

Minutes of the Sussex Health & Care Partnership Area Prescribing Committee

Date:	Tuesday 30th July 2024
Time:	12:00 – 14:00
Venue:	Online MS Teams
Chair:	Michael Okorie

Attendees:	
Iben Altman (IA)	Chief Pharmacist, Sussex Community NHS Foundation Trust
Simon Badcott (SB)	Chief Pharmacist, East Sussex Healthcare NHS Trust (left the meeting 12.54)
Tejinder Bahra (TB)	Surrey Heartlands Integrated Care System, Medicines Resource Unit (MRU) Lead Pharmacist (Operational)
Raquel Barsoum (RB)	APC secretariat and link pharmacist, NHS Sussex ICB
Karen Becker (KB)	Officer – Primary Care Medicines Optimisation
Russell Brown (RB)	Medical Director, Local Medical Committee (LMC) representative (deputising for Chrissie Clayton) (left the meeting 14.00)
Judy Busby (JB)	Chief Pharmacist, Queen Victoria Hospital NHS Foundation Trust (left the meeting 13.54)
Mark Donaghy (MD)	Local Pharmaceutical Committee (LPC) representative
Stewart Gaspole (SG)	Lead Medicines Optimisation Pharmacist, NHS Sussex ICB
Amy Herbert (AH)	Lead Strategic Pharmacist for Medicines Governance, NHS Sussex ICB (deputising for Gill Ells)
Shirman Lam (SL)	Senior Medicines Optimisation Pharmacist, NHS Sussex ICB
Samantha Lippett (SLi)	Assistant Director of Pharmacy, University Hospitals Sussex NHS Foundation Trust (left the meeting 13.48)
Stephen Lytton (SLy)	Prescribing Lead / GP, West Sussex (Interim)
Aggie Morozinska (AM)	Senior Medicines Optimisation Pharmacy Technician, NHS Sussex ICB
Irma Murjikneli (IM)	Prescribing Lead / GP, East Sussex (Interim)
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
Jonathon Palmer (JPa)	Deputy Chief Pharmacist, Sussex Partnership NHS Foundation Trust (deputising for Helena Bird)
Pramit Patel	Lead Medicines Optimisation Pharmacist, NHS Sussex ICB
Stacey Nelson (SN)	Lead Strategic Pharmacist for Quality Improvement, NHS Sussex ICB (deputising for Neveen Sorial)
Stephen Pike (SP)	Clinical Programme Lead Medicines Management, Deputy Medical Director NHS Sussex, Clinical Director NHS Sussex ICB – East Sussex
Dave Russell (DR)	Senior Medicines Optimisation Pharmacist, NHS Sussex ICB
Jade Tomes (JT)	Lead Strategic Pharmacy Technician – Medicines Governance, NHS Sussex ICB
Harriet Vogt (HV)	Strategic Community Ambassador NHS Sussex ICB
Guests/Presenters:	
Kate Shipman (KS)	Consultant chemical pathologist, University Hospitals Sussex NHS Foundation Trust (joined the meeting 12.00, left at 12.45)
Alison Warren (AW)	Lead Specialist Consultant Pharmacist for cardiology, University Hospitals Sussex NHS Foundation Trust/ NHS Sussex ICB (joined the meeting at 12.00, left at 12.45)
Nicolas Pinto-Sander (NP-S)	Consultant in Sexual Health, University Hospitals Sussex NHS Foundation Trust (joined the meeting at 12.00, left at 13.05)
Jeban Ganesalingam (JG)	Honorary Specialist Registrar Neurology, University Hospitals Sussex NHS Foundation Trust (joined the meeting 13.24, left at 13.30)
Ashleigh Bradley (AB)	Lead Medicines Optimisation Pharmacist, NHS Sussex ICB (joined the meeting 12.50, left at 13.25, rejoined at 13.35)

Karen Newman (KN)	Lead Pharmacist, Dementia, Sussex Partnership NHS Foundation Trust (Joined the meeting 12.40, left at 13.25)
Vikesh Gudka (VG)	Clinical Commissioning Pharmacist, Deputy SRO Sussex Covid Medicines Delivery Unit, University Hospitals Sussex NHS Foundation Trust (joined the meeting 13.34)
Chidera Kanu	Trainee Pharmacist, East Sussex Healthcare NHS Trust (observing)
Sam Ingram	Local Pharmaceutical Committee (observing)
Marie Neville	Senior Medicine Optimisation Pharmacist, NHS Sussex ICB (observing)

