Brighton and Hove CCG
High Weald Lewes Havens CCG

Brighton Area Prescribing Committee

Minutes

Date: Tuesday 28th March 2017 **Time:** 2-5pm
Location: Room G90, Hove Town Hall, Norton Road, Hove

Members:	
Paul McKenna (PMcK)	Senior Strategic Pharmacist, High Weald Lewes Havens (HWLH) CCG (Chair)
Paul Wilson (PW)	Head of Medicines Management, HWLH CCG
Dr Tim McMinn (TM)	Clinical Lead in Urgent Care and Medicines Management, Brighton and Hove (BH) CCG
Lloyd Ungoed (LU)	Lay Member, BH CCG
Rita Shah (RS)	Prescribing Advisor, BH CCG
Penny Woodgate (PWo)	Business Support Manager, East Sussex Local Pharmaceutical Committee
Clare Mace (CM)	Pharmaceutical Advisor, Crawley, Horsham and Mid Sussex (C,HMS) CCGs
Judy Busby (JB)	Chief Pharmacist, Queen Victoria Hospital NHS Foundation Trust (QVH)
Tim Sayers (TS)	Lay Member, HWLH CCG
Dr Irma Murjikneli (IM)	Clinical Lead Prescribing, HWLH CCG
Kathryn Steele (KS)	Pharmaceutical Advisor, BH CCG
Iben Altman (IA)	Chief Pharmacist, Sussex Community NHS Foundation Trust (SCFT) *part*
In Attendance:	
Jade Tomes (JT)	Specialist Pharmacy Technician and APC Secretary, BH CCG
Aggie Danson (ADa)	Prescribing Support Technician, BH CCG
Robin Williamson (RW)	Extended Scope Practitioner, Pain Clinic, HERE *part*
Alice Donaghy (AD)	Medicines Optimisation Pharmacist, BH CCG
Anja St.Clare Jones (AStCJ)	Lead Gastroenterology Pharmacist, Brighton and Sussex Hospitals NHS Trust (BSUH) *part*
Valerie Dowley (VD)	Lead Tissue Viability Nurse, Brighton and Hove, SCFT *part*
Apologies:	
Dr Riz Miakowski (RM)	Clinical Lead Prescribing, HMS CCG
Katy Jackson (KJ)	Chief Pharmacist, BH CCG
Dr Stewart Glaspole (SG)	Specialist Interface Pharmacist, BH CCG
Ray Lyon (RL)	Chief Pharmacist - Strategy, Sussex Partnership NHS Foundation Trust (SPFT)
Anne Smith (AS)	Clinical Quality Manager – Primary Care and Nurse Representative, BH CCG
Jay Voralia (JV)	Head of Medicines Management, CHMS CCG

Item No	Item	Action
1	**Welcome**	
	PMcK welcomed the committee. Introductions were made. Apologies received from RL, JV, RM, KJ, SG, AS.	
2	**Declarations of Interest**	
	As per the register. No verbal declarations were made.	
3	**Urgent AOB**	
	None.	
4	**Previous meeting and actions**	
	• LABA/LAMA pathway – in progress with Jemma Clark. • Inhaler crib sheet – in progress with Jemma Clark. • Apraclonidine JF entry/colour change – in progress, awaiting information from specialist pharmacist. • Dry eye guidelines – on the agenda • NICE TAs – addition to JF still outstanding • Healthy Start Vitamins and communication from LPC - closed • SMSKP SCGs – Steph Butler to bring to a future committee (April) • Chlorothiazide info sheet – received from Bhumik Patel however, the diazoxide info sheet is still outstanding. It was agreed to bring these two items to the committee together. • Anti-dementia drugs entry on JF – PW to forward wording and links to JT when business case at HWLH is approved • Dressing packs – in progress internally at BH CCG. Rolled over to a future meeting • Painful diabetic neuropathy guidelines – PMcK advised that Martin Turns has suggested that a maximum duration of tramadol to be used as a rescue therapy whilst awaiting referral should be 28 days. This duration mirrors the length of the studies which have investigated tramadol use in painful diabetic neuropathy. These studies have been identified by the NICE Guideline Development Group. The committee agreed with this. PMcK to make the amendment to the guideline and JT to upload to the website. • Insulin degludec – BSUH not present. Andy Smith has been contacted by JT via email. He advised that no patient questionnaires have been submitted. It was discussed that the APC approval was subject to audit data being provided in 6 months' time and that formulary status may be at risk if they do not provide this to the committee. PMcK advised that he will contact BSUH. • Gender identity and ethinylestradiol – The consultant at Charring Cross has been contacted. The APC await their reply. • Caphasol – PMcK has contacted the lead oncology pharmacist at BSUH regarding creating a pathway for the provision of calphasol. This will be brought back to the next APC. • Metformin for weight gain/pre-diabetes – ongoing.	**PMcK 14.7.17** **PMcK 14.7.17**

