

Minutes of the Sussex Health & Care Partnership Area Prescribing Committee

Date:	Tuesday 28th March 2023
Time:	12:00 – 14:00
Venue:	Online MS Teams
Chair:	Michael Okorie

Attendees:	
Iben Altman (IA)	Chief Pharmacist, Sussex Community Foundation Trust (SCFT)
James Atkinson (JA)	Deputy Chief Pharmacist, Sussex Partnership NHS Foundation Trust (SPFT) (deputising for Helena Bird)
Tejinder Bahra (TB)	Lead Commissioning Pharmacist, Surrey, and Sussex Healthcare NHS Trust–East Surrey Hospital
Mike Beaman (MB)	Community Ambassador NHS Sussex
Judy Busby (JB)	Chief Pharmacist, Queen Victoria Hospital NHS Foundation Trust (QVH)
Eileen Callaghan (EC)	Sussex Director of Medicines Management and Optimisation, NHS Sussex
Mark Donaghy (MD)	Local Pharmaceutical Committee (LPC) representative
Gill Ells (GE)	Associate Director of Medicines Optimisation, East Sussex, NHS Sussex
Krissie Fowle (KF)	Lead Medicines Optimisation Pharmacist, West Sussex, NHS Sussex (deputising for Neveen Sorial who will be joining the meeting late)
Stewart Glaspole (SG)	Lead Medicines Optimisation Pharmacist, NHS Sussex – Brighton & Hove
Shirman Lam (SL)	APC secretariat and link pharmacist – East Sussex, NHS Sussex
Amy Lynch (AL)	Lead Strategic Pharmacist for Medicines Governance, NHS Sussex
Stephen Lytton (SL)	Prescribing Lead / GP, West Sussex (Interim)
Irma Murjikneli (IM)	Prescribing Lead / GP, East Sussex (Interim)
Stephen Pike (SP)	Clinical Programme Lead Medicines Management, Deputy Medical Director NHS Sussex, Clinical Director NHS Sussex -East Sussex
Jo Piper (JP)	APC secretariat, Lead Medicines Optimisation Pharmacy Technician, West Sussex NHS Sussex
Janet Rittman (JR)	Sussex Public Health Representative - Brighton and Hove
David Russell (DR)	APC secretariat and link pharmacist – West Sussex, NHS Sussex
Jenny Shakir (JS)	APC secretariat and link pharmacist – Brighton and Hove, NHS Sussex
Neveen Sorial (NS)	Associate Director of Medicines Optimisation, West Sussex, NHS Sussex
Sangeetha Sornalingham (SS)	Medical Director, Local Medical Committee (LMC) representative
Harriet Vogt (HV)	Community Ambassador NHS Sussex
Guests/Presenters:	
Dan Jenkinson (DJ)	GP Lead, Specialist interest in Type 2 diabetes prevention and management
Rita Shah (RS)	Senior Medicines Optimisation Pharmacist, Brighton and Hove, NHS Sussex
Katie Perkins (KP)	Senior Medicines Optimisation Pharmacist, East Sussex, NHS Sussex
Andy Cheung (AC)	Senior Medicines Optimisation Pharmacist, East Sussex, NHS Sussex
Helen Porter	ICS Sussex Chief Pharmacist (observing)
Dora Dujor	Trainee Pharmacist, University Hospitals Sussex NHS Foundation Trust (UHSFT) – East/West Sussex (observing)
Linda Hall	Trainee Pharmacist, East Sussex Healthcare NHS Trust (observing)
Asmita Poudyal	Trainee Pharmacist, East Sussex Healthcare NHS Trust (observing)
Mahdi Asgari	Trainee Pharmacist, University Hospitals Sussex NHS Foundation Trust (UHSFT) – East/West Sussex (observing)
Leona Asgarpour	Trainee Pharmacist, University Hospitals Sussex NHS Foundation Trust (UHSFT) – East/West Sussex (observing)
Sophia Legaspi	Trainee Pharmacist, East Sussex Healthcare NHS Trust (observing)
Oliviya Sunny	Trainee Pharmacist, East Sussex Healthcare NHS Trust (observing)
Paige Birchley	Preregistration Trainee Pharmacy Technician, East Sussex Healthcare NHS Trust (observing)
Elie Shaun-Michael	Preregistration Trainee Pharmacy Technician, East Sussex Healthcare Trust (observing)

