

Minutes of the Sussex Health & Care Partnership Area Prescribing Committee Recommendation Group

Date:	Tuesday 30th November 2021
Time:	12:00 – 14:00
Venue:	Online MS Teams
Chair:	Michael Okorie

Attendees:	
Iben Altman (IA)	Chief Pharmacist, SCfT
Michelle Barnard (MB)	Lead Pharmacy Technician
Mike Beaman (MBe)	Community Ambassador
James Atkinson (JA)	Deputy Chief Pharmacist SPfT
Judy Busby (JB)	Chief Pharmacist, Queen Victoria Hospital (joined meeting 13.05)
Eileen Callaghan (EC)	Director of Sussex Medicines Management and Optimisation, Sussex CCGs
Mark Donaghy (MD)	LPC representative
Gill Ells (GE)	Head of Medicines Management, NHS East Sussex CCG
Krissie Fowle (KF)	Senior Pharmacist Medicines Optimisation, NHS West Sussex CCG
Stewart Glaspole (SG)	Principal Pharmacist, NHS B&H CCG
Amy Lynch (AL)	Senior Pharmacist Medicines Optimisation, NHS East Sussex CCG
Samantha Lippett (SL)	Assistant Director of Pharmacy, UHSfT (East)
Inge Bateman (IB)	Lead Clinical Nurse Specialist Inpatient Pain Service, UHSfT (West)
Stacey Nelson (SN)	Deputy Head of Medicines Optimisation, NHS West Sussex CCG
Ciara O'Kane (CO)	Principal Pharmacist, NHS B&H CCG
Michael Okorie (MO)	Associate Medical Director, UHSfT (East)
Stephen Pike (SP)	Prescribing Clinical Lead / GP, NHS East Sussex CCG
Sally Miles (SM)	Associate Head of Pharmacy - Clinical Services UHSfT (West)
Irma Murjikneli (IM)	Prescribing Lead, NHS East Sussex CCG
Tejinder Bahra (TB)	Lead Commissioning Pharmacist, East Surrey Place
Guests/Presenters:	
Richard Rodgers (RR)	Medicines Management Pharmacist (NHS West Sussex CCG) - Melatonin
David Russell (DR)	Pharmacist (NHS B&H CCG) - NICE TAs/HSTs/NGs
Kimberly Ho (KH)	Senior Medicines Optimisation Pharmacist (NHS East Sussex CCG) - Omeprazole oral suspension
Sephora Shaw (SS)	Medicines Management Pharmacist (NHS West Sussex CCG) - Fixadomicin
Fionnuala Plumart (FP)	Interim Principal Pharmacist (B&H CCG) - Trimbow [®] Nexthaler
Jigna Patel (JPa)	Clinical Medication Review Pharmacist (NHS East Sussex CCG) (Levothyroxine DSU)
Rita Shah (RS)	Senior Medicines Optimisation Pharmacist (NHS B&H CCG)
Sarah Court (SC)	Medicine Management Advisor (NHS East Sussex CCG) - Observing
Xinhui Wan (XW)	Trainee Pharmacist (UHSfT East) - Observing
Sam Workman (SW)	Trainee Pharmacist (UHSfT East) - Observing
Hannah Taylor (HT)	Pre-registration Pharmacy Technician (West Sussex) - Observing
Emma Le Ruez (ELR)	Trainee Pharmacist (UHSfT West) - Observing
Takho Cheung (TC)	Rotational Pharmacist (East Sussex) - Observing
Shirman Lam (SLa)	Medicine Management Advisor (NHS East Sussex CCG) - Observing
Eve Rockell (ER)	Prescribing Support Technician (NHS East Sussex CCG) - Observing

Minutes taken by:	
Jo Piper Pharmaceutical Commissioning Manager (NHS West Sussex CCG) (JP)	
1. Welcome and apologies	Action for
1.1 Welcome, apologies and meeting etiquette The Chair welcomed the committee to the November Sussex Health and Care Partnership APC.	

