Brighton and Hove CCG
High Weald Lewes Havens CCG

Brighton Area Prescribing Committee

Minutes

Date: Tuesday 24th January 2017 **Time:** 2-5pm
Location: Room G90, Hove Town Hall, Norton Road, Hove

Members:	
Paul Wilson (PW)	Head of Medicines Management, High Weald Lewes Havens (HWLH) CCG (Chair)
Nikki Bristo (NB)	Principal Pharmacist, Sussex Community Foundation Trust (SCFT) (part)
Lloyd Ungoed (LU)	Lay Member, Brighton and Hove (BH) CCG
Penny Woodgate (PW)	Business Manager, East Sussex Local Pharmaceutical Committee
Dr Tim McMinn (TM)	Clinical Lead Prescribing, BH CCG
Rita Shah (RS)	Prescribing Advisor, BH CCG (part)
Tim Sayers (TS)	Lay Member, HWLH CCG
Clare Mace (CM)	Prescribing Advisor, Crawley, Horsham and Mid Sussex CCGs (C, HMS CCGs)
Ray Lyon (RL)	Chief Pharmacist (Strategy) Sussex Partnership Foundation NHS Trust (SPFT)
Dr Riz Miakowski (RM)	Clinical Lead Prescribing, HMS CCG
Niall Ferguson (NF)	Chief Pharmacist, Brighton and Sussex University Hospitals NHS Trust (BSUH)
Judy Busby (JB)	Chief Pharmacist, Queen Victoria Hospital NHS Foundation Trust (QVH)
Dr Stewart Glaspole (SG)	Specialist Interface Pharmacist BH CCG
Sephora Shaw (SS)	Pharmaceutical Advisor, BHCCG
Irma Murjikneli (IM)	Clinical Lead Prescribing, HWLH CCG
In Attendance:	
Jade Tomes (JT)	Specialist Pharmacy Technician, BH CCG (Secretary)
Scott Sweeney (SDS)	Lead Medicines Optimisation Technician, BH CCG (part)
Dr Henry Alexander (HA)	Clinical Lead for Geriatric Medicine at Princess Royal Hospital, BSUH (part)
Martin Turns (MT)	Lead Podiatrist in Diabetes (BH), SCFT (part)
David Broadbent (DB)	Advanced Prescribing Support Dietitian, BHCCG (part)
Bhumik Patel (BP)	Lead Pharmacist Women's and Children's, BSUH (part)
Dr Paul Grant (PG)	Consultant Physician Diabetes & Endocrinology, Clinical Director (East) SCFT (part)
Apologies:	
Paul McKenna (PMcK)	Senior Strategic Pharmacist, HWLH and BH CCGs
Iben Altman (IA)	Chief Pharmacist, SCFT
Dr Michael Okorie (MO)	Associate Medical Director, BSUH
Katy Jackson (KJ)	Head of Prescribing and Medicines Commissioning, BH CCG (Deputy Chair)
Jay Voralia (JV)	Head of Medicines Management, C, HMS CCGs

Item No	Item	Action
1	**Welcome and Apologies**	
	Chair welcomed the committee. Apologies received from PMcK, MO, KJ, JV and IA. NB deputising for IA.	
2	**Declarations of Interest**	
	As per register. No verbal declarations were made.	
3	**Urgent Any Other Business**	
	None	
4	**Previous Meeting and Actions**	
	• Brivaracetam – post meeting note has been added to the November minutes. Brivaracetam may be considered for refractory patients in whom first line and adjunctive AED options as outlined in NICE CG 137: appendix E: Pharmalogical treatments have failed. Brivaracetam has now been added to the Joint Formulary as blue. • Insulin degludec – results of questionnaire to come back to APC. NF is awaiting these and they will be presented at a future meeting. • Gain advice from Charring Cross Gender Identity Clinic regarding switching ethinylestradiol to a cost effective alternative – RS advised that she has received no reply from Charring Cross GIC or West London. An endocrinologist from Worthing had replied to RS and advised that ethinylestradiol was appropriate for younger Turner's syndrome patients however, as they mature there is a potential to switch to combination patches. It was agreed that the APC would like to be notified of any response from the GICs or specialised commissioning. • Dressing packs – Audit results have been collated and paper will be on Feb APC agenda.	CLOSED NF RS and PMcK AS and JT

