

Sussex Health & Care Partnership Area Prescribing Committee (minutes)

Date:	Tuesday 28th September 2021
Time:	12:00 – 14:00
Venue:	Online MS Teams
Chair:	Michael Okorie

Attendees:	
Iben Altman (IA)	Chief Pharmacist, SCfT
Michelle Barnard	Lead Pharmacy Technician
Mike Beaman (MBe)	Community Ambassador
Helena Bird (HB)	Chief Pharmacist SPfT
Judy Busby	Chief Pharmacist, Queen Victoria Hospital
Eileen Callaghan (EC)	Director of Sussex Medicines Management and Optimisation, SHCP
Mark Donaghy (MD)	LPC representative
Gill Ells (GE)	Head of Medicines Management, NHS East Sussex CCG
Steven Fong (SF)	Consultant Physician, ESHT
Krissie Fowle	Senior Pharmacist Medicines Optimisation, NHS West Sussex CCG
Stewart Gaspole (SG)	Principal Pharmacist, NHS B&H CCG
Stephen Lytton (SLy)	GP, East Sussex
Amy Lynch	Senior Pharmacist Medicines Optimisation, NHS West Sussex CCG
Robert McNeilly (RMc)	GP, East Sussex
Riz Miarkowski (RM)	Prescribing Clinical Lead / GP, West Sussex
Stacey Nelson (SN)	Deputy Head of Medicines Optimisation, NHS West Sussex CCG
Ciara O’Kane (CO)	Principal Pharmacist, B&H CCG
Michael Okorie (MO)	Associate Medical Director, UHSussexFT (East)
Chirag Patel (CP)	Head of Medicines Management, NHS Brighton & Hove CCG
Stephen Pike (SP)	Prescribing Clinical Lead / GP, East Sussex
Janet Rittman (JR)	Sussex Public Health representative (B&H)
Neveen Sorial	Head of Medicines Optimisation, NHS West Sussex CCG
Tejinder Bahra	Lead Commissioning Pharmacist, East Surrey Place
Guests:	
Amanda Hulejczuk	Lead Parkinson’s Nurse Specialist, University Hospitals Sussex NHS Foundation Trust (Safinamide)
Romi Saha	Consultant Neurologist, Sussex PD Network lead, University Hospitals Sussex NHS Foundation Trust (Safinamide)
Claire Castledine	Consultant Nephrologist, UHSussex (East) (Dapagloflozin)
Alison Warren	Consultant Pharmacist, Cardiology. UHSussex (East) (Dapagloflozin)
Amy Walker	Observing
Eve Rockell	Observing

Minutes taken by:	
Jo Piper Pharmaceutical Commissioning Manager	

1. Welcome and apologies		Action for
<p>The Chair welcomed the committee to the September Sussex Health and Care Partnership APC.</p> <p>As a reminder, the Chair explained that this is a recommendation group at the moment until the SHCP APC secures delegated authority.</p> <p>Apologies received: Inge Bateman, Irma Murjikneli, William Shepherd.</p> <p>Declarations of Interest The Chair reminded members to complete and return the DOI form found on the Futures platform: https://future.nhs.uk/SussexAreaPrescribing/view?objectId=105239429 and return to the Sussex APC generic inbox sxccg.sussexapc@nhs.net</p> <p>The committee and guests were also asked to declare any conflicts of interest pertinent to items on the agenda. The chair declared the following conflicts of interests: Their hypertension clinic sits within renal medicine - UHSussex (Dr Clare Castledine); They are a member on the Surrey and Sussex Regional IVIG Panel (Dr Romi Saha) and they are a member on the BIHS Education Programmes Working Party (Alison Warren).</p> <p>The vice chair was asked whether these interests had a material impact on the meeting proceedings, it was decided they did not and therefore no action was taken. No other relevant declarations were noted.</p>		
<div style="border: 1px solid black; border-radius: 15px; padding: 10px; background-color: #e6f2ff;"> <p>ACTION 09/21-01 Outstanding annual declarations of interest form to be completed at the earliest possible opportunity. The form is available via NHS Future Platform</p> </div>		All
2. Minutes and action log		
2.1 Minutes of last meeting		
The minutes of the previous SHCP APC meeting held in July 2021 had already been agreed and ratified virtually, as an accurate record of decisions and actions. This is available to view on NHS Futures platform, and are to be made available on the CCG intranet.		
2.2 Action log		
Action	Update	
07/21-01 Annual declaration of interest	Keep on action log as a rolling item	
07/21-04 to add the agenda time scale frames to all the APC templates	Completed and template amended	
07/21-05 To include the word 'Hove' within the ToR so it reads 'Brighton & Hove'	Completed and ToR amended	
07/21-06 To add a reference within the ToR that Brighton & Hove APC will continue to make decisions for the HWLH geography	Completed and ToR amended	

