

Minutes March 2016 Brighton Area Prescribing Committee

Brighton and Hove, High Weald Lewes Havens, Crawley and Horsham and Mid-Sussex CCGs

TIME: 2pm DATE: Tuesday 22nd March 2016 VENUE: Room 1, Level 4, Lanchester House, Brighton

✗ = Not present A = Apologies for absence ✓ = Present

Present

Anne Smith (AS)	Primary Care Development Nurse Brighton and Hove (BH) Clinical Commissioning Group (CCG)	✗
Clare Andrews (CA)	Pharmaceutical Adviser Crawley(C), Horsham and Mid-Sussex (HMS) CCG	✓
David Chapman (DC)	Senior Medicines Optimisation Pharmacist High Weald Lewes Havens (HWLH) CCG	✗
Dr Irma Murjikelni (IM)	Clinical Lead for Medicines Management HWLH CCG	✓
Dr Laura Hill (LH)	GP Clinical Director C CCG	A
Dr Michael Okorie (MO)	Chair of the DTC Brighton and Sussex University Hospitals NHS Trust (BSUH) & Brighton and Sussex Medical School	✓
Dr Riz Miarkowski (RM)	GP Clinical Director HMS CCG	A
Dr Stewart Glaspole (SG)	Specialist Interface Pharmacist BH CCG	✓
Dr Tim McMinn (TM)	GP Clinical Lead Urgent Care and Medicines Management BH CCG	✓
Edward White (EW)	Lay member BH	✓
Fiona Brown (FB)	Prescribing Advisor HMS CCG	✗
Fionnuala Plumart (FP)	Pharmaceutical Advisor BH CCG	✓
Iben Altman (IA)	Chief Pharmacist Sussex Community NHS Trust (SCT)	✗
Janet Rittman (JR)	Pharmaceutical Advisor, Public Health Brighton & Hove City Council	A
Jay Voralia (JVO)	Head of Medicines Management C, HMS CCGs	A
Joanne Pendlebury (JP)	Formulary Pharmacist BSUH	✗

Judy Busby (JB)	Chief Pharmacist Queen Victoria Hospital NHS Foundation Trust (QVH)	✗
Katy Jackson (KJ)	Head of Medicines Management BH CCG	✓
Kevin Solomons (KS)	Head of Medicines Management Surrey Downs CCG	✗
Niall Ferguson (NF)	Chief Pharmacist BSUH	✓
Paul Wilson (PW) <i>Deputy Chair of the APC</i>	Head of Medicines Management HWLH CCG	✓
Penny Woodgate (PWo)	Business Support Manager East Sussex Local Pharmaceutical Committee (LPC)	✓
Ray Lyon (RL)	Chief Pharmacist (Strategy) Sussex Partnership Foundation Trust (SPFT)	A
Rita Shah (RS)	Pharmaceutical Adviser BH CCG	A
Sarah Watkin (SW) <i>Chair of the APC</i>	Head of Strategic Pharmaceutical Commissioning Surrey Downs CCG	✓
Tim Sayers (TS)	Lay member HWLH	✓
Tejinder Bahra (TB)	Lead Commissioning Pharmacist C, HMS CCGs	✓
In Attendance		
Jade Tomes (JT) <i>Secretary of the APC</i>	Specialist Pharmacy Technician BH CCG	A
Kathryn Steele (KSt)	Pharmaceutical Adviser BH CCG	✓
Dr Tanya Preston	GP HWLH	✓
Saima Jahangir	Pre-Registration Pharmacist On rotation at HWLH CCG from BSUH	✓
Lewis Thompson	Pre-Registration Pharmacist On rotation at HWLH CCG from BSUH	✓
Richard Barker	Pharmacy student Brighton University	✓

NOTES**1. Welcome, introductions and apologies**

The chair welcomed the committee.

Apologies received from JT, JR, RM, LH, RS, RL, JV

2. Declarations of Interest

As per register.

TB – as per register – attended a Gastroenterology Network meeting with Warner Chilcott in Jan 2015.

KJ – married to Dr Neil Jackson, consultant gastroenterologist at BSUH

3. Urgent AOB

None.

4. Previous meeting held January 2016 and actions log.

Minutes agreed as accurate.