Minutes taken by:	
Jo Piper (APC secretariat) Lead Medicines Optimisation Pharmacy Technician, NHS Sussex ICB (JPi)	
1. Welcome and apologies	Action for
1.1 Welcome, apologies, and meeting etiquette The Chair welcomed the committee to the July Sussex Health and Care Partnership APC meeting. Apologies received: Neveen Sorial, Janet Rittman, Helena Bird, Chrissie Clayton, Gill Ells, Chirag Patel.	
1.2 Conflicts of Interest Submitted electronically. A conflict of interest was declared by SP, MO agreed that mitigation for this conflict would be that SP would not participate in the decision making part of item 6.2.	
2. Minutes and action log	Action for
2.1 Minutes of last meeting The minutes of the previous SHCP APC meeting held in March 2024 were previously agreed and ratified virtually. The minutes are available to view on the NHS Sussex website here .	
2.3 Action log The committee was informed that all relevant actions had been completed and that a record of this is available on FutureNHS.	
Open actions from previous APC meetings	Update
ACTION 05/23 – 09 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 subcutaneous GLP-1	09/07/2024 T2DM guidance update expected to go to the September APC
3. Meeting administration business	
3.1 For noting, correction from the gastro-intestinal chapter formulary alignment sheet - glycopyrronium bromide oral solution 1mg/5ml from the 'not listed' has now been updated to 'purple' formulary coding for East Sussex.	
4. Items for approval	Action for
4.1 Lipid lowering therapy secondary prevention pathway - updated (KS) The committee heard that the existing pathway has been reviewed in line with the updated NICE guidance and Quality and Outcomes Framework (QoF). This update does not change the formulary positioning of the medicines within the pathway. It was highlighted that approval of the updated pathway will ensure clinicians have access to a pathway that reflects the latest NICE guidance and QoF indicators. The committee expressed concerns regarding significant capacity challenges across the entire system within both primary care and secondary care to support administration of the medications within the pathway. It was noted that this pathway is already in effect, the update being the updated NICE secondary prevention target. It was noted that whilst the pathway has already been in existence for the past 12 months there may be misinterpretation of the green formulary coding from both primary and secondary care. Decision: Approved	

<p>ACTION 07/24 – 01 What: To replace the existing ‘Lipid lowering secondary prevention pathway’ on the intranet with the new updated pathway. Who: Aggie Morozinska When: 04.09.2024</p>	AM
<p>ACTION 07/24 –02 What: To link the ‘Lipid lowering secondary prevention pathway’ to the Sussex Partner Formulary. Who: Matt Dell When: 04.09.2024</p>	MD
<p>4.2 Guideline for the Management of Dyslipidaemia in Pregnancy (KS) The committee were asked to approve the Guideline for the Management of Dyslipidaemia in Pregnancy. The committee heard that there is a physiological increase in plasma concentrations of cholesterol and triglycerides during normal pregnancy. This may cause serious complications and adverse outcomes in some people. The introduction of new classes of lipid lowering agents, accumulation of safety data, and poor outcomes for women secondary to atherosclerotic heart disease highlighted the need for developing resources to support management of dyslipidaemia in pregnancy, hence the need for this pathway. The committee heard that this guideline encourages primary care to contact the maternal service and lipid clinic for specialist input. The committee highlighted some amendments to the algorithm in figure 2 that would localise the guideline for use within Sussex. Decision: Approved with minor changes listed below</p>	
<p>ACTION 07/24 – 03 What: Within the ‘Guideline for using lipid lowering therapy in pregnancy’ figure 1 to be amended to include for both secondary and primary care. Who: Dave Russell When: 04.09.2024</p>	DR
<p>ACTION 07/24 – 04 What: Within the ‘Guideline for using lipid lowering therapy in pregnancy’ in figure 2 to reference with thanks to Guy’s and St Thomas’ and used with their permission. To be rebadged using the NHS Sussex logo. Who: Dave Russell When: 04.09.2024</p>	DR
<p>ACTION 07/24 – 05 What: To upload the amended Guideline for the Management of Dyslipidaemia in Pregnancy on to the intranet. Who: Aggie Morozinska When: 04.09.2024</p>	AM
<p>ACTION 07/24 – 06 What: To link the guideline to the Sussex Partner Formulary. Who: Matt Dell When: 04.09.2024</p>	MD
<p>ACTION 07/24 – 07 What: To share the final version of the ‘Guideline for using lipid lowering therapy in pregnancy’ with the acute Trust providers who are the APC link to support sharing the guideline internally within each organisation. Who: Aggie Morozinska When: 04.09.2024</p>	AM
<p>4.3 Drospirenone 4mg film-coated tablets new drug application (NP-S) The committee were asked to approve the addition of drospirenone tablets to the Sussex formulary with a green formulary coding. The presenter explained that the addition of this medicine to the formulary would increase the options available to patients who may experience problematic bleeding with the current options or struggle with taking their pill correctly. It was highlighted that there are currently only 2 progesterone only pills (POPs) available for prescribing in Sussex and the length of ‘missed pill windows’, and their effect on bleeding patterns for these is a concern for some clinicians and patients. The committee heard that the potential advantages of drospirenone would address an unmet patient need, particularly those with significant memory issues and those experiencing problematic bleeding. The committee discussed targeting of this new medicine and patient choice, and how this would be managed. The committee raised concerns around cost effectiveness and the place in treatment pathway for drospirenone due to the cost compared with the two 2 POPs currently on</p>	

