

Minutes of the Sussex Health & Care Partnership Area Prescribing Committee

Date:	Tuesday 30th May 2023
Time:	12:00 – 14:00
Venue:	Online MS Teams
Chair:	Michael Okorie

Attendees:	
Iben Altman (IA)	Chief Pharmacist, Sussex Community Foundation Trust
James Atkinson (JA)	Deputy Chief Pharmacist, Sussex Partnership NHS Foundation Trust
Tejinder Bahra (TB)	Lead Commissioning Pharmacist, Surrey, and Sussex Healthcare NHS Trust–East Surrey Hospital
Helena Bird (HB)	Chief Pharmacist, Sussex Partnership NHS Foundation Trust
Judy Busby (JB)	Chief Pharmacist, Queen Victoria Hospital NHS Foundation Trust
Mark Donaghy (MD)	Local Pharmaceutical Committee (LPC) representative
Gill Ells (GE)	Associate Director of Medicines Optimisation, East Sussex, NHS Sussex ICB
Stewart Glaspole (SG)	Lead Medicines Optimisation Pharmacist, Brighton & Hove, NHS Sussex ICB
Shirman Lam (SL)	APC secretariat and link pharmacist – East Sussex, NHS Sussex
Sonha Mohamed (SM)	Lead Pharmacist, University Hospitals Sussex NHS Foundation Trust - East (Deputising for Samantha Lippett, Assistant Director of Pharmacy, University Hospitals Sussex NHS Foundation Trust - East
Amy Lynch (AL)	Lead Strategic Pharmacist for Medicines Governance, NHS Sussex ICB
Stephen Lytton (SL)	Prescribing Lead / GP, West Sussex (Interim)
Irma Murjikneli (IM)	Prescribing Lead / GP, East Sussex (Interim)
Michael Okorie (MO)	Professor of Clinical Pharmacology and Therapeutics; Consultant Physician; Associate Medical Direction – Brighton and Sussex Medical School; University Hospitals Sussex
Jonathon Palmer (JP)	Deputy Chief Pharmacist, East Sussex Healthcare NHS Trust
Stephen Pike (SP)	Clinical Programme Lead Medicines Management, Deputy Medical Director NHS Sussex, Clinical Director NHS Sussex – East Sussex
Jo Piper (JPi)	APC secretariat, Lead Medicines Optimisation Pharmacy Technician, West Sussex NHS Sussex NHS Foundation Trust
Helen Porter	ICS Sussex Chief Pharmacist
David Russell (DR)	APC secretariat and link pharmacist, West Sussex, NHS Sussex
Jenny Shakir (JS)	APC secretariat and link pharmacist, Brighton and Hove, NHS Sussex
Krissie Fowlie (KF)	Lead Medicines Optimisation Pharmacist, West Sussex, NHS Sussex (deputising for Neveen Sorial, Deputising for Associate Director of Medicines Optimisation, West Sussex, NHS Sussex)
Sangeetha Sornalingham (SS)	Medical Director, Local Medical Committee (LMC) representative
Jade Tomes (JT)	Lead Strategic Pharmacy Technician Governance, NHS Sussex ICB
Harriet Vogt (HV)	Community Ambassador NHS Sussex
Guests/Presenters:	
Ashleigh Bradley (AB)	Lead Medicines Optimisation Pharmacist, West Sussex, NHS Sussex ICB
Victoria Hordern (VH)	Diabetes Consultant, Sussex Community NHS FoundationTrust. Diabetes Care for you (presenter)
Rita Shah (RH)	Senior Medicines Optimisation Pharmacist, Brighton and Hove, NHS Sussex ICB
Alexander Francis	Trainee Pharmacist, East Sussex Healthcare NHS Trust (observing)
Ryan Khademi	Senior Medicines Optimisation Pharmacist, East Sussex, NHS Sussex ICB (observing)
Agnieszka Morozinska	Senior Medicines Optimisation Pharmacy Technician, Brighton and Hove, NHS Sussex ICB
Ewan Parker	Administrator for Medicines Optimisation East Sussex, NHS Sussex ICB