Vicki Beech	Multisector Pharmacist (observing)
Jankeh Janneh	Multisector Pharmacist (observing)
Camilla Hathaway	Trainee GP (observing)
Noemia Da Rosa	Senior Medicines Optimisation Pharmacist, West Sussex NHS Sussex (observing)
Jenny Stevens	Lead Medicines Optimisation Pharmacy Technician, West Sussex NHS Sussex (observing)
Matthew Dell	Senior Medicines Optimisation Pharmacy Technician, West Sussex NHS Sussex (observing)
Aggie Morozinska	Senior Medicines Optimisation Pharmacy Technician, East Sussex, NHS Sussex (observing)
Karen Becker	Senior Admin -Personal Assistant to Eileen Callaghan –NHS Sussex Director of Medicines Management and Optimisation, NHS Sussex
Ewan Parker	Administrator for Medicines Optimisation East Sussex, NHS Sussex

Minutes taken by:															
Jo Piper, (APC secretariat) Lead Medicines Optimisation Pharmacy Technician, West Sussex NHS Sussex (JP)															
1.Welcome and apologies	Action for														
<p>1.1 Welcome, apologies and meeting etiquette The Chair welcomed the committee to the March Sussex Health and Care Partnership APC meeting. Helen Porter was welcomed to the meeting; Helen is joining the Sussex system as the Integrated Care System Sussex Chief Pharmacist.</p> <p>Apologies received: Helena Bird, Jade Wallis and Jade Tomes</p>															
<p>1.2 Conflicts of Interest The committee and guests declared or not any conflicts of interest using the chat function on Teams pertinent to items on the agenda. No conflicts were declared and no action was taken</p>															
2. Minutes and action log	Action for														
<p>2.1 Minutes of last meeting The minutes of the previous SHCP APC meeting held in November 2022 were previously agreed and ratified virtually, as an accurate record of decisions and actions. The minutes are available to view on the NHS Futures platform, and the NHS Sussex intranet here.</p>															
<p>2.2 Action log</p> <table border="1"> <thead> <tr> <th>Action</th> <th>Update</th> </tr> </thead> <tbody> <tr> <td>11/22 – 01 Completion of the annual Declaration of Interest form</td> <td>Completed</td> </tr> <tr> <td>11/22 – 02 To add Glucomen Day rtCGM to the four formularies in Sussex with a PURPLE formulary colour coding</td> <td>Completed.</td> </tr> <tr> <td>11/22 – 03 RMOC Shared Care Protocols - To disseminate SCP prioritisation plan to MO therapeutic leads for work to begin with stakeholder partners</td> <td>Completed</td> </tr> <tr> <td>11/22 – 04 RMOC Shared Care Protocols - To include a regular agenda item for an update on the SCPs</td> <td>Completed</td> </tr> <tr> <td>11/22 – 05 RMOC Shared Care Protocols - To have the opportunity to share comments and updates from the focus group in between APC meetings on the FUTURES platform</td> <td>Completed</td> </tr> <tr> <td>11/22 – 06 RMOC Shared Care Protocols - To add “We are aware that some Shared Care Protocols hosted on the formulary have expired and are in the process of being updated. Please continue to</td> <td>Completed</td> </tr> </tbody> </table>	Action	Update	11/22 – 01 Completion of the annual Declaration of Interest form	Completed	11/22 – 02 To add Glucomen Day rtCGM to the four formularies in Sussex with a PURPLE formulary colour coding	Completed.	11/22 – 03 RMOC Shared Care Protocols - To disseminate SCP prioritisation plan to MO therapeutic leads for work to begin with stakeholder partners	Completed	11/22 – 04 RMOC Shared Care Protocols - To include a regular agenda item for an update on the SCPs	Completed	11/22 – 05 RMOC Shared Care Protocols - To have the opportunity to share comments and updates from the focus group in between APC meetings on the FUTURES platform	Completed	11/22 – 06 RMOC Shared Care Protocols - To add “We are aware that some Shared Care Protocols hosted on the formulary have expired and are in the process of being updated. Please continue to	Completed	
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use the currently available Shared Care Protocols in the in the interim” to the four formularies.		
11/22 – 07 To share the potassium permanganate ESHT risk assessment form for use across Sussex	Completed	
11/22 - 08 To send targeted potassium permanganate communications to GP practices with current prescribing of potassium permanganate notifying them of the updated position and action to take, as well as an update to all GP practices via the NHS Sussex prescribing newsletter to update them of change in formulary colour coding	Outstanding	
11/22 – 09 To update the four Sussex formularies to RED (specialist only drugs) formulary coding for potassium permanganate, with the caveat ‘Only to be prescribed for a named patient by a specialist in dermatology, a clinician working under the guidance of a dermatologist, or specialist tissue viability staff	Completed	
11/22 – 11 To add Vagirux® to the four Sussex formularies with a GREEN formulary coding as first line option for vaginal atrophy due to oestrogen deficiency in postmenopausal people	Completed.	
11/22 – 12 To write a newsletter article for Prescribers/GPs to update and highlight the differences between the Vagifem® and Vagirux® preparations.	Completed.	
11/22 – 13 To share communications with primary care prescribers highlighting the SGLT2i guideline via the primacy care bulletin and prescribing newsletter	Completed	
11/22 – 14 To include the SGLT2i information on the ARDENs template to be included within the primary care bulletin	Completed	
11/22 – 15 To upload the SGLT2i guideline to the SUSSEX NHS Commissioners intranet site	Completed	
11/22 – 16 To link to the guideline from the intranet to the Sussex formularies	Completed	
11/22 – 17 To add a deadline date for the MSK/eye/ENT/continence and wound care aligned formulary chapters	Completed	
11/22 – 18 To remove Piroxicam (Feldene®) 0.5% Gel (1st Dec 2022), Daktacort® 2%/1% w/w Ointment (31st Dec 2022) and FreeStyle Libre® 1 Sensors (31st Dec 2022) from the formularies	Completed	
11/22 - 19 To regularly update on the progress of the melatonin T&F group and bring back to the APC meetings	Completed	
11/22 - 20 To add methohexitone to the formularies with a RED formulary coding for use within SPFT ECT suite	Completed	
07/22 – 02 To review the terms of reference in 6 months’ time once the CPO is in place	Started	
07/22 – 12 To review prescribing of Bevespi® within primary care in 6 months	Started	

