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, Friday 21st August 2020

Notes

3.20.1	**Attendance** Nick Moore, Alexa Shipman, Jon Durand, Vanessa Lawrence, Mike Stewart, Alastair Bateman (Chair), Karen Atkinson, Simon Cooper, Sarah Nolan, Luke Groves, Phil Foster, Jason Peett, Jenifer Etherington, Jo Williams (secretary) **Apologies for absence** Deborah Crockford, John Knighton, Laura Edwards, Kieran Hand	
3.20.1.1	**Declarations of Interest** None to declare	
3.20.2	**DRAFT Notes of last meeting** Accepted as an accurate record **Action log** APC action log August 2020.docx **Completed actions** • Shared care Inclusion guidance, confirmation that time frame will be removed. • Production of primary care guidance for prescribing brands of oral contraceptives: within agenda • Proposal to merge APC/DPC/IMOC. Committee comments discussed as part of the agenda	
3.20.3	**Matters arising** Chairs actions: • **Sodium chloride 0.9% intravenous ampoules** Changed to green formulary status from red when used as a diluent for reconstitution or as a line flush • **Ketoconazole and miconazole creams** have both been added to the formulary as green items. The notes state that they are restricted for prescribing in line with NHSE low priority prescribing guidance. PHU Formulary management: • Restriction added to formulary addition of **liothyronine injection**. Usage is approved only for patients with myxoedema coma and for patients who are requiring treatment for hypothyroidismith gut failure. It should be noted that liothyronine is a high cost drug, CCG commission this. • **Pancrex V** powder has been added to the formulary as a Red hospital only agent for patients with NG tubes requiring pancreatin. It is not expected that patients will require continued treatment in primary care.	

3.20.4	**Formulary Management – applications for approval**	
3.20.4.1	**Intermittent Self Catheterisation Formulary** Presented by Phil Foster and Rachel Daly, Community Matron for continence and urology SHFT The spend on intermittent catheters is significant costing over £1million for the South Eastern Hampshire and Fareham and Gosport CCGs alone. Patients tend to be initiated by QA specialist nurses who are funded by Coloplast. The Coloplast product that tends to be recommended being the pocket flex catheter is significantly more expensive than what would be recommended at initiation by the SHFT team, the average patient saving being £109 per month. Currently there is no agreed formulary for intermittent catheters so it is difficult to challenge the recommendations being made. There is a perceived conflict of interest where Coloplast are funding these specialist nurses, in addition it has been noted that these nurses are also directing prescriptions to particular DACs. This concern will be discussed within the Trust, the Cumberledge report highlights the need for transparency between patients and those making recommendations to them. There was much discussion around the use of pharmaceutical company provided staffing within provider organisations, this was felt to be an issue across other appliances and will be considered as a bigger piece of work to review the potential for improved cost effectiveness by system funded posts where financial incentives for prescribing a particular product would be resolved. After patients are initiated on a product it is difficult to make changes so it is considered important to ensure that the most cost effective product is provided at initiation. The committee were supportive of the guidance and its approval but keen to ensure that it is appropriately implemented with engagement from the QA specialist nurses.	
3.20.4.2	**Danazol** As the product was discontinued in June, APC agreed to make non-formulary. GPs have since received requests to continue to prescribe from UHS. Southampton have made Red on their formulary noting included for long-term prophylaxis of hereditary angioedema. The immunology team at UHS have confirmed that they will provide continuing prescriptions for this group of patients.	
3.20.4.3	**Renavit** Presented by Cathy Pogson, PHU Renal Pharmacist This is a proposal for the addition of Renavit (renal vitamins) for patients undergoing haemodialysis. Renavit has been specifically formulated to contain the required water soluble vitamins that are lost through dialysis. Currently these patients have been receiving Sanatogen tablets but they are not felt to provide the requirements for this specific group of patients. The cost to prescribe in primary care is £3.60 for 28 days, this is a slight cost increase of £0.58 per month per patient). The NHSE OTC prescribing guidance was not felt to include this group of patients as their deficiency was caused by their treatment and therefore it is acceptable for prescribing of these vitamins in primary care. **APC decision** Committee members support the addition of Renavit for patients undergoing haemodialysis as an Amber initiated product. It was noted that Wessex Kidney centre provide services across the Wessex region and so the case will require regional approval at each of the prescribing committees.	