Update on outstanding actions received for:

- Respiratory guidance

FP advised that she had met with Jo Congleton in March and is awaiting further guidance on who is suitable for LABA/LAMAs which will be shared at the next APC meeting in April.

- Ciclosporin information sheet

JB is not at this meeting.

Action

Follow up with JB re: development of a blue information sheet for ciclosporin eye drops	JT	5.4.16
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- Dressing pack usage

CCGs have sent information on dressing pack usage to IA. IA to update committee at April APC.

Action

Update on dressing pack usage at April APC	IA	April APC
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- Post bariatric surgery

There has been no further update from the lead commissioner of this service (Coastal West Sussex CCG) which will move from being commissioned by NHS England to a CCG commissioned service on 1st April 2016. The APC discussed whether there was a need for an interim statement as there continue to be queries from primary care on the prescribing of vitamin and mineral supplementation post bariatric surgery.

SG informed the APC CCGs had not been made aware that the specification of the service will change when the responsible commissioner changes but the understanding is that under the current specification, providers should provide the required supplementation for 2 years post bariatric surgery (or advise patients to self-fund if appropriate) after which it is the responsibility of the patient's GP.

The APC debated the general principles of providing lifelong supplementation and the issue where patients are discharged post bariatric surgery with a request to primary care to transfer all medication including those for other co-morbidities to a liquid formulation.

It was agreed that an interim statement should be developed indicating that *providers should ensure patient gets vitamins either from them or self-funded for two years, thereafter GPs to continue if providers supplied*. Item to be kept open in order to feedback with updates as required.

Action

Develop an interim statement in regards to the prescribing of supplementation post bariatric surgery	SG	5.4.16
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- BSUH SCG for gastroenterology

SG advised that we are still waiting for possible dates to meet with the gastroenterology directorate pharmacist at BSUH in regards to these shared care guidelines.

Action

Update APC on the development of the paediatric and adult shared care guidelines	SG	April APC
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- SMSKP SCG

IA is not at this meeting but the understanding is that the mycophenolate shared care guideline has been completed.

Actions

Mycophenolate shared care guidelines to be presented at the April meeting	IA	April APC
Add mycophenolate shared care to the agenda for the next meeting	JT	8.4.16

- BSUH SCG for growth hormone

This is an on-going action to meet with Kathy Stott, pharmacist at BSUH to discuss the change of the formulary traffic light status from amber to blue. Please note - NF previously advised that the paediatric pharmacist should also be involved in these discussions.

Action

Arrange meeting with Kathy Stott to discuss growth hormone	SG/TB	April APC
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- Pass through drugs

SG has developed a framework of principles for this project and has asked for agreement from the APC on the questions within the framework.

The APC discussed each question within the principles framework and the APC gave the following feedback:

1. The project involves procuring, prescribing and dispensing certain agreed medicines at BSUH which avoids GP prescribing. The cost will be seen on the HCD data on SLAM as a local arrangement but further work is required on how the project is funded and the associated movement of budgets.
2. The committee discussed the need for clinicians to accept clinical responsibility for prescribing and the appropriateness of potentially referring non-BSUH patients to BSUH for this project. It was agreed that this project should only apply to new and established patients initiated on an agreed medication at BSUH.

Action

To present a comparator of the current costs in primary care and the expected costs in this project using the framework and the drug glycopyrronium.	SG	May APC
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- Naloxegol

This action was updated at the last meeting and will be presented when PCN review is completed.

5. APC Admin

Kahootz Feedback
Presented by Sarah Watkin.

There were 6 responses to the SurveyMonkey questionnaire and the responses were reviewed with the APC to gather any additional thoughts and feedback. It was noted that only 6 APC members responded which is a small number and may reflect the level of engagement with using Kahootz.