Policies and Guidelines

5	**Circadin MR tablets patient information leaflet – Presented by Scott Sweeney**	
	SDS advised the committee that the leaflet had already been discussed at the APC in November 2016 and the leaflet has been reworded based on the committee's previous comments. SDS asked the committee if providers knew about the translation services available as the leaflet includes a generic statement about offering the information in a language other than English, in braille and in larger print. The committee members confirmed that their communications department would be able to assist with this. The committee discussed who the leaflet would be given to and when. The community pediatric team (SCFT) would be more likely to use this leaflet. NB advised that she would follow this up with IA and the SCFT logo would be added if agreed. The committee discussed the off label use of Circadin MR if the tablets are crushed or halved and unlicensed use in patients who are under the age of 65. The leaflet doesn't state any information about it being off label or being used in an unlicensed way. The committee noted that the prescriber should have already discussed this with the parent/carer on initiation but it wouldn't do any harm to include a line in the leaflet regarding this to support the message. **DECISION: Approved for local implementation on the basis that the above changes are made.** Leaflet to be amended and circulated to SCFT. Circadin MR tablets PIL to be added to the BHCCG website with a link included in the formulary.	NB 07.02.2017 SDS 10.02.2017 JT 17.02.2017

Changes to traffic light status

6	Denosumab BLUE to GREEN – Presented by Dr Henry Alexander	
	HA explained the reasons for the submission. He advised that Denosumab is currently being initiated in hospital however, there are a lack of resources, facilities and space to continue providing this service. The current process is for patients to be referred to the hospital for assessment and they would then be invited to attend a second consultant appointment for the 1st dose. The committee felt that using a second hospital appointment was not cost-effective or convenient for patients. HA believed that due to the current service set up, eligible patients are missing out on treatment. (Estimated 10 patients per month.) Funding for primary care to provide this treatment was discussed. It was confirmed that funding to support monitoring and administration was included in the locally commissioned service to enable primary care to initiate this. It was agreed that an information sheet would still be required if changed to green. The committee confirmed that denosumab should only be initiated in those patients who meet the NICE TA 204 criteria (unable to comply with, intolerant to or where contraindication to alendronate and risedronate), as there may be cost implications if NICE was not adhered to. **DECISION: Approved – GREEN – suitable for non-specialist initiation.** Denosumab entry to be amended in the JF to green, with addition of NICE criteria in notes section noted above. Information sheet to be amended to reflect the change in colour.	JT 10.02.2017 SG 10.02.2017

Policies and Guidelines

7.1	Painful diabetic neuropathy guidelines – Presented by Martin Turns	
	MT gave a summary of the guidelines. He advised that these guidelines have been used for many years however, they needed to be presented to the APC for approval, as it was required that they are published onto the CCG website. The committee noted that a newer version had been circulated on v2 of the agenda via Kahootz. The committee noted the differences. The committee discussed the dosing of gabapentin and titration in the elderly. It was agreed to add a line regarding caution in this age group. Tramadol and the latest NICE guidance was discussed. Guidelines state for acute rescue therapy. The committee advised that it would be useful to have this time period defined to a maximum. It was agreed to seek advice from the local pain specialist regarding this. **DECISION: Approved for local implementation on the basis that a maximum duration for the use of tramadol for rescue therapy is obtained by the local pain specialists.** Painful diabetic neuropathy guidelines to be added to the BHCCG website with a link included in the formulary.	MT 03.02.2017 JT 10.02.2017
7.2	**ONS guidelines – Presented by David Broadbent**	
	DB gave a summary of the guidelines. He explained that locally there is currently no clear pathway for the prescribing of nutritional supplements. Annual spend is £1 million in BH CCG alone. It is hoped that the implementation of this guideline will promote the use of food as treatment, food fortification and appropriate use of cost effective SIP feeds alongside a management plan and stopping where necessary. DB explained that during the development of the ONS guidelines, guidelines	