the Sussex Partner Formulary and the risk of prescribing creep. Discussions around the usefulness of having a treatment pathway were discussed to support prescribers along with utilising OptimiseRx (prescribing support software) and the Sussex Partner Formulary. The committee discussed that to be able to use these support tools would require a treatment pathway for drospirenone to include when drospirenone would be prescribed in preference to the alternate POPs, including the cohort of patients that would be most suitable and receive the most benefit from this. Further discussions supported different places in the treatment pathway for some patient cohorts.

Decision making framework:

Criteria	Decision
A. Evidence to support therapy (Level of evidence, is it placebo controlled, or compared with standard treatment options):	Criterion met
B. Safety	Criterion met
C. Cost-effectiveness	Criterion met
D. Place in treatment pathway	Criterion not met. Clear criteria are required if using first line and/or subsequent place in treatment pathway
E. Patient orientated outcomes	Criterion met
F. Equity	Criterion met
G. Environment	Criterion met

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

Decision: Not approved based on the applied decision making framework (D). Applicant invited to resubmit with required information.

4.4 Dementia pathway guidance / medication (donepezil, memantine, rivastigmine and galantamine) if experiencing poor tolerability change in formulary coding (AB)

The committee were asked to approve the pathway guidance that will support the addition of a green formulary coding for acetylcholinesterase (AChE) inhibitors (donepezil, galantamine, rivastigmine) and memantine for non-Alzheimer’s dementia (Parkinson’s disease dementia, mixed dementia, and dementia with Lewy bodies) to allow easy switching if experiencing poor tolerability. The committee have previously considered this application and requested clarification of place in pathway including appropriate escalation.

The committee heard that patients will still be assessed in secondary care services for their initial diagnosis of dementia and the medicines will either be recommended or prescribed within the secondary care setting.

The committee requested the addition of a star (*) to the bottom of the flow chart to signify alternative AChE options available on the Sussex Partner Formulary.

Decision making framework:

Criteria	Decision
A. Evidence to support therapy (Level of evidence, is it placebo controlled, or compared with standard treatment options):	Criterion met
B. Safety	Criterion met
C. Cost-effectiveness	Criterion met
D. Place in treatment pathway	Criterion met
E. Patient orientated outcomes	Criterion met
F. Equity	Criterion met
G. Environment	Criterion met

Voting members arrived at an outcome using the decision-making framework, and considered the criteria as one for the group of medicines under consideration.

Decision: Approved with minor changes listed below

ACTION 07/24 – 08

Action: To amend the pathway guidance to include that where in the flow chart mentions alternative AChE it would be useful to add a star (*) and specify the medicines on the Sussex Partner Formulary at the bottom of the flow chart.

Who: Dave Russell **When:** 04.09.2024

DR

ACTION 07/24 – 09

What: To update the formulary with **GREEN** formulary coding for donepezil, galantamine, rivastigmine and memantine and annotating for non-Alzheimer's dementia (Parkinson's disease dementia, mixed dementia, and dementia with Lewy bodies) if experiencing poor tolerability. To add the link to the pathway guidance.