07/21-08/09 to include the agenda time scales on both of the newly approved templates	Completed and templates amended	
07/21-10 Once actions 08 and 09 are completed to upload both templates on to the local formulary platforms/CCG intranet	Completed	
07/21-11 New formulary templates – to be shared with place based MIGs/APCs	Completed	
07/21-12 To continue to ratify NICE TAs at each local MIGs/APCs and to share a summary of these decisions at the SHCP APC meetings	Completed	
07/21-13 Red drug governance review – to update the place based MIGs/APCs	Completed	
07/21-14 NICE TA706 Budesonide orodispersible tablet – further discussion at the September required	To be covered and on the agenda	
07/21-15 Drug Safety Update Levothyroxine	To be covered at the November meeting	
07/21-16/17/18/19 Narcolepsy and cataplexy Shared Care Protocols – to draft individual SCP, to pause methylphenidate and dexamfetamine SCP.	To be covered at the November meeting	
07/21- 20 Formulary colour coding report	To be covered and on the agenda	
07/21-21 Sussex wide lipid guidance	To be covered at the November meeting	
07/21-22 Bempedoic acid to recommend alone and in combination as green to place based MIGs	Completed	
07/21-23 Deflazacort specialist initiation recoding recommendation at each place-based MIG	Completed	
07/21-24 Deflazacort development of an information sheet	Completed	
07/21-25 Development of a BlueTeq subgroup	Ongoing	
<p>2.3 SHCP APC Item timescales 2.4 SHCP APC Terms of Reference 2.5 SHCP APC Formulary extension template 2.6 SHCP APC Colour re-coding template</p> <p>Items 2.3, 2.4, 2.5 and 2.6 required an amendment following the July 2021 SHCP APC meeting. Recommendation: These have all been approved for use.</p> <div style="border: 1px solid black; border-radius: 15px; padding: 10px; background-color: #e6f2ff; display: inline-block; margin-top: 10px;"> <p>ACTION 09/21 – 02 to upload the approved documents and templates on to the SHCP APC NHS Futures Platform.</p> </div>		JP

3. Meeting administration business	
<p>3.1 SHCP 'Drug information sheet' template</p> <p>The 'Drug information sheet' template was developed following a recommendation made at the last SHCP APC meeting in July. This template will be used for those medicines that require a recommendation with supply by a specialist prior to transferring into primary care and which has no significant monitoring or impact in primary care.</p> <p>It was noted to alter the word 'drug' to 'medicine' on the template.</p> <p>Recommendation:</p> <p>It was agreed to recommend the SHCP 'Medicine's information sheet' template to the 3 local APC/MIGs and to include relevant colour coding when agreed.</p>	
<p>ACTION 09/21 – 03 to update the template with the relevant formulary colour coding</p> <p>ACTION 09/21 – 04 to update and share the template with the 3 local APC/MIGs.</p>	<p>JP</p> <p>AL/SN/CO</p>
4. Standing Items	
<p>4.1 Sussex wide formulary work</p> <p>4.1a Formulary colour coding report</p> <p>The formulary colour coding was initially discussed at the first SHCP APC meeting in May where it was agreed to gather some more information and thoughts around what the potential options could be. There was agreement with the RED, AMBER and GREEN formulary colour codings but the key problem was where the four formularies within Sussex differ the most which is with the specialist initiation/recommendation colour coding.</p> <p>Two options were presented within the report.</p> <p>Option 1 - to consider having an additional new formulary colour (in addition to red/amber/green) that differentiates between shared care and specialist initiation without shared care.</p> <p>Option 2 - to keep the existing three agreed formulary colour codings (red/amber/green). Within the amber colour coding there would be sub-categories for shared care or no shared care with either specialist initiation or recommendation.</p> <p>The committee shared their thoughts around both options highlighting pros and cons for each option. The Chair wrapped up the conversation by asking for the committee members to vote for the option they would prefer to have for a consistent approach across Sussex.</p> <p>Recommendation:</p> <p>It was agreed to recommend Option 1 Red Amber Green with APC secretariat to assign a separate colour to denote specialist initiation with/without supply and with information sheet if appropriate and required.</p>	
<p>ACTION 09/21 – 05 The APC secretariat to assign a separate new formulary colour coding to denote specialist initiation with or without supply.</p> <p>ACTION 09/21 – 06 To present the recommendation of option 1 to the 3 local APC/MIGs to ratify and implement.</p>	<p>SG</p> <p>AL/SN/CO</p>

Post meeting note:

ACTION 09/21 – 05 An agreed new formulary colour of **PURPLE** to denote recommendation with or without supply or supply with information sheet.