	from other areas and PrescQIPP have been reviewed. The local guidelines have been out to consultation with BSUH, the community trust and MMT colleagues. DB advised that there were two other papers being presented at the committee (change in traffic light status and formulary extension). Those papers would need to be approved in order for the guidelines to work. The committee noted that on page 5 against the product choices, it would be clearer to have the indications noted first before the dosing instructions. Db agreed to make this amendment. It was confirmed that these guidelines are unique to BH CCG only as HWLH CCG commission their dietetic services from SCFT. PW advised that he will follow up what guidelines are being used in the HWLH CCG area. It was noted that prices have not been included in the guidelines due to companies changing their prices frequently and this would mean constantly updating the guidelines or noting that the prices are only correct at the time of publishing. Secondary care contracts were discussed. It was pointed out that the guidelines inform prescribers to switch to primary care products once the patient has been discharged. **DECISION: Approved for local implementation on the basis that there is an amendment to page 5.** ONS guidelines to be added to the BHCCG website with a link included in the formulary. Note will be added to state that these are for BH CCG only.	DB 03.02.2017 PW 14.02.2017 JT 10.02.2017

Changes to traffic light status

7.3	ONS SIP feeds BLUE to GREEN – Presented by David Broadbent	
	DB gave a summary of the submission. It was noted that this submission needs to be approved in order for the ONS guidelines to work. **DECISION: Approved – GREEN – suitable for non-specialist initiation.** The SIP feeds entry for Fortisip Bottle, Ensure Plus, Fortisip Compact, Fortijuice, Ensure Juice and Complan Shake to be amended in the JF to green.	JT 10.02.2017

Formulary Extensions

7.4	ONS SIP feeds – Presented by David Broadbent	
	DB gave a summary of the submission. It was noted that this needs to be approved in order for the ONS guidelines to work. **DECISION: Approved – GREEN – suitable for non-specialist initiation.** Aymes Shake, Ensure Shake and Ensure Compact to be added to the JF as green.	JT 10.02.2017

New drug / indication formulary applications

8	Diazoxide – Congenital Hyperinsulinaemia (and information sheet) – Presented by Bhumik Patel	
	BP gave a summary of the submission. As it is not currently on the formulary patients are attending hospital to obtain a supply. It was confirmed that CCGs commission this treatment. BP advised that most patients are seen at RACH. Patients are initiated on the brand Proglycem which is imported from the USA and only licensed there. It was discussed and agreed that only the generic version would be prescribed in	

	primary care (category VIIIB in the Drug Tariff) and if any patients wish to be supplied with the branded version, then this would need to be obtained via the hospital. The information sheet was discussed. Point 12 states that provider will inform GP if the patient DNAs on two consecutive occasions. The committee questioned what action the GP should take. It was agreed to add that the GP should re-refer the patient back to secondary care and cease prescribing. It was discussed that once children reach an age where they can swallow tablets then this could be considered on a case by case basis if deemed more cost effective. **DECISION: Approved – BLUE – specialist initiation/recommendation. (generic only)** **Branded (Proglycem) - Approved – RED – specialist only** Generic diazoxide to be added to the formulary as blue and branded as red. Information sheet to be added to the website once amended.	JT 24.02.2017 BP 17.02.2017

Changes to traffic light status

9	**Chlorothiazide 250mg in 5ml oral solution RED to BLUE – Presented by Bhumik Patel**	
	BP gave a summary of the submission. As it is red on the formulary, patients currently have to attend hospital to obtain a supply. It was confirmed that CCGs do commission this treatment. BP advised that most patients are seen at RACH where they are initiated on branded Chlorothiazide. It was discussed and agreed that only the generic version would be prescribed in primary care and if any patients wish to be supplied with the branded version then this would need to be obtained via the hospital. The committee noted that an information sheet would be of use to primary care prescribers. **DECISION: Approved – BLUE – suitable for non-specialist initiation pending approval of an information sheet at a future APC.** **Branded (Diuril) – Approved – RED – specialist only**	BP 10.02.2017

