

# Minutes of the Sussex Health & Care Partnership Area Prescribing Committee

<b>Date:</b>	<b>Tuesday 28<sup>th</sup> November</b>
<b>Time:</b>	<b>12:00 – 14:00</b>
<b>Venue:</b>	<b>Online MS Teams</b>
<b>Chair:</b>	<b>Michael Okorie</b>

<b>Attendees:</b>	
Iben Altman (IA)	Chief Pharmacist, Sussex Community NHS Foundation Trust
Simon Badcott (SB)	Chief Pharmacist, East Sussex Healthcare NHS Trust (deputising for Jonathon Palmer)
Jade Baker (JBa)	Lead Strategic Pharmacist, Practice Integration and Engagement, NHS Sussex ICB, West Sussex (deputising for Neveen Sorial)
Helena Bird (HB)	Chief Pharmacist, Sussex Partnership NHS Foundation Trust (joined the meeting 12.05)
Judy Busby (JBU)	Chief Pharmacist, Queen Victoria Hospital NHS Foundation Trust
Eileen Callaghan (EC)	Sussex Director of Medicines Management and Optimisation, NHS Sussex ICB
Emilia Danielewicz	Medicines Optimisation Pharmacy Technician, NHS Sussex ICB, Brighton and Hove
Mark Donaghy (MD)	Local Pharmaceutical Committee (LPC) representative
Steven Fong (SF)	Consultant Clinician, East Sussex Healthcare NHS Trust (joined the meeting 12.35, left the meeting 12.46)
Stewart Glaspole (SG)	Lead Medicines Optimisation Pharmacist, NHS Sussex ICB, Brighton & Hove
Amy Herbert (AH)	Lead Strategic Pharmacist for Medicines Governance, NHS Sussex ICB (deputising for Gill Ells)
Shirman Lam (SLa)	APC secretariat and link pharmacist –NHS Sussex ICB - East Sussex
Samantha Lippett (SLi)	Assistant Director of Pharmacy, University Hospitals Sussex NHS Foundation Trust
Stephen Lytton (SLy)	Prescribing Lead / GP, West Sussex (Interim) (left the meeting 13.00, re-joined the meeting 13.37))
Irma Murjikelni (IM)	Prescribing Lead / GP, East Sussex (Interim) (left the meeting 13.13)
Stacey Nelson (SN)	Lead Strategic Pharmacist for Quality Improvement, NHS Sussex ICB (deputising for Chirag Patel)
Michael Okorie (MO)	Professor of Clinical Pharmacology and Therapeutics; Consultant Physician; Associate Medical Director – Brighton and Sussex Medical School; University Hospitals Sussex
Mairead O'Malley (MM)	Highly Specialised Pharmacist (Care of the Elderly), University Hospitals Sussex NHS Foundation Trust
Stephen Pike (SP)	Clinical Programme Lead Medicines Management, Deputy Medical Director NHS Sussex, Clinical Director NHS Sussex ICB – East Sussex
Helen Porter (HP)	Chief Pharmacy Officer
Janet Rittman (JR)	Sussex Public Health Representative - Brighton and Hove
David Russell (DR)	APC secretariat and link pharmacist, NHS Sussex ICB, West Sussex
Jenny Shakir (JS)	APC secretariat and link pharmacist, NHS Sussex ICB, Brighton and Hove
Sangeetha Sornalingam (SS)	Medical Director, Local Medical Committee (LMC) representative (joined the meeting 12.30)
Harriet Vogt (HV)	Community Ambassador NHS Sussex ICB
<b>Guests/Presenters:</b>	
Karuna Askoolum (KA)	Lead Medicines Optimisation Pharmacist, NHS Sussex ICB – East Sussex
Kat Allen (KaA)	Principal Clinical Psychologist Acting Clinical Lead Sussex Gender Service Pilot, Sussex Partnership NHS Foundation Trust
Ellen Mortimer-Roome (EM-R)	General Practitioner for the SGS Pilot
Karen Newman (KN)	Lead Dementia Pharmacist, Sussex NHS Partnership Foundation Trust
Ashleigh Bradley (AB)	Lead Medicines Optimisation Pharmacist, NHS Sussex ICB – West Sussex
Katherine Regan (KR)	Lead Medicines Optimisation Pharmacist, NHS Sussex ICB – West Sussex