Apologies received: Kate Bailey, Neveen Sorial, Jade Tomes, Janet Rittman, Patience Okorie, William Shepherd		
1.2 Conflicts of Interest The committee and guests were asked to declare any conflicts of interest pertinent to items on the agenda. These were noted and no action was necessary.		
2. Minutes and action log		
2.1 Minutes of last meeting The minutes of the previous SHCP APC meeting held in September 2021 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 CCG intranet here		
2.2 Action log		
Action	Update	
09/21-01 Annual declaration of interest	Keep on action log as a rolling item	
09/21-02 To upload the approved documents and templates (SHCP APC ToR, SHCP APC timescales, formulary extension template, colour re-coding template) on to the SHCP APC NHS Futures Platform	Completed	
09/21-03/04 To update the 'Medicine information sheet' template with the relevant formulary colour coding (purple). Share amended template with the local MIGs for approval	Completed and template approved at each local APC/MIG	
09/21-05 The APC secretariat to assign a separate new formulary colour coding to denote specialist initiation with or without supply	Completed (purple formulary colour agreed)	
09/21-06 Formulary colour coding report, to present the recommendation of option 1 to the three local APC/MIGs to ratify and implement (Option 1 - to consider having an additional new formulary colour purple (in addition to red/amber/green) that differentiates between shared care and specialist initiation without shared care.)	Completed and Option 1 approved at each local APC/MIG	
09/21-07 To approve and implement the two gender dysphoria shared care guidelines in adults over 18 years of age at the 3 local MIGs	Completed and shared care guidelines are available on to the CCG intranet and local formularies	
09/21-08 Flash Glucose Monitoring and learning disabilities report for approval and implementation locally	Completed and guidelines approved at each local APC/MIG. Guidelines will be available on the CCG intranet and local formularies	
09/21-09 To approve new drug application at each local APC/MIG - Safinamide (Parkinson's disease with motor fluctuations) for specialist initiation, supply and stabilisation before transfer into primary care	Completed	
09/21-10 Dapagliflozin 10mg once a day in adults for the treatment of Chronic Kidney Disease with proteinuria in patients with or without type 2 diabetes – agreed to defer	Completed, will automatically be considered as part of the NICE TA approval process	
09/21-11 Budesonide orodispersible tablets (NICE TA708) to align formulary colour coding across Sussex to purple. To present the recommendation of option 2 to the three local APC/MIGs to approve and implement (Option 2 - non-urgent	Completed and option 2 agreed at each local APC/MIG	

recommendation and treatment to be recommended after diagnostic confirmation by the specialist so that the course can be accessed within primary care)		
09/21-12 To develop a tracker to oversee and manage the Shared Care Protocols	Action completed - passed to APC development group to inform future APC reporting.	
2.3 Narcolepsy and cataplexy Shared Care Protocols (Clomipramine, fluoxetine, modafinil, sodium oxybate, venlafaxine XL) The requested amendments from the previous meeting were noted as completed. Recommendation: The narcolepsy and cataplexy Shared Care Protocols were recommended for approval. ACTION 11/21 - 01 To take to the place-based APCs/MIGs for approval and implementation		AL/SN/CO
2.4 Amendment to the 'Medicine information sheet' template This was updated to include the agreed new purple formulary colour (specialist initiation with or without supply, or supply with an information sheet if appropriate) which was agreed at the previous meeting. Recommendation: The 'Medicine information sheet' template was approved for use in application to the SHCP APC. ACTION 11/21 - 02 To update the place-based APCs/MIGs for information.		AL/SN/CO
3. APC administration		
Nothing to report.		
4. Standing Items		
4.1 Sussex wide formulary work		
4.1a Plan for formulary alignment across Sussex (GE) A proposed plan for a single formulary aligned across Sussex was shared with members. This detailed an outline project to align the four Sussex formularies over the next 18 months. There is currently ongoing formulary alignment through the SHCP APC and the local APC/MIGs for minor variances though there is a requirement for a planned approach for a complete formulary alignment within the 18 month timeframe. This plan requested support and approval from the SHCP APC for approval to set up a Task & Finish group that will be responsible for managing this piece of work completing it by April 2023. Recommendation: <ul style="list-style-type: none"> • Approved to set up a Task and Finish group (secondary care to be included). Neurology formulary review was requested to be prioritised • Timeline of 18 months was approved • SHCP APC oversight approved for this workstream which should include a core group of clinicians and co-opted members where necessary • SHCP APC to discuss outputs from the Task & Finish group. ACTION 11/21 - 03 To set up a Formulary alignment Task and Finish group with oversight from the SHCP APC.		SG