Minutes taken by:	
Jo Piper, (APC secretariat) Lead Medicines Optimisation Pharmacy Technician, West Sussex NHS Sussex (JP)	
1.Welcome and apologies	Action for
1.1 Welcome, apologies and meeting etiquette The Chair welcomed the committee to the May Sussex Health and Care Partnership APC meeting. Apologies received: Neveen Sorial, Michael Beaman, Samantha Lippett, Eileen Callaghan, Jade Wallis, Chirag Patel.	
1.2 Conflicts of Interest The committee and guests declared or not any conflicts of interest using the chat function on Teams pertinent to items on the agenda. No conflicts were declared and no action was taken	
2. Minutes and action log	Action for
2.1 Minutes of last meeting The minutes of the previous SHCP APC meeting held in March 2023 were previously agreed and ratified virtually, as an accurate record of decisions and actions. The minutes are available to view on the NHS Futures platform, and the NHS Sussex intranet here .	
2.2 Action log	
Action	Update
03/23 – 01 To add Fidaxomicin 40mg/ml granules for oral suspension to the Sussex formularies with a PURPLE colour coding.	Completed
03/23 – 02 To add/update the Sussex OptimiseRx profile with the fidaxomicin granules	Completed
03/23 – 03 To develop a pathway to support out of hours prescribing and to share with Community pharmacies.	Started Update – <i>the AMR therapeutic group has worked with Julia Powell from LPC to identify and contact 11 pharmacies who have dispensed fidaxomicin across Sussex in the past year to gain insight into any issues with supply - responses have been received with no incidents reported. To bring pathway back to the next APC.</i>
03/23 – 04 To add liothyronine capsules (all strengths) to the Sussex formularies with an AMBER colour coding for hypothyroidism	Completed
03/23 – 05 To add/update the Sussex OptimiseRx profile with the liothyronine capsules	Completed
03/23 – 06 To amend the liothyronine Shared Care Protocol to include the capsule formulation	Completed
03/23 – 07 To check the place-based formularies that no changes have been missed regarding liothyronine.	Started Update – <i>due to resistant depression not being commissioned in each place base the formulary has been checked and aligns</i>
03/23 - 08 To liaise with Director of Pharmacy, University Hospitals Sussex NHS Foundation Trust	Completed

regarding clarification of a relevant APC representative from the organisation		
03/23 – 09 To consider resistant depression when undertaking a full clinical review of the relevant chapter	Completed	
03/23 – 11 To share the updated Sussex Type 2 Diabetes Treatment Guideline communication with primary care prescribers via the Primary Care Bulletin	Completed	
03/23 – 12 To upload the Sussex Type 2 Diabetes Treatment Guideline on to the SUSSEX NHS Commissioners intranet site.	Completed	
03/23 – 13 To link to the Sussex Type 2 Diabetes Treatment Guideline from the intranet to the Sussex formularies	Completed	
03/23 – 14 The secretariat to investigate the possibility of face-to-face APC meetings	Completed	
3. Items for approval		Action for
<p>3.1 PETRUSHKA study overview (SP)</p> <p>The committee heard that PRETRUSHKA is a research study in primary care that is looking at the initial prescribing of antidepressants and the choice of antidepressants using a web-based tool as decision support. The trial organisers (Oxford University) approached NHS Sussex ICB due to 3 of the 16 drugs which are listed on the web-based tool wouldn't ordinarily be initiated within primary care.</p> <p>14.15 Ashleigh Bradley joined the meeting</p> <p>The committee were asked to approve, for research purposes of the NIHR (National Institute for Health and Care Research) funded PETRUSHKA study for those GP prescribers who have signed up to this study to be able to prescribe 3 medicines that wouldn't ordinarily be initiated within primary care, and are outside of the Sussex Partner Formulary. These include vortioxetine, paroxetine or fluvoxamine.</p> <p>12.20 Victoria Hordern joined the meeting.</p> <p>12.20 Jonathon Palmer joined the meeting</p> <p>The committee heard that the 3 medications are not normally initiated within primary care, it was also highlighted that there may be a potential cost implication due to vortioxetine being more expensive though there is a compensatory payment with a risk that this may not meet the costs, but it's thought this is unlikely. It was highlighted that this research study is only for those GP practices who have signed up to this study.</p> <p>12.30 Helen Porter left the meeting</p> <p>There was a discussion around management of patients at the end of the study for those who are prescribed a medication that is outside of the Sussex Partner Formulary. There was a consensus that this would be at the discretion of the patients GP to assess if the patient was benefiting from the treatment. The discussion moved to if the Sussex Partner Formulary would be annotated to reflect the change for those GPs who are part of the research study.</p> <p>12.34 Sangeetha Sornalingham joined the meeting</p> <p>12.36 James Atkinson joined the meeting</p> <p>The 3 medications highlighted within the paper that are outside of the formulary status includes: paroxetine and vortioxetine who both have a formulary status of purple (specialist initiation without shared care guidelines). The study prescribing tool has been developed by Professor Andrea Cipriani who is a specialist which the committee felt was the specialist recommendation to almost align with the formulary. Fluvoxamine hasn't had a formulary application so is not listed on the formulary. It was agreed that the formulary should not be annotated due to this being a research study.</p>		