Policies and guidelines

5.1	**Non-malignant Chronic Pain Prescribing Guidelines – presented by Kathryn Steele and Robin Williamson**	
	KS explained the reasons why these guidelines have been developed. KS advised the guidelines have been circulated widely and they are to be used in primary and secondary care in Brighton and Hove. KS highlighted the prescribing elements of the guidelines and the information regarding the trialing of opioids was discussed. It was noted that nortriptyline is currently cheaper than pregabalin, although it is recognised that nortriptyline is more expensive than amitriptyline. As pregabalin prescribing is a known issue in Brighton and Hove, nortriptyline has been added. One key message in the guidelines is that if successful pain reduction is not achieved with gabapentin, then pregabalin should not be an option. The APC discussed this and noted that this is an educational need and prescribers need to be aware of this. It is only when gabapentin is not tolerated and therefore has not been titrated to an effective therapeutic dose, that it may be worth initiating pregabalin. It was also noted that medicines only reduce pain by 30% - 50% and prescribers need to inform patients about the realistic expectations of their treatment and not increase the prescription to excessive doses needlessly. *(IA joined the committee at 2.35pm)* RW confirmed that the pain clinic supports these guidelines and TMcM agreed that they would be a valuable tool in primary care. The wording in relation to the maximum treatment length of tramadol (as discussed in the actions arising) will be added. CM advised that nortriptyline is black in CMHS for neuropathic pain due to the Surrey PCN recommendation. It was discussed that a line should be added to the local guidelines as to why they do not reflect the NICE recommendation. It was questioned if the wording in relation to nortriptyline could be amended to suit CHMS CCG. The forthcoming pregabalin price reduction was discussed and it was questioned whether this would alter its position in the pathway. Whilst this imminent price reduction would reduce the financial impact on the healthcare economy it is important to strike a balance between achieving financial efficiencies and acknowledging the local substance misuse issues. **DECISION:** Approved on a basis that the above changes are made. To be added to the website once changes are made and formatting amended to comply with brand guidelines.	**KS 7.4.17** **KS 7.4.17** **KS/CM 7.4.17** **KS 7.4.17** **JT 14.4.17**

Formulary extensions

6.1	**Imipramine for neuropathic pain (unlicensed) – presented by Kathryn Steele**	
	KS gave a brief overview of the paper. It was noted that imipramine had been removed from the NICE guidelines due to weak evidence however, due to local problems it is felt imipramine needs to be added as an option before pregabalin is offered. **DECISION:** Approved – **GREEN** – suitable for non-specialist initiation. to be added to the Brighton Joint Formulary as green	**JT 14.4.17**

6.2	**Nortriptyline for neuropathic pain (unlicensed) – presented by Kathryn Steele**	
	KS gave a brief overview of the paper. It was noted that nortriptyline is currently significantly more expensive than amitriptyline and imipramine, however it is currently more cost effective than pregabalin. It was discussed that if pregabalin is reclassified as category M in the drug tariff (expected to be after July 2017 when the patent expiries) and becomes more cost effective, then the position in the guidelines could be reviewed. KS advised that nortriptyline doesn't have the substance misuse issues associated with pregabalin. **DECISION:** Approved – **GREEN** – specialist or non-specialist initiation. To be added to the Brighton Joint Formulary as green	**JT 14.4.17**
6.3	**Carbamazepine for trigeminal neuralgia – presented by Kathryn Steele**	
	KS gave a brief overview of the paper. It was noted that carbamazepine is more than likely being prescribed in practice however the JF doesn't currently reflect this. KS advised that carbamazepine can used for acute pain attacks and can then be stopped when in remission. **DECISION:** Approved – **GREEN** – specialist for non-specialist initiation. To be added to the Brighton Joint Formulary as green.	**JT 14.4.17**
6.4	**Monuril (fosfomycin) – presented by Jade Tomes**	
	JT gave a brief overview of the paper. The committee was advised that Monuril brand is more cost effective vs. generic prescribing of fosfomycin. (£4.86 per 3g sachet vs. >£70 for generic.) The committee was in support of this addition to the formulary. **DECISION:** Approved – **BLUE** – specialist (microbiology) recommendation only. To be added to the Brighton Joint Formulary as blue.	**JT 14.4.17**