<p>4.1b Melatonin Sussex wide review (RR) The melatonin review was presented outlining the differences in prescribing practice and pathways within Sussex. This review included both children and adult services. The current spend on melatonin is £1.5m for the past 12 months within Sussex. There is a lack of consistency of a service model, choice of prescribed products or an agreed pathway together with unacceptable variation in prescribing patterns. Prescribing melatonin across Sussex requires a consistent approach to address these issues.</p> <p>Recommendation:</p> <ul style="list-style-type: none"> • A Task and Finish group to be established by the APC secretariat • To produce an evidence-based report that recommends a Sussex wide approach to melatonin prescribing • The Task and Finish group should report to the SHCP APC • The overall project should have a champion and include relevant clinicians <p>ACTION 11/21 - 04 To set up a Melatonin Sussex wide review Task and Finish group with oversight from the SHCP APC</p>	<p>SG</p>
<p>4.1c Vitamin D management in adults and children guidelines (SG) A Sussex wide working group was commissioned to review the prescribing of vitamin D due to the significant variation across Sussex. This included the choice of vitamin D products; their prescribing costs and the effect of these variations on the healthcare interface. The review aligns with the NHS self-care agenda emphasising the fact that prescribing vitamins and minerals as maintenance therapy should not be routinely supported by the NHS. The guidelines support a consistent approach across Sussex for vitamin D management within both primary and secondary care settings.</p> <p>Recommendation:</p> <ul style="list-style-type: none"> • The Vitamin D management in adults and children guidelines were approved • To ensure that MIGs implement at primary care and provider level <p>ACTION 11/21 - 05 The guidelines to be taken to the place-based APCs/MIGs for approval and implementation</p> <p>ACTION 11/21 - 06 To share final guidelines with all Provider Leads for onward dissemination</p> <p>ACTION 11/21 - 07 To assure SHCP APC with an implementation update</p>	<p>AL/SN/CO</p> <p>SG</p> <p>SG</p>
<p>4.2 NICE TAs / HSTs / NICE guidance (DR) The committee were updated with a new assurance method relating to newly published or updated NICE guidance (TAs/HSTs/NGs). This ensures that any implementation variation is kept to a minimum whilst supporting the Sussex wide formulary alignment project and ensuring CCG statutory obligations are met.</p> <p>Recommendations: No variation detected and local positions noted</p>	
<p>4.2a Implementation of NICE TA733 Inclisiran injection (SP) The committee was updated regarding the local implementation NICE TA733 Inclisiran (for treating primary hypercholesterolaemia or mixed dyslipidaemia)</p> <p>This Fast Track Technology Appraisal requires funding for the technology to be made available within 30-days of publication. This NICE TA was shared with the three APCs/MIGs for their approval and implementation where it was agreed to be coded GREEN (available in any care setting) in-line with the direction from NHS England.</p>	

<p>A commercial agreement between the manufacturer and the NHS allows this drug to be cost effective when prescribed in primary care. Initially, high-risk patients may be referred from the lipid and cardiovascular clinics or from GPs who identify patients. A GP information sheet to give further information about this drug will be made available. A Locally Commissioned Service will be in place to support GPs in the implementation of this TA.</p> <p>Recommendations: The committee noted the update and emphasised the importance of education and training of prescribers in this regard.</p>	
<p>4.5 Patient safety & drug safety updates (MO)</p> <p>The Chair noted the approval of molnupiravir and other new novel medicines to treat COVID infection. A national policy related to these medicines is to be published soon but it is likely that the majority of applicable patients will receive oral antivirals through a centrally organised research hub.</p>	
<p>5. Formulary recoding, extension & new drug applications</p>	
<p>5.1 Formulary extension: Omeprazole oral suspension 2mg/1ml, 4mg/ml sugar free (KH)</p> <p>This application supports an additional licensed formulation option for those children under one year of age. This formulation is the only licensed product in this category for this patient group.</p> <p>The decision-making criteria were used in arriving at the recommendation.</p> <p>Recommendation: Approved GREEN formulary coding</p> <p>ACTION 11/21- 08 To recommend GREEN formulary colour code to the place-based APCs/MIGs.</p>	<p>AL/SN/CO</p>
<p>5.2 Medicine colour status change application: Fidaxomicin 200mg tablets (SS)</p> <p>Recent guidance for Clostridium Difficile infection now places fidaxomicin as second line treatment. Two formularies within Sussex are not currently in agreement with this updated guidance. This application aims to harmonise the prescribing position of fidaxomicin across Sussex to be in line with recommended guidance.</p> <p>When using the decision-making criteria, the chair raised concerns relating to place in therapy and equity of access (especially out of hours). These concerns were discussed and on balance the group decided that the benefit of aligning the formulary position across Sussex outweighed the discussed risks.</p> <p>Recommendation:</p> <ul style="list-style-type: none"> • Interim recommendation PURPLE (specialist initiated or recommended) formulary coding • To review the supply routes during weekends and Bank Holidays with solutions reported back to the SHCP APC at the January 2022 meeting • To confirm that relevant secondary/tertiary care clinician have been consulted and report back at the SHCP APC January 2022 meeting <p>ACTION 11/21 - 09 To recommend interim PURPLE formulary colour code to the place-based APCs/MIGs</p> <p>ACTION 11/21 - 10 To update the SHCP APC with solutions for the supply routes during the weekend/Bank Holidays</p> <p>ACTION 11/21 - 11 To provide assurance to SHCP APC that relevant clinicians have been consulted.</p>	<p>AL/SN/CO</p> <p>KF</p> <p>KF</p>