3. Meeting administration business																		
* 3.1 Declarations of Interest (DoI) update (SG) – moved down the agenda.																		
4. Items for approval		Action for																
** 4.1 Updated: Sussex Type 2 Diabetes Treatment Guidelines (DJ) – tabled on the agenda for 13.00																		
<p>4.2 Fidaxomicin 40mg/ml granules for oral suspension formulary extension (KP) The committee heard that fidaxomicin is the second line treatment for Clostridium difficile. Currently the unlicensed practice of crushing tablets has been the only option for those who are unable to swallow tablets. The addition of fidaxomicin 40mg/ml granules for oral suspension will allow a more accurate dosing in paediatric patients or patients who have issues swallowing tablets. James Atkinson joined the meeting 12:08 The committee discussed the potential difficulties in obtaining fidaxomicin capsules during weekends and extended Bank Holidays; concerns were raised that this would delay treatment. A proactive approach was suggested in developing a pathway for both formulations to support community pharmacies during weekends and extended Bank Holidays which would be beneficial to patients in obtaining timely treatment. It was highlighted that there have been two prescriptions dispensed for fidaxomicin capsules in Sussex over the past 12 months; The committee was not presented with evidence of activity that would support a recommendation to commissioners to develop a service to cover supply at weekends and bank holidays at this time. Neveen Sorial joined the meeting 12.20 KP left the meeting and voting members moved to make a decision.</p> <p>Decision making framework:</p> <table border="1"> <thead> <tr> <th>Criteria</th> <th>Decision</th> </tr> </thead> <tbody> <tr> <td>A. Evidence to support therapy (Level of evidence, is it placebo controlled, or compared with standard treatment option/s):</td> <td>No new information, already using fidaxomicin capsules</td> </tr> <tr> <td>A. Safety</td> <td>No concern</td> </tr> <tr> <td>B. Cost-effectiveness</td> <td>Cost effective, no concern</td> </tr> <tr> <td>C. Place in treatment pathway</td> <td>No issues, but pathway needs to be established during out of hours</td> </tr> <tr> <td>D. Patient orientated outcomes</td> <td>Not in question, Fidaxomicin is already being used</td> </tr> <tr> <td>E. Equity</td> <td>Would discriminate against paediatrics and those with swallowing difficulties if not approved</td> </tr> <tr> <td>F. Environment</td> <td>No issues</td> </tr> </tbody> </table> <p>Voting members arrived at an outcome using the decision-making framework.</p> <p>Decision: Approved with a PURPLE formulary coding for prescribing by primary or secondary care on the recommendation of a microbiologist.</p>		Criteria	Decision	A. Evidence to support therapy (Level of evidence, is it placebo controlled, or compared with standard treatment option/s):	No new information, already using fidaxomicin capsules	A. Safety	No concern	B. Cost-effectiveness	Cost effective, no concern	C. Place in treatment pathway	No issues, but pathway needs to be established during out of hours	D. Patient orientated outcomes	Not in question, Fidaxomicin is already being used	E. Equity	Would discriminate against paediatrics and those with swallowing difficulties if not approved	F. Environment	No issues	
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F. Environment	No issues																	
<p>ACTION 03/23 – 01 To add Fidaxomicin 40mg/ml granules for oral suspension to the Sussex formularies with a PURPLE colour coding.</p> <p>ACTION 03/23 – 02 To add/update the Sussex OptimiseRx profile</p> <p>ACTION 03/23 – 03 To develop a pathway to support out of hours prescribing and to share with Community pharmacies. To bring pathway back to the next APC.</p>		MD/AM/SL JW KP/SL																

