab with bortezomib and dexamethasone for previously treated multiple myeloma. Commissioned by NHS England. Add to the Joint Formulary as RED. TA574: Certolizumab pegol for treating moderate to severe plaque psoriasis. Commissioned by Clinical Commissioning Groups. Add to the Joint Formulary as RED. TA575: Tildrakizumab for treating moderate to severe plaque psoriasis. Commissioned by Clinical Commissioning Groups. Add to the Joint Formulary as RED. TA576: Bosutinib for untreated chronic myeloid leukaemia (terminated appraisal). Noted by the APC. TA577: Brentuximab vedotin for treating CD30-positive cutaneous T-cell lymphoma. Commissioned by NHS England. Add to the Joint Formulary as RED. NG121: Intrapartum care for women with existing medical conditions or obstetric complications and their babies. Noted by the APC.</p>	<p>JT 14.06.19</p> <p>JT 14.06.19</p> <p>JT 14.06.19</p> <p>JT 14.06.19</p>

APC admin**13.1 Regional Medicines Optimisation Committee (RMOC) update. Presented by Ciara O’Kane.**

- [Regional Medicines Optimisation Committee Newsletter Issue 3 2019](#)
The Committee noted this newsletter.
- [Regional Medicines Optimisation Committee Newsletter Issue 4 2019](#)
The Committee noted this newsletter. It was confirmed that Sodium Oxybate is Blue on the Joint Formulary for the treatment of narcolepsy with cataplexy in adult patients.
- [Principles guiding the decision making about the route of supply of medicines to outpatients: RMOC Guidance](#)
The Committee noted this newsletter. MO advised that BSUH guidance predates the RMOC guidance therefore work will be done to compare both documents.

13.2 Provider update. Presented by Michael Okorie

- BSUH MGG April 2019. Points to note include:
- Tinzaparin shortage continued – TTO packs for enoxaparin now available. IA advised that all stakeholders need to be informed of this kind of change in practice.
 - Medicinal cannabis – BSUH have received multiple requests to prescribe in patients with musculoskeletal disorders with pain e.g. fibromyalgia and other indications such as epilepsy. MO asked the Committee to discuss their experiences of such requests to prescribe. IM advised that she had been asked to prescribe by a patient who was told by the MS society that their GP could prescribe. MO advised that BSUH have a meeting with NHS England to discuss the procedures, pressures and how requests are being managed. LU advised that from the patient perspective the process looks unstructured and disorganized which is being highlighted by the media and putting the local health service in a bad light. BSUH is working on a position statement on the prescribing of medicinal cannabis, which will be shared with the Committee. CCGs have received queries and Freedom of Information requests and would find a position statement of use when answering these queries.
 - Outpatient prescribing policy – MO explained that this is currently not being implemented. The issue is that clinic letters are not getting to GPs within 2 weeks. He advised that it is a very complex issue re. capacity, admin and IT. This is being worked on.
 - Lidocaine audit – MO advised that the audit is currently being undertaken and data is being collected.

AOB**14**

- Nebbaro (Omega 3) capsules branded generic has been discontinued. JT proposed to remove reference to the brand from the Joint Formulary. Work is ongoing to source a suitable cost effective replacement. **JT 14.06.19**
- MO raised a question regarding the Joint Formulary review work plan. It was noted that Skin and Respiratory are the next chapters currently being worked on. It was suggested that SL is contacted when specialist input is required so time to undertake this work can be scheduled. JT to forward previous email trail with the work plan. **JT 30.05.19**

Close**15 Date of next meeting**

Tuesday 25th June 2019.
Room G91, Hove Town Hall, Norton Road, Hove, BN3 4AH.