Who: Matt Dell **When:** 04.09.2024

MD

ACTION 07/24 – 10

Action: To upload the Dementia pathway guidance on to the Intranet.

Who: Aggie Morozinska **When:** 04.09.2024

AM

ACTION 07/24 – 11

Action: To link the Dementia pathway guidance to the Sussex Partner Formulary.

Who: Matt Dell **When:** 04.09.2024

MD

4.5a Sussex migraine prophylaxis treatment primary care pathway, and the addition of Atogepant with a **PURPLE (recommend with no supply) formulary coding and 4.5b Rimegepant prevention of episodic migraine colour change application from **RED** to **PURPLE** (recommendation with no supply) (JG)**

The committee was asked to approve a change in formulary coding for rimegepant from red to purple (recommendation with no supply) for the prevention of episodic migraine in accordance with NICE TA906. The committee heard that the presenter took the feedback shared from the last APC meeting as to how both rimegepant and atogepant could fit within a pathway. The committee heard that there had been engagement across the Sussex system as well as East Surrey hospital. There were wider discussions with St. Georges, Oxford, Southampton and Kings College Hospital.

It was explained that there is an option within the pathway for specialists to switch class of medicines. This would support patients trialling a further medicine given that headaches and migraines are a common disorder.

TB commented that the proposed Sussex position differs to the current position in Surrey, but the committee considered this to not be enough of a reason in isolation to change the local decision-making process.

The committee heard that there is published data showing >30% response rates in patients not responding to current CGRP antibody treatment, when offered an alternative CGRP antibody. The response rate lowers significantly when switching beyond this point.

The committee highlighted that the primary care pathway refers to sodium valproate for women of childbearing age, this should now also include men.

Decision: 4.5a Pathway approved - Sussex migraine prophylaxis treatment primary care pathway subject to minor amendments (**1 switch of CGRP antibody**). **TA place in therapy** – approved atogepant **PURPLE** (recommendation with no supply) formulary coding for the prevention of episodic migraine.

4.5b Decision making framework: Rimegepant prevention of episodic migraine purple formulary coding.

Criteria	Decision
H. Evidence to support therapy (Level of evidence, is it placebo controlled, or compared with standard treatment options):	Criterion met
I. Safety	Criterion met
J. Cost-effectiveness	Criterion met
K. Place in treatment pathway	Criterion met
L. Patient orientated outcomes	Criterion met
M. Equity	Criterion met
N. Environment	Criterion met

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

Decision: 4.5b Approved rimegepant with a **PURPLE** (recommendation with no supply) formulary coding for the prevention of episodic migraine.

ACTION 07/24 – 12

What: To amend the Sussex migraine prophylactic treatment pathway – primary care to include men in the sodium valproate warning and to include the agreed one switch of CGRP antibody.

Who: Raquel Barsoum **When:** 04.09.2024

RB

ACTION 07/24 – 13

What: To upload the amended 'Sussex migraine prophylaxis treatment primary care pathway guidance' on to the Intranet.

Who: Aggie Morozinska **When:** 04.09.2024

AM

ACTION 07/24 – 14

What: To update the Sussex Partner Formulary for rimegepant from **RED** to **Purple** for the prevention of episodic migraine.

Who: Matt Dell **When:** 04.09.2024

MD

ACTION 07/24 – 15

What: To add atogepant to the Sussex Partner Formulary with a **PURPLE** formulary coding, annotating for episodic migraine

Who: Matt Dell **When:** 04.09.2024

MD

ACTION 07/24 – 16

What: To link in with the OptimiseRx team for the addition of both atogepant and Rimegepant for episodic migraine to the **PURPLE** OptimiseRx list.

