

# Somerset Clinical Commissioning Group

Minutes of the **Somerset Prescribing Forum** held in **Meeting Room 1, Wynford House, Lufton Way, Yeovil, Somerset** on **Wednesday 9<sup>th</sup> November 2016**

<b>Present:</b>	Dr Geoff Sharp	GP Delegate (Central Mendip Commissioning Locality), GS Chair	
	Dr Clare Barlow	Chair, Drug & Therapeutics Committee, Taunton & Somerset NHS FT	CB
	Jon Beard	Chief Pharmacist, Taunton & Somerset NHS FT	JB
	Steve Du Bois	Chief Pharmacist- Head of Medicines Management, Somerset Partnership NHS Foundation Trust	SD
	Shaun Green	Associate Director, Head of Medicines Management, NHS Somerset CCG	SG
	Catherine Henley	Medicines Manager, NHS Somerset CCG	CH
	Gordon Jackson	Patient Representative	GJ
	Jean Perry	Commissioning Manager, NHS Somerset CCG	JP
	Jon Standing	Chief Pharmacist, Yeovil District Hospital	JS
	Donna Yell	Prescribing Support Technician, NHS Somerset CCG	DY
<b>In attendance:</b>	Zoe Talbot-White	Prescribing Support Technician, NHS Somerset CCG	ZT
<b>Apologies:</b>	Dr Orla Dunn	Consultant in Public Health, Somerset County Council	OD
	Ann Lee	Clinical Director, St Margaret's Hospice	AL
	Michael Lennox	Chief Officer, Somerset LPC	ML
	Dr Robert Munro	GP, Somerset Local Medical Committee representative	RM

- 1 WELCOME**  
GS welcomed everyone. Zoe Talbot- White- new Prescribing Support Technician was introduced to the group.
- 2 APOLOGIES**  
Apologies were provided as detailed above.
- 3 DECLARATIONS of INTEREST-** No changes were noted.

#### **4 MINUTES OF THE MEETING HELD ON 14 SEPTEMBER 2016**

4.1 The Minutes of the meeting were agreed as an accurate record.

GS ran through the action points from the last meeting. The actions were all complete or on the agenda. The following items were specifically noted:

- RuH are not making much progress in implementing biosimilars. It was agreed that SG would support JP in writing a letter to the Trust setting out the CCG expectations around Biosimilar implementation. **Action SG and JP**

#### **5 MATTERS ARISING (not otherwise on the agenda)**

##### **5.1 David Slack's letter RE. CCG deficit**

SG highlighted this letter which gives some background to the difficult CCG financial position. He stated that:

- the CCG now has a 'turnaround team' in place who will be working with the CCG to look at ways to help the CCG improve.
- This underlines the need for Trusts to implement biosimilars as quickly as possible.

##### **5.2 & 5.3 Gluten Free Products and Self-Care medicines – Update for COG**

SG outlined that:

- A final decision on the formulary status of gluten free (GF) foods and self-care medicines will be taken by the Governing Body on 17/11/16.
- This is a formulary decision, not a policy. The CCG view is that continuing to prescribe these products is not the best use of resources. The CCG will also be asking partner organisations to adopt the same approach and pharmacies to promote the message.
- If the Governing Body decision is to go ahead with making GF products non-formulary, posters, letters and support materials will be prepared and distributed to GPs. There will be a rolling programme to support practices to implement the changes.
- The CCG does not anticipate that this will involve a shift in workload to the dieticians or secondary care.

##### **5.4 YDH Biosimilars policy - Update**

JS informed the group that he is in the process of working on the draft policy with the YDH Medical Director. JS to update the group in January. **Action JS**

##### **5.5 LMWH Bridging Guidance - Update**

The following issues were discussed:

- SPF is happy with the TST policy which is under review again by Dr Dayer due to publication of new BSH guidelines
- JS is working with the YDH POAC nurses to look at how they could ensure that they provide all the necessary drugs and arrange monitoring from the clinic without asking the GP to do it. YDH don't feel that the wording in the policy is clear around this. CH to follow up with JS. **Action CH**

## 5.6 **Trust self-assessment against NICE QS120 Medicines Optimisation**

SDB outlined that SomPar:

- have the relevant policies in place. The difficulty is getting everything into practice across the organisation.
- it is difficult for them to get all medicines reconciliation done within 24 hours because it is done by the medics and that completion is sometimes not well recorded.

