

Sussex Health & Care Partnership Area Prescribing Committee (minutes)

Date:	Tuesday 25 th May 2021
Time:	12.00 – 14.00
Venue:	Online, via MS Teams
Chair:	Stephen Pike

Attendees:		
Iben Altman	(IA)	Chief Pharmacist, SCfT
Karuna Askoolum	(KA)	Medicines Management Pharmacist, WS CCG
Tejinder Bahra	(TB)	Lead Commissioning Pharmacist, East Surrey ICP
Kate Bailey	(KB)	Public Health representative, WSCC
Michelle Barnard	(MB)	Lead Specialist Commissioning Technician, WS CCG
Intazar Bashir	(IBS)	Consultant Anaesthetist/Pain Specialist, UHSussexFT (West)
Inge Bateman	(IB)	Lead Clinical Nurse Specialist Inpatient Pain Service, UHSussexFT (West)
Mike Beaman	(MBe)	Lay Representative / Community ambassador
Ashleigh Bradley	(AB)	Lead Clinical Commissioning Pharmacist, WS CCG
Judy Busby	(JB)	Chief Pharmacist, QVH
Eileen Callaghan	(EC)	Director of Sussex Medicines Management and Optimisation, Sussex CCG
Mark Donaghy	(MD)	LPC representative
Gill Ells	(GE)	Head of Medicines Management, ES CCG
Steven Fong	(SF)	Consultant Clinician, ESHT
Stewart Glaspole	(SG)	Principal Pharmacist, B&H CCG and Senior Clinical Lecturer, Brighton University
Samantha Lippett	(SL)	Assistant Director of Pharmacy, UHSussexFT (East)
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, WS CCG
Ciara O’Kane	(CO)	Principal Pharmacist, B&H CCG
Michael Okorie	(MO)	Associate Medical Director, UHSussexFT (East)
Patience Okorie	(PO)	Prescribing Clinical Lead / GP, West Sussex
Stephen Pike	(SP)	Prescribing Clinical Lead / GP, West Sussex
Jo Piper	(JP)	Pharmaceutical Commissioning & Transformational Change Manager, WS CCG
Karen Reynolds	(KR)	Senior Pharmaceutical Commissioning Technician, WS CCG
Susan Rose	(SR)	GP, West Sussex
Neveen Sorial	(NS)	Head of Medicines Management, WS CCG
Lloyd Ungoed	(LU)	Community Ambassador
Guests:		
Lloyd Bradley (<i>presenter</i>)	(LB)	Consultant in Rehabilitation Medicine, UHSussexFT (West)
Sarah Clarke	(SC)	Medicines Management Pharmacist, WS CCG
Begona Hernandez Roca	(BHR)	Medicines Management Pharmacist, WS CCG
Dan Jenkinson (<i>presenter</i>)	(DJ)	GP Lead, Diabetes Care for You, SCfT
David Lipscomb (<i>presenter</i>)	(DL)	Consultant, Diabetes Care for You, SCfT
Hannah Syed (<i>presenter</i>)	(HS)	Diabetes Lead Pharmacist, ESHT.

Minutes taken by:	
Karen Reynolds, Senior Pharmaceutical Commissioning Technician, WS CCG.	