4.1b/c/d Interim approval of Tavistock and Portman gender dysphoria shared care guidelines in adults over 18 years of age report

- Treatment of gender dysphoria in people female at birth transitioning to a masculine gender identity Share Care Guideline, and
- Treatment of gender dysphoria in people assigned male at birth transitioning to a feminine gender identity Shared Care Guideline

The report and shared care guidelines were presented. It was highlighted to the committee that these shared care guidelines are in a different format to what has previously been presented at the SHCP APC, but they represent a pragmatic interim solution to some of the prescribing issues that GPs face when looking after people with gender dysphoria and have been developed by the national centre. The committee is asked to approve these shared care guidelines being as they support the proposed transgender LCS for adults over 18 years within Sussex. There is a national programme to review and develop drug based shared care protocols, and the group has been asked to consider shared care guidelines for gender dysphoria as part of this review. That notwithstanding, the shared care guidelines are due for review by the Tavistock and Portman centre in the near future and there will be local input into this process.

A wider CCG group is looking at transgender care provision across Sussex and is developing a commissioned service outside of primary care to support primary care with these patients.

The committee agreed to approve the shared care guidelines as a pragmatic interim approach, pending fuller reviews outlined above.

Recommendation:

The two shared care guidelines are approved for use subject to change if or when national shared care guidance is published.

ACTION 09/21 – 07 To present to the 3 local APC/MIGs to ratify and implement both shared care guidelines.

AL/SN/CO

4.1e Flash Glucose Monitoring and learning disabilities report and update to local guideline.

Earlier this year there was an update to national guidance expanding eligible cohorts to include people with LD who have either Type 1 or Type 2 diabetes who are on insulin. The report highlighted this update.

The update to the local guideline will sit within each of the formularies.

Recommendation:

The update to the local guideline was approved.

<p>ACTION 09/21 – 08 To present to the 3 local APC/MIGs to ratify and implement.</p>	AL/SN/CO
<p>4.2 NICE TAs / HSTs The committee was made aware of the relevant recent NICE publications and a check for local variance was carried out. The difference in NICE TA708 implementation was noted as an agenda item.</p>	
<p>4.3 NICE guidance The committee was made aware of the most relevant NICE guidance.</p>	
<p>4.4 Horizon scanning Nothing to report.</p>	
<p>4.5 Patient safety & medicines safety alerts https://www.gov.uk/drug-safety-update The Chair encouraged and advised committee members to look at the Topical -corticosteroids information on the risk of topical steroid withdrawal reactions.</p>	
<p>5. Formulary recoding, extension & new drug applications</p>	
<p>5.1 Evidence review/submission: Safinamide (Xadago®) tablet: Parkinson’s Disease with motor fluctuations. The new drug application for safinamide which is a monoamine-oxidase-B inhibitor (MAOI) used to treat Parkinson’s disease symptoms was presented to the committee for consideration to be used 2nd line after selegiline or rasagiline. The proposal is to initiate within specialist care for the first month. The committee heard that safinamide had other novel mechanisms of action which are different to both selegiline and rasagiline. They also stated there are data that suggest it has some effect on non-motor systems of PD. Specialist opinion is that safinamide can be prescribed with SSRIs which are used to treat depression whereas both selegiline and rasagiline come with warnings against combining treatment with SSRIs. The committee asked for further clarity around its place in therapy. The applicant clarified that patients would be initiated on selegiline or rasagiline where clinically appropriate. Due to safinamide being more costly compared to other drugs in this class the committee asked if a pathway could support appropriate initiation at a local level. It was explained that a pathway would be difficult to develop due to each patient presenting with different symptoms and conditions. It was noted that Queens Square Hospital for Neurology and neurosurgery does not currently include safinamide on their formulary. The presenter left the meeting for the committee to discuss the application further. The committee used a decision-making criterion to support an agreed recommendation. Evidence: It was agreed that the evidence show safinamide to is likely to be as effective as the other MAOIs (compared to placebo) but the committee noted that no formal head to head studies had been undertaken. Safety: Safinamide has marginal safety benefits within a selected group of patients. Cost-effectiveness: Within the select group of patients it was agreed that safinamide could be cost effective If it was delaying or preventing the need for more costly procedures and intervention. Place in treatment pathway: This is for initiation by a specialist with a</p>	

knowledge of managing PD.

Equity: The decision will support the use of safinamide in the correct patient cohort.

Environment: No issues identified.

