NHS Portsmouth CCG
South Eastern Hampshire CCG
Fareham and Gosport CCG
Portsmouth Hospitals NHS Trust
Southern Health NHS Foundation Trust
Solent NHS Trust

Area Prescribing Committee Meeting, 1.00pm on Friday 19th June 2020
Via Microsoft Teams

Notes

2.20.1	**Attendance:** Alastair Bateman (Chair), Jason Peett, Simon Cooper, Nick Moore, Charlie Mitchell, Kevin Vernon, Deborah Crockford, Vanessa Lawrence, Jon Durand, Mike Stewart, Luke Groves, Sarah Nolan, Jo Williams (secretary). **Apologies for absence** Karen Atkinson, Kieran Hand	
2.20.1.1	**Declarations of Interest** None to declare. Members are requested to send new forms to JW electronically.	All
2.20.2	**DRAFT Notes of last meeting** Accepted as an accurate record **Action log** APC action log June 2020.docx Completed actions: • JW will arrange a meeting with pain team to discuss lidocaine plasters as the pain team have not been able to attend the APC meeting • Stiripentol shared care guideline – DPC have now approved	
2.20.3	**Matters arising** Chair approvals: • **Wessex Palliative Care COVID guideline** Has been approved and in use to support end of life prescribing during COVID. • **EAMS access to Remdesivir** has been approved for use by PHT for the treatment of COVID19. (Application included below). NHSE gave a very short deadline to sign up to the scheme. This has been supported by PHT medical director, FMG and APC Chairs.	
2.20.4	**Formulary Management – applications for approval**	
2.20.4.1	**Danazol – discontinued** Product will be removed from the formulary	
2.20.4.2	**Evra transdermal patches** Presented by Susan Clarke and Caroline Taylor, Solent Sexual Health. Evra transdermal patches are a form of hormonal contraception	

	requested for use in women with true lactose allergy or malabsorption problems who cannot take the combined pill. The product is already included within the DPC formulary as suitable for 3rd line use. **APC decision** Committee members support the addition of Evra transdermal patches in patients with lactose allergy or malabsorption syndromes. Evra patches will be added to the area prescribing formulary as green.	
2.20.4.3	**Drospirenone and ethinylestradiol tablets** Presented by Susan Clarke and Caroline Taylor, Solent Sexual Health. This product has been requested for inclusion on the formulary for women who have tried and not tolerated (or not appropriate) other combined hormonal contraceptives. The product was described as being helpful in women with premenstrual symptoms. **APC decision** Committee members support the addition of drospirenone and ethinylestradiol tablets as a second line option. The product will be added to the formulary as green.	
2.20.4.4	**Gestodene and ethinylestradiol tablets** Presented by Susan Clarke and Caroline Taylor, Solent Sexual Health. This product has been requested for addition on to the formulary as a second line option for patients who have tried and not tolerated other combined oral contraceptives. The product was felt to be helpful in patients with side-effects from preparations with higher doses of oestrogen. The 20microgram pills were also reported as being shown to have a lower risk of VTE, MI and stroke compared with 30microgram pills. This is now the only product available containing 20micrograms of ethinyl estradiol following the discontinuation of Loestrin 20. **APC decision** Committee members support the addition of gestodene and ethinylestradiol tablets as a second line option. The product will be added to the formulary as green.	
2.20.4.5	**Qlaira tablets** Presented by Susan Clarke and Caroline Taylor, Solent Sexual Health. Qlaira is currently included on the area prescribing formulary as an amber product on the recommendation of a specialist where contraception and relief of peri-menopausal symptoms is required. This is a request to extend the formulary indication to include use in women with heavy menstrual bleeding as a fourth line option, suggested as initiated by the specialist. **APC decision** Committee members support the extension of the use of Qlaira in patients with heavy menstrual bleeding after initiation by a specialist.	
2.20.4.6	**Zoely tablets** Presented by Susan Clarke and Caroline Taylor, Solent Sexual Health. Zoely has been requested for addition to the formulary in women who have tried and not tolerated other combined contraceptives. It is requested that the product is initiated by a specialist doctor in sexual and reproductive health for patients who find it easier to remember to take an everyday pill as the product contains four placebo pills. It was also reported as potentially having less side effects that from other combined hormonal contraceptive pills as the oestrogen is more 'natural' than ethinylestradiol. **APC decision** Committee members support the addition of Zoely to the area prescribing formulary as an Amber initiated product.	
2.20.4.7	**SyreniRing – new preferred agent** Presented by Susan Clarke and Caroline Taylor, Solent Sexual Health.	

