

Minutes April 2016 Brighton Area Prescribing Committee

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

TIME: 2pm DATE: Tuesday 26th April 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)	A
Clare Andrews (CA)	Pharmaceutical Adviser Crawley(C), Horsham and Mid-Sussex (HMS) CCG	✓
Dr Irma Murjikelni (IM)	Clinical Lead for Medicines Management HWLH CCG	✓
Dr Laura Hill (LH)	GP Clinical Director C CCG	✗
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	✓
Dr Stewart Glaspole (SG)	Specialist Interface Pharmacist BH CCG	A
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	✓
Jay Voralia (JVO)	Head of Medicines Management C, HMS CCGs	✓
Joanne Pendlebury (JP)	Formulary Pharmacist BSUH	✗
Judy Busby (JB)	Chief Pharmacist Queen Victoria Hospital NHS Foundation Trust (QVH)	A

Kathryn Steele (KSt)	Pharmaceutical Adviser BH CCG	✓
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	A
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 <i>(Part dialled in)</i>
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	✓
Stephanie Butler (SB)	Senior Medicines Optimisation Pharmacist HWLH	✓
Tim Sayers (TS)	Lay member HWLH	A
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	✓
Valerie Dowley (VD)	Lead Tissue Viability Nurse, Brighton and Hove SCT	✓ <i>(part)</i>
Liz Butterfield (LB)	Consultant Pharmacist BHCCG	✓ <i>(part)</i>

NOTES

1. Welcome, introductions and apologies

The chair welcomed the committee. Apologies received from JB, AS, NF, TS, RS, RL, SG

2. Declarations of Interest

As per register.

3. Urgent AOB

None.

4. Previous meeting held March 2016 and actions log.

Minutes agreed as accurate.

Update on outstanding actions received for:

- Respiratory prescribing guidance for the new formulary LABA/LAMAs – FP advised that she had spoken with Georgina Wingfield at BSUH who advised that they are recruiting a new respiratory pharmacy lead. A priority will be to develop a pathway for LABA/LAMAs once in post along with COPD guideline review. MO advised that the COPD guideline will be added to the DTC work plan to ensure that this picked up at BSUH.
- Riluzole SCG – CA advised that Gill Yates had been made aware of the information received from the manufacturer. It has been agreed that the SCG will be updated and will be approved at a future APC.

5. NICE TA briefing

None this month.

6. New drug / indication formulary applications:

None this month.

7. Formulary extensions

Octasa MR tablets.
Presented by Paul Wilson.

PW advised that at the last meeting it was agreed that Octasa MR tablets be added to the formulary for new patients only as concerns were raised regarding switching existing patients to a different brand and the potential risk of disease flare-up. The committee had previously asked for information of where a switching programme had taken place in another area. It was highlighted that in 2010, the switching of patients on Asacol took place successfully in the Surrey CCGs. This had full backing from the specialists in that area.

The committee discussed this and approved the switching of Octasa MR tablets in existing patients if CCGs wish to undertake one. PW confirmed that CCGs have been running patient centred switching programmes for a number of years and have a safe governance process with regards to managing change in patients' prescriptions. It was proposed that HWLH would pilot this in one practice to ensure that it is successful before rolling out across the CCG. Community Pharmacies would also be informed of any switches, enabling them to offer support to patients if needed. MO asked that this becomes a global approach to switch programmes.

RECOMMENDATION: Positive – **BLUE** – initiated by a specialist. For new **and existing patients**. The APC supports CCGs if they wish to undertake a switching programme in primary care.

Actions:

Add Octasa MR tablets to the BH/HWLH/BSUH Joint Formulary (approved for new and existing patients)	JT	17 th May 2016
Take this recommendation to the CHMS CPMAP	JVO/CA	Next CPMAP

(2.15pm LB joined the committee.)

8. Formulary review

BH and HWLH wound management and elasticated garments formulary.
Presented by Valerie Dowley.

VD explained that the Tissue Viability Nurses (TVNs) are commissioned to provide wound care in nursing homes in Brighton and Hove. She highlighted to the committee the potential for some items to be misused (i.e. antimicrobial dressings) which leads to overspending. There is also a high turnaround of staff within these care settings therefore, there is a need to monitor high end product use and ensure that training is offered regarding appropriate use of dressings.