<p>Further concerns were expressed as to how patients will be managed following the trial leading to the committee agreeing this would be at the GPs discretion, but the committee would value feedback from the researchers on this point.</p> <p>Decision: Approved</p> <p>ACTION 05/23 – 01 To share the APC concerns following the trial and how patients are managed with regard to their medication</p>	SP																
<p>3.2 Solifenacin (Vesicare®) 1mg/ml oral suspension sugar free formulary extension (AB)</p> <p>The committee were asked to approve solifenacin 1mg/ml oral suspension with a green formulary coding first line in swallowing difficulties in overactive bladder syndrome. With oxybutynin oral solution being second line for swallowing difficulties after solifenacin 1mg/ml sugar free oral suspension has been tried.</p> <p>Solifenacin oral suspension formulation is currently non-formulary on the Sussex Partner Formulary.</p> <p>The committee heard that there is currently a gap in treatment options for patients with swallowing difficulties. This preparation is a long-acting anticholinergic once a day medicine that is a cost-effective option. It clinically has less of an anticholinergic burden compared to the alternatives available and is generally better tolerated than the liquid preparation currently available on the formulary.</p> <p>The application highlighted that the current 'Management if overactive bladder in men and women' pathway will need to be updated if the oral suspension is approved.</p> <p>Decision making framework:</p> <table border="1" data-bbox="118 1106 1225 1727"> <thead> <tr> <th>Criteria</th> <th>Decision</th> </tr> </thead> <tbody> <tr> <td>A. Evidence to support therapy (Level of evidence, is it placebo controlled, or compared with standard treatment option/s):</td> <td>Yes, there is evidence to support the indication.</td> </tr> <tr> <td>B. Safety</td> <td>Yes, this is a safer alternative to the older anticholinergics currently on the formulary</td> </tr> <tr> <td>C. Cost-effectiveness</td> <td>Yes, this is a cost-effective option</td> </tr> <tr> <td>D. Place in treatment pathway</td> <td>Yes</td> </tr> <tr> <td>E. Patient orientated outcomes</td> <td>Yes, there is data to support</td> </tr> <tr> <td>F. Equity</td> <td>Yes, by approving this there is a cost effective, safer treatment for this cohort of patients</td> </tr> <tr> <td>G. Environment</td> <td>No additional environmental considerations</td> </tr> </tbody> </table> <p>Voting members arrived at an outcome using the decision-making framework.</p> <p>Decision: Approved GREEN first line in swallowing difficulties</p>	Criteria	Decision	A. Evidence to support therapy (Level of evidence, is it placebo controlled, or compared with standard treatment option/s):	Yes, there is evidence to support the indication.	B. Safety	Yes, this is a safer alternative to the older anticholinergics currently on the formulary	C. Cost-effectiveness	Yes, this is a cost-effective option	D. Place in treatment pathway	Yes	E. Patient orientated outcomes	Yes, there is data to support	F. Equity	Yes, by approving this there is a cost effective, safer treatment for this cohort of patients	G. Environment	No additional environmental considerations	
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ACTION 05/23 – 02 To add solifenacin (Vesicare®) 1mg/1ml oral suspension sugar free to the Sussex Partner formulary with a **GREEN** colour coding