	NuvaRing is currently included on the area prescribing formulary as amber initiated. Solent are in the process of switching over to the Syreniring which is considered to be a generic equivalent. However SyreniRing has the advantage of not requiring storage in a refrigerator, reducing the number of appointments required for supplies (NuvaRing can only be issued in batches of three months due to shelf-life after issue). SyreniRing is also more cost effective product. **APC decision** The committee support the change in preferred product and SyreniRing will now be listed on the formulary in place of NuvaRing. There was further discussion around the number of contraceptive products that are now available and the differing prices for different brands/generics. It was proposed that the Solent in house guideline could be used to develop information for prescribing within the primary care setting. JW will allocate a member of the CCG team to develop primary care preferred prescribing products.	JW
2.20.5	**Drug therapy and shared care guidance for approval**	
2.20.5.1	**Revised anticoagulant decision aid – submitted by Jo Williams** The DOAC decision aid that has previously been approved by the committee has been submitted again with an error corrected (stating incorrectly that edoxaban was not suitable for crushing). The committee had no further comments and approve the document.	
2.20.5.2	**PHT Neonatal TTO – submitted to Nick Moya** The neonatal ward use software delivered by BadgerNet as a discharge summary. There have been concerns raised that the system does not support clear communication for medication required following discharge for primary care to continue. A shortened version of ICE has been developed. This also allows for the hospital pharmacy team to check the information included prior to this been sent to GPs. This was felt to be a safer mode of transformation of this information for this high risk group of patients, where unlicensed medications are often supplied or manipulated to ensure appropriate doses can be given. **APC decision** The committee support the addition of this information in an ICE discharge format.	
2.20.5.3	**PHT Nutrition information for TTOs (Adults and MOPRS) – Submitted by PHT dieticians** The ICE discharge letter has been updated to include information on nutritional requirements (where required). New information includes Most recent weight, including BMI and the date the weight was recorded, the MUST score, dietary requirements, and indication for ongoing nutritional support. **APC decision** The committee support the addition of this information in an ICE discharge format.	
2.20.6	**Items for note/consultation**	
2.20.6.1	**NICE developments: February, March, April and May 2020** **NICE Guidance published February 2020** **TA622** Sotagliflozin with insulin for treating type 1 diabetes Sotagliflozin with insulin is recommended as an option for treating type 1 diabetes in adults with a body mass index (BMI) of at least 27 kg/m^2, when insulin alone does not provide adequate glycaemic control despite optimal insulin therapy, only if: • sotagliflozin is given as one 200 mg tablet daily • they are on insulin doses of 0.5 units/kg of body weight/day or more and	

- they have completed a structured education programme that is evidence based, quality assured, delivered by trained educators and includes information about diabetic ketoacidosis, such as:
  - how to recognise its risk factors, signs and symptoms
  - how and when to monitor blood ketone levels
  - what actions to take for elevated blood ketones and
- treatment is started and supervised by a consultant physician specialising in endocrinology and diabetes treatment, and haemoglobin A1c (HbA1c) levels are assessed after 6 months and regularly after this.

Stop sotagliflozin if there has not been a sustained improvement in glycaemic control (that is, a fall in HbA1c level of about 0.3% or 3 mmol/mol).

Resource impact: This technology is commissioned by CCGs. No significant resource impact is anticipated.

Action required: Sotagliflozin will be added to the area prescribing formulary as a Red hospital only drug, for prescribing in line with NICE TA622.