3.20.5	**Drug therapy and shared care guidance for approval**	
3.20.5.1	**COPD guidance** Submitted by Adel Sheikh and Alexander Hicks This is an update to previous guidance with the following changes: • Updated guidance as per NICE NG115 • Monotherapy with LAMA discontinued • 1st line treatment now LABA/LAMA • Addition of inhaled treatment options for COPD with asthmatic features • Addition of inhaler pictures and costs **APC decision** There was a request to add to contact information the option of consultant connect. After this change the guidance is approved for two years.	
3.20.5.2	**HIOW re-use of medication in care homes guidance** Presented by Phil Foster on behalf of HIOW care homes group. This document has been produced to support care homes with the NHS England COVID related guidance on the re-use of medications. This guidance is to be held in reserve in case of need. The document provides an appropriate protocol for homes to follow in addition to suggested forms that need to be completed to document the discussions/decisions that have been made. There were questions from the committee: • SC suggested a need for a change to wording around IT requirements • Also asked about the requirement from coroners to hold medications in cases of unexpected death • Time frame of use to be as minimal as possible • Also questions around safe and appropriate storage of 'stocks' of medication • Need to ensure appropriate documentation regarding consent/capacity **APC decision** PF to feedback to author and to come back to APC for sign off.	
3.20.5.3	**Oral contraceptives – guidance on brand prescribing** Presented by Jon Durand This document has been produced following the request at the June APC meeting for clear prescribing information relating to which preferred brands should be issued as oral contraceptives. Only products that would be initiated in primary care (green on formulary) have been included. Those considered less cost effective are not included. **APC decision** After addition of a foot note regarding allergies the committee approve this document.	
3.20.6	**Items for note/consultation**	
3.20.6.1	**NICE Guidance** **NICE developments: June and July 2020** **NICE Guidance published in June 2020** **TA 626:** Avatrombopag for treating thrombocytopenia in people with chronic liver disease needing a planned invasive procedure Avatrombopag is recommended, within its marketing authorisation, as an option for treating severe thrombocytopenia (that is, a platelet count of below 50,000 platelets per microlitre of blood) in adults with chronic liver disease having a planned invasive procedure. **Resource impact:** This technology is commissioned by clinical commissioning	

groups. No significant resource impact is expected.
Action required: Avatrombopag will be added to the area prescribing formulary as a Red agent for use in line with NICE TA 626.

TA 631: Fremanezumab for preventing migraine
Fremanezumab is recommended as an option for preventing migraine in adults, only if:

- the migraine is chronic, that is, 15 or more headache days a month for more than 3 months with at least 8 of those having features of migraine
- at least 3 preventive drug treatments have failed and
- the company provides it according to the commercial arrangement.

Stop fremanezumab if the migraine frequency does not reduce by at least 30% after 12 weeks of treatment.
Resource impact: This technology is commissioned by clinical commissioning groups. NICE resource impact template suggests approximately £240k across the three CCGs.
Action required: Fremanezumab will be added to the area prescribing formulary as a Red agent for use in line with NICE TA 631.

TA 632: Trastuzumab emtansine for adjuvant treatment of HER2-positive early breast cancer
Trastuzumab emtansine is recommended, within its marketing authorisation, as an option for the adjuvant treatment of human epidermal growth factor receptor 2 (HER2)-positive early breast cancer in adults who have residual invasive disease in the breast or lymph nodes after neoadjuvant taxane-based and HER2-targeted therapy. It is recommended only if the company provides trastuzumab emtansine according to the commercial arrangement.

Resource impact: This technology is commissioned by NHS England.
Action required: Fremanezumab will be added to the area prescribing formulary as a Red agent for use in line with NICE TA 631.

TA 633: Ustekinumab for treating moderately to severely active ulcerative colitis
Ustekinumab is recommended as an option for treating moderately to severely active ulcerative colitis in adults when conventional therapy or a biological agent cannot be tolerated, or the disease has responded inadequately or lost response to treatment, only if:

- a tumour necrosis factor-alpha inhibitor has failed (that is the disease has responded inadequately or has lost response to treatment) or
- a tumour necrosis factor-alpha inhibitor cannot be tolerated or is not suitable, and
- the company provides ustekinumab at the same price or lower than that agreed with the Commercials Medicines Unit.

Resource impact: This technology is commissioned by NHS England. No significant resource impact is expected.
Action required: The formulary entry for Ustekinumab will be updated with a link to NICE TA633.