Additional feedback from APC members was given:

1 Advantages:

- It is seen as task driven – useful if you have a number of tasks and Kahootz makes it easier to manage with the task list
- Easy to have everything in one place
- See all papers/evidence reviews

- Able to have a 'conversation' with lead authors
- Good to have access to final documents

2 Disadvantages:

- There is a reluctance to review as everyone is then notified
- Screen looks busy and is difficult to view
- Difficult to find papers
- Implications for lay members – potentially greater participation throughout the month
- Notifications unclear
- Difficulty adding comments
- Notification to say that the system cannot accept changes made and to try again later - frustrating
- Access through Explorer is fine but access through Chrome does not seem to allow in-line editing

3 Frustrations

- Reviewers may not wish to share comments with the whole group. There is an ability to message privately which the majority of the committee were unaware of
- How to get rid of overdue reminders and edit home page?
- Need to log in after a few days
- Does platform remember password?

4 Improvements

- Acceptance that using Kahootz is a given for APC work and must therefore be used as such
- Need to use it smarter i.e. personalised and the need to navigate the system faster

5 Further areas for demonstration

- Amend notifications and dashboard main requirements

The APC understand that this system has already been acquired and is used by the CCG. The APC would not wish to go back to using e-mails for this purpose and recognise that change always requires time to understand and utilise fully.

Actions

A 30 minute tutorial to be arranged before the next APC meeting on how to optimise the working environment within Kahootz, mainly managing notifications and personalising settings.	JT	April APC
Repeat the SurveyMonkey questionnaire in 3 months and compare the results	SW	July APC

6. NICE TA briefing

None this month.

7. New drug / indication formulary applications:

None this month.

8. Formulary extensions

Octasa MR tablets. Presented by Stewart Glaspole.

SG explained that the Octasa MR® brand of mesalazine was previously known as Mesren MR® and both have the same enteric coating on the tablets and are considered to have equal bioequivalence. There are cost benefits to using Octasa compared to generic mesalazine and the branded Asacol MR®.

The APC acknowledge that there are examples across the country where patients have been successfully switched from one brand to another were minded to consider the risk of disease flare which may have further consequences in terms of any substitution in treatment although there was a paucity of robust evidence to confirm this risk. Furthermore, the

APC noted that any future programmes to switch brands locally would be appropriately managed, supportive and patient-centred i.e. include patients in the switch process, give appropriate information and a point of contact etc.

The APC noted:

1. Should a programme of switching be initiated then it is important to ensure that community pharmacists are included as they are in a position to counsel patients and be alert for signs of disease flares. It is also important that there is a sustainable supply of the medicine from all major wholesalers.
2. The clinician comments and any potential conflicts of interest. As the process for evaluating evidence reviews and decision making requires the opinion of secondary and/or tertiary care specialists, the APC has asked for additional specialist opinion from trusts where a switch campaign has been successfully implemented.

RECOMMENDATION: Positive – **BLUE** – initiated by a specialist.

Actions

Add Octasa MR tablets to the BH/HWLH/BSUH Joint Formulary	JT	1 st April 2016
Take this recommendation to the CHMS CPMAP	JVO/CA	Next CPMAP
Ask for additional clinician comment from areas where patients have been successfully switched	SG	April APC
Check the use of Octasa in Surrey	SW/TB	April APC

9. Change to traffic light status

None this month.

10. Policies and Guidelines

None this month.

11. Shared care

Riluzole Shared Care Guideline.
Presented by Sarah Watkin.

As there is a licensed liquid preparation of riluzole, the only changes to the shared care guideline are in relation to the inclusion of the licensed liquid preparation and that the new shared care template has been used.

CA has advised of a recent query where a patient with a PEG tube did not wish to crush tablets although this is considered as unlicensed but accepted practice. On contacting the manufacturer of the licensed liquid preparation the advice was that although it is an unlicensed use, the manufacturer has information that the liquid preparation may be used via a PEG tube.

Action

Update the shared care guidelines with additional information from the manufacturer of the licensed liquid preparation in conjunction with Gill Yates	CA/GY	April APC
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Phenelzine Information Sheet.
Presented by Sarah Watkin.

The APC understands that community pharmacists have MAOI cards and that the information sheet will be given to GPs every time this drug is started. In addition the patient will have a PIL with their medicine.

The following comments were made:

1. There was discussion surrounding the risk of hypertensive crisis and whether SPT could be more specific on frequency of blood pressure measurement to be included in the information sheet.
2. Also, the caution section where it states that the patient *should be informed* of the need to stop the medicine before dental work should be changed to 'will be informed'.