New drug formulary applications

7	**Sayana Press – presented by Alice Donaghy**	
	AD gave a detailed overview of the paper and summarised the evidence, safety and gave cost comparisons between prescribing DMPA-IM injection with GP or Nurse input and prescribing DMPA-SC with no GP or Nurse input. The committee noted that patients receiving contraceptives should be reviewed annually. The committee discussed the submission and highlighted that the addition of Sayana Press would mean a cost pressure to the prescribing budget however, it could also result in a reduction in GP/nurse appointment time if the patient is able to self-administer every 3 months. The committee agreed to approve Sayana Press as Green, with the caveat that it is only to be used for self-administration. The patient must be shown how to self-administer the SC injection at the initial consultation and then self-administer the SC injection to show the HCP that they are capable. **DECISION:** Approved – **GREEN** – non-specialist recommendation but restricted for those patients who wish to self-administer. To be added to the Brighton Joint Formulary as green.	**JT 14.7.17**

Shared care

8	**None**	

Policies and guidelines

9	Dry Eye Guidelines – presented by Paul McKenna	
	PMcK advised that him, Jo Pendlebury and JT met last week and discussed the dry eye guidelines. It was noted that the unlicensed acetylcysteine 10% PF is unavailable. It was agreed that this would be confirmed post the meeting and removed if necessary. It was noted that (P) could be read as meaning contains preservative. It was agreed that this would be made clearer. **DECISION:** Approved on a basis that the above changes are made. To be added to the website	**JT 7.4.17** **JT 14.4.17**

Formulary Review

10.1	Chapter 11 – Eye – presented by Paul McKenna	
	PMcK advised that the task and finish group considered all the comments received. Where products have been discontinued, these have been removed. Also, where alternatives have been suggested these have been included. The committee asked for a summary of changes to be presented for assurance. **DECISION:** not approved, summary of changes will be brought to the next APC	**JT 14.4.17**
10.2	**Chapter 12 – ENT – presented by Paul McKenna**	
	The committee asked for a summary of changes to be presented for assurance. **DECISION:** not approved, summary of changes will be brought to the next APC	**JT 14.4.17**

Change to traffic light status

11	Rifaximin RED to BLUE – presented by Anja St.Clare Jones	
	AStCJ advised that no monitoring of the medication is required so as long as rifaximin is instigated in secondary care, this can be continued in primary care. It is estimated 64 patients in the BSUH catchment area would be eligible per year for this treatment. It was noted that this has a positive NICE TA and that lactulose would be used 1st line. AStCJ advised that patients would have a review with secondary care at least every 6 months. The APC discussed that a contact point for GPs would be beneficial in case patients present to the GP with side effects. AStCJ advised this could be the gastro registrar or on call registrar and it was agreed that these contact details should be added to the pathway. It was also discussed that in every clinic letter it would be useful for it to state if rifaximin is to continue or not. The APC acknowledged that this is a cost pressure to primary care however, making this available in primary care will benefit patients. **DECISION:** Approved – **BLUE** – specialist recommendation/initiation. To be added to the Brighton Joint Formulary as blue and pathway uploaded (once amended).	**AStCJ 7.4.17** **JT 14.4.17**

New drug formulary applications

12	Prontosan wound liquid – presented by Valerie Dowley	
	VD discussed the submission. The committee was advised that West and North Sussex CCGs within Sussex Community Foundation Trust have approved Prontosan on their formularies. VD advised that Prontosan is a PHMB modulating soak, used on chronic wounds and is known to have a good effect at	