1. Welcome and apologies	Action for
<p>Apologies received: David Walker, Janet Rittman, Harriet Vogt.</p> <p>The chair introduced himself and welcomed the committee to the inaugural SHCP APC meeting. The main meeting etiquette and Conflict of Interest points were highlighted, accompanied by a slide.</p> <p>Declarations of Interest: On the day prior to the meeting, the committee had been asked to complete an annual Declaration of Interest form that had been shared via MS Teams and email it to sxccg.sussexapc@nhs.net. Forms submitted were filed and attendees that had not had the opportunity to do so were politely reminded that this was still required.</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 #0070C0; border-radius: 10px; padding: 10px; background-color: #E6F2FF; margin: 10px 0;"> <p>ACTION 05/21-01: Anyone who attended the SHCP APC meeting that has not yet completed and submitted the annual Declaration of Interest form, is requested to do so at the earliest possible opportunity.</p> </div>	All
2. Meeting administration business	
<p>SHCP APC recommendation group TOR (Terms of Reference): The SHCP APC TOR had previously been drafted and approved by the SHCP APC stakeholder group when it was assumed that the committee would have delegated decision making authority from the outset. As this is not yet the case, a revised, interim version TOR has been included for review in the papers shared for this meeting. It contains minor amendments reflecting the temporary recommendation only status until decision making authority can be obtained. No objections were noted, so the interim version was approved.</p> <p>Interim chairing arrangements: Two options were submitted to the committee regarding SHCP APC chairing arrangements;</p> <ol style="list-style-type: none"> a) For an interim chair to be nominated from the SHCP APC development group until membership roles could be finalised and a chair elected from appointed members, which would be unlikely to be in place until at least September 2021. b) For an SHCP APC chair to be appointed from interim members now. <p>It was noted that the SHCP APC TOR states that the chair should be a medical director from one of the provider organisations. It was also noted that the RMOC (Regional Medicines Optimisation Committee) state that going forward, representatives on their committees should be chairs of local ICS prescribing groups. Michael Okorie had previously put himself forward as a candidate for the SHCP APC Chair. As he is a medical director at UHSussexFT and a current member of the local RMOC committee it was felt that he fitted the role perfectly. The committee agreed that he should be elected as the interim chair of the SHCP APC, and he accepted.</p> <p>Decision making criteria: The committee discussed decision making criteria, namely SHCP APC membership and quoracy.</p> <ul style="list-style-type: none"> • UHSussexFT informed the committee that despite WSHfT and BSUH merging to become UHSussexFT in April this year, it would take another 6-9 months to finalise the restructuring and governance. They requested that for now UHSussexFT should retain dual membership roles on the SHCP APC, rather than a single unified role, but they should be defined as UHSussexFT (East) and UHSussexFT (West). The committee 	

agreed.

- It was highlighted that section 5.1 of the terms of reference requires an amendment to the wording as it currently states “*The Chair of the group will be elected by the membership and will hold the position until during the transition to the fully delegated committee.*”
- A concern was raised regarding quoracy. Section 7 of the SHCP APC TOR states that a “Medical Doctor” and a “Pharmacist” must be present to ensure meeting quoracy, but it does not state where from. The committee agreed it was important that there should be representation from both primary and secondary care included in the quoracy criteria.
- A question around the proportion of members from each organisation was raised. It was suggested that UHSussexFT should have several members as they cover the whole of Sussex and they feel it is important that both pharmacists and clinicians should be able to attend. It was agreed that the membership list and quoracy criteria can develop as this new committee evolves but consideration should be given to the number of members not becoming too many so that meeting efficiency would suffer. A good balance of representation/expertise/numbers needs to be established. The committee agreed there is a need for further work/discussion regarding this.

ACTION 05/21-02: BSUH and WSHfT dual membership on the SHCP APC membership list to be amended to UHSussexFT (East) and UHSussexFT (West).

ACTION 05/21-03: The wording in section 7 of the SHCP APC TOR to be amended by removing either “until” or “during” (as highlighted above).

ACTION 05/21-04: SHCP APC quoracy criteria to be amended to include representation from both primary and secondary care.

ACTION 05/21-05: Initial review of the membership ratios/numbers with amendment possibilities to be discussed at the July SHCP APC meeting.

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All

Interim arrangements for APCs:

A paper explaining the current interim arrangements for the SHCP APC was included for review in this meeting. It can be used as a briefing paper for interim SHCP committee members and the current local APCs to explain the transitional phase between where we are currently (a recommendatory committee) and where we are moving to in the future (a decision making committee).

It is anticipated that the SHCP APC will be a fully functional delegated decision making committee by April 2022, but this delay is due to permission needing to be obtained from each individual provider organisation.

The committee voiced no concerns regarding this paper, so will be forwarded to the three local APCs for information.

ACTION 05/21-06: The SHCP APC paper explaining the interim APC arrangements to be disseminated to the 3 local APCs for information.