JB has drafted a statement to TST Trust management and that there is good adherence in some areas. JS agreed that YDH is in a similar position. It was agreed that JS and JB would bring their Trust statements in January. **Action JS&JB**

## 5.7 **Feedback on Trust CQC Medicines Management recommendations TST and SomPar**

- JB presented the TST Medicines Management Response and explained that most things have now been addressed.
- It was agreed that SDB would bring the SomPar Medicines Management responses to SPF in January. **Action SDB**

## 5.8 **Aflibercept 'Treat and Extend' approach**

SG outlined that the presentation and the understanding of the issue was provided to CCG Leadership meeting with the recommendation that this approach should be approved. However, JS stated that YDH has been asked for more costing information despite this having been provided in Dr Shah's presentation. The evidence base demonstrates that this approach is beneficial.

It was agreed that:

- GS will write to Alison Henley to ask what action has been taken and where the CCG is in the decision making process. **Action GS**
- JP will update the QIPP ophthalmology meeting on the SPF position. **Action JP**

## 6 **OTHER ISSUES**

### 6.1 **BTS SIGN Asthma guidance link to full document OR Quick reference guide**

SG explained that:

- New guidance has removed SABA monotherapy as step one. Patients diagnosed with asthma should now start out with a low dose inhaled corticosteroid (ICS) along with a 'when required' SABA.
- The BTS recommendation to refer all patients progressing to high dose ICS (i.e. >1000mcg/ day beclomethasone dipropionate equivalent) into secondary care are not manageable. This would result in larger numbers of referrals and secondary care services do not have capacity. The CCG will need to take a pragmatic approach to implementing the guidance.
- There is a lot of work to do in stepping patients down from high dose ICS

### 6.2 **Autoprotect insulin pen needles**

SomPar nurses have raised concern that the current formulary choice of 'safety needle' still leaves staff at risk of needlestick injury. It was agreed that SomPar will bring back a risk assessment to January SPF. **Action: SDB**

### 6.3 **Autoprotect lancets**

Noted that these were agreed at PAMM.

### 6.4 **Article: Calcium Intake and Cardiovascular Disease Risk: An Updated Systematic Review and Meta-analysis**

A large meta-analysis has concluded that calcium intake within upper intake limits (2000-2500mg calcium per day) is not associated with increased risk of cardiovascular disease. CCG guidance recommends that the majority of patients should receive calcium and vitamin D together unless there is a clinical need for vitamin D alone.

### 6.5 **Pricing arrangements for Simponi® (golimumab)**

The manufacturer has reduced the price of golimumab by 20% for new patients going onto golimumab. TST and YDH have both confirmed that they are getting the stated discounts.

### 6.6 **Biological Treatment Algorithm for Rheumatoid Arthritis**

SG presented the draft revised algorithm and the major changes are that:

- biosimilar etanercept is first line followed by biosimilar infliximab if patients need to come into hospital for an infusion
- golimumab was 4<sup>th</sup> line but should perhaps be joint 1<sup>st</sup> line now that the product is discounted.

SG commented that a biosimilar rituximab will be launched shortly and biosimilar adalimumab is due to be launched in a couple of years. SG will ask Trusts to comment on the draft.

**Action SG**

### 6.7 **Misunderstanding of modified release diltiazem products**

- Eclipse Live has demonstrated that there are some problems with prescribing of MR and XL diltiazem products in primary care as well as a lot of prescribing.
- Trusts were asked to ensure that patients are discharged on a specific product. A memo has already been circulated internally by TST.

## 7 **Formulary Applications**

### 7.1 **Symbicort® MDI Astra Zeneca:**

- £28/ 30 days represents
- cost saving of £1.32 per device over Fostair Pmdi
- This is the lowest cost ICS/LABA in a pMDI device licensed for COPD.

It was noted that this product had been approved by PAMM in October.