	breaking down biofilm. Research indicates that prevention and management of biofilm is the key to managing chronic wounds and positive outcomes are achieved. VD advised that the use of Prontosan is more cost effective vs. antimicrobial dressings (silver, iodine and honey) and one bottle (single patient use) costs £4.75. It can be used for up to 18 weeks once opened however, sometimes two bottles are used if treating a large leg ulcer. Prontosan gel X is more expensive at £11.80 for 50g. This is thicker than the Prontosan liquid and is used for certain types of wounds. VD suggested that Prontosan gel X could be added to the formulary but restricted to TVN approval only. It was noted that the use of Prontosan could potentially lead to less oral anti-biotics being prescribed as well as less antimicrobial dressings being used. If approved, guidance would be written on how Prontosan should be used, and for what types of wounds this liquid would be most appropriate (this could be communicated via ONPOS and the formulary). VD confirmed Prontosan can be used with a simple NA dressing. VD did advise the committee that Prontosan is currently being prescribed on FP10s in BH CCG after TVN advice. There were concerns that if approved on the formulary, the use of Prontosan would spike and could become uncontrolled. VD did suggest that it could be added as restricted to TVN approval only. The APC discussed the application. It was stressed that it is currently being used in practice (non-formulary on FP10). The committee noted that it would be useful to know if this does have a benefit in the real world and give better patient outcomes. It was agreed to approve both Prontosan liquid and Prontosan Gel X restricted to TVN approval only on a 6 month trial with audit data to be presented back to the committee. Audit metrics to be agreed with VD and PMcK. (i.e. no antimicrobial treatment, shorter healing time.) **DECISION:** Approved – **BLUE** – specialist (TVN) recommendation only. To be added to the Brighton Joint Formulary as blue	**PMcK / VD 14.7.17**

NICE TA briefing

13	**None**

NICE guidance and TAs

14	**Published February 2017 – presented by Paul McKenna**	
	CG74: Surgical site infections: prevention and treatment. Noted by the APC. CG139: Healthcare-associated infections: prevention and control in primary and community care. Noted by the APC. CG146: Osteoporosis: assessing the risk of fragility fracture. Noted by the APC. CG173: Neuropathic pain in adults: pharmacological management in non-specialist settings. Noted by the APC. CG190: Intrapartum care for healthy women and babies. Noted by the APC. NG64: Drug misuse prevention: targeted interventions. NG65: Spondyloarthritis in over 16s: diagnosis and management. Noted by the APC. QS21: Stable angina. Noted by the APC. QS105: Intrapartum care. Noted by the APC. QS143: Menopause. Noted by the APC.	

	TA432: Everolimus for advanced renal cell carcinoma after previous treatment. Commissioned by NHS England – add to the Joint Formulary as RED	**JT 14.04.2017**
	TA433: Apremilast for treating active psoriatic arthritis. Commissioned by CCGs – add to the Joint Formulary as RED	**JT 14.04.2017**

APC admin

15	**None**	

AOB

16.1	**WaveSense Jazz Wireless – presented by Jade Tomes**	
	JT advised that at a meeting a few weeks ago she met with AgaMatrix along with RS and the BHCCG clinical lead for diabetes. Agamatrix demonstrated their meter and mobile application. If approved no change to the JF would be required as the meter uses the same strips as the standard WaveSense Jazz meter.	
	JT explained that the benefit of the wireless meter means that it connects to a smartphone (iOS or android) using Bluetooth and gives the user the functionality to send their readings to their HCP.	
	The APC discussed the meter and raised data protection concerns about patients sending emails containing their details and readings to healthcare professionals or carers/family members. Concerns were also raised over the safe storage of data. It was agreed to check this with the IG lead and possibly add wording to the formulary/communication to advise that the use of the app and sharing of data is at the patients' own risk as the NHS do not own or have any control over the mobile app.	**JT 14.4.17**
	The preferred list of blood glucose meters was discussed. It was mentioned that B.Braun has launched Omnitest 5 (which may supersede the Omnitest 3). It was agreed to discuss the preferred BGM list outside of the meeting as it may be an opportunity to review the current list.	**JT/PW 14.4.17**
	DECISION: The APC agreed to the local promotion of the WaveSense Jazz wireless meter. No JF amendment needed although, communication to prescribers is required.	**JT 14.4.17**
16.1	**Quoracy/ratification of decisions and next meeting – Presented by Jade Tomes**	
	JT advised the committee that as the meeting was not quorate due to BSUH not being present, the decisions made at the meeting need to be ratified. This would be done post the meeting and communication will be sent to members advising of the outcome. ***Post meeting note: All decisions were ratified by BSUH.***	
	JT advised that the next meeting falls the week after the Easter school holidays. She asked that any members who are unable to attend give their apologies ASAP and send a suitable deputy to ensure quoracy.	

Close

17	**Date of next meeting**	
	Tuesday 25th April 2017. **Room 181, Hove Town Hall, Norton Road, Hove, BN3 4AH**	