

Minutes October 2016 Brighton Area Prescribing Committee
Brighton and Hove CCG and High Weald Lewes Havens CCG

TIME: 2pm DATE: Tuesday 25th October 2016 VENUE: Room 1, Level 4, Lanchester House, Brighton

x = 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	A
Dr Irma Murjikneli (IM)	Clinical Lead for Medicines Management HWLH CCG	✓
Dr Michael Okorie (MO)	Chair of the DTC Brighton and Sussex University Hospitals NHS Trust (BSUH) & Brighton and Sussex Medical School	x
Dr Riz Miarkowski (RM)	GP Clinical Director HMS CCG	✓
Dr Stewart Gaspole (SG)	Specialist Interface Pharmacist BH CCG	✓
Dr Tim McMinn (TM)	GP Clinical Lead Urgent Care and Medicines Management BH CCG	✓
Iben Altman (IA)	Chief Pharmacist Sussex Community Foundation NHS Trust (SCT)	✓
Janet Rittman (JR)	Pharmaceutical Advisor, Public Health Brighton & Hove City Council	x
Jay Voralia (JVO)	Head of Medicines Management C, HMS CCGs	✓
Judy Busby (JB)	Chief Pharmacist Queen Victoria Hospital NHS Foundation Trust (QVH)	✓
Katy Jackson (KJ)	Head of Medicines Management BH CCG	A
Lloyd Ungoad (LU)	Lay member BH	✓
Niall Ferguson (NF)	Chief Pharmacist BSUH	✓
Paul McKenna (PMcK) <i>Chair of the APC</i>	Senior Strategic Pharmacist HWLH and BH CCGs	✓
Paul Wilson (PW)	Head of Medicines Management HWLH CCG	✓

Penny Woodgate (PWo)	Business Support Manager East Sussex Local Pharmaceutical Committee (LPC)	✓
Ray Lyon (RL)	Chief Pharmacist (Strategy) SPFT	A
Rita Shah (RS)	Pharmaceutical Adviser BH CCG	A
Sephora Shaw (SS)	Pharmaceutical Adviser BH CCG	✓
Stephanie Butler (SB)	Principal Clinical Pharmacist for MSK (deputy for Chief Pharmacist) Sussex Community NHS Foundation Trust (SCT)	x
Tim Sayers (TS)	Lay member HWLH	✓
In Attendance		
Jade Tomes (JT) <i>Secretary of the APC</i>	Specialist Pharmacy Technician BH CCG	✓
Ingrid Philpot (IP)	Integrated Clinical Pharmacist HWLH	✓

NOTES

1. Welcome, introductions and apologies

The chair welcomed the committee and confirmed the meeting was quorate. Introductions were made. Apologies received from RS, RL, KJ, CA.

2. Declarations of Interest

As per register. No verbal declarations.

3. APC Admin

Declaration of Interest guidance and associated documents **Presented by Paul McKenna.**

PMcK explained that NHS England have produced statutory guidance on Declarations of Interest that organisations and the committee need to adhere to. The Head of Corporate Business at BH CCG has looked over the proposed APC DOI process and related documents and believes this to be a robust mechanism for managing DOIs within the committee. The definition of a conflict of interest was highlighted to the committee. PMcK advised that a number of changes are needed in order to comply with the updated guidance. These are;

- DOIs collected every 6 months (not annually). It was noted that if members fail to keep their DOI forms up to date then they will not be permitted to partake in any APC meetings/discussions
- members need to inform the Chair of any potential DOIs within 28 days
- DOIs will now be published on the Brighton Area Prescribing Committee webpage (hosted on the Brighton and Hove CCG website)
- the form which is filled out at the beginning of each meeting now expects any gifts or hospitality offered or accepted to be noted
- evidence reviews will now include a cover page explaining the process and highlighting the DOI guidance.

4. Urgent AOB

None

5. Previous meeting held September 2016 and actions log

Minutes agreed as accurate post meeting.

Update on outstanding actions received for:

- ADHD information sheet – approved at Sept meeting, awaiting the documents to be uploaded to the SPFT website.
- COPD guidance – SS advised that the final draft should be submitted at the Nov or Jan APC.
- Insulin glargine abasaglar: IA advised that communications are yet to be sent.
- Sussex MSK Partnership Shared Care Guidelines: The process document has been finalised. Closed.
- Sussex MSKP Shared Care Guidelines - mycophenolate: IA advised that the SCG has been written and is in currently in consultation.
- Supportive medications in radiotherapy – NF advised that a formulary application will be on the Nov agenda
- Continence formulary – a meeting has been arranged with Hillary Chiffins. Outcomes to be discussed next meeting.
- Dressing packs – AS gave update. A working group has met and it was decided to carry out an audit on the use of dressing packs. Results are being collated and will be fed back at a future APC.
- Costed model for procurement of medicines via BSUH – SG advised that this is still on-going.

6. New drug / indication formulary applications

None.