<p>5.3 Formulary extension: Trimbow® NEXThaler (FP) Trimbow® MDI is available for prescribing on all Sussex formularies. This application is a formulation extension for the Trimbow® NEXThaler, a dry powder inhaler. Both products contain the same drug, dose and both cost the same. The addition of the NEXThaler formulation offers another option for the patient and is in line with the NHS 'Net Zero' initiative.</p> <p>The decision-making criteria were used in arriving at the recommendation.</p> <p>Recommendation:</p> <ul style="list-style-type: none"> • Approved GREEN formulary coding • The committee emphasised the importance of education and training of prescribers when new devices become available. <p>ACTION 11/21 - 12 To recommend GREEN formulary colour code to the place-based APCs/MIGs</p>	<p>AL/SN/CO</p>
<p>5.4 Report Summary: MHRA guidance on levothyroxine oral solution (JPa) A review was undertaken to support patients with persistent symptoms associated with switching between different levothyroxine tablet products.</p> <p>The review was undertaken in partnership with specialists from UHSfT and East Sussex Healthcare, general practitioners, and community pharmacists.</p> <p>In line with the MRHA guidance the review proposed a clear process, supporting the use of levothyroxine oral solution when recommended by a specialist following an appropriate review. This process supports primary care clinicians to manage their patients and outlines when to refer into specialist services for review.</p> <p>The committee was made aware that the available strengths of the oral solution vary in price and requested that the most cost-effective product is identified as part of the implementation process.</p> <p>The decision-making criteria were used in arriving at the recommendation.</p> <p>Recommendation:</p> <ul style="list-style-type: none"> • Recommended PURPLE (specialist initiated or recommended) formulary coding • To specify appropriate cost-effective strength of the oral solution to the local APCs/MIGs <p>ACTION 11/21 - 13 To recommend PURPLE formulary colour code to the place-based APC/MIGs ACTION 11/21 - 14 To specify the most cost-effective strength of oral solution to the local APCs/MIGs and add this information to local formularies</p>	<p>AL/SN/CO JPa/AL</p>
<p>6. RMOc</p>	
<p>6.1 Latest RMOc Shared Care protocols: consultation 5 – closed (10th November) (SP) The first nine Shared Care Protocols have been agreed by RMOc North and have been passed to NHS England for approval. These will be brought to the next SHCP APC on the 25th January 2022 for approval and implementation.</p> <p>Consultation 5 has closed; it was noted that the proposed methotrexate Shared Care Protocol is for both oral and S/C injection. This will support consistency across Sussex as at present there is some variation particularly with S/C formulations not being included within current shared care services.</p>	

<p>Consultation 6 is now open for comments for the next group of Shared Care Protocols which include leflunomide, mercaptopurine and hydroxycarbamide. These are available to view on the SPS website here. A request was made to alert our secondary care colleagues that these are out for consultation so that they have the opportunity feedback comments directly to RMOC North.</p>	
7. Subgroup	
7.1 Nothing to report	
8. Any other business	
9. Date of next meeting	
<p>Date: January 25th 2022 Time: 12:00 to 14:00 Venue: Online MS Teams Chair: Michael Okorie</p>	