Krissie Fowlie (KF)	Lead Medicines Optimisation Pharmacist, NHS Sussex ICB – West Sussex
Fionnuala Plumart (FP)	Lead Medicines Optimisation Pharmacist, NHS Sussex ICB – Brighton and Hove
Suzanne Ford-Dunn (SF-D)	Consultant in Palliative Care Medicine, University Hospitals Sussex NHS Foundation Trust
Golnaz Alabaf (GA)	Senior Medicines Optimisation Pharmacist, NHS Sussex ICB – West Sussex
Katie Perkins (KP)	Senior Medicines Optimisation Pharmacist, NHS Sussex ICB – West Sussex
Begoña Hernandez Roca (B HR)	Senior Medicines Optimisation Pharmacist, NHS Sussex ICB – West Sussex
Chathanath Binodh (CB)	GP, Primary Care clinical lead for Diabetes NHS Sussex ICB
Sodam Choi	Trainee Pharmacist, University Hospitals Sussex NHS Foundation Trust (observing)
Timea Hooper	Trainee Pharmacist, University Hospitals Sussex NHS Foundation Trust (observing)
Chloe Poi Yee Cheong	Trainee Pharmacist, East Sussex Healthcare NHS Trust (observing)
Alyssa Yi Lai	Trainee Pharmacist, East Sussex Healthcare NHS Trust (observing)
Danielle Greetham	Medicines Optimisation Pharmacy Technician, NHS Sussex ICB – East Sussex (observer)
Raquel Barsoum	Senior Medicines Optimisation Pharmacist, NHS Sussex ICB – East Sussex (observer)
Karen Becker	Administrator for Medicines Optimisation East Sussex, NHS Sussex

<b>Minutes taken by:</b>	
Aggie Morozinska Senior Medicines Optimisation Pharmacy Technician, NHS Sussex ICB, Brighton and Hove	
<b>1. Welcome and apologies</b>	<b>Action for</b>
<b>1.1 Welcome, apologies, and meeting etiquette</b> The Chair welcomed the committee to the November Sussex Health and Care Partnership APC meeting. <u><b>Apologies received:</b></u> Chirag Patel, Gill Ells, Neveen Sorial, Tejinder Bahra, Jo Piper, Matthew Dell	
<b>1.2 Conflicts of Interest</b> The was done electronically. No conflicts were declared, and no action was taken	
<b>2. Minutes and action log</b>	<b>Action for</b>
<b>2.1 Minutes of last meeting</b> The minutes of the previous SHCP APC meeting held in September 2023 were previously agreed and ratified virtually. The minutes are available to view on the NHS NHS Sussex website <a href="#">here</a> .	
<b>2.2 Testosterone for low libido in postmenopausal women - service inequality</b> The Chair explained that following the September APC meeting where Tostran® gel and Testogel® sachet were approved with a purple formulary coding there has been discussion regarding if this is equitable due to the lack service provision within areas of Sussex. With the absence of a Sussex menopause service the proposal is to suggest a green formulary coding. The committee discussed that GPs would follow the British Menopause Society guidance along with encouraging the GPs to undertake the necessary training that the British Menopause Society offer. They also noted the need to balance equity with safe informed prescribing.	
<b>DECISION:</b> The committee agreed that the Sussex Parter Formulary be updated to a <b>GREEN</b> formulary coding for Tostran gel and Testogel sachet for low libido in postmenopausal in women.	