SHCP APC Secretariat

New drug application form:

A Sussex wide new drug formulary application has been created, shared with and approved by all three Sussex APCs. The committee were advised that this document will be used going forward to aid consistent decision making across the county, but it is very much a fluid document that may be amended and evolve as the use of it increases.

A suggestion was made that a section be added so any national and regional guidance or documents can be included on an application.

A further request was made to ensure that equity and equality were considered in any application, and that feedback was encouraged

ACTION 05/21-07: Sections added to new drug formulary application for inclusion of national and regional guidance or documents, and equity and equality statement

SG

<p>Formulary colour coding standardisation:</p> <p>A proposal to standardise the formulary colour codings across Sussex was presented to the Committee. It proposed that Sussex reverts to a simple red/amber/green traffic light system. Red would remain as hospital only, green would remain as prescribing in any care setting, grey and non-formulary would be removed, black would change to “not recommended” due to its negative connotations, but the amber coding was a little more complicated.</p> <p>It was suggested that blue codings be removed, and changed to amber. Going forward amber would cover a variety of particular prescribing requirements, such as shared care, information sheet needed, specialist initiation and specialist recommendation. (The definition of “specialist” would need to be clarified in each case). Any Locally Commissioned Service (LCS) arrangements should also be highlighted, and the use of 1st line/2nd line/place in therapy would need to be clearly documented where appropriate.</p> <p>Some concerns regarding the removal of the blue coding were raised, such as this would create a large gap between green and amber, and amber would be covering so many things, each entry would need to be very clear on its requirements.</p> <p>Also a question regarding non-prescribing specialist nurses recommending initiation of treatment was raised. If they are classed as specialists but are not qualified prescribers, is it appropriate that they recommend to the GP to initiate prescribing? No concern was raised that specialist nurses and pharmacists who are NMPs can recommend drugs for prescribing to GPs. The committee agreed to recommend the proposals for red, green, grey, non-formulary and black formulary colour codings but also agreed that the blue/amber codings required further work outside of the meeting. It was suggested that a working group be formed and volunteers were asked to contact MB directly.</p> <p>RECOMMENDATION: The use of red and green formulary codings, the removal grey and non-formulary codings and the amendment of black formulary codings as detailed above was approved for recommendation to the West Sussex, East Sussex and Brighton & Hove APCs for final decision and implementation. (Blue/amber coding recommendations yet be confirmed.)</p> <div style="border: 1px solid black; border-radius: 15px; background-color: #e6f2ff; padding: 10px; margin-top: 20px;"> <p>ACTION 05/21-08: The SHCP APC recommendations regarding the red, green, grey, non-formulary and black formulary colour codings are to be disseminated to the three local APCs for consideration at their meetings.</p> <p>ACTION 05/21-09: Volunteers for formulary coding working group to contact MB directly.</p> <p>ACTION 05/21-10: Working group to meet and work on blue / amber coding review and present their recommendations to the committee at the July meeting.</p> <p>ACTION 05/21-11: Re-table the formulary coding review on the July SHCP APC agenda.</p> </div>	<p>SHCP APC Secretariat</p> <p>All</p> <p>MB</p> <p>SHCP APC Secretariat</p>
<p>3. Minutes and action log</p>	
<p>As this was the first SHCP APC meeting to be held, there were no previous minutes or actions to review.</p>	
<p>4. Items for review</p>	
<p><u>Type 2 Diabetes Guidelines Review:</u></p> <p>A revised Type 2 diabetes treatment guideline was presented to the committee. NICE NG28 – Type 2 diabetes in adults: management’ was published in 2015 and it is widely accepted that this guideline is out of date. Latest information suggests that the full NICE guideline update will not be published until 2022 (although the consultation document is likely to be published at the end of summer 2021) so the Sussex APCs are requested to consider this proposed treatment algorithm as an interim approach until the delayed NICE update is published.</p> <p>A Sussex wide version has been written incorporating the American Diabetes Association (ADA) and European Association for the Study of Diabetes (EASD) guidance with a focus on</p>	

cardiovascular disease (CVD), renal and other relevant clinical characteristics to ensure consideration of outcomes beyond glycaemia reduction alone.