ACTION 05/23 – 03 To add an OptimiseRx message for first-line in swallowing difficulties only

ACTION 05/23 – 04 To update the 'Management if overactive bladder in men and women' pathway

ACTION 05/23 – 05 To upload the Management if overactive bladder in men and women' on to the intranet

MD
JP
JS
AG

12.45 Ashleigh Bradley left the meeting

3.3 Dexamfetamine Shared Care Protocol update (DR)

The committee were asked to approve dexamfetamine 5mg in 5ml sugar free oral solution with an AMBER formulary coding with clear guidance on when appropriate to prescribe.

The SHCP APC previously approved the national shared care protocol (SCP) for dexamfetamine at the September 2022 meeting. Dexamfetamine tablet formulations were approved at the March 2023 APC to ensure the Sussex Partner Formulary entry for dexamfetamine included the reference to the indication of narcolepsy but did not reference the addition of the oral solution.

The committee discussed the formulations that are listed on the National RMOC Shared Care Protocols (SCP) and it was agreed that these should align with the Sussex Partner Formulary, rather than the formulary align to the SCPs. It was agreed that when the formulary chapters are clinically reviewed this would be the appropriate time to review the medicines listed within the SCPs. For those Shared Care

The committee agreed that the SCPs that have already been approved, to add text to the formulary to highlight that the Sussex Partner Formulary should be followed.

12.50 Victoria Hordern left the meeting.

Decision making framework:

Criteria	Decision
A. Evidence to support therapy (Level of evidence, is it placebo controlled, or compared with standard treatment option/s):	Yes, it's not new and another formulation is already on the formulary
B. Safety	Yes, it's not a new medication
C. Cost-effectiveness	There are concerns as the oral solution is more expensive than the other formulations
D. Place in treatment pathway	Are we empowering our patients to decide which formulation is more clinically appropriate
E. Patient orientated outcomes	Published evidence
F. Equity	We are already using the drug, are we disadvantaging patients by not having an oral solution available
G. Environment	Unsure

<p>Voting members arrived at an outcome using the decision-making framework. 13.00 Stephen Lytton joined the meeting 13.00 Helen Porter joined the meeting</p> <p>Decision: Not approved. The decision-making framework highlighted concerns regarding cost-effectiveness, the committee are unsure of the place in the treatment pathway, and concerns raised around the equity.</p> <p>ACTION 05/23 – 06 To edit the formulary for those previously approved SCP to note 'Prescribing should be undertaken in accordance with the Sussex Partner Formulary' to all of the previously approved Shared Care Protocols.</p> <p>ACTION 05/23 – 07 As part of the CNS formulary clinical chapter review to include those medicines listed within the National Shared Care Protocols</p>	<p>JP</p> <p>AL</p>																
<p>3.4 Methylphenidate Shared Care Protocol / formulary update (DR) The committee was asked to approve the addition of Delmosart® prolonged release tablets and Ritalin® XL capsules (all strengths) to the Sussex Partner Formulary. The SHCP APC previously approved the national shared care protocol (SCP) for methylphenidate at the September 2022 meeting. It is noted that the SCP lists multiple brands of prolonged release formulations of methylphenidate, however not all of these brands are currently listed on the Sussex Partner Formulary.</p> <p>The committee recognised this formulary extension paper is similar to the dexamfetamine formulary extension paper whereby the paper is asking the committee to approve medicines listed within the SCP. The committee highlighted the importance of working with all of our stakeholders during the clinical chapter reviews.</p> <p>The committee were informed that the CNS formulary chapter will be prioritised for a full clinical review and involving all key stakeholders.</p> <p>Decision making framework:</p> <table border="1" data-bbox="118 1308 1225 1892"> <thead> <tr> <th>Criteria</th> <th>Decision</th> </tr> </thead> <tbody> <tr> <td>A. Evidence to support therapy (Level of evidence, is it placebo controlled, or compared with standard treatment option/s):</td> <td>Yes, it's not new and another formulation is already on the formulary</td> </tr> <tr> <td>B. Safety</td> <td>Yes, it's not a new medication</td> </tr> <tr> <td>C. Cost-effectiveness</td> <td>There are concerns around the cost effectiveness</td> </tr> <tr> <td>D. Place in treatment pathway</td> <td>Concerns regarding the place in the treatment pathway</td> </tr> <tr> <td>E, Patient orientated outcomes</td> <td>Need to review all the formulations and alternatives</td> </tr> <tr> <td>F. Equity</td> <td>Yes, but to revisit / review further information</td> </tr> <tr> <td>G. Environment</td> <td>To revisit as don't have the information</td> </tr> </tbody> </table> <p>Voting members arrived at an outcome using the decision-making framework.</p> <p>Decision: Not approved. The decision-making framework highlighted concerns regarding cost-effectiveness, the committee have concerns of the place in the treatment</p>	Criteria	Decision	A. Evidence to support therapy (Level of evidence, is it placebo controlled, or compared with standard treatment option/s):	Yes, it's not new and another formulation is already on the formulary	B. Safety	Yes, it's not a new medication	C. Cost-effectiveness	There are concerns around the cost effectiveness	D. Place in treatment pathway	Concerns regarding the place in the treatment pathway	E, Patient orientated outcomes	Need to review all the formulations and alternatives	F. Equity	Yes, but to revisit / review further information	G. Environment	To revisit as don't have the information	
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G. Environment	To revisit as don't have the information																