NG29: Intravenous fluid therapy in children and young people in hospital
This guideline covers general principles for managing intravenous (IV) fluids for children and young people under 16 years, including assessing fluid and electrolyte status and prescribing IV fluid therapy. It applies to a range of conditions and different settings. It does not include recommendations

relating to specific conditions. This guideline represents a major opportunity to improve patient safety for children and young people having IV fluid therapy in hospital.
In June 2020, NICE amended a recommendation to clarify the use of isotonic crystalloids for routine maintenance in term neonates.

NG157: Joint replacement (primary): hip, knee and shoulder
This guideline covers care before, during and after a planned knee, hip or shoulder replacement. It includes recommendations to ensure that people are given full information about their options for surgery, including anaesthesia. It offers advice for healthcare professionals on surgical procedures and ensuring safety during operations. It also offers guidance on providing support and rehabilitation before and after surgery.

NG178: COVID 19 rapid guideline: renal transplantation
This guideline covers children, young people and adults who need or who have had a kidney transplant, and people who are donating a kidney (live donors). It also advises transplant and referring centres on how to run their services, while keeping them safe for patients, donors and staff during the COVID-19 pandemic. Kidney transplants improve life expectancy and quality of life, and cost less than dialysis in the long term, so providing effective and safe services will benefit patients and make the best use of resources.

NICE July 2020
TA 638: Atezolizumab with carboplatin and etoposide for untreated extensive-stage small-cell lung cancer
Atezolizumab with carboplatin and etoposide is recommended as an option for untreated extensive-stage small-cell lung cancer in adults, only if:

- they have an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1, and
- the company provides atezolizumab according to the commercial arrangement.

When using ECOG performance status, healthcare professionals should take into account any physical, sensory or learning disabilities, or communication difficulties that could affect ECOG performance status and make any adjustments they consider appropriate.
Resource impact: this technology is commissioned by NHS England. A local resource impact template is provided as the cost of the technology is commercially confidential.
Action required: the formulary entries for Atezolizumab, carboplatin and etoposide will be updated with links to NICE TA638

TA 639: Atezolizumab with nab-paclitaxel for untreated PD-L1-positive, locally advanced or metastatic, triple-negative breast cancer
Atezolizumab with nab-paclitaxel is recommended, within its marketing authorisation, for treating triple-negative, unresectable, locally advanced or metastatic breast cancer in adults whose tumours express PD-L1 at a level of 1% or more and who have not had previous chemotherapy for metastatic disease. It is recommended only if the company provides atezolizumab according to the commercial arrangement.
Resource impact: this technology is commissioned by NHS England. A local resource impact template is provided as the cost of the technology is commercially confidential.
Action required: the formulary entries for Atezolizumab and nab-paclitaxel

	will be updated with a link to NICE TA639. **TA 640:** Treosulfan with fludarabine for malignant disease before allogeneic stem cell transplant Treosulfan with fludarabine is recommended as an option for conditioning treatment before allogeneic haematopoietic stem cell transplant (allo-HSCT) for people with malignant diseases for whom a reduced intensity regimen, such as low-dose busulfan with fludarabine, would be suitable. **Resource impact:** this technology is commissioned by NHS England. No significant resource impact is expected. **Action required:** the formulary entries for treosulfan and fludarabine will be updated with a link to NICE TA640. **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. On **29 July 2020**, NICE amended recommendations on advice and testing for COVID-19 for patients and donors, and removed recommendations on deferring treatment for some patients to reflect changes in the risk of infection and the capacity in services. **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. **On 2 July 2020,** NICE highlighted the possible risk of adrenal crisis for patients on long-term corticosteroids. **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. On **31 July 2020**, NICE updated the recommendation on self-isolation for healthcare workers with known or suspected COVID-19. **NG 179:** COVID-19 rapid guideline: arranging planned care in hospitals and diagnostic services The purpose of this guideline is to help healthcare professionals deliver efficient planned care while minimising the risk of COVID-19 in the context of increasing or decreasing local prevalence. It also aims to help patients make decisions about their planned care.	
3.20.6.2	**EAMS** None received	
3.20.6.3	**PHU medicines management update** The draft notes from the formulary and medicines group were noted by the committee in addition to the 19-20 Annual Homecare Report.	