## 7.2 Teva levothyroxine tablets

- Available in a range of strengths 12.5mcg (£12.75 for 28) , 25mcg (£2.35 for 28), 50 mcg (£1.14 for 28), 75 mcg (£2.82 for 28) and 100mcg (£1.14 for 28)
- 12.5mcg and 75mcg strengths offer dose optimisation opportunities.
- This formulation is lactose free.

Agreed to add to formulary as **GREEN**

**Action: Steve Moore**

## 7.3 Proposal to make all pen needles with a list price < £6 per 100 'formulary' green and those >£6 RED. (exclude safety needles)

Approved

**Action: Steve Moore**

## 7.4 Morningside™ Healthcare branded generic oral contraceptives

These are very slightly cheaper than Consilient contraceptives. Agreed to add to formulary alongside Consilient™ products.

**Action: Steve Moore**

## 8 D&TC DECISIONS and other reports

### 8.1 Somerset Partnership D&T meeting

SDB explained that:

- SomPar have added guanfacin to formulary as a 4<sup>th</sup> line choice for ADHD. Specialists are not very keen on it due to the side effect profile
- SomPar would like to discuss the BAP guidelines on metabolic disturbances in patients with psychosis- SomPar will need to bring an application for consideration by SPF
- Quarterly injectable paliperidone will be considered at their next DTC.

**8.2 YDH D&TC:** Last meeting 19<sup>th</sup> July 16; October Meeting Cancelled- No new minutes

**8.3 TST D&T:** Next meeting 11<sup>th</sup> November 16- No new minutes.

**8.4 Taunton & Somerset Antimicrobial Prescribing Group (TSAPG):** Next meeting 9<sup>th</sup> November 16- No new minutes

**8.5 RUH Bath DPG:** Next meeting 10<sup>th</sup> November 16. No new minutes

**8.6 BNSSG D&TC:** No new minutes

**8.7 BNSSG JFG:** last meeting 5<sup>th</sup> July 16

It has been proposed that liothyronine has Red traffic light status in BNSSG. A letter has been drafted to go to BNSSG confirming the traffic light status in Somerset i.e. IFR approval is needed.

**8.8 LPC report-** Michael Lennox gave apologies- no report.

**Part 2 – Items for information or noting**

**9 NICE Guidance**

9.1 **NHS Sheffield CCG framework of NICE guidance Sept 16-** noted.

9.2 **NHS Sheffield CCG framework of NICE guidance Oct 2016-** noted

**NICE Technology Appraisals**

9.3 **[TA406] Crizotinib for untreated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer.**

- Positive appraisal noted -Specialist commissioning, not commissioned by CCG.
- **RED** TLS status
- TLS to be updated. **Action: Steve Moore**

9.4 **[TA407] Secukinumab for active ankylosing spondylitis after treatment with non-steroidal anti-inflammatory drugs or TNF-alpha inhibitors**

- Positive appraisal noted – Agreed- commissioned by CCG.
- **RED** TLS status
- TLS to be updated. **Action: Steve Moore**

9.5 **[TA408] Pegaspargase for treating acute lymphoblastic leukaemia - for noting**

- Positive appraisal noted -Specialist commissioning, not commissioned by CCG.
- **RED** TLS status
- TLS to be updated. **Action: Steve Moore**

9.6 **[TA409] Aflibercept for treating visual impairment caused by macular oedema after branch retinal vein occlusion**

- Positive appraisal noted – Agreed- commissioned by CCG.
- **RED** TLS status.
- TLS to be updated. **Action: Steve Moore**

9.7 **[TA410] Talimogene laherparepvec for treating unresectable metastatic melanoma - for noting**

- Positive appraisal noted -Specialist commissioning, not commissioned by CCG.
- **RED** TLS status.
- TLS to be updated. **Action: Steve Moore**

CB said that TST is looking to become a treatment centre that can give this drug.

