

Sussex Health & Care Partnership Area Prescribing Committee (minutes)

Date:	Tuesday 27th July 2021
Time:	12:00 – 14:00
Venue:	Online MS Teams
Chair:	Michael Okorie

Attendees:	
Iben Altman (IA)	Chief Pharmacist, SCfT
Kate Bailey (KB)	Sussex Public Health representative, WSCC
Inge Bateman (IB)	Lead Clinical Nurse Specialist Inpatient Pain Service, UHSussexFT (West)
Mike Beaman (MBe)	Community Ambassador
Helena Bird (HB)	Chief Pharmacist SPfT
Ashleigh Bradley (AB)	Lead Clinical Commissioning Pharmacist, NHS West Sussex CCG
Eileen Callaghan (EC)	Director of Sussex Medicines Management and Optimisation, SHCP
Mike Cross	Chief Pharmacist UHSussexFT (East)
Mark Donaghy (MD)	LPC representative
Gill Ells (GE)	Head of Medicines Management, NHS East Sussex CCG
Steven Fong (SF)	Consultant Clinician, ESHT
Stewart Glaspole (SG)	Principal Pharmacist, NHS B&H CCG
Stephen Lytton (SLy)	GP, East Sussex
Saffron Mawby (SM)	Chief Pharmacist, UHSussexFT (West)
Robert McNeilly (RMc)	GP Prescribing Lead, East Sussex
Riz Miarkowski (RM)	Prescribing Clinical Lead / GP, West Sussex
Irma Murjikneli (IM)	Prescribing Lead, East Sussex
Stacey Nelson (SN)	Deputy Head of Medicines Management, 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)
William Shepherd (WS)	GP Prescribing Lead, B&H
Tejinder Bahra	Lead Commissioning Pharmacist, East Surrey Place
Guests:	
Michal Mensa (MM)	Medicines Management Pharmacist, NHS West Sussex CCG
Sadia Kiran (SK)	Associate Specialist in Paediatrics Crawley CDC SC
Patricia Freeman (PF)	Senior Clinical Pharmacist Children and Young People SCfT
Anna Sarkozy (AS)	Consultant in Neuromuscular disorders, Great Ormond Street Hospital, London
Adnan Manzur (AM)	Service Lead Consultant in Neuromuscular disorders, Great Ormond Street Hospital (GOSH) London
Kate Shipman (KS)	Consultant Chemical Pathologist UHSussexFT (West)

Minutes taken by:	
Jo Piper Pharmaceutical Commissioning Manager	

1. Welcome and apologies		Action for								
<p>The Chair welcomed the committee to the June Sussex Health and Care Partnership APC and explained that this is a recommendation group at the moment until we secure delegated authority. The main meeting etiquette and Conflict of Interest information was shared and accompanied by a slide.</p> <p>Apologies received: Harriot Vogt (Community Ambassador) David Walker (Medical Director and Consultant Cardiologist ESHT) Judy Busby (Chief Pharmacist, QVH) Karen Reynolds (Senior Pharmaceutical Commissioning Technician, NHS West Sussex CCG)</p> <p>Declarations of Interest The Chair thanked those who have completed and returned their annual declaration of interest form, for those who still require to complete and return the form and can find the declaration of interest form on the NHS Futures Platform accessible here: https://future.nhs.uk/SussexAreaPrescribing/view?objectId=105239429 Please return completed forms 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 for this meeting, using the chat function of MS Teams. If they had no conflicts they were asked to enter “Nil” so there was a written record from all attendees. No relevant declarations were noted.</p>										
<div style="border: 1px solid black; border-radius: 15px; padding: 10px; background-color: #e6f2ff;"> <p>ACTION 07/21-01 Outstanding annual declarations of interest form to be completed at the earliest possible opportunity. Form available via NHS Future Platform</p> </div>		All								
2. Minutes and action log										
<p>2.1 Minutes of last meeting The minutes of the previous SHCP APC meeting held in May 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 SHCP intranet.</p>										
<p>2.2 Action log</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Action</th> <th style="width: 50%;">Update</th> </tr> </thead> <tbody> <tr> <td>05/21-09 Formulary coding working group</td> <td>to be considered at today's meeting</td> </tr> <tr> <td>05/21-16 A shared care working group to be formed to establish the way forward & put in local processes in place to address variation in current Sussex Shared Care Agreements that are not included as part of the RMOC workplan</td> <td>to start in November, keep item open</td> </tr> <tr> <td>05/21-01 Annual declaration of interest</td> <td>Keep on action log as a rolling item</td> </tr> </tbody> </table>		Action	Update	05/21-09 Formulary coding working group	to be considered at today's meeting	05/21-16 A shared care working group to be formed to establish the way forward & put in local processes in place to address variation in current Sussex Shared Care Agreements that are not included as part of the RMOC workplan	to start in November, keep item open	05/21-01 Annual declaration of interest	Keep on action log as a rolling item	
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05/21-01 Annual declaration of interest	Keep on action log as a rolling item									