TA 623 Patiromer for treating hyperkalaemia

Patiromer is recommended as an option for treating hyperkalaemia in adults only if used:

- in emergency care for acute life-threatening hyperkalaemia alongside standard care or
- for people with persistent hyperkalaemia and stages 3b to 5 chronic kidney disease or heart failure, if they:
  - have a confirmed serum potassium level of at least 6.0 mmol/litre and
  - are not taking, or are taking a reduced dosage of, a renin-angiotensin-aldosterone system (RAAS) inhibitor because of hyperkalaemia and
  - are not on dialysis.

Stop patiromer if RAAS inhibitors are no longer suitable.

Resource impact: This technology is commissioned by CCGs. The resource impact template suggests that the cost of this technology will be in excess of £100,000 across the three CCGs.

Action required: Patiromer will be added to the area prescribing formulary as a Red agent for use in line with NICE TA623

TA624 Peginterferon beta-1a for treating relapsing–remitting multiple sclerosis

Peginterferon beta-1a is recommended, within its marketing authorisation, as an option for treating relapsing–remitting multiple sclerosis in adults.

Resource impact: No significant resource impact is anticipated. This technology is commissioned by NHS England

Action required: Peginterferon beta-1a will be added to the formulary for use in line with TA624, as a Red hospital only medication.

NG 152 Leg ulcer infection: antimicrobial prescribing

This guideline sets out an antimicrobial prescribing strategy for adults with leg ulcer infection. It aims to optimise antibiotic use and reduce antibiotic resistance.

NG153 Impetigo: antimicrobial prescribing

This guideline sets out an antimicrobial prescribing strategy for adults, young people and children aged 72 hours and over with impetigo. It

	aims to optimise antibiotic use and reduce antibiotic resistance. **NG154** Neonatal parenteral nutrition This guideline covers parenteral nutrition (intravenous feeding) for babies born preterm, up to 28 days after their due birth date and babies born at term, up to 28 days after their birth. Parenteral nutrition is often needed by preterm babies, critically ill babies, and babies who need surgery. **NG80** Asthma: diagnosis, monitoring and chronic asthma management **Update:** In February 2020, NICE reviewed the evidence for increasing the dose of inhaled corticosteroids within a self-management programme in children and young people with asthma. NICE updated the advice on self-management for children and young people with deteriorating asthma control. **CG192** Antenatal and postnatal mental health: clinical management and service guidance **Update:** In February 2020, NICE amended recommendations on anticonvulsants for mental health problems in line with the MHRA guidance on valproate use by women and girls. The MHRA states that valproate must not be used in women and girls of childbearing potential (including young girls who are likely to need treatment into their childbearing years), unless other options are unsuitable and the pregnancy prevention programme is in place. This is because of the risk of malformations and developmental abnormalities in the baby. **CG185** Bipolar disorder: assessment and management **Update:** In February 2020, NICE amended recommendations in line with the MHRA guidance on valproate use by women and girls. The MHRA states that valproate must not be used in women and girls of childbearing potential (including young girls who are likely to need treatment into their childbearing years), unless other options are unsuitable and the pregnancy prevention programme is in place. This is because of the risk of malformations and developmental abnormalities in the baby. **CG137** Epilepsies: diagnosis and management **Update:** In February 2020, NICE amended recommendations in line with the MHRA guidance on valproate use by women and girls. The MHRA states that valproate must not be used in women and girls of childbearing potential (including young girls who are likely to need treatment into their childbearing years), unless other options are unsuitable and the pregnancy prevention programme is in place. This is because of the risk of malformations and developmental abnormalities in the baby. **NICE Guidance published in March** No TAs were published in March 2020 **NG 155:** Tinnitus: assessment and management This guideline covers the assessment, investigation and management of tinnitus in primary, community and secondary care. It offers advice to healthcare professionals on supporting people presenting with tinnitus and on when to refer for specialist assessment and management. **NG 156:** Abdominal aortic aneurysm: diagnosis and management	