<p><b>ACTION 11/23 – 01</b>  <b>What:</b> To update the Sussex Partner Formulary with a <b>GREEN</b> formulary coding for Tostran® gel and Testogel® sachet for low libido in postmenopausal in women, with the recommendation for GPs to follow the British Menopause Society Guidance</p>		MD
<b>2.3 Action log</b>		
<b>Action</b>	<b>Update</b>	
<p><b>09/23 – 01 What:</b> To amend the July 2023 Minutes at section 1.2 Conflicts of Interest of an abbreviation from SL to update this to read SLi  <b>Who:</b> Jo Piper <b>When:</b> 07.11.2023</p>	Completed	
<p><b>09/23 – 02 What:</b> To take a paper to the ICS MO Board to agree a Sussex wide position for management of prescribing outside of an agreed Sussex formulary position when a patient moves into area.  <b>Who:</b> Gill Ells <b>When:</b> Feb 2024</p>	Open	
<p><b>09/23 – 03 What:</b> To report back to the APC from the ICS MO Board regarding a Sussex wide position for management of prescribing outside of an agreed Sussex formulary position when a patient moves into area.  <b>Who:</b> Gill Ells <b>When:</b> March 2024 APC</p>	Open	
<p><b>09/23 – 04 What:</b> To add - Trixeo® pMDI, Ustekinumab - escalation of dosing frequency to every 4-6 weeks, Dexamfetamine 5mg/5ml sugar free oral solution, Methylphenidate - Delmosart® prolonged release tablets, Ritalin® XL capsules all strengths, and Luforbec® MDI to the 'not recommended' list on the Sussex Partner formulary.  <b>Who:</b> Matt Dell <b>When:</b> 10.11.2023</p>	Completed	
<p><b>09/23 – 05 What:</b> To add - Trixeo® pMDI, Ustekinumab - escalation of dosing frequency to every 4-6 weeks, Dexamfetamine 5mg/5ml sugar free oral solution, Methylphenidate - Delmosart® prolonged release tablets, Ritalin® XL capsules all strengths, and Luforbec® MDI to OptimiseRx 'not recommended' list.  <b>Who:</b> Jo Piper <b>When:</b> 10.11.2023</p>	Completed	
<p><b>09/23 – 06 What:</b> To add the link to the 'NHSE commissioning recommendations for blood glucose and ketone meters, test strips and lancets ' to the Sussex Partner formulary.  <b>Who:</b> Matt Dell <b>When:</b> 10.11.2023</p>	Completed	
<p><b>07/23 – 07 What:</b> To add beside the entry for the NHSE commission</p>	Completed	

<p>recommendations on the Sussex Partner formulary, the following note: "Where a patient is on an insulin pump that requires a specific meter and test strips not on NHSE recommended list, these should continue, and reason documented".</p> <p><b>Who:</b> Matt Dell <b>When:</b> 10.11.2023</p>		
<p><b>09/23 - 08. What:</b> To add the recommended test strips and lancets that are on the Drug Tariff on to the Sussex Partner formulary coded GREEN</p> <p><b>Who:</b> Matt Dell <b>When:</b> 24.11.2023</p>	Completed	
<p><b>09/23 – 09 What:</b> To remove the current meters, test strips and lancets on the Sussex Partner Formulary that are outside of NHSE recommendations, except for Fastclix.</p> <p><b>Who:</b> Matt Dell <b>When:</b> 10.11.2023</p>	Completed	
<p><b>09/23 – 10 What:</b> Addition of specific Optimise Rx messages for Glucozen and GlucoRx Safety lancets; KEYA smart; GlucoMen Aero, Aviva, Freestyle Lite, Guide, Contour Next, Mobile, Performa, Contour and Contour TS test strips, Wave Sense Jazz and GlucoRx Nexus and Freestyle Optium and Freestyle Optium b-ketone as per the application.</p> <p><b>Who:</b> Jo Piper <b>When:</b> 24.11.2023</p>	Completed	
<p><b>09/23 – 11 What:</b> The ICB MOT Therapeutic lead to develop a prescribing newsletter article which the ICB Medicines Optimisation team will highlight to practices by November 2023 APC regarding the adoption of the NHSE Commissioning recommendations</p> <p><b>Who:</b> Shirman Lam <b>When:</b> 14.11.2023</p>	Completed	
<p><b>09/23 – 12 What:</b> To add Bibecfo 100/6 MDI and Bibecfo 200/6 MDI as First line (above Fostair MDI) to the Sussex Partner formulary with a GREEN formulary coding for new patients only.</p> <p><b>Who:</b> Matt Dell <b>When:</b> 03.11.2023</p>	Completed	
<p><b>09/23 – 13 What:</b> To discuss the feasibility of a primary care switching program with the ICB MOT and report back to the APC at the January meeting following the approval of Bibecfo.</p> <p><b>Who:</b> Dave Russell <b>When:</b> 09.01.2024</p>	Completed	
<p><b>09/23 – 14 What:</b> To add Tostran® gel and Testogel® sachet to the Sussex Partner formulary with a PURPLE (specialist recommended) formulary coding for low libido in post-menopausal women. All other indications that are not already listed on the Sussex Partner Formulary to be coded RED.</p> <p><b>Who:</b> Matt Dell <b>When:</b> 10.11.2023</p>	Completed	