<p>pathway and to review the formulations and alternatives, and to revisit/review equity and environment.</p>																	
<p>3.5 Oral Semaglutide formulary extension (VH) The committee heard that S/C semaglutide is coded green on the Sussex Partner Formulary to treat Type 2 diabetes mellitus. This application is to offer patients who are unable to self-administer an injection due to physical disability or dexterity problems, psychologically unable to inject or unable to tolerate the injection preparation of GLP-1. The committee highlighted that our neighbouring ICB who already have a policy to support semaglutide prescribing has fewer prescriptions than Sussex where it is non-formulary. The recent supply issues with the S/C injection were raised as a concern that if patients were switched to the oral formulation, it could be difficult to switch them back to the S/C formulation once this is back in stock. VH noted that the tablet formulation needs to be taken on an empty stomach which may not be so easy and cause possible adjustments to daily routines. Whereby an injection is a once-a-week dose. The S/C supply issue was explained that it isn't the drug but the injectable devices. The committee highlighted a concern and noted that the formulary should clearly annotate the licensed indication for the oral formulation that it is used only in accordance with NICE NG28 and people with Type 2 diabetes.</p> <p>Decision making framework:</p> <table border="1" data-bbox="118 904 1225 1559"> <thead> <tr> <th data-bbox="118 904 807 943">Criteria</th> <th data-bbox="807 904 1225 943">Decision</th> </tr> </thead> <tbody> <tr> <td data-bbox="118 943 807 1043">A. Evidence to support therapy (Level of evidence, is it placebo controlled, or compared with standard treatment option/s):</td> <td data-bbox="807 943 1225 1043">Yes, there is evidence</td> </tr> <tr> <td data-bbox="118 1043 807 1077">B. Safety</td> <td data-bbox="807 1043 1225 1077">No safety concerns</td> </tr> <tr> <td data-bbox="118 1077 807 1178">C. Cost-effectiveness</td> <td data-bbox="807 1077 1225 1178">Yes, the oral preparation is cost neutral compared to the S/C injection</td> </tr> <tr> <td data-bbox="118 1178 807 1317">D. Place in treatment pathway</td> <td data-bbox="807 1178 1225 1317">Yes, there is a place in the treatment pathway for those unable to inject or tolerate the injection</td> </tr> <tr> <td data-bbox="118 1317 807 1384">E. Patient orientated outcomes</td> <td data-bbox="807 1317 1225 1384"></td> </tr> <tr> <td data-bbox="118 1384 807 1451">F. Equity</td> <td data-bbox="807 1384 1225 1451">Approval of oral preparation will be more inclusive</td> </tr> <tr> <td data-bbox="118 1451 807 1559">G. Environment</td> <td data-bbox="807 1451 1225 1559">The oral preparation is more favourable due to reduced plastic consumables</td> </tr> </tbody> </table> <p>Voting members arrived at an outcome using the decision-making framework.</p> <p>Decision: Approved GREEN second-line alternative to the subcutaneous GLP-1 agonists in those patients who are:</p> <ul data-bbox="118 1765 1276 1865" style="list-style-type: none"> • unable to tolerate the injectable preparation of GLP-1, or • psychologically unable to inject, or • unable to self-administer an injection due to physical disability or dexterity problems 	Criteria	Decision	A. Evidence to support therapy (Level of evidence, is it placebo controlled, or compared with standard treatment option/s):	Yes, there is evidence	B. Safety	No safety concerns	C. Cost-effectiveness	Yes, the oral preparation is cost neutral compared to the S/C injection	D. Place in treatment pathway	Yes, there is a place in the treatment pathway for those unable to inject or tolerate the injection	E. Patient orientated outcomes		F. Equity	Approval of oral preparation will be more inclusive	G. Environment	The oral preparation is more favourable due to reduced plastic consumables	
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<p>ACTION 05/23 – 08 To add oral semaglutide tablet to the Sussex Partner formulary with a GREEN colour coding as second-line to injectable semaglutide in those patients who are:</p> <ul style="list-style-type: none"> • unable to tolerate the injectable preparation of GLP-1, or • psychologically unable to inject, or • unable to self-administer an injection due to physical disability or dexterity problems <p>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</p> <p>13.15 Victoria Hordern left the meeting</p>	<p>MD</p> <p>JS</p>
<p>4. Virtually approved items</p>	<p>Action for</p>
<p>4.1 SHCP Operating Framework and submission guidance (virtually approved 12.05.2023)</p>	
<p>4.2 Bevespi - APC summary report (virtually approved 22.05.2023)</p>	
<p>4.3 SHCP APC Liothyronine Shared Care Protocol - addition of liothyronine capsule formulation (virtually approved 19.05.2023)</p>	
<p>4.4 DVT LCS treatment pathway (virtually approved 24.05.2023)</p>	
<p>4.5 Persistent bleeding on HRT pathway and summary report (virtually approved 26.05.2023)</p>	
<p>5. Standing Items</p>	
<p>5.1 NICE Technology Appraisals / Highly Specialised Technologies / NICE guidance (JP)</p> <p>NICE Technology Appraisals</p> <p>The committee was updated, that since the last SHCP APC meeting in March 23 the Sussex APC Secretariat group have dealt with a total of 8 published NICE Technology Appraisals and noted 1 termination. 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>NICE GUIDANCE</p> <p>The Secretariat reported that they have dealt with a total of 0 new NICE guideline and 5 updated NICE guidelines. All of which have been reviewed by the ICB therapeutic leads and have confirmed all local prescribing positions are compliant. There has been 10 Blueteq forms drafted since the last APC which are available to view on NHS Futures under 'Blueteq Forms'.</p> <p>The committee was asked to approve NICE TA875 ahead of Wegovy® being commercially available. A red formulary status was allocated, given we do not know what the weight loss service commissioning landscape will be in Sussex at the point the product is made available. When Wegovy® is made available a paper will be presented to the committee summarising the implementation plan, with an approval request for the most appropriate formulary status at that point in time.</p> <p>Covid treatment access is continuing to be via the ABC (Federation) led service for the moment so no action for primary care currently.</p>	