	This guideline covers diagnosing and managing abdominal aortic aneurysms. It aims to improve care by helping people who are at risk to get tested, specifying how often to monitor asymptomatic aneurysms, and identifying when aneurysm repair is needed and which procedure will work best. **NG 158:** Venous thromboembolic diseases: diagnosis, management and thrombophilia testing This guideline covers diagnosing and managing venous thromboembolic diseases in adults. It aims to support rapid diagnosis and effective treatment for people who develop deep vein thrombosis (DVT) or pulmonary embolism (PE). It also covers testing for conditions that can make a DVT or PE more likely, such as thrombophilia (a blood clotting disorder) and cancer. **NG 88:** Heavy menstrual bleeding: assessment and management In March 2020, the MHRA updated their advice on the use of ulipristal acetate (Esmya) to say that healthcare professionals should contact patients currently taking Esmya for uterine fibroids as soon as possible and advise them to stop their treatment. The licence for Esmya has been suspended to protect public health while a safety review is conducted after a case of liver injury. NICE has updated the guideline accordingly. **NICE Guidance published in April** **TA 627:** Lenalidomide with rituximab for previously treated follicular lymphoma Lenalidomide with rituximab is recommended, within its marketing authorisation, as an option for previously treated follicular lymphoma (grade 1 to 3A) in adults. It is only recommended if the company provides lenalidomide according to the commercial arrangement. **Action required:** The formulary entries for both lenalidomide and rituximab will be updated with links to the NICE TA627 **Resource impact:** These technologies are commissioned by NHS England. No clinical guidelines were published by NICE in April 2020. **NICE Guidance published in May** **TA 628:** Lorlatinib for previously treated ALK-positive advanced non-small-cell lung cancer Lorlatinib is recommended, within its marketing authorisation, as an option for treating anaplastic lymphoma kinase (ALK)-positive advanced non-small-cell lung cancer (NSCLC) in adults whose disease has progressed after: • alectinib or ceritinib as the first ALK tyrosine kinase inhibitor or • crizotinib and at least 1 other ALK tyrosine kinase inhibitor. It is recommended only if the company provides lorlatinib according to the commercial arrangement. **Action required:** lorlatinib will be added to the area prescribing formulary as a RED hospital only agent for use in line with NICE TA 628. **Resource impact:** This technology is commissioned by NHS England **TA 629:** Obinutuzumab with bendamustine for treating follicular lymphoma after rituximab	

	Obinutuzumab with bendamustine followed by obinutuzumab maintenance is recommended, within its marketing authorisation, as an option for treating follicular lymphoma that did not respond or progressed up to 6 months after treatment with rituximab or a rituximab-containing regimen. It is recommended only if the company provides it according to the commercial arrangement. **Action required:** The formulary entries for both obinutuzumab and bendamustine will be updated with a link to the NICE TA 629. **Resource impact:** These technologies are commissioned by NHS England. **TA 630:** Larotrectinib for treating NTRK fusion-positive solid tumours Larotrectinib is recommended for use within the Cancer Drugs Fund as an option for treating neurotrophic tyrosine receptor kinase (NTRK) fusion-positive solid tumours in adults and children if: • the disease is locally advanced or metastatic or surgery could cause severe health problems and • they have no satisfactory treatment options. It is recommended only if the conditions in the managed access agreement for larotrectinib are followed. **Action required:** Larotrectinib will be added to the area prescribing formulary as a RED, hospital use only medication. For use as per NICE criteria set out in TA630. **Resource impact:** This technology is commissioned via the Cancer Drugs Fund. No NICE clinical guidelines were published in May. **NICE COVID 19 rapid guidelines March to May 2020:** These guidelines have been grouped together by publication date due to multiple reviews and updates. **NG 159:** COVID-19 rapid guideline: critical care in adults The purpose of this guideline is to maximise the safety of patients who need critical care during the COVID-19 pandemic, while protecting staff from infection. It will also enable services to make the best use of NHS resources. **NG 160:** COVID-19 rapid guideline: dialysis service delivery The purpose of this guideline is to maximise the safety of patients on dialysis, while protecting staff from infection. It will also enable dialysis services to make the best use of NHS resources and match the capacity of dialysis services to patient needs if these become limited because of the COVID-19 pandemic. **NG 161:** COVID-19 rapid guideline: delivery of systemic anticancer treatments The purpose of this guideline is to maximise the safety of patients with cancer and make the best use of NHS resources, while protecting staff from infection. It will also enable services to match the capacity for cancer treatment to patient needs if services become limited because of the COVID-19 pandemic. **NG 162:** COVID-19 rapid guideline: delivery of radiotherapy The purpose of this guideline is to maximise the safety of patients who need radiotherapy and make the best use of NHS resources, while	