9.8 **[TA411] Necitumumab for untreated advanced or metastatic squamous non-small-cell lung cancer - for noting**

- Positive appraisal noted -Specialist commissioning, not commissioned by CCG.
- **RED** TLS status.
- TLS to be updated. **Action: Steve Moore**

- 9.9 **[TA412] Radium-223 dichloride for treating hormone-relapsed prostate cancer with bone metastases - for noting**
- Positive appraisal noted -Specialist commissioning, not commissioned by CCG.
  - **RED** TLS status.
  - TLS to be updated. **Action: Steve Moore**
- 9.10 **[TA413] Elbasvir–grazoprevir for treating chronic hepatitis C - for noting**
- Positive appraisal noted -Specialist commissioning, not commissioned by CCG.
  - **RED** TLS status.
  - TLS to be updated. **Action: Steve Moore**
- 9.11 **[TA414] Cobimetinib in combination with vemurafenib for treating unresectable or metastatic BRAF V600 mutation-positive melanoma – negative appraisal for noting**
- Negative appraisal noted -Specialist commissioning, not commissioned by CCG.
  - **BLACK** TLS status.
  - TLS to be updated. **Action: Steve Moore**
- 9.12 **[TA415] Certolizumab pegol for treating rheumatoid arthritis after inadequate response to a TNF-alpha inhibitor**
- Positive appraisal noted – Agreed- commissioned by CCG.
  - **RED** TLS status
  - TLS to be updated. **Action: Steve Moore**
- 9.13 **[TA416] Osimertinib for treating locally advanced or metastatic EGFR T790M mutation-positive non-small-cell lung cancer for noting**
- Positive appraisal noted -Specialist commissioning, not commissioned by CCG.
  - **RED** TLS status.
  - TLS to be updated. **Action: Steve Moore**
- 9.14 **NICE Final appraisal determination: Apremilast for treating moderate to severe plaque psoriasis**
- Positive FAD noted.
  - The patient access scheme will end on day 90 if positive TAG is published.
  - It was agreed that the CCG would commission apremilast for new patients as per NICE from the end of November and that existing patients will be commissioned from day 90 to prevent a gap in funding for new patients.
  - **RED** TLS status.
  - TLS to be updated. **Action: Steve Moore**
- 9.15 **NICE Final appraisal determination: Dapagliflozin in triple therapy for treating type 2 diabetes**
- Positive FAD noted for dapagliflozin in combination with metformin and a sulphonylurea only.
  - SG asked that Trusts raise with their DTCs to review and prevent inappropriate use of quadruple therapy.

- 9.16 **Metformin to treat diabetes in patients with moderately reduced kidney function**  
It was noted that the European Medicines Agency have reviewed safety data on the use of metformin in moderate renal impairment. Metformin is still contra-indicated with eGFR < 30 ml/min but can be safely prescribed at a reduced dose in moderate renal impairment. Formulary to be updated. **Action: Steve Moore**

## 10 NICE Clinical Guidance

10.1 **CG 181: Cardiovascular disease: risk assessment and reduction, including lipid modification- update**

Minor amendment to better define the meaning of high intensity statins. Noted.

10.2 **CG 42: Dementia: supporting people with dementia and their carers in health and social care- update**

Updated to include new guidance around cholinesterase inhibitors and memantine. The group of patients eligible to receive these treatments has been expanded slightly.

10.3 **NG55: Harmful sexual behaviour among children and young people**

General guidance to be aware of. Outlines the types of behaviour that require specialist referral. Offers tools to help assess patients.

10.4 **NG54: Mental health problems in people with learning disabilities: prevention, assessment and management**

General guidance about identifying and addressing mental health problems in LD patients.

10.5 **NG56: Multimorbidity: clinical assessment and management**

- Useful information on frailty assessment (which should not be done in an acute setting)
- Recommends polypharmacy reviews for patients taking 10-14 regular medicines which is a very high threshold
- SG stated that there may be some mention of polypharmacy in the new contracting guidance. The SPF will look at this in due course.

10.6 **CG 98: Jaundice in newborn babies under 28 days- update**

Amended to clarify when intensified phototherapy should be used.

## 11 NHS ENGLAND SPECIALIST COMMISSIONING

SG noted that:

- a new version of the PbR excluded drugs list is under discussion
- SG, JB and JP had recently held a useful horizon scanning meeting.