05/21-02 BSUH and WSHfT dual membership name amendment	completed	
05/21-03 Wording section 7 of the SHCP APC ToR to be amended	completed	
05/21-04 SHCP APC quoracy criteria to be amended	completed	
05/21-07 Section added to the new drug formulary application template	completed	
05/21-11 Formulary coding review	to be covered at today's meeting	
05/21-RMOC Shared Care standard item to be added to future SHCP APC agendas	completed	
05/21-19 Bempedoic acid formulary coding review	to be covered at today's meeting	
3. Meeting administration business		
3.1 An introduction to the NHS Futures Platform		
<p>The committee were provided with a demonstration of the new Sussex APC workspace within the NHS Futures Platform where the templates, agendas, papers and minutes are being stored. The workspace also highlights the date of the next meeting as well as providing a link to the documents/papers that may require reviewing or approving prior to the meeting so any comments received are able to be addressed at the meeting. Further information and training to support using the workspace can be found on the front page of the Sussex APC workspace via a link 'Training Webex' delivered by the platform provider. To email the Sussex APC generic inbox sxccg.sussexapc@nhs.net if you haven't received an invitation to join the workspace.</p>		
<p>ACTION 07/21 - 02 To email the SHCP APC generic inbox sxccg.sussexapc@nhs.net if you have not received an invite to the Sussex APC workspace on NHS Futures platform.</p>		All
3.2 SHCP APC agenda time scales		
<p>The SHCP APC agenda time scales were shared with the committee members for agreement. The timescales help with identifying when papers and applications can be accepted on to the agenda to support the administration and running of the SHCP APC. The committee provided some useful feedback to update the format of the time scales as well as suggesting including the time scales within the APC templates to support those who are completing applications or papers to know submission time scales on to the agenda.</p>		
<p>ACTION 07/21 - 03 To review and change the numbering order on the agenda time scales ACTION 07/21 - 04 To add the time frames to the APC templates</p>		JT SG
3.3 Amended documents as per outputs from May SHCP APC meeting		
<p>The agreed actions from the May SHCP meeting for the 3 papers have been incorporated within the three documents below:</p> <ol style="list-style-type: none"> 1. SHCP decision making criteria, 		