There is also an education pack available to support these new guidelines which incorporate lifestyle, diet and exercise recommendations. It is hoped that implementation of these new guidelines will help reduce hospital admissions, deaths, inequity and overall costs. They should also help reduce the wide variation in treatments currently being prescribed across Sussex. The rationalisation of glucose testing strips and insulin prescribing was also factored in, with consideration being given to cost effective alternatives such as insulin bio-similars, and appropriate cost-effective prescribing choice within drug class.

It is planned that certain specific drugs will have further guidance issued, and the diabetes review team are currently speaking with North London CCGs to seek permission to utilise the drug specific guidance they have already produced.

The title of the new guidance was questioned as it states “Primary care” but the committee were reassured that it applies to both primary and secondary care. It was then suggested that the titles be amended to state “SHCP guidance”.

The NHS Digital Weight Management programme was also raised and it was agreed this should also be highlighted in the guidance.

The need to highlight the longer term savings this would generate was acknowledged, as there is a considerable amount of money already being spent on both prevention and treatment, and the increased initial spend would need to be justified to the finance department and local health economy.

Diabetes prescribing has been recognised as a priority in the developing SHCP IPMO plan. Consequently developing an ICS diabetes programme driven by the Diabetes Board and the Medicines Optimisation Board is a priority, to ensure that a programme of work is put in place that will address the unwarranted variation (both in terms of cost and in patient outcomes) whilst implementing the guidelines.

Diabetes and MO leads will meet to scope the programmes of work which can then be worked up with both the MO programme board and the Diabetes Programme Board.

Concerns regarding implementation were voiced, stating that even with education and support, it is really hard to change behaviours in patients, and a whole system approach was needed with all resources being used as required.

Maximisation of potential savings will need to occur to offset likely increased drug costs resulting from implementation of the proposed algorithm. A review will occur following publication of the updated NICE diabetes guideline (expected 2022).

RECOMMENDATION: It was agreed that the SHCP APC support this document with the addition of the supporting drug specific documents based on North London’s documents, the document titles being amended to change “primary care” to “SHCP” and the inclusion of a reference/link to the NHS Digital Weight Management programme. .

Diabetes clinical and programme leads to meet with MO leads to discuss and take forward the work plan.

ACTION 05/21-12: The diabetes team developing this guidance will:

- a) Add drug specific documents based on the ones available from the North London CCGs (with their permission)
- b) Amend the document titles to change “Primary Care” to “SHCP”
- c) Add a reference/link to the NHS Digital Weight Management Programme
- d) Meet with MO leads to initiate the work plan.

David Lipscome,
Hannah Syed &
Dan Jenkinson

Sativex® evidence review and shared care agreement:

An application for Sativex® to be added to the Sussex formularies with an amber colour coding and a shared care agreement for the treatment of spasticity in Multiple Sclerosis was presented to the committee.

It was requested for use in a very specific cohort of patients with challenging, hard to treat symptoms where all other treatment options have been exhausted. It would only be initiated by specialists working with these patients, with an initial 28 day supply being prescribed which would only be continued if effective.

The first 28 day supply would be funded via the “Pay For Responders” (PFR) scheme with claim forms available at www.Sativex.co.uk.

Patients prescribed by Sussex Community Foundation Trust and accessing supplies via Community Pharmacy would not be able to participate in the PFR scheme. The implementation of the scheme within a Community Pharmacy setting was explored, but presented complex professional, financial and patient access concerns. Therefore, an additional £300 in the 1st year costs would be associated with community based initiations via community Pharmacy. No concerns were voiced regarding the shared care document, but it was agreed that amendments may be required in the future to align with an RMOc Sativex® shared care document, if one is produced.

The management of patient demand and expectations was raised but it was pointed out that there are very specific criteria attached to the prescribing of this treatment and small numbers of eligible patients anticipated, so no issues are foreseen.

It was noted that NICE guideline NG144 states that use of Sativex® is only approved where the PFR scheme is available, so it was acknowledged that we would be recommending use outside of NICE guidance and it is possible that this may create inequity with neighbouring CCGs.

RECOMMENDATION: The addition of Sativex® to the Sussex formularies with an amber colour coding and a shared care agreement was approved for recommendation to the West Sussex, East Sussex and Brighton & Hove APCs for final decision and implementation.