<b>09/23 – 15 What:</b> To escalate the inequality of Testosterone in post-menopausal women with low libido to Exco Commissioning Group. <b>Who:</b> Amy Herbert <b>When:</b> 10.11.23	Completed	
<b>09/23 – 16 What:</b> To lead a discussion at the November APC discussing the current status of menopause services within Sussex. <b>Who:</b> Gill Ells <b>When:</b> 28.11.2023	Completed	
<b>09/23 – 17 What:</b> To add Rimegepant 75mg oral lyophilisate to the Sussex Partner formulary with a RED formulary coding. <b>Who:</b> Matt Dell <b>When:</b> 10.11.2023	Completed	
<b>09/23 – 18 What:</b> To invite the UHS specialists to re-submit a re-coding application back to the APC in 12 months' time to reconsider a purple coding (specialist initiation) with 12 weeks supply. <b>Who:</b> Sam Lippett <b>When:</b> September 2024	Open	
<b>09/23 – 19 What:</b> The UHS specialists to bring back their experience of using Rimegepant 75mg oral lyophilisate to the APC meeting in 12 months' time to share the past 12 months experience of prescribing. <b>Who:</b> Sam Lippett <b>When:</b> September 2024	Open	
<b>09/23 – 20 What:</b> The author of the wound care chapter review to review the comments missing from the Futures platform. If any changes to the formulary are required, an application will need to be submitted to the November APC meeting. <b>Who:</b> Katherine Regan <b>When:</b> 04.10.2023	Closed	
<b>Open actions from previous APC meetings</b>		
<b>Action</b>	<b>Update</b>	
<b>07/23 – 06</b> Methenamine Hippurate – to resubmit the application along with the treatment pathway working in partnership with local providers and Surrey Heartlands APC.	Considering the current financial climate, this is deferred until a NICE update	
<b>07/23 – 05</b> Fidaxomicin - to review the supply in the community in 6 months' time. If no issues this action will be considered closed	To check in January 2024	
<b>05/23 – 09</b> To amend the Type 2 diabetes treatment algorithm to include oral semaglutide tablet at the same step as GLP-1 TA injections for those unable to inject as second line to S/C GLP-1	GLP -1 shortage still ongoing expected to last until Mid- 2024. Action to be reviewed Jan 2024	

### 3. Meeting administration business

#### 3.1 Virtual approval update

The committee were informed that there is currently a virtual approval process currently being undertaken for several items which will be reported back to the APC in the January 2024 APC meeting. Virtual approval closes on Friday 1st Dec 2023. Decisions to be incorporated into the Minutes as a post meeting note. Once minutes are ratified the decisions will be implemented.

#### POST MEETING NOTES 04/12/2023

The items below have been virtually approved on the 01.12.2023:

**Virtually approved - Dorzolamide 20mg/ml / timolol 5mg/ml eye drops preservative free (multidose bottle)** formulary extension application – approved with PURPLE formulary colour coding, it is the preferred choice for newly initiated patients requiring a preservative free formulation.

#### ACTION 11/23 – 02

**What:** To add dorzolamide 20mg/ml / timolol 5mg/ml eye drops preservative free (multidose bottle) to the Sussex Partner Formulary with the PURPLE colour coding, also to add the caveat: “This is the preferred choice for newly initiated patient.”, “Do not recommend the Cosopt iMulti as it is not cost-effective” and to add to the ‘Not recommended Items’ list,

**Who:** Matt Dell **When:** 17.01.2024

MD

#### ACTION 11/23 – 03

**What:** To add dorzolamide 20mg/ml / timolol 5mg/ml eye drops preservative free (multidose bottle) to OptimiseRx PURPLE drug list. Add Cosopt iMulti to the OptimiseRx ‘not recommended list’.

**Who:** Jo Piper **When:** 17.01.2024

JP

**Virtually approved - Somatrogen pre-filled disposable device** colour status change application- approved from RED to PURPLE with an information sheet, and with an initial three-months’ supply.

**Virtually approved - Somatropin pens/pre-filled devices/cartridges** formulary coding alignment – approved with a PURPLE (Specialist is prescribe initial 3-months’ supply) formulary coding, with an information sheet.