<p>2. SHCP new drug request form and 3. SHCP APC Recommendation Group Terms of Reference</p> <p>These documents were approved subject to the changes below.</p> <p>The committee received a comment regarding the Terms of Reference which highlighted that Brighton APC should read Brighton & Hove and High Weald Lewes Haven (HWLH). Clarification was sought and it was agreed that there will be a transitional arrangement in place whereby Brighton and Hove APC can make decisions for HWLH geography until April 2023 when formularies will be aligned within Sussex.</p> <div style="border: 1px solid black; border-radius: 15px; padding: 10px; margin: 10px 0;"> <p>ACTION 07/21 - 05 To include Hove within the ToR to read Brighton & Hove APC.</p> <p>ACTION 07/21 – 06 To add a reference within the ToR that Brighton & Hove APC will continue to make decisions for the HWLH geography.</p> </div>	<p>SG</p> <p>SG</p>
<p>3.4 Review of SHCP APC membership numbers/ratios</p> <p>The SHCP APC membership was discussed at the previous meeting in May as well as discussed at the APC development group. The committee raised that the balance between primary and secondary care representation should be checked. it was agreed to wait until the committee received delegated authority before a review of the current membership. We currently have a wide distribution of members attending the SHCP APC as membership was taken from those attending the place-based APCs.</p> <p>RECOMMENDATION: The committee agreed that the SHCP APC is still in its infancy of development and is currently a recommendation group so a review of membership should be paused until delegated authority is obtained.</p> <div style="border: 1px solid black; border-radius: 15px; padding: 10px; margin: 10px 0;"> <p>ACTION 07/21- 07 To keep the membership review of the SHCP APC on the action log and the review in November.</p> </div>	<p>SG</p>
<p>3.5 New form templates</p> <p>The committee were presented with an additional two templates to sit alongside the approved 'new drug application' template.</p> <p>SHCP APC Formulary colour re-coding template</p> <p>The colour re-coding template was shared with the committee; this template is to support the application of a formulary drug/product that is already on the formulary but requires a review of the formulary colour coding status. The committee highlighted the potential impact to pathways should be noted when formulary coding is altered. The committee agreed to include the agenda time scales on this template.</p> <p>SHCP APC Formulary extension template</p> <p>The formulary extension template was shared with the committee to support an application of a drug/product that is already on the formulary but a different formulation or a different strength is requested to be added to the formulary for the same indication. Comments were received from the committee which highlighted the recommendation for including a prompt to</p>	

<p>reference the 4 formularies across Sussex within the template. The committee asked how these formulary templates are used from a public health viewpoint regarding local data and the number of patients potentially impacted. Currently the forms ask for published national data utilising NICE and ONS. The Public Health representative kindly offered support from their public health analyst to share local data to support applications.</p> <p>The committee agreed to include the reference to the formularies across Sussex as well as to include the agenda time scales on the template. Also, to alter the wording 'Impact to CCGs' to 'Impact to commissioners.'</p> <div style="border: 1px solid black; border-radius: 15px; padding: 10px; background-color: #e6f2ff;"> <p>ACTION 07/21- 08 To include the agenda time scales on both of the templates.</p> <p>ACTION 07/21- 09 To add a section on the templates to include information from the formularies across Sussex.</p> <p>ACTION 07/21 – 10 Both templates are agreed for use, to upload on to the formulary platforms/CCG intranet</p> <p>ACTION 07/21 – 11 To update place-based APCs</p> </div>	<p>JT</p> <p>JT</p> <p>JP/JT</p> <p>CO/GE/SN</p>
<p>3.6 NICE governance during the APC transition period paper Following the last SHCP APC meeting in May further discussions were had outside of this meeting around how the NICE TAs and Clinical Guidelines should be managed within the 30/90-day implementation requirement. This was due to the SHCP APC transitioning arrangements whereby the recommendations made by this committee would need to be ratified by the local place-based APCs/MIGs. This would lead to delays in implementing NICE TAs dependent on when these were published. CCGs have a statutory requirement to publish NICE TAs within a 30/90-day timeframe.</p> <p>This paper outlined details of how NICE TAs are to be managed during this arrangement whereby the local place-based APCs/MIGs who hold delegated decision-making authority will continue to take control of approving NICE TAs within the nationally agreed implementation timeframe. These decisions will then be reported back by each local APC to the SHCP APC for information and overview of consistent implementation across the Sussex geography. There will be a summary document to share the approvals in each of the local place-based APC/MIGs so the SHCP APC members will be able to review for consistency and any differences or consistencies in implementation.</p> <p>RECOMMENDATION: The committee agreed that the local APC/MIGs should maintain their current process around implementation of NICE guidance during the transition period to ensure statutory requirements are met. This will be reviewed when the SHCP APC obtains delegated decisions making authority.</p> <div style="border: 1px solid black; border-radius: 15px; padding: 10px; background-color: #e6f2ff;"> <p>ACTION 07/21- 12 To continue to ratify NICE TAs at each local APC and to share a summary of these decisions at the SHCP APC meetings.</p> </div>	<p>CO/GE/SN</p>
<p>3.7 Red drug governance review The Providers have asked for guidance around if any changes are necessary to the way they consider and approve RED (specialist or hospital only)</p>	