	protecting staff from infection. It will also enable services to match the capacity for radiotherapy to patient needs if services become limited because of the COVID-19 pandemic. **NG 163:** COVID-19 rapid guideline: managing symptoms (including at the end of life) in the community The purpose of this guideline is to provide recommendations for managing COVID-19 symptoms for patients in the community, including at the end of life. It also includes recommendations about managing medicines for these patients, and protecting staff from infection. **NG 164:** COVID-19 rapid guideline: haematopoietic stem cell transplantation The purpose of this guideline is to maximise the safety of patients who need haemopoietic stem cell transplantation and make the best use of NHS resources, while protecting staff from infection. It will also enable services to match the capacity for transplantation to patient needs if services become limited because of the COVID-19 pandemic. **NG 165:** COVID-19 rapid guideline: managing suspected or confirmed pneumonia in adults in the community The purpose of this guideline is to ensure the best treatment for adults with suspected or confirmed pneumonia in the community during the COVID-19 pandemic and best use of NHS resources. We have withdrawn our guideline on diagnosing and managing pneumonia in adults until further notice. **NG 166**: COVID-19 rapid guideline: severe asthma The purpose of this guideline is to maximise the safety of adults and children with severe asthma during the COVID-19 pandemic, while protecting staff from infection. It will also enable services to make the best use of NHS resources. **NG 167:** COVID-19 rapid guideline: rheumatological autoimmune, inflammatory and metabolic bone disorders The purpose of this guideline is to maximise the safety of children and adults with rheumatological autoimmune, inflammatory and metabolic bone disorders during the COVID-19 pandemic, while protecting staff from infection. It also enables services to make the best use of NHS resources. **NG 168:** COVID-19 rapid guideline: community-based care of patients with chronic obstructive pulmonary disease (COPD) The purpose of this guideline is to maximise the safety of patients with chronic obstructive pulmonary disease (COPD) during the COVID-19 pandemic, while protecting staff from infection. It will also enable services to make the best use of NHS resources. **NG 169:** COVID-19 rapid guideline: dermatological conditions treated with drugs affecting the immune response The purpose of this guideline is to maximise the safety of children and adults who have dermatological conditions treated with drugs affecting the immune response during the COVID-19 pandemic. It also aims to protect staff from infection and enable services to make the best use of NHS resources. **NG 170:** COVID-19 rapid guideline: cystic fibrosis	

	The purpose of this guideline is to maximise the safety of patients with cystic fibrosis and make the best use of NHS resources, while protecting staff from infection. It will also enable services to match capacity to patient needs if services become limited because of the COVID-19 pandemic. **NG 171:** COVID-19 rapid guideline: acute myocardial injury The purpose of this guideline is to help healthcare professionals who are not cardiology specialists identify and treat acute myocardial injury and its cardiac complications in adults with known or suspected COVID-19 but without known pre-existing cardiovascular disease. **NG 172:** COVID-19 rapid guideline: gastrointestinal and liver conditions treated with drugs affecting the immune response The purpose of this guideline is to maximise the safety of children and adults who have gastrointestinal or liver conditions treated with drugs affecting the immune response during the COVID 19 pandemic. It also aims to protect staff from infection and enable services to make the best use of NHS resources. **NG 173:** COVID-19 rapid guideline: antibiotics for pneumonia in adults in hospital The purpose of this guideline is to ensure the best antibiotic management of suspected or confirmed bacterial pneumonia in adults in hospital during the COVID-19 pandemic. This includes people presenting to hospital with moderate to severe community-acquired pneumonia and people who develop pneumonia while in hospital. It will enable services to make the best use of NHS resources. **NG 174:** COVID-19 rapid guideline: children and young people who are immunocompromised The purpose of this guideline is to maximise the safety of children and young people who are immunocompromised during the COVID-19 pandemic. It also aims to protect staff from infection and enable services to make the best use of NHS resources. **NG 175:** COVID-19 rapid guideline: acute kidney injury in hospital The purpose of this guideline is to help healthcare professionals prevent, detect and manage acute kidney injury in adults in hospital with known or suspected COVID-19. This is important to improve outcomes and reduce the need for renal replacement therapy. **NG 176:** COVID-19 rapid guideline: chronic kidney disease The purpose of this guideline is to maximise the safety of adults with chronic kidney disease during the COVID-19 pandemic. It also aims to protect staff from infection and enable services to make the best use of NHS resources. **NG 177:** COVID-19 rapid guideline: interstitial lung disease The purpose of this guideline is to maximise the safety of adults with interstitial lung disease, including idiopathic pulmonary fibrosis and pulmonary sarcoidosis, during the COVID-19 pandemic. It also aims to protect staff from infection and enable services to make the best use of NHS resources.	
2.20.6.2	**EAMS – Remdesivir** Remdesivir has been endorsed by the MHRA as a promising unlicensed medicine and has made access to the drug available by an	