<p><b>ACTION 11/23 – 04</b>  <b>What:</b> To amend the formulary coding of somatrogon pre-filled disposable devices to <b>PURPLE</b> (Specialist to prescribe initial 3-months supply), and to link to the patient information leaflet. To note on the formulary that this is administered once weekly.  <b>Who:</b> Matt Dell <b>When:</b>17.01.2024.</p> <p><b>ACTION 11/23 – 05</b>  <b>What:</b> To remove the BlueTeq form for somatrogon when the formulary has been updated.  <b>Who:</b> Aggie Morozinska <b>When:</b>17.01.2024</p> <p><b>ACTION 11/23 – 06</b>  <b>What:</b> To align the formulary coding of Somatropin to <b>PURPLE</b> (Specialist to prescribe initial 3 months), and to link to the patient information leaflet.  <b>Who:</b> Matt Dell <b>When:</b>17.01.2024</p> <p><b>ACTION 11/23 – 07</b>  <b>What:</b> To upload the somatrogon and somatropin patient information leaflet to the Shared Care section on the Sussex ICB internet.  <b>Who:</b> Aggie Morozinska <b>When:</b> 17.01.2024.</p> <p><b>ACTION 11/23 – 08</b>  <b>What:</b> To add somatrogon to OptimiseRx <b>PURPLE</b> drug list  <b>Who:</b> Jo Piper <b>When:</b> 17.01.2024.</p>	<p>MD</p> <p>AM</p> <p>MD</p> <p>AM</p> <p>JP</p>
<p><b>Virtually approved - To adopt the locally adapted national shared care protocols: Methotrexate Shared Care Protocol, Leflunomide Shared Care Protocol and Hydroxychloroquine Shared Care Protocol</b> – approved with a phased introduction from January 2024 for all new patients, all patients on legacy SCPs will be transferred by the provider to the agreed national SPCS at their next annual review (this includes SC MTX). Any patients not under active secondary care, or not under an active SPC to be referred back into the service via normal route with legacy arrangements continuing until the national SPC is implemented.</p>	
<p><b>ACTION 11/23 – 09</b>  <b>What:</b> To update the Sussex Partner Formulary from a mixed coding to <b>AMBER</b> coding for methotrexate SC. To link the SCPs to the Sussex Partner Formulary.  <b>Who:</b> Matt Dell <b>When:</b> 17.01.2024</p> <p><b>ACTION 11/23 – 10</b>  <b>What:</b> To remove the legacy MXT, LFL and HCQ SCPs from the internet and upload the approved MXT, LFL and HCQ SCPs linking them to the Sussex Partner Formulary.  <b>Who:</b> Aggie Morozinska <b>When:</b> 17.01.2024</p> <p><b>ACTION 11/23 – 11</b>  <b>What:</b> To add the methotrexate SC all strengths to the <b>AMBER</b> OptimiseRx list.  <b>Who:</b> Jo Piper <b>When:</b> 17.01.2024</p>	<p>MD</p> <p>AM</p> <p>JP</p>



<p><b>ACTION 11/23 – 14</b>  <b>What:</b> To add Oestrogen (Estradot) patch to the Sussex Partner Formulary with a <b>PURPLE</b> formulary coding and link to the information pack containing both the cover letter to GPs (appendix 3) and collaborative care agreement (appendix 6) for gender dysphoria where a GP has agreed to work under the CCA.  <b>Who:</b> Matt Dell <b>When:</b> 17/11/2024</p> <p><b>ACTION 11/23 – 15</b>  <b>What:</b> To add Estradiol (Oestrogel pump) to the Sussex Partner Formulary with a <b>PURPLE</b> formulary coding and link to the information pack containing both the cover letter for GPs (appendix 3) and collaborative care agreement (appendix 6) for gender dysphoria where a GP has agreed to work under the CCA.  <b>Who:</b> Matt Dell <b>When:</b> 17/01/2024</p> <p><b>ACTION 11/23 – 16</b>  <b>What:</b> To add Testogel pump to the Sussex Partner Formulary with a <b>PURPLE</b> formulary coding and link to the information pack containing the cover letter for GPs (appendix 3) and collaborative care agreement (appendix 6) for gender dysphoria where a GP has agreed to work under a CCA.  <b>Who:</b> Matt Dell <b>When:</b> 17/01/2024</p> <p><b>ACTION 11/23 - 17</b>  <b>What:</b> To add a <b>PURPLE</b> formulary coding and link to the collaborative care agreement (appendix 6) for products already on the formulary for gender dysphoria (products listed in Appendix 7 – comparison table for hormone therapy medications in NCTH and Tavistock guidelines) where a GP has agreed to work under the CCA  <b>Who:</b> Matt Dell <b>When:</b> 17.01.2024</p> <p><b>ACTION 11/23 - 18</b>  <b>What:</b> Both the ‘Information and consent’ forms (appendix 1 and 2) to be amended to use the phrase ‘off label’ rather than ‘off licence’.  <b>Who:</b> Shirman Lam <b>When:</b> 17.01.2024</p>	<p>MD</p> <p>MD</p> <p>MD</p> <p>MD</p> <p>SLa</p>
<p><b>4.2 Pan Sussex guidance for symptom management of adult palliative care patients and those in the last few days of life’ and ‘Pan Sussex opioid conversion guide’</b></p> <p>The committee was presented with a one page ‘Pan Sussex guidance for symptom management of adult palliative care patients and those in the last few days of life’ for use by clinicians in Sussex (Appendix 1), accompanying ‘Pan Sussex opioid conversion guide’ to be used by clinicians if there is a need to convert from one opioid to another (Appendix 2) and a proposal that all the medications in the guidance would be green for palliative care patients only to allow ease of access for this for patients in the last few days of life.</p> <p>The committee raised concern around the availability of diamorphine which is included in the guidance. They were assured that the diamorphine was removed from our one-page guidance, so it's not there as one of the choices. Occasionally it may be used for patients who've moved out of other areas. That is the reason it was kept within the conversion guide, so that, district nurses or whoever using it have got an idea of what they're giving and whether the PRN doses are appropriate.</p> <p>The committee raised question about the Parkinson’s calculator and that it is not registered as a medical device. It was agreed to remove the link to the Parkinson’s</p>	