formulary coded medicines. The Providers each have their own internal committees where they consider drugs that have no wider impact other than within their own Trust.
The paper detailed the recommendations from the APC Development group which highlights that the current decisions making structures are to remain in place at the Provider level based on caveats outlined below.

These caveats include.

1. The Providers have CCG representation on their DTCs or equivalent committee.
2. Confirmation should be made that the proposed red drug does not have significant financial implications for the system, or any impact outside of the provider setting (including homecare charges).
3. Any free of charge medicines approved as red should meet the relevant RMOG criteria.
- 4, All red drugs approved should be reported to the provider's host APC/MIG.

RECOMMENDATION: The committee agreed with the above caveats.

ACTION 07/21- 13 To update the place-based APCs.

CO/GE/SN

4. Standing Items

4.1 NICE TAs / HSTs

NICE TAs were shared with the committee for agreement on recommendation of formulary colour codings that will be shared with each place-based APC/MIGs for ratification.

NICE TA	Recommended formulary coding
NICE TA705 : Published 2 nd June 2021 Atezolizumab monotherapy for untreated advanced non-small-cell lung cancer	RED
NICE TA706 : Published 9 th June 2021 Ozanimod for treating relapsing–remitting multiple sclerosis	NOT RECOMMENDED
NICE TA707 : Published 15 th June 2021 Nivolumab for previously treated unresectable advanced or recurrent oesophageal cancer	RED
NICE TA708 : Published 23 rd June 2021 Budesonide orodispersible tablet for inducing remission of eosinophilic oesophagitis.	* To bring this back to the next SHCP APC
NICE TA709 : Published 23 rd June 2021 Pembrolizumab for untreated metastatic colorectal cancer with high microsatellite instability or mismatch repair deficiency	RED
NICE TA710 : Published 23 rd June 2021 Ravulizumab for treating atypical haemolytic uraemic	RED

<p>syndrome</p> <p>NICE TA711 : Published 30th June 2021 Guselkumab for treating active psoriatic arthritis after inadequate response to DMARDs</p>		
<p>RECOMMENDATION: * NICE TA708 Budesonide orodispersible tablet for inducing remission of eosinophilic oesophagitis – to review current formulary coding as inconsistencies were highlighted between the four formularies within Sussex. To seek expert advice, and clarification on what is included within Tariff.</p>		
<p>ACTION 07/21- 14 The committee agreed to bring back the coding recommendation for Budesonide orodispersible to the next SHCP APC meeting.</p>		SG
<p>4.2 Nice guidance – shared for information as no significant resource impact</p> <p>NG197: Shared decision making (Resource impact statement)</p> <p>No significant resource impact is anticipated, although where there is a change required to current practice, this may require additional resources to implement, which may arise in any of the healthcare settings (community, primary and secondary care). Benefits derived from the change in practice will help mitigate the additional costs. Published 17th June 2021</p> <p>NG198: Acne vulgaris: management (Resource impact statement)</p> <p>No significant resource impact is anticipated. Published 25th June 2021</p>		
<p>4.3 Horizon scanning Nothing to report.</p>		
<p>4.4 Patient safety & medicines safety alerts https://www.gov.uk/drug-safety-update</p> <p>The Chair encouraged the committee members to look at the COVID-19 vaccines update for July 2021 around extremely rare reports of myocarditis and pericarditis following vaccination with Moderna and Pfizer/BioNTech COVID-19 vaccine more frequently in younger men and shortly after the second dose.</p> <p>Oral retinoid medicines, where guidance has been published about the use of remote consultations for pregnancy prevention in women of childbearing potential and monitoring for signs of psychiatric reactions (especially depression) and other safety risks in all patients taking oral retinoid medicines during the COVID-19 pandemic.</p> <p>Herbal and homeopathic medicines and a reminder to be vigilant for suspected adverse reactions and to report these to the Yellow Card scheme Yellow card</p> <p>The committee raised an issue regarding previously published Drug Safety alert for 'Levothyroxine: new prescribing advice for patients who experience symptoms on switching between different levothyroxine products'. This guidance will have significant implications to the formularies within Sussex</p>		