	Early Access to Medicines Scheme (EAMS) enabling earlier access to this therapy for patients who fulfil the specific criteria for the scheme. As part of the scheme those prescribing remdesivir will need to report in to a pharmacovigilance system. As the safety profile of the EAMS medicine is not fully established it is particularly important that any harmful or unintended response to the therapy are reported. Remdesivir is believed to fulfil an unmet need as there is no currently available agent approved/licensed for COVID19. The availability of a potentially effective antiviral agent with a favourable benefit/risk profile could address this serious unmet medical need. Comparing remdesivir to placebo, remdeivir resulted in a reduced time to recovery from 15 days to 11 days in patients with severe COVID19. There was a trend to reduced mortality but this did not reach statistical significance although it was considered to be clinically relevant. The application for this process has a short deadline of 1st June. The PHT medical director was involved in approval of the Trust application in addition to it being endorsed by the chair of FMG and APC. As this is a fast evolving environment it was noted that the criteria for the EAMS has already changed. There is limited availability of the drug and stocks have already been supplied to hospitals. This will be managed by regional procurement and mutual aid is expected where a Trust has a need for access. An eligibility check list has been developed for use by the respiratory MDT, in some cases it may also be started by ITU when minimal ventilation has been used. Access to remdesivir will be coordinated alongside access to the RECOVERY trial. Patient access will also be managed by Blueteq reporting to NHSE.	
2.20.6.3	**Portsmouth Hospitals medicines management update** <u>DMARD shared care guideline</u> There is confusion around the appropriate monitoring schedules that should be used for patients on DMARDs during the COVID pandemic. Multiple agencies have developed advice which can conflict with what is being recommended by specialists. GPs who are prescribing under the shared care guideline have asked for PHT to produce a document agreed by the departments to provide the recommended maximum intervals for monitoring in those patients who are considered to be high risk/shielded. Departments have found it challenging to get a consensus view. Monitoring in primary care for this group of patients is taking place in 'cold' sites with patients being offered the first appointments of the day to reduce the number of people they are likely to come in contact with and minimise the risk. It is considered safe for patients to continue to receive blood tests for high risk medications. Government guidance has always allowed for shielded patients to attend healthcare settings for appointments. In the absence of consensus from departments it was felt that the currently agreed monitoring schedule for DMARDs should be continued. With GPs able to refer back to specialists if there were concerns. <u>Free of charge schemes</u> JW provided an update on free of charge schemes. The formulary and medicines group have been asked to submit a paper to the Trust Leadership Team to outline the position on free of charge schemes. There have been concerns raised that the RMOC statement allows Trusts to accept the use of free of charge schemes in a scenario where patients have an unmet clinical need. Although it is anticipated that	