calculator from this guidance but keep the sentence saying refer to a calculator to remind people to refer to it.  
The committee was asked to approve the guidance which will be linked to the palliative care chapter within the Sussex Partner Formulary.

FP and SF-D 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 new medicinal products are being considered
B. Safety	No safety concerns noted
C. Cost-effectiveness	No cost-effectiveness concerns noted
D. Place in treatment pathway	There is a Sussex wide treatment pathway
E. Patient orientated outcomes	The patient orientated outcomes are not relevant as the treatment has not changed.
F. Equity	Patients will benefit from the standard of care
G. Environment	No environmental issues noted

Voting members arrived at an outcome using the decision-making framework.

**Decision: Approved** - subject to minor changes – the link to the Parkinson’s calculator be removed but to refer to the Parkinson’s calculator within the guidance.

**ACTION 11/23 – 19**

**What:** Within the guidance remove the link to the Parkinson’s calculator but to refer to the Parkinson’s calculator. To email the updated guidance to the APC Secretariat

**Who:** Raquel Barsoum **When:** 17/01/2024

**ACTION 11/23 – 20**

**What:** To change the Oxycodone 10mg/1ml, 20mg/2ml, and 50mg/ml injections formulary colour status from **PURPLE** to **GREEN** for palliative care.

**Who:** Matt Dell **When:** 17/01/2024

**ACTION 11/23 – 21**

**What:** To change Haloperidol 5mg/ml injection formulary colour status from **PURPLE** to **GREEN** for palliative care

**Who:** Matt Dell **When:** 17/01/2024

RB

MD

MD

<p><b>ACTION 11/23 – 22</b>  <b>What:</b> To change levomepromazine injection formulary colour status from <b>PURPLE</b> to <b>GREEN</b> for palliative care  <b>Who:</b> Matt Dell <b>When:</b> 17/01/2024</p> <p><b>ACTION 11/23 – 23</b>  <b>What:</b> To upload the ‘Pan Sussex guidance for symptom management of adult palliative care patients and those in the last few days of life’ and the ‘Pan Sussex Opioid Conversion guide’ to the intranet.  <b>Who:</b> Aggie Morozinska <b>When:</b> 17/01/2024</p> <p><b>ACTION 11/23 – 24</b>  <b>What:</b> To link the ‘Pan Sussex guidance for symptom management of adult palliative care patients and those in the last few days of life’ and the Pan Sussex opioid conversion guide’ to the Sussex Partner Formulary  <b>Who:</b> Matt Dell <b>When:</b> 17/01/2024</p> <p><b>ACTION 11/23 – 25</b>  <b>What:</b> To remove levomepromazine injection, haloperidol injection and oxycodone injections for palliative care from the purple list on OptimiseRx and to add specific messages.  <b>Who:</b> Jo Piper <b>When:</b> 17.01.2024</p>	<p>MD</p> <p>AM</p> <p>MD</p> <p>JP</p>
<p><b>4.3 Colour change status for poor tolerability to Dementia medication (Donepezil, Memantine, Rivastigmine and Galantamine).</b></p> <p>The committee was asked for the formulary to be updated to include colour change status for Donepezil, Rivastigmine and Galantamine for patients already established on an acetylcholinesterase (AChE) inhibitor experiencing poor tolerability (from existing colour to a universal GREEN coding).</p> <p>This would allow primary care prescribers the option to use an alternative drug without needing to wait for specialist advice, where patients experience poor tolerability to their existing dementia medication.</p> <p>Formulary status of Memantine for non-Alzheimer’s dementia (Parkinson’s disease dementia, mixed dementia, and dementia with Lewy bodies) to remain PURPLE and to be changed to GREEN if experiencing poor tolerability.</p> <p>The committee heard that this colour change status proposal is to align the prescribing with NICE Guidance across Sussex. NICE Guidance 97 and the Summary of Product Characteristics clearly explain what medicine to switch to. It states that any side effects and any medication not tolerated doesn’t need a referral back to secondary care and it can be managed within the primary care. The alignment falls in line with the Locally Commissioned Service for dementia.</p> <p>The committee questioned the GP confidence in terms of what side effects to watch out for and which medicines to switch to without asking for specialist advice and referring to specialist service.</p> <p>KN, AB and GA left the meeting and voting members moved to make a decision.</p> <p>The committee agreed with proposed colour changes, access for patients, faster response times but felt the formulary colour changes application is unclear which poses a risk to patients.</p>	