RECOMMENDATION - The APC accepts the phenelzine information sheet provided that comment 1 above is considered and comment 2 is included.

Actions

Update the information sheet with the additional information required from the APC	RL	April APC
Change phenelzine to BLUE on the Brighton Joint Formulary and add updated information sheet when available	JT	April APC
Take this recommendation to the CHMS CPMAP	CA/JVO	Next CPMAP

12. Formulary review

Chapter 12 – Skin Final draft version post subgroup meeting for approval.

Presented by Stewart Glaspole.

In response to the APC's request for greater clarity on the changes to this section, SG presented the changes made together with the rationale. The choices are made by considering the following factors:

- If multiple products are available then the most cost effective is the preferred choice with other products of a similar price also included
- Agree with comments from secondary care consultants unless there are conflicting comments
- Follow the advice of the PCDS with the exception of blacklisted medicines (Zyclara). JF to be amended to take this into account and to be in line with NWS. In section 13.6 brand names are removed

RECOMMENDATION - Approved.

Actions

Add latest version of the skin chapter to the BH/HWLH/BSUH Joint Formulary	JT	1 st April 2016
Take the recommended changes to the CHMS CPMAP	CA/JVO	Next CPMAP

13. APC Admin

CHMS ratification update noted by the committee.

14. NICE guidance and TAs

Guidance published in February 2016

Presented by Sarah Watkin.

NG42: Motor neurone disease: assessment and management. Noted by the APC

TA385: Ezetimibe for treating primary heterozygous familial and non-familial hypercholesterolaemia
Commissioned by CCGs.

Action

Alison Warren (author of local lipid guidelines) to amend local guidelines	AW	April APC
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TA384: Nivolumab for treating advanced (unresectable or metastatic) melanoma.
Commissioned by NHS England.

Actions

Add nivolumab to the Brighton Joint Formulary as RED	JT	1 st April 2016
Take this recommendation to the CHMS CPMAP	CA/JVO	Next CPMAP

DG22: Therapeutic monitoring of TNF-alpha inhibitors in Crohn's disease (LISA-TRACKER ELISA kits, IDKmonitor ELISA kits, and Promonitor ELISA kits).

Commissioned by CCGs. Noted by the APC.

DG21: Integrated sensor-augmented pump therapy systems for managing blood glucose levels in type 1 diabetes (the MiniMed Paradigm Veo system and the Vibe and G4 PLATINUM CGM).
Noted by the APC.

QS113: Healthcare-associated infections.
Noted by the APC.

QS114: Irritable bowel syndrome in adults.
Noted by the APC.

NG35: Myeloma: diagnosis and management.
Noted by the APC.

TA383: TNF-alpha inhibitors for ankylosing spondylitis and non-radiographic axial spondyloarthritis
Commissioned by CCGs and reflects current practice.

Actions

Add link to NICE TA 383 to the Brighton Joint Formulary	JT	1 st April 2016
Take this recommendation to the CHMS CPMAP	CA/JVO	Next CPMAP

CG185: Updated Bipolar disorder: assessment and management
Noted by the APC.

CG137: Updated Epilepsies: diagnosis and management
Noted by the APC

QS10: Updated Chronic obstructive pulmonary airways disease in adults
Noted by the APC.

QS9: Updated Chronic heart failure in adults
Noted by the APC

BSUH NICE TA update

TA329: Infliximab, adalimumab and golimumab for treating moderately to severe acute ulcerative colitis after failing conventional therapy.

This has been identified as possibly partially implemented although high cost drugs data suggests that the new medicines for use have been implemented.

Actions

Check implementation of TA329 at BSUH	NF	April APC
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15. Close

- **Will April meeting go ahead due to the planned strike by junior doctors?**

The APC decided to go ahead with the next meeting although there is no guarantee of attendance if the strike proceeds. MO will attend if at all possible and if not, although the meeting will not be quorate, it is possible to ratify the meeting outputs electronically.

NEXT MEETING TITLE: Brighton Area Prescribing Committee

TIME: 2-5pm

VENUE: Room 1, Level 4 Lanchester House, Trafalgar Place, Brighton, BN1 4FU

DATE: Tuesday 26th April 2016