<p>Decision: No variation was reported between the local place bases, with positions noted.</p> <p>ACTION 05/23 – 10 To present a paper to APC when the commercial availability date of Wegovy® is confirmed, liaising with planned care for the implementation plan</p>	SL
<p>5.2 Horizon Scanning (Chair) Nothing to report</p>	
<p>5.3 Patient Safety & medicines safety alerts (Chair) The Chair noted that Pholcodine containing cough and cold medicines withdrawn from UK market as a precautionary measure. Pholcodine has been removed from the Sussex Partner formulary. 13.18 Rita Shah left the meeting</p>	
<p>5.4 Discontinuations (Chair) Discontinuations were noted for information and removal from formulary. Date not specified Pregestimil® November 2022 Pregestimil Lipid® March 2023 Normacol® and Normacol Plus®, Nutrilis® Powder Resource ThickenUp® Venlafaxine (Venlalic®) XL 37.7mg tablets April 2023 Abelcet® 100mg/20mg concentrate for suspension for infusion vials, SLO milkshakes (not discontinued but removed from Drug Tariff) May 2023 Insuman Rapid® Cartridges June 2023 Dalteparin 10,000units/1ml Solution for Injection Ampoules (1st June 2023)</p>	
<p>6. RMOc</p>	Action for
<p>6.1 Latest RMOc update (SP) The committee were updated that Helen Porter will be attending an NHS England meeting on the 12th June to discuss their operating framework which sets out the necessity for a regional medicines optimisation committee to continue and for the ICB to define what this will look like. The committee were encouraged to share their views with HP.</p>	
<p>7. Sub-group</p>	
<p>7.1 Melatonin subgroup update (DR) The melatonin subgroup has had 10 meetings so far with lengthy discussions and debate though due to business continuity during the winter months this has been over a period of time. The subgroup is currently working to agree between themselves the formulary colour coding's which will accompany the list of indications, formulations that will be contained within the paper to be submitted to the APC for final approval. The next step will be to complete the application to include the recommendations to the APC and any associated pathway information sheets or shared care documentation. DR highlighted to the committee the importance of full provider engagement to this subgroup and to extend thanks to those involved due to the time given to this subgroup.</p>	
<p>7.2 Shared Care Protocol subgroup update (AL) Currently have two RMOc Shared Care Protocols approved for used within Sussex are Valproate medicines for patients of child-bearing potential, and Adult ADHD. These were expedited these due to safety and access reasons. This then leaves 12 RMOc SCPs to implement. An implementation plan is being drafted that will go to the Medicines</p>	