**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 concerns were noted
B. Safety	Concerns were raised around GPs confidence in prescribing based on, where to seek prescribing/switching advice, what specialist support can be given to GPs.
C. Cost-effectiveness	No concerns were noted
D. Place in treatment pathway	Concerns were raised around GPs not being familiar with all the drugs or treatments and won't be confident to switch drugs without a bit more guidance.
E. Patient orientated outcomes	No concerns were noted
F. Equity	Different approach across Sussex. There is a need for a standardised service.
G. Environment	No concerns were noted

Voting members arrived at an outcome using the decision-making framework.

**Decision: Not approved** in line with recommendations in summary report, based on section B and D of the decision making framework.

**ACTION 11/23 – 26**

**What:** To resubmit application with a clarification of place in pathway including appropriate escalation.

**Who:** Dave Russell **When:** 29.12.2023

DR

**ACTION 11/23 – 27**

**What:** To produce a drug table to support appropriate prescribing/switching

**Who:** Dave Russell **When:** 29.12.2023

DR

**4.4 Alignment of insulin pre-filled pens and cartridges (penfill) products and the alignment of pen devices on the Sussex Partner Formulary**

The committee are asked to harmonise insulin products used in the management of type 2 diabetes to ensure that patients continue to have access to insulin therapies during stock shortages.

The committee raised questions around training provided in primary care regarding to the administration of insulin. It is to ensure that patient has adequate information. The committee was made aware that the training is provided as a part of the LCS.

The committee questioned patient safety and the formulary alignment to GREEN colour coding when the LCS is not in place and clinicians are not suitably trained.

They were assured that there will be a caveat note in the insulin chapter in the Sussex Partner Formulary, saying "Only for initiation by prescribers in primary care working

under the Diabetes Care Locally Commissioned Service (LCS) agreement. Please refer to information found under ‘training and competence’ within the diabetes care LCS, and ensure prescribing is in accordance with the LCS documented place in therapy”. There will also be an Optimise Rx message set up in clinical systems.

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

The committee was concerned about the colour coding and how it may confuse who can initiate/prescribe insulin. It was highlighted that GP’s who had undertaken the LCS training, can prescribe insulin.

Although not required for approval of pathways and alignment work not involving individual medicines, the chair requested the committee makes a decision using the principles of the decision making framework.

**Decision: Approved**

- ACTION 11/23 – 28**  
**What:** To align the insulins on the Sussex Partner formular (appendix 1), and to include on the formulary the caveat /proposed wording within the Inulin paper application.  
**Who:** Matt Dell **When:** 17.01.2024
- ACTION 11/23 – 29**  
**What:** To change pen devices colour coding on the Sussex Partner Formulary to **GREEN** and remove product names from the formulary.  
**Who:** Matt Dell **When:** 17/01/2024
- ACTION 11/23 – 30**  
**What:** To add the note to Hypurin products as not for routine new initiations on the Sussex Partner Formulary  
**Who:** Matt Dell **When:** 17/01/2024
- ACTION 11/23 – 31**  
**What:** To add the list of biosimilar insulins as preferred/first line for new routine initiations where appropriate on the Sussex Partner Formulary  
**Who:** Matt Dell **When:** 17/01/2024
- ACTION 11/23 – 32**  
**What:** To add the list of biosimilar insulin as preferred/first line for new routine initiations to OptimiseRx messages. To update the OptimiseRx in line with appendix 1)  
**Who:** Jo Piper **When:** 17/01/2024