Who: Matt Dell **When:** 04.09.2024

MD

5. Virtually approved items	
<p>Virtual approval update. The committee were informed that there is currently a virtual approval process being undertaken for the Type 2 diabetes insulin titration guidelines. Virtual approval closes on Wednesday 31st July 2024. Approval will be incorporated into the Minutes as a post meeting note.</p> <p>POST MEETING NOTES 31/07/2024</p> <p>Type 2 diabetes insulin titration guidelines have been virtually approved on the 31/07/2024.</p>	
5.1 Deflazacort Medicine Information sheet	
Virtually approved on the 28/05/2024 for noting.	
5.2 Tyenne (Tocilizumab) formulary extension	
Virtually approved on the 28/05/2024 for noting.	
5.3 PERT and ONS non formulary requests	
Virtually approved on the 24/06/2024 for noting.	
5.4 Liothyronine Shared Care Protocol – reformatted	
Virtually approved on the 28/06/2024 for noting.	
5.5 Type 2 diabetes insulin titration guidelines	
Virtually approved on the 31/07/2024 for noting.	
6. Standing Items	
6.1 NICE Technology Appraisals / Highly Specialised Technologies / NICE guidance (AM) NICE Technology Appraisals	
<p>Since the last SHCP APC meeting in March 2024 the Sussex APC Secretariat group have dealt with a total of 28 published NICE Technology Appraisals, noted 11 terminations and 1 Highly Specialised Technologies Guidance.</p> <p>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> <p>Approved at this meeting - NICE TA973 Atogepant for preventing migraine has been approved with a PURPLE (recommendation with no supply) formulary coding.</p> <p>NICE GUIDANCE</p> <p>The Secretariat have dealt with a total of 10 NICE guidelines, 7 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.</p> <p>There have been 3 Blueteq form drafted since the last APC which is available to view on Futures NHS under 'Blueteq Forms'.</p> <p>No variation was reported between the local place bases, with positions noted.</p> <p>The Sussex Partner Formulary and OptimiseRx have been updated to reflect the approved formulary coding's.</p>	
6.2 CMDU Guidelines June 24 with expanded Paxlovid cohorts June 24 (VG)	
<p>The committee were informed that these guidelines have been approved by University Hospitals Sussex NHS Foundation Trust Medicines Governance Group and brought to the committee for information.</p> <p>It was explained that the prescribing is undertaken by a partner federation (Alliance for Better Care CIC). The process for patients to obtain these medicines is for the prescription to be sent via the 'Spine' to the locally commissioned community pharmacy for dispensing and delivery to the patient. The treatment cohort for Paxlovid has been extended and is now available to a wider cohort of patients which is reflected in the CMDU Guidelines.</p>	
6.3 Horizon Scanning (Chair)	
No updates	
6.4 Patient Safety & medicines safety alerts (Chair)	
The Chair asked the committee for any concerns, and none were raised.	
6.5 Discontinuations (Chair)	
Discontinuations were noted.	
7. RMOc	Action for
7.1 Latest RMOc update (SP)	
No updates.	

8. Sub-group	
<p>8.1 ADHD Shared Care Protocols (previously approved SCPs reformatted in line with national programme) (atomoxetine, dexamfetamine, guanfacine, methylphenidate and lisdexamfetamine) (AB)</p> <p>The reformatting for these SCPs were undertaken by the NHS Sussex ICB Medicines Optimisation team with the information being transferred into the new SCP template. This then facilitates increased usability of the SCP and their appendices for the specialist and primary care prescriber as they will be able to download the 'Word' version and input the relevant patient information much easier. This is in line with all our other SCP that have been adopted. It was reiterated that no clinical changes had been made during this administrative process. This item was for noting as no clinical information had been changed and the committee agreed with the reformatting.</p>	
<p>ACTION 07/24 – 17 What: To upload the reformatted SCPs onto the intranet/internet. Who: Aggie Morozinska When: 04.09.2024</p>	AM
<p>8.2 Shared Care Protocol (SCP) and formulary chapter reviews update (AH)</p> <p>Formulary Chapter reviews Since the last APC the chapter reviews are progressing well. The chapters that are under way include respiratory, palliative care and CNS. It was noted there are capacity issues within the system and working around these adapting a fluid approach to ensure that there's collaboration across the system.</p> <p>Shared Care Protocols Work is continuing to adopt the national shared care protocols though it is taking a little longer than planned due to implementation challenges. Two further SPCs (mycophenolate and azathioprine) are planned to be tabled at the September APC meeting.</p>	
9. Any other business	
None	
Date of next meeting	
Date: 24 th September 2024 Time: 12:00 to 14:00 Venue: Online MS Teams Chair: Michael Okorie	
Meeting close.	