28.03.2023 POST MEETING NOTE

During the meeting incorrect prescribing data was quoted.
The figure should have been 11 prescriptions across Sussex prescribed in the past 12 months and supplied in the community.

3. Meeting administration business

* 3.1 Declarations of Interest (DoI) update (SG)

The committee were informed that the DoIs have been completed and mitigations against the conflicts of interest that will be communicated to members.

The next round of the DoI's will start in April 2023 in line with the financial year going forward. APC members will shortly receive an e-mail asking to complete their DoI.

Please complete for the year ahead and if a conflict of interest comes up during the year you are able to update your DoI and return to the APC secretariat.

Anyone new joining the APC from April 2023 will renew their DoI in subsequent years on their anniversary of joining the APC.

4.3 Liothyronine capsules formulary extension (AC)

The committee were asked to approve the addition of liothyronine capsules (all strengths) to the Sussex formularies with an AMBER formulary coding for hypothyroidism. This is in addition to the existing tablet formulation though this will be reviewed as part of the future workplan around liothyronine prescribing.

The committee heard that liothyronine capsules are a cost-effective option and are equivalent to the tablet formulation in terms of efficacy and safety. It would also increase stock accessibility in the event of a product shortage.

The current liothyronine shared Care Protocol includes the tablet formulation and would require an edit if approved.

The committee highlighted that by having both the tablets and capsules on the formulary it will give prescribers the choice if there are stock shortages but that monitoring of the pricing of both formulations should be watched closely.

The committee raised a concern that stakeholder engagement hadn't included University Hospitals Sussex NHS Foundation Trust (Worthing and Chichester).

It was noted that resistant depression hadn't been included in the formulary alignment work, but the committee were reassured it will be picked up during the full clinical chapter review where there will be full engagement with stakeholders. In the interim, liothyronine should be used in line with individual place-based formularies.

AC left the meeting and voting members moved to make a decision.

Decision making framework:

Criteria	Decision
A. Evidence to support therapy (Level of evidence, is it placebo controlled, or compared with standard treatment option/s):	No change from current approval
G. Safety	No change from current approval
H. Cost-effectiveness	No concern
I. Place in treatment pathway	No change as introducing a different formulation
J. Patient orientated outcomes	No change from current approval
K. Equity	No change from current approval
L. Environment	No environmental impact noted