<p>Optimisation Programme board in June highlighting the how the pharmacy leaders across the system can work together implementing the remaining SCPs across Sussex. If agreed, the ICB Medicines Optimisations therapeutic leads will contact stakeholders across the system to support the preferred approach to implementation.</p> <p>The committee raised concerns due to the length of time taken so far to implement the remaining SCPs, though it was noted that there has been challenges due to business continuity and that full stakeholder engagement is important to fully support the use of the SCPs.</p> <p>A discussion by the committee around the Locally Commissioned Service funding specifically around the Drug Monitoring LCS that funds drug monitoring of the SCPs highlighting a concern that GPs may be being funded where there isn't necessarily a SCP in place.</p> <p>It was noted that two areas were key priorities, time scales for the remaining SPCs to be approved and stakeholder engagement. Further meetings are planned outside of the APC to work on these 2 priority areas.</p> <p>ACTION 05/23 – 11 To provide an update on FUTURES NHS platform following the Medicines Optimisation Programme Board meeting in June on a timeline for stakeholder engagement and implementation plans for the remaining RMOC SPCs.</p>	AL
<p>7.3 Formulary subgroup – clinical chapter review update (AL)</p> <p>An overview so far was shared explaining that the initial phase was to harmonise the four formularies cross Sussex though in doing this there were slight issues which included the Shared Care Protocols and the need for engagement across the system to have the Sussex Partner Formulary that fully reflects all of the prescribing across the system. The committee heard that there is a core group who are drafting guidance to support those undertaking the clinical chapter reviews so that there is a robust governance process as well as parity around the considerations and decision-making process for each formulary chapter. The guidance will also include how the stakeholder groups engage with each other to support the differing pressures and nuances. To road test this guidance we're working through 2 formulary chapters as a pilot; these include the wound care chapter, this was prioritised due to a procurement piece of work that's in process and also the Central Nervous System chapter.</p>	
<p>7.4 Sussex Partner Formulary feedback assurance (SG)</p> <p>Following the launch of the Sussex Partner Formulary we received valuable feedback on how the multidisciplinary users were finding the new formulary and there were some themes emerging from this feedback.</p> <p>The committee heard that the Sussex Partner Formulary is an evolving platform, and it will be changing as we move forwards based on the feedback we receive from the users. Overall, the feedback has been positive with the new formulary being welcomed though with areas that could be improved. They have been particular themes around where has previous information and documentation gone. During the harmonisation process some documentation that was available in the previous place-based formularies may not be appropriate for use Sussex wide. This information is then passed to the ICB Medicines Optimisation pharmacist therapeutic leads to include as part of their clinical chapter review. Another theme highlighted a few harmonisation issues where the agreed set of principles may not have been applied consistently, these could ne resolved by aligning to the principles. Lastly, there have been a few very minor errors which were corrected promptly.</p>	
<p>7.5 Clarification of supply requirements with purple medicines summary report (SG) For approval</p> <p>The committee were asked to approve additional wording to further clarify the 'Purple' formulary definition. Also, to note medicines currently present on the Sussex Partner Formulary with a purple formulary status will need to be reviewed for appropriateness of adherence to the default position. This work is proposed to be undertaken as part of the clinical chapter reviews, with full stakeholder engagement.</p>	