The TVNs provide education and training to the staff in the homes and have a good relationship with the service. Use of ONPOS facilitates a monitoring process as orders can be reviewed by a TVN. If there is an order which seems excessive or inappropriate, the TVN can offer support and if necessary edit the order. Some orders are automatically reviewed by a TVN as certain products will need their approval before being submitted. HWLH have adopted this formulary and PW advised that the blue coded products will still require TVN approval as the principles are the same regardless of the ordering process (ONPOS or FP10). Silver products listed on the formulary were questioned by the committee. VD advised that there is robust training in Brighton and Hove in the use of silver dressings. LB advised that ONPOS does enforce formulary adherence. Flamazine was mentioned – VD advised that this is not used by the local burns unit and there are reports of inappropriate use. It was noted that CHMS have their own formulary (based on CWS formulary).

Members agreed the formulary changes but it was raised that as there are 3 different formularies for different care settings it could be perceived that patients will be provided with different care. It was highlighted that the monitoring process of the blue items is successful and ensures a high quality level of care from the commissioned TVN service. There is a risk that if all items were green then nursing homes may order all products (as readily available) to keep as stock which could be a risk and lead to mismanagement of stock. It was discussed that if the CCG were to be challenged regarding this, then this would be dealt with as and when.

RECOMMENDATION: Approved for use in BH and HWLH CCG

Actions

Send final version to VD for final checking	JT	4 th May 2016
Upload to website and ensure that the ONPOS products lists reflect the changes	JT	17 th May 2016

Dressing packs.

KJ advised that the Surrey CCGs do not list dressing packs on their formulary as they expect the providers to supply these. LB advised that Surrey have a pharmacist who specialises in wound care and works closely with the local TVNs. Their view is that wherever the care setting is, the basic nursing equipment (including dressing packs) be provided by whoever the provider is, whether this is a nursing home, a GP surgery or out in community. The only exception to this is for children who are receiving chemotherapy, and have a central line where the patients' carers are managing this otherwise, dressing packs are coded as black.

VD advised that SCFT infection control has informed her there is an expectation for a dressing pack to be used for all wound care. The committee discussed that there is a lack of clear guidance regarding when it is appropriate to use a dressing pack (i.e. what requires a sterile field). It was noted that the use of dressing packs has increased since the introduction of ONPOS. This may be down to the fact that the products are readily available and less thought is required in placing an online order compared to processing and signing an FP10. There may be an element of non-wound care related use i.e. in minor operations and procedures where the tariff payment pays for consumables. Also, the new Brighton wound care Locally Commissioned Service payment to practices covers consumables (including dressing packs) however, packs could also be prescribed and additionally costed to the prescribing budget. It was noted that due to the packs now being readily available this may have increased the quality of care provided to the patient. It was agreed that there are many influences on increased usage including an aging population and increase in complex caseload.

IA advised that if there is going to be a change, then this needs to be a commissioning decision. The APC confirmed that patient care or safety must not be compromised. It was agreed that a small subgroup be set up.

Working group are tasked to confirm appropriate use of dressing packs (develop guidelines) and make recommendation on suitable commissioning arrangements. Group to include LB for BHCCG, PW for HWLH, VD for SCT and infection control representative (IA advised that she had sought information from Karen Butler infection control nurse at SCT). LB to ask Surrey pharmacist Lizette for further information on Surrey's decision. CHMS asked not to input but to be informed of the subgroup's progress. It was discussed that any outputs would be SCT wide and therefore, may be of benefit to involve CWS CCG. The APC confirmed that Nurse-It brand of dressing packs will replace Dressit brand on the formulary in the interim.

RECOMMENDATION: Working group to form to advise the APC on appropriate use of dressing packs and responsible commissioner.

Action

Set up working group meeting <i>3pm VD left the committee</i>	JT	4 th May 2016
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9. APC Admin**Future of the Brighton Area Prescribing Committee**

PW advised that discussions have taken place with the BH and HWLH CCG executive teams as to how the introduction of the regional medicines optimisation groups (RMOG) will impact on the Brighton Area Prescribing Committee and the assurance that it remains fit for purpose. It is felt that the current APC format needs to evolve as the function and remit will change, along with the APC responsibilities. The current set up will run until July 2016. The APC will reform in September 2016 and it is hoped that a senior strategic pharmacist will be in post by then to lead on this. The Terms of Reference will be amended to complement those of the RMOG. CHMS advised that they are keen to work with BH and HWLH CCGs as this aligns with the Sustainability and Transformation Plan. However, CHMS advised that having delegated authority at the APC is currently difficult due to the relationship with other providers and neighbouring CCGs. PW advised that HWLH are in a similar position with multiple providers and boarders but do have delegated authority at the APC. It was agreed that a meeting will be arranged with all APC CCGs as to what the APC may look like going forward.