<p>regarding the availability of different formulations and switching brands. It was agreed to bring this back to a future meeting to discuss and consider in greater detail.</p> <div style="border: 1px solid black; border-radius: 15px; padding: 10px; background-color: #e6f2ff; margin: 10px 0;"> <p>ACTION 07/21- 15 To bring Levothyroxine: new prescribing advice for patients who experience symptoms on switching between different levothyroxine products' back to a future meeting to discuss and consider in greater detail</p> </div>	SG
<p>4.5 Sussex wide formulary work Narcolepsy and cataplexy treatment review and Shared Care Agreement</p> <p>Michal Mensa presented the paper highlighting the evidence of inconsistent formulary coding's across Sussex for these agents. The paper included a summary of the treatment pathway in which clomipramine or venlafaxine XL would be first line as anti-cataplectic agents, followed by fluoxetine if not tolerated and sodium oxybate would be third line. Sodium oxybate is generally considered as a final treatment option for patients nationally, though it is recommended as the first line cataplexy treatment in international guidelines. In addition, only clomipramine is licensed for cataplexy. Stimulant therapy includes modafinil, methylphenidate and dexamfetamine. The draft Shared Care Agreement presented is condition specific and includes all of the above drugs within one shared care consisting of a 24-page document. The committee felt that the information included felt very useful, but concerns were raised around the potential for key information to be lost within such a large document. Comments received from the committee were focused on the draft shared care agreement and feedback included that the shared care agreement should mirror the RMOC shared care template where each shared care agreement is drug specific rather than condition specific. It was highlighted that two of the above drugs, methylphenidate and dexamfetamine are on the RMOC agenda for a national shared care to be published after September 2021.</p> <p>RECOMMENDATIONS: To have drug specific individual shared care agreements for each of the drugs in line with RMOC shared care template. For each shared care to include further information / guideline attached as a link or similar within each shared care. To wait until RMOC have published their national shared care agreements in September for both methylphenidate and dexamfetamine. To bring back to the next meeting for consideration and recommendation of the newly drafted individual shared care agreements. To review these if and when more RMOC shared care agreements are published.</p> <div style="border: 1px solid black; border-radius: 15px; padding: 10px; background-color: #e6f2ff; margin: 10px 0;"> <p>ACTION 07/21- 16 To draft drug specific individual shared care agreements</p> <p>ACTION 07/21 – 17 Each shared care agreement to include further information/national guidance to be attached as a link or similar</p> <p>ACTION 07/21 – 18 To pause drafting methylphenidate and dexamfetamine shared care agreements for the RMOC shared care agreements to be published</p> <p>ACTION 07/21 – 19 To bring the draft shared care agreements back to the SHCP for consideration/recommendation</p> </div>	<p>MM</p> <p>MM</p> <p>MM</p> <p>MM</p>