New drug / indication formulary applications

10	**Dulaglutide for type 2 diabetes – Presented by Paul Grant**	
	PG gave a summary of the submission. PG explained the difference between dulaglutide and the other GLP-1s is that this dulaglutide is given weekly due to it being much longer acting. PG confirmed that dulaglutide would be given where patients are intolerant (mainly experiencing GI side effects) to other GLP-1s. PG highlighted that one of the other advantages of dulaglutide is that it has a license for co-prescribing with insulin. (Exenatide, the other formulary weekly GLP-1 is not licensed for dual therapy with insulin.) The committee noted the patient numbers stated on the application and it was confirmed that patient numbers would be smaller as this would only be targeted to those patients who have a BMI over 35 as per NICE guidance. It was noted that there are known patients receiving high dose (1.8mg) liraglutide which is expensive and not NICE approved. It was confirmed that switching of these patients to dulaglutide could be explored. The Chair advised that dulaglutide had been presented to the committee at the	

	September 2016 meeting where the evidence had been reviewed against the decision making framework and deemed robust. The committee were reassured that not all type 2 diabetics where going to be initiated on dulaglutide and co-prescribed with insulin as the disease progresses as there is an adequate start-stop criteria. **DECISION: Approved – BLUE – specialist initiation/recommendation.** Dulaglutide to be added to the formulary as blue.	JT 10.02.2017
10.2	**Toujeo for diabetes – Presented by Paul Grant**	
	PG gave a summary of the submission. Advised that Toujeo comes in a pre-filled pen device and is 3 times more concentrated than current formulary glargine products. This is preferable for patients with significant insulin resistance as it reduces the volume of insulin and the number of injections required. The committee noted that some patients are currently receiving Humulin R (U-500) which is unlicensed, expensive and only comes in vials which require syringes. It was agreed that these patients be switched to the licensed product if suitable. **DECISION: Approved – BLUE – specialist initiation/recommendation.** Toujeo to be added to the formulary as blue.	JT 10.02.2017

Shared Care

11	**Information leaflet for Caphosol - Presented by Niall Ferguson**	
	NF advised that Caphosol had already been approved onto the Joint Formulary at the previous meeting however, the committee decided that an information sheet was required. The document that had been presented included information for the patient as well as GP. The committee noted that the GP information needed to be on the standardised template. It was also confirmed that not everyone receiving head and neck radiotherapy would require Caphosol as symptoms would be variable. **DECISION: deferred until information leaflet is on the correct template.**	NF 10.02.2017
11.2	**Updated BSUH SCGs – Presented by Stewart Glaspole**	
	SG gave a summary of why these have come before the committee. Members of the committee were tasked to approve the SCGs virtually via Kahootz. It was noted that the deadline had now passed. It was clarified that these SCGs are for any indications and patients who fall outside of the SMSKP service. **DECISION: Approved for local use.** Updated SCGs to be added to the website.	JT 10.02.2017

Formulary Review

12	**Chapter 7 – Obstetrics, gynaecology and urinary-tract disorders – Presented by Paul Wilson**	
	PW advised that a meeting took place prior to the APC meeting. All comments received were discussed and PW gave a summary of the pre-meet's recommendations: • Removal of the brand names of intravesicular BCG • Addition of link to desmopressin entry in chapter 6 to section 6.5.2 • Re-formatting of the oral contraceptive (OC) section. (It was agreed	