Vensir XL capsules.
Presented by Paul Wilson

3.20pm RL dialled in

PW gave a brief overview of the paper. He advised that Vensir XL capsules are a branded generic of venlafaxine MR which if switched could release significant savings for the health economy. The APC discussed the proposal for a switch programme and it was highlighted that the manufacturer is reputable with a strong supply chain.

RL advised that he has no objection to a switch taking place in community. He highlighted that SPFT do have a contract with another company therefore, inpatients prescribed venlafaxine MR will receive a different brand. Even though any change to local CCG formularies will be communicated at SPFT DTC, RL could not guarantee that prescriptions for venlafaxine will be for Vensir XL brand. It was confirmed that all main wholesalers stock this item.

It was agreed that Vensir XL would replace Venlalic XL and any prescriptions for 225mg would be optimised to 75mg and 150mg.

RECOMMENDATION: Positive – **GREEN** – suitable for non-specialist initiation. For new and existing patients. The APC supports CCGs if they wish to undertake a switching program in primary care.

Actions

Add Vensir XL to the BH/HWLH/BSUH Joint Formulary (approved for new and existing patients) and remove Venlalic XL and note the 225mg dose optimisation.	JT	17 th May 2016
Take this recommendation to the CHMS CPMAP	JVO/CA	Next CPMAP
SPFT teams to be informed of decision and encouraged to use Vensir XL in community	RL	13 th May 2016

9. Change to traffic light status

None this month.

10. Policies and Guidelines

None this month.

11. Shared care**Sussex MSK Partnership****Proposal, Development, Approval, Implementation and Review of Shared Care Guidelines (SCG) Process.****Presented by Iben Altman.**

IA advised that she wished to inform the SMSKP of the process regarding the Brighton APC and SCGs. IA asked that the APC consider the highlighted paragraph 2.3.3. stage 3 approval. It is proposed that the APC would act as the committee to make a final decision if there was a difference of opinion and the SCG could not be smoothly ratified. The APC

suggested that it would be beneficial any draft SCG be presented at the CHMS CPMAP as part of the consultation process before final draft is presented at the APC. It was noted that this currently only applies to SMSKP Central (not East).

Action

Members to comment on paper via Kahootz.	ALL	13 th May 2016
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12. NICE guidance and TAs

Guidance published in March 2016
Presented by Sarah Watkin.

QS120: Medicines Optimisation. Noted by the APC.

TA386: Ruxolitinib for treating disease-related splenomegaly or symptoms in adults with myelofibrosis. Commissioned by NHS England.

Actions

Add Ruxolitinib as RED to the Brighton Joint Formulary (NHSE commissioned)	JT	20.05.2016
Take to CPMAP		

TA23: Updated - Guidance on the use of temozolomide for the treatment of recurrent malignant glioma (brain cancer). Commissioned by NHS England.

Actions

Add Temozolomide as RED to the Brighton Joint Formulary (NHSE commissioned)	JT	20.05.2016
Take to CPMAP		

QS118: Food allergy. Noted by the APC.

QS119: Anaphylaxis. Noted by the APC.

NG44: Community engagement: improving health and wellbeing and reducing inequalities.

QS117: Preventing excess winter deaths and illness associated with cold homes.

NG13: Updated - Workplace health: management practices. Noted by the APC.

CG62: Updated - Antenatal care for uncomplicated pregnancies. Noted by the APC.

BSUH NICE TA update

TA358: Tolvaptan. Clinical lead has liaised with the BSUH NICE facilitator. Implementation is in progress and internal guidelines are currently being written.

CHMS ratification update

Noted by the APC.

13. Close

NEXT MEETING TITLE: Brighton Area Prescribing Committee

TIME: 2-5pm

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

DATE: Tuesday 24th May 2016