<p>Voting members arrived at an outcome using the decision-making framework.</p> <p>Decision: Approved as AMBER formulary coding for hypothyroidism.</p> <div style="border: 1px solid black; border-radius: 15px; padding: 10px; background-color: #e6f2ff; margin: 10px 0;"> <p>ACTION 03/23 – 04 To add liothyronine capsules(all strengths) to the Sussex formularies with an AMBER colour coding for hypothyroidism.</p> <p>ACTION 03/23 – 05 To add/update the Sussex OptimiseRx profile</p> <p>ACTION 03/23 – 06 To amend the liothyronine Shared Care Protocol to include the capsule formulation</p> <p>ACTION 03/23 – 07 To check the place based formularies that no changes have been missed</p> <p>ACTION 03/23 – 08 To liaise with Director of Pharmacy, University Hospitals Sussex NHS Foundation Trust regarding clarification of a relevant APC representative from the organisation.</p> <p>ACTION 03/23 – 09 To consider resistant depression when undertaking a full clinical review of the relevant chapter</p> </div>	<p>MD/AM/SL</p> <p>JW SL/AC</p> <p>AL</p> <p>EC/AL</p> <p>AC/SL</p>
<p>5. Virtually approved items</p>	<p>Action for</p>
<p>5.1 Chlordiazepoxide capsules colour change application - Formulary coding change to RED (virtually approved 13.02.2023).</p>	
<p>5.2 Metolazone (Xaqua®) formulary extension - Licensed product added to formulary with a PURPLE formulary coding. The unlicensed metolazone to remain on Sussex formularies for six months, not for new initiations. Implementation plan approved (virtually approved 13.02.2023).</p> <p>* The committee noted communications around any switching of the unlicensed to the licensed preparation should be communicated with patients to support shared decision making. It was raised that patients taking metolazone are known to the Heart Failure team who empower their patients with regard to their medications and provide educational sessions. The committee shared different approaches (text message, leaflets, online formulary, patient letters, or support from community pharmacies) when communicating with patients which highlighted the involvement of patients when any changes to their medication is required.</p>	
<p>5.3 Ciprofloxacin 0.3%/dexamethasone 0.1% ear drops new medicine application - First line with a GREEN formulary coding (virtually approved 13.02.2023)</p>	
<p>5.4 Trimbow® inhaler 87/5/9 new medicine application - GREEN formulary coding for asthma</p> <p>Trimbow® inhaler 172/5/9 new medicine application -PURPLE formulary coding for asthma (approved virtually 13.02.2023) (virtually approved 13.02.2023)</p>	
<p>5.5 Glaucoma Preservative-Free, spend since adoption of new pathway (May2022) report (virtually approved 20.02.2023)</p>	
<p>5.6 Musculoskeletal formulary alignment (virtually approved 16.12.2023)</p>	
<p>5.7 Eye formulary alignment (virtually approved 16.12.2023)</p>	
<p>5.8 Ear, Nose and Throat formulary alignment (virtually approved 16.12.2023)</p>	
<p>5.9 Wound care formulary alignment (virtually approved 16.12.2023)</p>	
<p>5.10 Continence formulary alignment (virtually approved 16.12.2023)</p>	
<p>5.11 Cardiovascular formulary alignment (virtually approved 10.01.2023)</p>	
<p>5.12 Anaesthesia formulary alignment (virtually approved 10.01.2023)</p>	
<p>5.13 Nutrition & Blood formulary alignment (virtually approved 03.02.2023)</p>	
<p>5.14 Gastrointestinal formulary alignment (virtually approved 03.02.2023)</p>	