	that the JF would list the generic combination and state the JF preferred brand in the notes section i.e. the most cost effective considering that the supply chain is robust.) • Removal of the OCs that have been discontinued • Addition of an alternative OC • Removal of administration guidance for Depo-Provera IM injection • Inclusion of a 1st and 2nd line choice for PDE5 inhibitors, based on cost effectiveness and patent expiry. • Removal of Ortho-Gynest pessaries as they have been discontinued • Amendment to Ortho-Gynest cream as this has been renamed to Gynest It was agreed that Sayana Press and Jaydess would be useful additions to the formulary however, these would require a formulary extension to be presented to the committee. It was discussed that once daily tadalifil could be deemed as inequitable as there are no restrictions to its use versus on demand PDE5 inhibitors which should be limited to 4 tablets per month according to the guidance. PW advised that he would make a submission for a colour change to black if he wishes to pursue further. **DECISION:** Changes will be made and the chapter will be uploaded to Kahootz for final approval before being uploaded to the website. It was noted that the next chapter is 11 – Eye. JT advised that the chapter has already been circulated to BSUH and local specialists in community. JT to forward to JB for QVH consultation. OHER FORMULARY UPDATES: Tapentadol – little use and no audit data has been provided to the committee. Local pain specialists have agreed to its removal from the formulary and the associated information sheet. Jext – becoming hard to get hold of from wholesalers. Removal of product preference agreed to make all equally accessible. It was noted that Emerade's shelf life had recently been reduced to 18 months. Tiotropium - removal that Respimat should be reserved for those patients who cannot use the handihaler. **DECISION:** All changes agreed. JT to amend the formulary as appropriate.	JT 10.02.2017 JT 10.02.2017 JT 10.02.2017

NICE TA Briefing

13	**None**	

NICE guidance and TAs

14.1	**Published November 2016 – Presented by Paul Wilson**	
	CG95: Chest pain of recent onset: assessment and diagnosis. Noted by the APC. NG58: Coexisting severe mental illness and substance misuse: community health and social care services. Noted by the APC. NG59: Low back pain and sciatica in over 16s: assessment and management. Noted by the APC. CG145: Spasticity in under 19s: management. Noted by the APC. QS16: Hip fracture in adults. Noted by the APC. TA288: Dapagliflozin in combination therapy for treating type 2 diabetes. Commissioned by CCGs. Update to TA noted by the APC. TA417: Nivolumab for previously treated advanced renal cell carcinoma. Commissioned by NHS England. Add to the JF as RED and link to TA. TA418: Dapagliflozin in triple therapy for treating type 2 diabetes.	JT 10.02.2017

	Commissioned by CCGs. Add to the JF as GREEN and link to TA. TA419: Apremilast for treating moderate to severe plaque psoriasis. Commissioned by CCGs. Add to the JF as RED and link to TA. Blueteq form has already been developed and is in use for FOC stock. CG190: Intrapartum care for healthy women and babies. Noted by the APC. CG127: Hypertension in adults: diagnosis and management. Noted by the APC. NG18: Diabetes (type 1 and type 2) in children and young people: diagnosis and management. Noted by the APC. NG57: Physical health of people in prison. Noted by the APC	JT 10.02.2017 JT 10.02.2017
14.2	**Published December 2016 – Presented by Paul Wilson**	
	CG135: Organ donation for transplantation: improving donor identification and consent rates for deceased organ donation. Noted by the APC. QS140: Transition from children's to adults' services. Noted by the APC. TA421: Everolimus with exemestane for treating advanced breast cancer after endocrine therapy. Commissioned by NHS England. Add to the JF as RED and link to TA. TA422: Crizotinib for previously treated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer. Commissioned by NHS England. Add to the JF as RED and link to TA. TA423: Eribulin for treating locally advanced or metastatic breast cancer after 2 or more chemotherapy regimens. Commissioned by NHS England. Add to the JF as RED and link to TA. TA424: Pertuzumab for the neoadjuvant treatment of HER2-positive breast cancer. Commissioned by NHS England. Add to the JF as RED and link to TA. TA425: Dasatinib, nilotinib and high-dose imatinib for treating imatinib-resistant or intolerant chronic myeloid leukaemia. Commissioned by NHS England. Add to the JF as RED and link to TA. Dasatinib, nilotinib and imatinib for untreated chronic myeloid leukaemia TA426. Commissioned by NHS England. Add to the JF as RED and link to TA. CG174: Intravenous fluid therapy in adults in hospital. Noted by the APC. QS138: Blood transfusion. Noted by the APC. QS139: Oral health promotion in the community. Noted by the APC. CG65: Hypothermia: prevention and management in adults having surgery. Noted by the APC. TA420: Ticagrelor for preventing atherothrombotic events after myocardial infarction. Commissioned by CCGs. Add to the JF as RED and link to TA. NICE TA briefing paper will be presented at a future meeting by Alison Warren after discussions with local cardiologists. NG61: End of life care for infants, children and young people with life-limiting conditions: planning and management. Noted by the APC. QS137: Mental wellbeing and independence for older people. Noted by the APC. NG60: HIV testing: increasing uptake among people who may have undiagnosed HIV (Joint NICE and Public Health England guideline). Noted by the APC. QS136: Transition between inpatient hospital settings and community or care home settings for adults with social care needs. Noted by the APC.	JT 10.02.2017 JT 10.02.2017 JT 10.02.2017 JT 10.02.2017 JT 10.02.2017 JT 10.02.2017