<p>4.6 Formulary colour coding report</p> <p>ACTION 07/21- 20 To defer to the next meeting.</p>	<p>MB</p>
<p>5. Formulary recoding, extension & new drug applications</p>	
<p>5.1 Bempedoic acid coding review</p> <p>KS presented a report asking the SHCP APC members to re-consider the initial colour coding recommendation of RED to GREEN across Sussex in line with availability of a commercial agreement in primary care. KS is representing the University Hospital Sussex from the West but in liaison with Alison Warren (Consultant Pharmacist from University Hospital Sussex East) who supports the lipid clinic in the East.</p> <p>KS informed the committee that Bempedoic acid is a new lipid lowering drug and that the NICE TA is slightly confusing but on questioning it is for those who are statin intolerant as long as they are not on the minimum effective dose with a 40% reduction i.e. they are on any other statin besides atorvastatin 20mg and above or rosuvastatin 10mg and above and they are taking ezetimibe they are eligible to start bempedoic acid if they are not on target.</p> <p>The committee shared that there is a discounted price that is available to the NHS but that it is only available through hospitals or as a payment to NHSE. Concerns were also shared around if this is coded GREEN primary care prescribers may possibly start bempedoic acid first rather than PCSK9 when they may be better going to PCSK9. KS agreed we should escalate treatment in accordance with the agreed treatment pathway. PCSK9 inhibitors reduce cholesterol by about 60% and bempedoic acid is an additional 26% so not as clinically effective but it is cost effective and is an oral preparation. KS thought it is an opportune time to update their flow chart to support this new treatment and to show where bempedoic acid fits in. The committee highlighted two formulations are available, one which is bempedoic acid alone and the second is in combination with ezetimibe; both products are currently the same price. The committee was asked what their thoughts are and if both products are necessary to be recommended to the formularies as the NICE guidance states that bempedoic acid should be given in combination with ezetimibe.</p> <p>It was highlighted that across the ICS there is work going on around prevention starting with cardiovascular prevention and this is the topic the system has agreed to work on first.</p> <p>The committee suggested robust guidelines would be useful and appropriate.</p> <p>RECOMMENDATION: To review and update the guidance / flow chart. Recommend both bempedoic acid products for addition to the Sussex formularies with a green formulary coding.</p>	
<p>ACTION 07/21-21 To review and update guidance / algorithm ACTION 07/21-22 Agreed to recommend both products as GREEN with a preference for the combination product which is the most cost effective option.</p>	<p>KS CO/GE/SN</p>

5.3 Deflazacort recoding and Shared Care application

SK presented a new drug application for Deflazacort 6mg tablets in the indication for Duchenne's Muscular Dystrophy (MDM) in children and young adults up to 19 years of age. The rationale for request included that Deflazacort is recommended by NICE approved international standards of care for DMD. These standards of care have been translated into a comprehensive guide for families to ensure that they are accessible to all patients with DMD. Glucocorticoid steroids are gold standard therapy for this condition. Since the initial publications on daily treatment with glucocorticoids in DMD alternative regimens with lower dosage of intermittent steroids have been tested and implemented to reduce side effects of daily regimens, with the 10 days on/10 days off regimen being the most widely used worldwide as an alternative to the daily dose regimen. Both deflazacort and prednisolone are deemed equivalent products with deflazacort being associated with less weight gain which important in terms of morbidity, but higher risk of fractures, growth delay and cataract. Decision on treatment is made based on medical indications as well as parental choice, as most appropriate based on the needs of the patient and acceptability of side effect profile. There is no consensus yet on the optimum glucocorticoid drug (prednisolone vs deflazacort) or regimen (daily or 10 days on/10 days off) for DMD.