5.15 Obstetrics, Gynaecology, and Urinary Track formulary alignment (virtually approved 03.02.2023)	
5.16 Malignant disease and Immunosuppression formulary alignment (virtually approved 03.02.2023)	
5.17 Skin formulary alignment (virtually approved 03.02.2023)	
5.18 Endocrinology formulary alignment (virtually approved 13.02.2023)	
5.19 Immunological Products and vaccines formulary alignment (virtually approved 20.02.2023)	
5.20 Infections formulary alignment (virtually approved 20.02.2023)	
5.21 Respiratory formulary alignment (virtually approved 20.02.2023)	
5.22 CNS formulary alignment (virtually approved 20.02.2023) The committee noted that there may be some outstanding comments on this chapter. Reassurance was given and any outstanding comments will be addressed.	
ACTION 03/23 – 10 Outstanding comments to be picked up outside of the meeting.	AL
5.23 Dexamfetamine Immediate Release tablets new medicine application – addition of the indication of narcolepsy in adults for immediate release tablets with an AMBER formulary coding (virtually approved 14.03.2023)	
5.24 Methylphenidate new medicine application – addition of the indication of narcolepsy in adults with an AMBER formulary coding (virtually approved 14.03.2023)	
5.25 Palliative Care SHCP APC Formulary Alignment Summary Report Template (virtually approved 27.02.2023)	
6. Standing Items	
6.1 NICE Technology Appraisals / Highly Specialised Technologies / NICE guidance (JP) NICE Technology Appraisals The committee was updated, that since the last SHCP APC meeting in November '22 the Sussex APC Secretariat group have dealt with a total of 18 published NICE Technology Appraisals and noted 16 terminations. All recommendations regarding formulary positioning and formulary colour coding of medicines were made by the APC secretariat group. These were implemented on time without variation across Sussex. NICE GUIDANCE The Secretariat reported that they have dealt with a total of 6 new NICE guideline and 9 updated NICE guidelines. All of which have been reviewed by the ICB therapeutic leads and have confirmed all local prescribing positions are compliant. There has been 12 Blueteq forms drafted since the last APC which are available to view on NHS Futures under 'Blueteq Forms'. Decision: No variation was reported between the local place bases, with positions noted.	
6.2 Horizon Scanning (Chair) The Chair highlighted the use of artificial intelligence and how this could influence the use of medicines in the future and affect healthcare delivery, the use of medicines and education.	
6.3 Patient Safety & medicines safety alerts (Chair) The Chair highlighted with the committee that EPMA errors within trusts are encouraged to be reported into EPMA, and the Yellow Card scheme for medical device errors. Across Sussex there may be generic errors or common to EPMA systems so by reporting there could be learning from these.	

<p>6.4 Discontinuations (Chair) Discontinuations were noted. Glyceryl Trinitrate (Nitronal®) 5mg/5ml Solution for Infusion Ampoules (Oct 2022, removed from formularies). Lasilactone® Capsules and Itraconazole (Sporanox®) 100mg capsules (Dec 2022, removed from formularies). Fentanyl (Instanyl®) Nasal Spray (Jan 2023, removed from formularies) Insuman® Basal cartridges and pre-filled Solostar® pens, Insuman® Comb 25 cartridges and pre-filled Solostar® pens (Feb 2023, removed from formularies) GlucoMen® Day CGM (March 2023, removed from formularies). This hasn't strictly been discontinued but it is now just for existing patients only, do not initiate new patients on GlucoMen® Day CGM. Stephen Lytton left the meeting 13.00 Helen Porter left the meeting 13.00</p>	
<p>4. Items for approval</p>	
<p>** 4.1 Updated: Sussex Type 2 Diabetes Treatment Guidelines (DJ) The committee were asked to note the updated NICE guideline [NG28] Type 2 diabetes in adults: management recommendations and to approve the updated Type 2 diabetes algorithm and guideline for use across Sussex. The main updates to these guidelines include lowering the GLP1 receptor agonists to fourth line, and the SGLT 2 inhibitor licenses have been extended for CKD and heart failure.</p> <p>Dissemination of the guidelines will be by a series of educational events, webinars and practical workshops. Sangeetha Sornalingham left the meeting 13.04 Mike Beaman left the meeting 13.06.</p> <p>Decision: Approved the updated Type 2 diabetes full guidelines and algorithm for use across Sussex. Noted the updates to the NG 28 DJ left the meeting.</p> <div style="border: 1px solid #0056b3; border-radius: 15px; padding: 10px; margin-top: 10px;"> <p>ACTION 03/23 – 11 To share communication with primary care prescribers via the Primary Care Bulletin ACTION 03/23 - 12 To upload the guidelines on to the SUSSEX NHS Commissioners intranet site. ACTION 03/23 – 13 To link to the guideline from the intranet to the Sussex formularies.</p> </div>	<p>RS/SL AM MD/AM/SL</p>
<p>7. RMOc</p>	
<p>7.1 Latest RMOc update (SP) The last RMOc meeting was October 2022, due to the reorganisation of NHS England no further meetings have been scheduled. In the interim, the Southeast Regional meeting will be reinstated as previously was a useful forum for medics and pharmacy to come together to discuss the more difficult issues and working together. The next regional meeting will be in May.</p>	<p>Action for</p>
<p>8. Sub-group</p>	