3.20.6.4	**Solent medicines management update** Luke Groves provided a verbal update to the committee. • Jennifer Etherington was welcomed back to her Deputy Chief Pharmacist post following her return from maternity leave. • Solent have recently appointed a new medical director. • EPMA is moving forward. • Recruited to joint posts with Southampton PCNs • Currently in the process of reviewing guidance with a view to co-badging with Southern Health.	
3.20.6.5	**Southern Health medicines management update** Vanessa Lawrence provided a verbal update to the committee. • Piloting a new discharge summary • Priadel discontinuation; guidance being developed to support switching to alternative preparations. This guidance will be co-developed with SHFT and will come to APC for approval.	
3.20.6.6	**DPC update** The update was noted by the committee.	
3.20.6.7	**Wound Formulary Group update** The minutes of the wound formulary group were noted by the committee. There were discussions around the use of potassium permanganate from AS as this is a preferred option for use in macerated and wet tissue as well as an antimicrobial. Portsmouth dermatology are keen to ensure that it remains as an option for community use in dealing with ulcers. In addition there was discussion of the guidance produced for topical steroid use in wound care: • Dermovate is not included but a preferred option for use by dermatology • The guidance includes information regarding prescribing for items that are non-formulary and also not supported for use – this should be removed. JW will feed back these comments to the wound formulary group.	
3.20.6.8	**Hampshire Medicines Safety Group** Verbal update was provided by Phil Foster. Methotrexate 10mg tablets are still being prescribed (although in very low numbers in our area) for a small cohort of patients. There is a concern that although those patients prescribed 10mg tablets are likely to have been appropriately informed of the concerns and risks of this, there is still the potential for dispensing errors and therefore a risk to the safety of other patients. Further work is requested to move to a position where no patients are prescribed methotrexate 10mg tablets in the community.	
3.20.6.9	**Drug Safety Update and Patient Safety Alerts** The June and July 2020 Drug safety alerts were noted by the committee.	
3.20.6.10	**Regional Medicines Optimisation Committees** Meetings due to restart in September	
3.20.6.11	**NHSE Specialised Commissioning** None received	
3.20.6.12	**Priorities committee** None received	
3.20.6.13	**The Cumberledge Report – first do no harm** The report was noted by the committee.	
3.20.6.14	**APC/DPC/IMOC merger proposal comments received and discussion** Collated comments were summarised by JW. In general there is support for a merger of the committees for items that have a regional impact including shared care guidance from providers who cover multiple localities but it was also felt that there remains a need to have local engagement. This may lead to	

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<tr><td></td><td>a need for multiple committees/meetings.
There were questions raised about representation and how the new committee may be run, this is yet to be decided.
JW will feed back comments to DPC and IMOC.</td><td></td></tr>
<tr><td>3.20.6.15</td><td>Requests from therapies to prescribe devices in primary care
Multiple GP practices have been in contact with CCG colleagues to raise concerns around the requests to prescribe high cost devices with little guidance to whether this is appropriate.
The remit of APC is to consider medications and as it stands the APC does not include expertise to provide advice to the suitability of these products.
PHU and Solent both have medical device committees in addition to a nominated device safety officer.
It was suggested that devices should be supplied by the provider of the service but this is being followed up by the commissioning leads within the CCG.
Another option would be to have a devices subgroup to consider devices.</td><td></td></tr>
<tr><td>3.20.6.16</td><td>The Safer Management of Controlled Drugs – CQC annual update
JP discussed the recommendations set out in the report and highlighted the need for a local system approach to safer prescribing of drugs with potential for dependency/abuse. This needs behaviour change throughout the healthcare system.
JP will set up a local working group.</td><td></td></tr>
<tr><td>3.20.7</td><td>Any other business:
• Shared care consent form and remote consultations
  • Following COIVD many specialities have moved towards providing consultations remotely, this has led to challenges with gaining signatures from patients to ensure that they are providing consent to shared care.
  • As we are not in a position to provide an IT solution the suggestion was to add a statement of consent to the clinic letter.
  • JW will work with PHU to ensure that appropriate wording is agreed to provide this within the clinic letter for situations where the consent form cannot be used.

• Solent heart failure – sacubitril valsartan update from Luke Groves.
  • There continues to be challenges within the Solent heart failure team with access to prescribers. Only one NMP is trained although others are on the course there have been delays to getting clinicians through the course due to COVID. The short term request for GPs to prescribe will continue.</td><td></td></tr>
<tr><td>3.20.8</td><td>Dates of future meetings:

<table><tr><th>2020</th><th>2021</th><th>2022</th></tr><tr><td>16th October</td><td>19th February</td><td>18th February</td></tr><tr><td>18th December</td><td>23rd April</td><td></td></tr><tr><td></td><td>18th June</td><td></td></tr><tr><td></td><td>20th August</td><td></td></tr><tr><td></td><td>15th October</td><td></td></tr><tr><td></td><td>17th December</td><td></td></tr></table></td><td></td></tr>
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