7. Formulary Extension

Enstilar Foam
Dr P Farrant not present.

The Chair advised that Dr Farrant was unable to attend the committee or be available on the phone. PMcK gave a brief summary of the paper. The committee noted that it is a once daily application as opposed to twice daily which could assist with any potential compliance issues. The committee questioned the cost implication and the position of Enstilar foam in the pathway. The committee noted the paper was lacking any details regarding cost vs. the alternative joint formulary choices. Dr Farrant's declaration of interest was highlighted. The committee struggled to see the benefit of including this formulation on the JF.

The APC noted:

The evidence presented suggests that Enstilar is more effective. The safety profile is assumed the same of that of other preparations with the same components. Patient outcomes may be better due to improved compliance and increased engagement with the novel formulation. However, the committee were unsure about how cost effective the preparation is and its place in the treatment pathway.

DECISION: Not approved due to the submission lacking detail regarding cost effectiveness and budgetary impact.

Action

Description	Who	Due Date
Feedback to the author	PMcK	8 th Nov 2016

Cetraben Ointment
Dr P Farrant not present.

As above, PMcK gave a brief summary of the paper. The committee noted that the JF already lists 50/50 ointment and Zeroderm which are considerably more cost effective. (The JF also lists Epaderm and Hydromol.) The decision making criteria was referred to. The committee noted that the paper is lacking a comparison to the Joint Formulary

alternatives and struggled to see the benefit of including this on the JF.

DECISION: Not approved due to the submission lacking detail regarding cost effectiveness and budgetary impact.

Action

Description	Who	Due Date
Feedback to the author	PMcK	8 th Nov 2016

It was noted that it may be of benefit to include the Brighton APC decision making criteria to the application pack so authors are aware of what the committee mark against when making a decision.

Action

Description	Who	Due Date
Add the DMC to the formulary application packs	JT	11 th Nov 2016

Nifedipine for Raynaud's phenomenon.
Presented by Stewart Glaspole.

SG advised the committee that the 10mg capsules are listed on the Joint Formulary but only as red in chapter 7 for use with steroid cover in possible premature labour. The Medicines Management Team have recently received a few requests from rheumatology for use of nifedipine in Raynaud's phenomenon. Nifedipine is highlighted in the CKS for Raynaud's and SG believes that the lack of entry in the Joint Formulary is just an omission. SG advised the committee that the 10mg are currently more cost effective than the 5mgs. Both strengths are needed on the Joint Formulary as the dose needs to be titrated. The committee noted that Adalat branded capsules are currently cheaper than the price of the generic as listed in the drug tariff. The committee agreed to approve the generic however, they supported the promotion of whatever product is most cost effective at any particular time.

DECISION: Positive – **GREEN** – suitable for non-specialist initiation.

Actions

Description	Who	Due date
Add nifedipine to joint formulary as GREEN	JT	11 th Nov 2016

8. Change to traffic light status

Dymista for allergic rhinitis.
Presented by Paul McKenna.

PMcK advised that Dr Tony McGilligan was unable to attend the meeting. He advised that Dymista was being presented to the committee again due to the reduction in price. The new submission for Dymista claims that due to a reduction in price it is now cheaper than its separate component drugs. The committee questioned where this should sit in the treatment pathway. An email from Dr Tony McGilligan was read out to the committee. It stated "he favours Dymista for mild-moderate to severe rhinitis that has defied the use of monotherapy with either intranasal or oral antihistamines". The committee discussed intranasal with oral dual therapy and came to the conclusion that they could not see the benefit of Dymista over this combination. The APC decided to keep as black as they felt oral antihistamines and an intranasal steroid should be used over Dymista.

DECISION: No change in formulary traffic light colour status. Negative – **BLACK** – not suitable for prescribing in any local healthcare setting.

Actions

Description	Who	Due date
Feed back to the author	PMcK	8 th Nov 2016

9. Policies and guidelines

None

10. Shared care

None

11. NICE TA briefing

None

12. Formulary review

- The committee is awaiting the formulary review schedule from BSUH.
- Continence formulary – a meeting has been arranged with Hilary Chiffins for 3rd Nov to clarify the traffic light status.
- SS requested to remove Qvar Beclometasone 250 microgram/dose EasiBreathe from the JF as this is no longer available.

Action

Description	Who	Due date
Remove Qvar Beclometasone 250 microgram/dose EasiBreathe from the JF	JT	11 th Nov 2016

SG advised that he was bringing this item before the committee on behalf of RS who was unable to attend. A request has been raised to review the colour coding decision regarding ethinylestradiol made at the APC in July 2016.

Ethinylestradiol was previously red. The committee discussed the consequences of changing the colour back to Red and agreed that this would just shift the problem elsewhere and not change current practice. It was confirmed the RS has asked for advice from Charring Cross Gender Identity Clinic regarding switching ethinylestradiol to a cost effective alternative.