ACTION 05/21-13: The SHCP APC recommendation to include Sativex® on the Sussex formularies with an amber colour coding and a shared care agreement is to be disseminated to the three local APCs for consideration at their meetings.

SHCP APC
Secretariat

NHSE Interim Clinical Commissioning Policy: Thrombopoietin receptor agonists as 1st line therapy for new or relapsed immune thrombocytopenia in adults and children over the age of 1 year during the COVID-19 pandemic:

In April 2021 NHSE issued an interim commissioning policy for use during the Covid-19 pandemic. It covers the use of thrombopoietin receptor agonists as 1st line therapy for new or relapsed immune thrombocytopenia in adults and children over the age of 1 year and is currently dated to expire on 30th June 2021, but this may be reviewed.

This has been issued as the current advice is to avoid the use of high dose steroids during the pandemic, as these can cause an immunosuppressant effect which can heighten the risks from Covid-19.

NHSE would retain the commissioning responsibility for patients under 12, but CCGs would be the responsible commissioner for patients aged 18 and over.

The committee were asked to approve the recommendation of this policy until the end of June when it will be reviewed, and longer if further approved.

National Blueteq forms have been created for this, which would be enabled if approved for recommendation.

RECOMMENDATION: Adoption of the NHSE interim commissioning policy for the use of thrombopoietin receptor agonists as 1st line therapy for new or relapsed immune thrombocytopenia in adults and children over the age of 1 year was approved for recommendation to the West Sussex, East Sussex and Brighton & Hove APCs for final decision and implementation.

ACTION 05/21-14: The SHCP APC recommendation regarding the NHSE interim commissioning policy for the use of thrombopoietin receptor agonists as 1st line therapy for new or relapsed immune thrombocytopenia in adults and children over the age of 1 year is to be disseminated to the three local APCs for consideration at their meetings.

SHCP APC
Secretariat

5. RMOc

<p>RMOC Shared care summary and next steps:</p> <p>The committee were updated on the work around Shared Care Agreements being carried out by RMOC. A framework has been agreed and templates and guidance have been published. There are 19 drugs on their work-plan to be carried out over the next 6 months, and there is a 5 week consultation period currently running for the first four, (Amiodarone, dronedarone, sodium valproate and lithium). This initial consultation period will close at 5pm on Friday 11th June. https://www.sps.nhs.uk/articles/rmoc-shared-care-guidance-draft-shared-care-protocols-consultation-1/</p> <p>Any comments should be sent to: rmoc.north@nhs.net.</p> <p>An “opt in” system is being proposed by RMOC, where the GP will need to confirm their agreement to participate in a shared care request. If they do not accept and confirm, then the prescribing responsibility will remain with the initiating prescriber.</p> <p>The committee agreed that there needs to be a Sussex wide decision to adopt the RMOC shared care guidance as it is published and is recommending this to our 3 Sussex APCs. This will gradually replace/update most of the Shared Care Agreements currently used in Sussex. It was acknowledged that there is currently some variation across the county, and some shared care agreements in use that are not part of the RMOC work-plan, that will need to be aligned. The committee proposed that a working group be formed to establish the way forward and put local processes in place to address this.</p> <p>Future SHCP APC agendas will include RMOC shared care work-plan updates as a standing item.</p> <p>RECOMMENDATION: Adoption of all RMOC Shared Care Guidance was approved for recommendation to the West Sussex, East Sussex and Brighton & Hove APCs for final decision and implementation.</p> <div style="border: 1px solid black; border-radius: 15px; background-color: #e1eef6; padding: 10px; margin-top: 10px;"> <p>ACTION 05/21-15: The SHCP APC recommendations regarding RMOC Shared Care Agreements are to be disseminated to the three local APCs for consideration at their meetings.</p> <p>ACTION 05/21-16: A working group be formed to establish the way forward and put local processes in place to address variation in current Sussex Shared Care Agreements that are not part of the RMOC work-plan.</p> <p>ACTION 05/21-17: Standing item regarding the RMOC Shared Care Agreement work-plan to be added to future SHCP APC agendas.</p> </div>	<p>SHCP APC Secretariat</p> <p>SHCP APC Secretariat</p> <p>SHCP APC Secretariat</p>
<p>6. NICE Technology Appraisals and NICE Clinical Guidelines</p>	
<p><u>NICE Technology Appraisals: Commissioned by NHSE</u></p>	
<p>RED NICE TA689: Published 21st April 2021 – Proposed formulary coding Acalabrutinib for treating chronic lymphocytic leukaemia.</p> <p>NOT RECOMMENDED NICE TA690: Published 21st April 2021 Teduglutide for treating short bowel syndrome. (<i>terminated appraisal</i>)</p> <p>RED NICE TA691: Published 21st April 2021 Avelumab for untreated metastatic Merkel cell carcinoma.</p> <p>NOT RECOMMENDED NICE TA692: Published 28th April 2021 (<i>not recommended</i>) (<i>Replaces TA519</i>) Pembrolizumab for treating locally advanced or metastatic urothelial carcinoma after platinum-containing chemotherapy.</p> <p>RED NICE TA693: Published 28th April 2021 Olaparib plus bevacizumab for maintenance treatment of advanced ovarian, fallopian tube or primary peritoneal cancer.</p> <p>RED* NICE TA694: Published 28th April 2021 Bempedoic acid with ezetimibe for treating primary hypercholesterolaemia or mixed dyslipidaemia.</p>	