APC Admin

15.1	**Blueteq governance process – Presented by Stewart Glaspole**	
	SG advised that all new Blueteq templates and updates to templates have historically been undertaken solely by him. It was noted that there is currently no governance structure in place and the APC were asked if they would give a sub group delegated authority to develop and update	

	templates. SG explained that the subgroup would report to the APC a summary of the work undertaken. It was confirmed that this would be no extra work for the committee but the subgroup would be accountable to the APC. The CCGs governance structure was discussed. It was confirmed that the APC minutes are noted on the BH CCG Clinical Strategy Group agenda and that group report to BH CCG board. SG advised that it is hoped the group would improve provider support and engagement. PW advised that there is a local HCD commissioning pharmacist network and there could be the opportunity for collaboration in the future. **DECISION**: Approved. Blueteq sub-group to be formed.	SG 10.02.2017
17.2	**Formulary review Task and Finish Group – Presented by Paul Wilson**	
	PW advised that the formulary review process needs to be refreshed to be more systematic and efficient. A formulary review schedule had been developed in collaboration with BSUH. This allows for plenty of notice to when a chapter will be reviewed. It is recommended that an official subgroup be formed with a robust constitution. The committee noted that some chapters are very specific and deal with only one department whereas others cross over many specialties. It was agreed that if a chapter is diverse then it would be sensible to break the chapters down into sections. There were no further comments on the terms of reference apart from those on Kahootz. The committee agreed that the review process needs to be formalised to reduce the risk of slippage. The committee agreed to review each formulary chapter every within three years with the caveat that with the entry of a new drug onto the formulary, that formulary section would be reviewed at the same time. **DECISION:** Approved. Formulary review task and finish group to be formed.	PMcK 10.02.2017

Any other business

18		
	• PW gave an update on the RMOCs. He advised that 4 working groups have been formed to refine the aspects of how the RMOCs will work. There are a number of roadshows happening over the next month to consult on their plans. A number of APC members confirmed that they will be attending. PW advised it is anticipated that the RMOCs will be operational from April 2017 therefore, timelines for ensuring the APC align with the RMOCs is tight. • JT asked the committee for any feedback on Kahootz and if they still wished to continue using the platform or return back to the use of emails. The committee raised concerns over the amount of notifications and having another log in to remember. The committee did find it useful as all the information is held in one place, there is a function to provide better version control and comment on the same document and view others comments. The use of Kahootz also means less of an admin burden. The committee agreed that they would like to continue using it.	

Close

19	**Date of next meeting**	
	Tuesday 28th February 2017. **Room G32, Hove Town Hall, Norton Road, Hove, BN3 4AH (not Sussex House)**	