<p>There have been reports patients not being able to access medicines in a timely manner in areas where a purple formulary status is interpreted as always requiring 30-day's supply of medicines to be provided on recommendation by specialists from outpatient's clinics. The current description for the purple formulary status came from the secretariat where the default requirement for purple status is that patients do not initially need to be supplied the medicines if a recommendation is made by the specialist to the GP. However, with some purple coded medicines there is a need for the patient to be stabilised on their new medication prior to the prescribing being transferred to the GP. If this is the case, there is a need for initial prescribing and supply by the specialist or an accompanying information sheet. If medication is required on initiation at least 30-days' supply should be provided to the patient. This extra information added to the purple formulary definition will facilitate access to medicines in a timely manner and support the transfer of care back to their GP. This will be built into the clinical chapter reviews, so that those medicines currently coded purple will be reviewed for appropriateness of formulary coding and identification of medicines that require specialist initiation. The committee asked for detail around where the 30-day supply came from as some Trusts currently provide 2-weeks supply. The NHS contract doesn't state a time frame but states that following clinic attendance sufficient supply for a patient's immediate needs should be made, at least up to the point where the clinic letter reaches the GP who then is able to prescribe.</p> <p>13.55 Helen Porter left the meeting</p> <p>Discussion around what the quantity/number of days local trusts are currently prescribing is different within Sussex. Concerns were raised that some GPs don't receive clinic letters within 2 weeks or that patients contact their GP within the 2 weeks due to concerns around continuation of supply. The committee highlighted that an interface policy has been discussed and may, in the future be developed which could be useful to support supply post clinical appointments.</p> <p>It was agreed to change the wording in-line with the national contract to cater for when there's slight variation to supply within the trusts.</p>	
<p>Decision: Amendment required to the wording</p>	
<p>ACTION 05/23 – 12 An make an amendment to the wording of the purple formulary definition</p> <p>ACTION 05/23 – 13 To update the Sussex Partner Formulary with the approved definition</p>	<p>SG</p> <p>SG</p>
<p>Post meeting note 30/05/23 committee requested that the wording be amended to read:</p> <p>The default requirement for purple medicines is that they do not need to be initially supplied to the patient when they are recommended to a GP by a specialist prescriber. However, with some purple medicines there is a need for the patient to be stabilised on their new medicine, prior to GP prescribing. If this is the case, the need for initial prescribing and supply by a specialist will be specified on the formulary or in any accompanying information sheet. If medication is required on initiation, sufficient supply for the patient's immediate needs should be made, at least up to the point where the clinic letter has reached the GP and the GP can then prescribe on an ongoing basis. SG to make the relevant amendments to the formulary.</p> <p>Post meeting note 11/07/2023</p> <p>Dr Lytton informed the secretariat that he strongly advocates that 30 day's supply should be the standard to allow GPs to receive the required information to make decisions about purple coded medications suggested by Secondary Care. This is to allow 2 weeks for the hospital letter to arrive and a further 2 weeks if the GP is on leave, so that the GP who will be responsible for prescribing and monitoring can make an informed decision.</p>	
<p>8. Any other business</p> <p>Nothing raised.</p>	

Date of next meeting	
Date: July 25th 2023 Time: 12:00 to 14:00 Venue: Online MS Teams Chair: Michael Okorie	
Meeting close.	