Action

Description	Who	Due date
Bring switching information from charring cross back to the committee.	RS	Next meeting

13. NICE guidance and TAs

NICE guidance September 2016.
Presented by Paul McKenna.

NG54: Mental health problems in people with learning disabilities: prevention, assessment and management. Noted by the APC.

NG55: Harmful sexual behaviour among children and young people. Noted by the APC.

NG56: Multimorbidity: clinical assessment and management. Noted by the APC.

QS129: Contraception. Noted by the APC.

QS130: Skin cancer: Noted by the APC.

QS131: Intravenous fluid therapy in children and young people in hospital. Noted by the APC.

QS132: Social care for older people with multiple long-term conditions. Noted by the APC.

TA406: Crizotinib for untreated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer. Commissioned by NHS England.

Action

Add to the formulary as RED and link to the TA	JT	11 th Nov 2016
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TA407: Secukinumab for active ankylosing spondylitis after treatment with non-steroidal anti-inflammatory drugs or TNF-alpha inhibitors. Commissioned by CCGs.

Action

Add to the formulary as RED and link to the TA	JT	11 th Nov 2016
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TA408: Pegaspargase for treating acute lymphoblastic leukaemia. Commissioned by NHS England.

Action

Add to the formulary as RED and link to the TA	JT	11 th Nov 2016
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TA409: Aflibercept for treating visual impairment caused by macular oedema after branch retinal vein occlusion. Commissioned by CCGs.

Action

Add to the formulary as RED and link to the TA	JT	11 th Nov 2016
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TA410: Talimogene laherparepvec for treating unresectable metastatic melanoma. Commissioned by NHS England.

Action

Add to the formulary as RED and link to the TA	JT	11 th Nov 2016
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TA411: Necitumumab for untreated advanced or metastatic squamous non-small-cell lung cancer. Commissioned by NHS England however, not recommended.

Action

Add to the formulary as BLACK and link to the TA	JT	11 th Nov 2016
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TA412: Radium-223 dichloride for treating hormone-relapsed prostate cancer with bone metastases. Commissioned by NHS England.

Action

Add to the formulary as RED and link to the TA	JT	11 th Nov 2016
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All updates to TAs/CGs/NGs were noted by the APC

BSUH NICE TA update.

No further update.

14. APC Admin

Terms of reference.

Presented by Paul McKenna.

The comments received from RL via Kahootz were discussed. The following changes were agreed.

- Add "experience" to the mission statement
- Add "To consider the patient experience when making decisions" to the purpose section
- Change "medicines management" to "medicines related" on point 4 in the objectives section
- Change "review" to "highlight" on point 5 in the objectives section
- Change "To maintain oversight of member organisations' prescribing guidelines..." to "To maintain oversight of relevant prescribing guidelines..." on point 9 in the objectives section
- Add "where relevant for the local health economy" to point 10 in the objectives section
- Change "decisions" to "recommendations" on point 11 on the objectives section
- Add "If a majority of 75% could not be reached, a further round of voting would take place involving those members who were not present at the meeting to give them an opportunity to vote. After this, if a 75% majority is still not reached, then the decision will not carry" to section 5.

RMOC response.
Presented by Paul Wilson.

PW summarised the APC response to the RMOC consultation document. There are common themes to the other APC responses submitted to NHS England. PW advised that circa 160 responses have been sent to NHSE and confirmed that the RMOCs will be going ahead however, their timescales for implementation may be delayed (due April 2017). The committee will await further guidance. NHS England will invite applications for local representatives once the RMOC membership and terms of reference are confirmed.

APC policy statements.
Presented by Stewart Glaspole.

SG advised that one of the outputs of the APC has been the production of policy statements for decisions made. This has primarily been to benefit the organisations who were full members but did not have delegated authority. Now the membership has changed and all full members have delegated authority these are no longer required. However, the occasional statement may be produced if the APC believe it to be of benefit e.g. if the APC decide to code a drug as black.

There are many existing policy statements on the Brighton APC webpage and many are coming up to their review date. It was agreed to retire these policy statements as the information is already accessible in the Joint Formulary or in the APC minutes.

Action

Retire the APC policy statements	JT	25 th Nov 2016
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AOB.

PW asked IA for an update on the biosimilars and the Sussex MSK Partnership contract. IA advised that a meeting has been held with the clinicians and there has been engagement with the homecare company. IA confirmed that they will go ahead with all new patients and a plan has been outlined for how they will switch existing patients. JB confirmed that QVH have switched all of their patients over apart from one.

PMcK advised that Trobolt (retigabine) is to be discontinued due to commercial reasons. There has been no use of this in the past 12 months in either BH or HWLH CCG. The APC agreed to remove from the JF.

Action

Remove Trobolt (retigabine) from the JF	JT	11 th Nov 2016
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15. Close

NEXT MEETING TITLE: Brighton Area Prescribing Committee

TIME: 2-5pm

VENUE: **Room G32, Hove Town Hall, Hove, BN3 4AH**

DATE: Tuesday 22nd November 2016