MD  
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MD  
JP

**5. Standing Items**

**5.1 NICE Technology Appraisals / Highly Specialised Technologies / NICE guidance (EM)**  
**NICE Technology Appraisals**  
 Since the last SHCP APC meeting in September ‘23 the Sussex APC Secretariat group have dealt with a total of 15 published NICE Technology Appraisals, noted 1 termination and 1 Highly Specialised Technology Guidance.

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.

<p><b>NICE GUIDANCE</b> The Secretariat have dealt with a total of 15 NICE guidelines, 12 of which were updated NICE guidelines. All of which have been reviewed by the ICB therapeutic leads and have confirmed all local prescribing positions are compliant. There have been 10 Blueteq forms drafted since the last APC which are available to view on NHS Futures under 'Blueteq Forms'.</p> <p>No variation was reported between the local place bases, with positions noted.</p>	
<p><b>5.2 Horizon Scanning (Chair)</b> No updates</p>	
<p><b>5.3 Patient Safety &amp; medicines safety alerts (Chair)</b> No updates</p>	
<p><b>5.4 Discontinuations (Chair)</b> Discontinuations were noted. <b>Oxybutynin 3mg tablets</b> (26th October 2023) <b>Pancrease HL gastro-resistant capsules</b> (10<sup>th</sup> Nov 2023) <b>lixisenatide (Lyxumia) 20micrograms/0.2ml solution for injection 3ml pre-filled disposable devices</b> (22<sup>nd</sup> Dec 2023)</p>	
<p><b>6. RMOc</b></p>	<p><b>Action for</b></p>
<p><b>6.1 Latest RMOc update (HP)</b> Regional medicines optimisation structures were finalised. The NHS Kent and Medway ICB Chief Pharmacist- Gaye Lewington (Head of the Board) is completing the Terms of Reference and the initial meeting is planned for the new year 2024. SHCP APC will be asked to represent Sussex at this meeting.</p>	
<p><b>7. Sub-group</b></p>	
<p><b>7.1 Melatonin T&amp;F update report (DR)</b> The SHCP APC application paperwork is being drafted. It will include a commissioning statement, information sheet and patient information. The paperwork will be shared with the T&amp;F group and their APC members of their respective trusts prior to APC submission. The work of the Melatonin T&amp;F group was shared with the Neurodevelopmental Pathway group membership and the APC application paperwork will be shared with the Neurodevelopmental Patient Group to include patient representation. The ICB Medicines Optimisation team met with East Sussex Healthcare Trust to discuss implementation plan. The aim is to bring it to the January 2024 APC meeting.</p>	
<p><b>7.2 Shared Care Protocol (SCP) update (AH)</b> Methotrexate, hydroxychloroquine and leflunomide SCP are up for virtual approval and once the minutes are ratified, they will be implemented. The committee was assured in terms of patient numbers who will be transferred from primary to secondary care at the time of an annual review as part of the Methotrexate SPC. It is included in the drug monitoring and LCS.</p> <p>Regarding the ophthalmology monitoring and retinal screening of patients on hydroxychloroquine the committee was assured that service providers are paid to deliver that on consultant referrals basis and GPs should follow the SCP.</p> <p>SCP planned to come to January 2024 APC meeting are amiodarone, dronedarone, lithium, sulfasalazine, cyclosporine and mycophenolate.</p>	
<p><b>7.3 Formulary alignment T&amp;F group (AH)</b> The prioritisation and implementation plan went to the Medicine Optimisation Program Board, and it was well received. AH will send out the paperwork to APC members after this meeting. The program board members will meet to approve the standard</p>	

operating procedure. The three-year programme will start in quarter one of year 2024 prioritising: Central Nervous System, Respiratory and Palliative Care chapters.	
<b>8. Any other business</b>	
Nothing noted.	
<b>Date of next meeting</b>	
Date: January 30th 2024 Time: 12:00 to 14:00 Venue: Online MS Teams Chair: Michael Okorie	
<b>Meeting close.</b>	