Recommendation:

The committee expressed reservations that there is no defined treatment pathway but that the patient cohort needs to be clearly defined. Recommended in patients who are not suitable for first line agents in the class. Either selegiline or rasagiline must be trialled initially unless contraindicated before prescribing safinamide Specialist initiation, supply and stabilisation before transfer to primary care. **Post meeting note: Purple with initial supply.**

ACTION 09/21- 9 To recommend to the three APC/MIGs for specialist initiation, supply and stabilisation before transfer into primary care.

AL/SN/CO

5.2 New Drug application: Dapagliflozin 10mg once a day (Forxiga®) in adults for the treatment of Chronic Kidney Disease (CKD) with proteinuria in patients with or without type 2 diabetes

Please note: *dapagliflozin is already on the formulary for glycaemic control in 2DM, glycaemic control in 1DM if recommended by specialist and heart failure with reduced ejection fraction.*

The application was presented and highlighted that dapagliflozin has been used for a long time in diabetes and now shows significant benefits for patients with CKD in terms of improving kidney function, reducing proteinuria and cardiovascular events.

The committee highlighted that dapagliflozin in this indication is currently being reviewed as a NICE TA that will have implementation and support tools which can be used to support and guide implementation. Concerns were raised that there is a risk of approving the application now prior to the publication of the NICE TA and needing to review and update the formulary coding after the release of the NICE TA.

The committee used a decision-making criterion to support an agreed recommendation.

Evidence: There is evidence to support this application.

Safety: There are no safety issues.

Cost-effectiveness: Medium to long term savings.

Place in treatment pathway: There is a place in the pathway.

Equity: There are no issues identified.

Environment: There are no issues identified.

Recommendation:

Dapgliflozin can be used as an option to treat CKD in patients with type 1 or type 2 DM in accordance with the NICE TAs governing their use in diabetes. The committee deferred a decision relating to its use top treat CKD in patients without diabetes until the NICE TA for use in CKD has been published

Deferred – will be discussed as part of NICE TA approval process.

<p>ACTION 09/21- 10 To bring back to a later SHCP APC meeting once the NICE TA has been published.</p> <p>5.3 Budesonide orodispersible NICE TA708 report This report notes that there is some variance in the implementation across Sussex with the NICE TA708. There are differences in the formulary colour coding within the four Sussex formularies. This report describes the variance across Sussex and distils the two options that are available to implement the guidance at local places. The report also highlights the NICE TA implementation tools state that providers of the treatment are hospital trusts. Two options were presented to gain consistency of implementation across Sussex. Option 1: to consider this as a discreet treatment course and include this as part of the diagnostic intervention so therefore it would be formulary coded as red and patients would receive the induction course from the hospital trust. This is what the NICE TA implementation tool suggests. Or Option 2: consider this as a non-urgent recommendation and treatment would be recommended after diagnostic confirmation by the specialist so that the course can be accessed within primary care.</p> <p>The committee highlighted that the implementation tools for NICE TA708 state that the provider of the treatment are hospital Trusts. However, there was significant local experience of prescribing in primary care and the consensus of the committee was that this was a safe and effective treatment that Was more convenient for patients to access through primary care as a non urgent course of treatment.</p> <p>Recommendation: Option 2 specialist recommendation for GP prescribing</p> <p>ACTION 09/21-11 To recommend to the 3 local APC/MIGs to ratify and implement.</p> <p>Post meeting note : Purple</p>	<p>CC/AW</p> <p>AL/SN/CO</p>
<p>6. RMOc</p>	
<p>6.1 Latest RMOc Shared Care protocols: consultation 4 – now closed:</p> <p>The consultation for the three Shared Care Protocols below was highlighted.</p> <ul style="list-style-type: none"> • Azathioprine (non-transplant) • Hydroxychloroquine • Mycophenolate mofetil (non-transplant) <p>The next group of Shared Care Protocols to be developed include cyclosporin, sulfasalazine and both oral and S/C Methotrexate which will all go out for consultation soon. Sodium Valproate in women of childbearing potential will be published in the future It was agreed to develop a tracker of all the RMOc Shared Care Protocols that are in development, that have been approved by NHS England, local</p>	

<p>approval and implementation. This tracker will be uploaded and shared on our NHS Futures platform.</p> <p>ACTION 09/21-12 To develop a tracker to oversee and manage the Shared Care Protocols.</p>	JP
7. Subgroup	
7.1 Nothing to report	
<p>8. Any other business</p> <p>8.1 Delegated Authority of the SHCP APC</p> <p>Obtaining delegated authority is still in progress due to the complexities of the CCGs transitioning into an Integrated Care System (ICS) from the 1st April 2022. It is expected that from April 2022 the SHCP APC will have delegated authority.</p>	
9. Date of next meeting	
<p>Date: November 30th 2021</p> <p>Time: 12:00 to 14:00</p> <p>Venue: Online MS Teams</p> <p>Chair: Michael Okorie</p>	