<p><i>*As this is approved for use in primary care it would normally be given a GREEN formulary coding. However, in this instance a discounted PAS (Patient Access Scheme) price has been put in place for use in secondary care, whilst primary care would be charged the full price. Until this is addressed we are proposing a RED coding.</i></p> <p>RED NICE TA695: Published 28th April 2021 Carfilzomib with dexamethasone and lenalidomide for previously treated multiple myeloma.</p> <p>TA964 – (<u>Bempedoic acid with ezetimibe</u>) created some discussion, with concerns raised that implementation recommendations may be influenced by costs and funding issues. It was noted that discussion on Sativex earlier in the meeting differed when it came to pricing and reimbursement. The Committee agreed that a TA is different as we are required to make it available by NICE. The issue of patient access was also raised, especially for those that require long term treatment, as this could be more difficult if coded RED and only available through secondary care.</p> <p>POST MEETING NOTE: <i>New information regarding availability of the commercial arrangement discount pricing for bempedoic acid in both primary and secondary care has been issued. In light of this it is suggested that the recommendation of a RED coding should remain for now, but it will be reviewed at the July SHCP APC meeting</i></p> <p>RECOMMENDATION: All proposed NICE TA formulary colour codings were approved for recommendation to the West Sussex, East Sussex and Brighton & Hove APCs for final decision and implementation.</p> <div style="border: 1px solid black; border-radius: 15px; background-color: #e1eef6; padding: 10px; margin: 10px 0;"> <p>ACTION 05/21-18: The SHCP APC recommendations regarding NICE TAs 689, 690,691,692,693,694 & 695 are to be disseminated to the three local APCs for consideration at their meetings.</p> <p>ACTION 05/21-19: A review of the recommended colour coding for Bempedoic acid in line with NICE TA964, is to be scheduled on the July SHCP APC meeting agenda, with consultant cardiology pharmacist Alison Warren invited to attend.</p> </div> <p>NICE Clinical Guidelines: NICE guidelines: NG182 to NG196 papers were included on the agenda for information only.</p>	<p>SHCP APC Secretariat</p> <p>SHCP APC Secretariat</p>
<p>7. Subgroup report</p>	
<p>None</p>	
<p>13. AOB</p>	
<p>RMOC Terms of Reference – national consultation: The committee were advised of the RMOC Terms of Reference national consultation that runs from 19th May to 2nd June 2021. As there is not enough time to prepare a group response by 2nd June, the committee were encouraged to respond individually if they would like to contribute to the discussions.</p>	
<p>14. Date of next meeting</p>	
<p>Date: Tuesday 27th July 2021 Time: 12.00– 14.00 Venue: Online, via MS Teams Chair: Michael Okorie</p>	