	these scenarios will normally be covered by either an EAMS or companionate use scheme there is the possibility that a scheme may be received in the future that could be considered. The paper submitted highlights the risk to the Trust for supporting access to medications through free of charge schemes including the potential for litigation and financial risk.	
2.20.6.3	**Solent medicines management update** Verbal update from Luke Groves Items approved internally by Solent Sexual Health and to be included in the area prescribing formulary as red agents. • Boric acid pessaries • Cetephen cream • Dequalinium chloride vaginal tablets • Benzathine penicillin injection The Solent committee is also in the process of reviewing and co-badging the rapid tranquilization guideline and the anticholinesterase inhibitor/memantine guideline that has been produced by SHFT Solent have recruited to joint posts with Southampton PCNs (50/50 split in roles).	
2.20.6.4	**Southern Health medicines management update** Verbal update from Vanessa Lawrence Nothing to report from SHFT committee. AB highlighted that the SHFT documents approved in January by the APC have not been uploaded to the website. VL will chase this up.	
2.20.6.5	**DPC update** The DPC summary was noted by the committee. The APC support: • Modafinil tablets – for restricted use for the licensed indication of excessive sleepiness associated with narcolepsy. Modafinil is already included on the area prescribing formulary for use in Parkinson's hypersomnolence and the committee support the continued access for this indication. • Testavan (testosterone) will also be added to the area prescribing formulary. • Steripentol shared care guideline.	
2.20.6.6	**Wound Formulary update** Nil received	
2.20.6.7	**Hampshire Medicines Safety Group** Nil received	
2.20.6.8	**Drug Safety Update and Patient Safety Alerts – February to May** The drug safety updates were noted by the committee.	
2.20.6.9	**Regional Medicines Optimisation Committees** None published since January 2020	
2.20.6.10	**NHSE Specialised Commissioning** To note that NHS England has considered the evidence and supports the use of two drug regimens to treat HIV-1: Dolutegravir / lamivudine for the treatment of Human Immunodeficiency Virus (HIV-1) infected adults and adolescents over 12 years of age https://www.england.nhs.uk/publication/dolutegravir-lamivudine-for-the-treatment-of-human-immunodeficiency-virus-hiv-1-infected-adults-and-adolescents-over-12-years-of-age/	

	Dolutegravir-rilpivirine for treating HIV-1 in adults https://www.england.nhs.uk/publication/dolutegravir-rilpivirine-for-treating-hiv-1-in-adults/	
2.20.6.11	**Priorities committee** The priorities committee statements for erectile dysfunction and Sativex were noted by the committee. It was suggested that vacuum pumps could now be considered suitable for prescribing in primary care as Amber recommended. The statement for Sativex suggests that a BlueTeq form is used to monitor uptake and impact, however this is not supported by the Portsmouth or South East Hants CCGs. A shared care guideline is awaited, currently Sativex is included on the formulary as Red until a shared care document is approved.	
2.20.6.12	**Proposal to create a single HIOW prescribing committee** JW presented a proposal to bring together the Portsmouth area prescribing committee, the Southampton district prescribing committee, and the Isle of Wight medicines optimisation committee. At this stage it is just a proposal and what this committee will look like will need to be agreed. There was much discussion from committee members for both positive and negative aspects of working across the Hampshire and Isle of Wight footprint. It was agreed that this is the likely future direction of travel as ICPs are developed and there was general support for a scoping exercise. Concerns raised included: loss of local engagement, the challenge of getting agreement across multiple organisations, how this committee would interface with other committees/groups, what representation each organisation would have on the group, whether a larger committee will be able to keep the responsiveness to local issues. Where the committee would be hosted and the ability to join remotely was also discussed. In addition, there were questions around whether local groups would need to continue to run alongside a HIOW committee. JW has requested comments and concerns from committee members so that they can feed in to a final proposal/scoping exercise.	All
2.20.6.13	**DOAC briefing for CCGs** The NHSE document was noted by the committee.	
2.20.6.14	**Guidance on dealing with patient returned/unwanted medicines** The document was noted by the committee. DC gave an update of the issues within community pharmacy including concerns around capacity and access to bins.	
2.20.6.15	**Sodium Valproate guidance** Noted by the committee.	
2.20.6.16	**SCAN Microguide launch** The APC now formally endorse the use of the SCAN primary care antibiotic guidelines which are now available via the MicroGuide platform either on desktops or as an App for smart phones.	
2.20.7	**Any other business:** None	
2.20.8	**Dates of future meetings:** **2020**	

	21st August 16th October: 18th December:	