Comments were received from the committee on the Shared Care Agreement which included highlighting that there is very limited monitoring required for the GP to undertake. The monitoring includes BP and urine dip stick which is mainly just in the first 3 months of treatment. Feedback from the committee highlighted that the information within the BNFC (British National Formulary for Children) indicated that the monitoring is no different to prednisolone which raised further questions if a shared care agreement is the right format to support primary care prescribers. Confirmation that the same monitoring would be requested from the specialists if prednisolone was initiated. It was noted that prescribing high dose of steroids in children for a considerable length of time is unusual within the primary care setting.

The committee raised concerns regarding the potential for incorrect blood pressure cuff being used to monitor children's BP within a GP practice and that this may be better placed for outreach/community paediatric nurse teams to undertake the BP monitoring. Currently the draft shared care agreement does not fit the RMOC principles of a shared care but would be better suited to an information sheet format, highlighting the change of formulary coding and initiated by a specialist.

The committee recommended that deflazacort should be recommended for inclusion on Sussex formularies as a drug requiring specialist initiation and with an information sheet. Local APC/MIGs should select their colour coding that best matches this.

RECOMMENDATION: Agreed to recommend addition/ change to local formularies: specialist initiation with an information sheet. To develop and share for approval with SHCP APC members an information sheet. To expedite this application it was agreed that the information sheet would be approved virtually.

<p>ACTION 07/21-23 Agreed to recommend addition to Sussex formularies: specialist initiation with an information sheet. Local APC/MIGs to choose their formulary colour that reflects this.</p> <p>ACTION 07/21-24 To put together an Information sheet and share virtually with SHCP APC members for approval.</p>	<p>CO/GE/NS</p> <p>PF SK, AS and AM</p>
<p>6. RMOc</p>	
<p>6.1 RMOc Blueteq paper</p> <p>The paper was presented and explained that Blueteq forms across Sussex are not currently aligned. With the recent merger of acute providers in Sussex to form University Hospital Sussex, the inconsistency in Blueteq forms has become more apparent in terms of operational management by specialist teams. Equally, overtime the content of Blueteq forms has evolved, and many now require revision to ensure they comply with the RMOc Standard Principles for Medicines Prior Approval Forms published in January 2020.</p> <p>There are currently over 300 legacy Blueteq forms across Sussex, this new approach would only be for the development of new forms initially and those requiring revision which will be over the next 6 to 12 months.</p> <p>The committee was asked to consider adoption of the RMOc Standard Principles for Medicines Prior Approval Forms.</p> <p>The committee was also asked if they agreed for an independent pharmacy lead from a provider organisation in Sussex to oversee the process and ensure the RMOc principles are adopted as well as nominating a consultant or a specific person from each provider to represent the Blueteq papers at the APC.</p> <p>The committee suggested the relevant specialist/consultant depending on speciality of the drug/Blueteq form should be consulted about individual forms rather than be involved in a review of Blueteq. Also, that we should use our high-cost specialist pharmacists as part of a subgroup to work alongside the pharmacy commissioners.</p> <p>The process around the approval of forms was highlighted as currently the SHCP APC does not have delegated authority but will be able to recommend the new and revised Blueteq forms to each CCG.</p> <p>Recommendation: To put together an APC subgroup who will develop and revise Blueteq forms Sussex wide and to ask for volunteers to join this subgroup. To accept the RMOc Blueteq paper but to make sure it fits our local requirements.</p>	<p>SG</p>
<p>6.2 Latest RMOc Shared Care Agreements out for consultation Atomoxetine, guanfacine and riluzole</p> <p>There are three shared care agreements that are out for consultation until the 13th August. Atomoxetine and guanfacine are both for adult ADHD. The</p>	

riluzole is for patients with the amyotrophic lateral sclerosis (ALS) variant of motor neurone disease (MND).	
7. Subgroup	
7.1 Nothing to report	
8. Any other business	
None	
9. Date of next meeting	
Date: September 28th Time: 12:00 to 14:00 Venue: Online MS Teams Chair: Michael Okorie	