<p>8.1 Melatonin T&F update report (DR) DR shared an update welcoming a new member to the T&F group, including a SPFT CAMS psychiatrist. The T&F group also have representation directly from the neurodevelopment pathway work that is currently ongoing. The group has agreed in principle on the list of indications, the formulations that are being proposed to offer to the population of Sussex. The next step will be for the group to agree on the routes of access on prescription.</p>	
<p>8.2 Shared Care Protocol (SCP) update (AL) An update was shared with the committee; in July 2022, RMO issued SCPs for 20 drugs (amiodarone, atomoxetine, azathioprine and mercaptopurine, ciclosporin, dexamfetamine, dronedarone, guanfacine, hydroxycarbamide, hydroxychloroquine, leflunomide, lisdexamfetamine, lithium, methylphenidate, methotrexate, mycophenolate mofetil and mycophenolic acid, riluzole, valproate medicines in people of childbearing potential, and sulfasalazine). The APC have made a commitment to adopt national SCPs in Sussex. The adoption of national SCPs for valproate medicines in people of childbearing potential and SCPs for drugs used to manage ADHD was expedited locally. This was due to the potential to help address safety concerns relating to the prescribing of valproate medicines, while SCPs for drugs used in the management of ADHD potentially enable stretched specialist service resource to be refocused from routine review to new patient assessments while additionally providing a framework for prescribing when people see specialists privately. The APC approved a prioritisation plan for the remaining SCPs at the end of last year, following a mapping exercise that comprised review of safety drivers, current place-based access routes, patient numbers, and Drug Monitoring LCS presence. We are now at the point of considering the most effective way to implement these remaining prioritised SCPs. The formulary status and presence of existing SCPs for some drugs RMO has developed SCPs for varies across Sussex, presenting potential implementation challenges. A paper will be taken to the next Medicines Optimisation Programme Board recommending the optimal way forward, seeking stakeholder engagement across the system to maximise the potential of implementing the remaining national SCPs locally. To note, many existing SCPs are due or overdue for review, so once implementation approach is agreed this work should be prioritised to mitigate risk.</p>	
<p>8.3 Formulary alignment T&F group (AL) The committee were informed that we are rapidly approaching the end of the formulary alignment process, with a proposed soft launch of the Sussex Partner Formulary in the diary for 11th April. Sangeetha Sornalingham joined the meeting 13.16 Aligning the four formularies currently in use across Sussex has been a significant undertaking, and approximately 3000 drugs have been mapped, summarised, and presented for Area Prescribing Committee consultation and approval; prior to being uploaded to newly commissioned formulary platform. All aligned chapters have now been approved by APC, with 10 chapters currently uploaded to the new platform in what is the current BNF format and checked by therapeutic leads. Great progress is being made on uploading the remaining chapters, with the majority nearing completion. Communications are being drafted to primary and secondary care, and ensuring links present on the internet and intranet are updated. Redirections will be added to the current formularies in use across Sussex, taking users to the new Sussex Partner Formulary. Engagement with the process has been very good, with thanks to the committee for the wealth of experience that has been shared when reviewing chapters. This has helped shaped what is being uploaded currently to the formulary, and collated to use when we undertake the next step of full clinical chapter reviews.</p>	

<p>JB requested that all formulary communications are to go through her due to QVH having their own formulary platform as well as using the Sussex formulary. GE extended her thanks to all those involved in the formulary alignment process, to AL and the secretariat members leading this piece of work. Post – meeting note 03.04.2023. The launch date has now been confirmed for the 18th April 2023</p>	
9. Any other business	
<p>9.1 A member of the committee was requested by Diabetes Care for You to raise that there has been a consultation on a NICE TA on a hybrid closed loop system for managing blood glucose in type 1 diabetes that could be published in the next financial year. It was discussed that as an Area Prescribing Committee their remit is for medicines and prescribable items. The loop systems are not prescribable, so would need to work with the commissioners (planned care).</p>	
<p>9.2 Next meeting – The committee discussed the desire to hold some APC meetings face to face if possible and the secretariat agreed to investigate this.</p> <div data-bbox="105 770 1305 878" style="border: 1px solid #0056b3; border-radius: 10px; padding: 5px; background-color: #e1eef6;"> <p>ACTION 03/23 – 14 The secretariat to investigate the possibility of face-to-face APC meetings.</p> </div>	SG
Date of next meeting	
<p>Date: May 30th 2023 Time: 12:00 to 14:00 Venue: Online MS Teams Chair: Michael Okorie</p>	