**12 PBR excluded drug monitoring**

**12.1 T & S Trust Data-**

It was noted that:

- Biosimilar etanercept and infliximab are having a positive impact on the budget
- There is a slight overall overspend largely due to the ophthalmology pathway.

**12.2 YDH Trust data-**

YDH are in a similar position to TST with a slight overall overspend largely due to the ophthalmology pathway.

**13 HORIZON SCANNING**

Need to bring this back to the January meeting.

**Action: SG**

**14 DRUG SAFETY**

**14.1 MHRA Drug Safety Update September and October 2016**

**+14.2**

Trusts were asked to review the safety of those drugs highlighted.

**NHSE Patient Safety Alert**

**14.3 Reducing the risk of oxygen tubing being connected to air flow meters**

Trusts were asked to review this issue

**Other Alerts**

**14.4 Managing diabetes: patients should not change their insulin delivery device without checking with their healthcare specialist- Noted**

**15 BNF Changes- Noted**

**16 ANY OTHER BUSINESS**

**16.1 Dermatology requests for primary care to prescribe 'Red' (hospital only drugs)**

JB stated that dermatology are especially high prescribers of ciclosporin and that patients are offered periodic treatment of 3, 6, 9 or 12 months. These patients should be cared for by whichever dermatologist they are eventually overseen by.

**16.2 SG wanted to go on record in recognising the good relationships that have been fostered with providers and that we should continue to foster those relationships.**

**DATE OF NEXT MEETING**

**18<sup>th</sup> January 2017 at Wynford House (Meeting Room 2), Lufton Way, Yeovil, Somerset BA22 8HR between 2.30pm and 5pm**

**SCHEDULE OF ACTIONS ARISING FROM THE MEETING HELD ON 9<sup>th</sup> Nov 2016**

<b>NO.</b>	<b>SUBJECT</b>	<b>OUTSTANDING RESPONSIBILITY</b>	<b>ACTION LEAD</b>	<b>Status</b>
1	<b>Declarations of interest (1)</b>	Members were asked to notify the Prescribing Forum secretary of any standing declarations of interest, which could be held on record.	<b>All (on going)</b>	<b>Ongoing</b>
2	<b>Biosimilars policy</b>	JS to update the group on YDH progress with their policy at next SPF	<b>JS 18<sup>th</sup> Jan 17</b>	<b>On Agenda</b>
3	<b>RuH biosimilars implementation</b>	Follow up progress with Jean Perry and SG to write to RuH setting out CCG expectations	<b>SG/JP 18<sup>th</sup> Jan 17</b>	<b>On Agenda</b>
4	<b>LMWH Bridging Guidance</b>	Follow up issue with POAC clinic	<b>CH 18<sup>th</sup> Jan 17</b>	<b>On Agenda</b>
5	<b>NICE Medicines Optimisation QS120</b>	TST and YDH to bring back self-assessment against 5 quality statements.	<b>JS, &amp; JB 18<sup>th</sup> Jan 17</b>	<b>On Agenda</b>
6	<b>CQC inspection reports</b>	SomPar to share meds management action list in response to their CQC inspection reports at the next meeting.	<b>SDB 18<sup>th</sup> Jan 17</b>	<b>On Agenda</b>
7	<b>Eylea 'treat and extend' (1)</b>	Write to Alison Henly to follow up progress with funding	<b>SG &amp; GS 18<sup>th</sup> Jan 17</b>	<b>On Agenda</b>
8	<b>Eylea 'treat and extend' (2)</b>	Update the QIPP ophthalmology meeting on the SPF position	<b>JP 18<sup>th</sup> Jan 17</b>	<b>On Agenda</b>
9	<b>Autoprotect insulin pen needles</b>	SomPar to bring back risk assessment to next meeting	<b>SDB 18<sup>th</sup> Jan 17</b>	<b>On Agenda</b>
10	<b>Biological Treatment Algorithm for Rheumatoid Arthritis</b>	Circulate draft to Trusts for comment and return to SPF in January	<b>SG 18<sup>th</sup> Jan 17</b>	<b>On Agenda</b>
11	<b>Horizon Scanning</b>	Bring back topics for discussion to January meeting	<b>SG 18<sup>th</sup> Jan 17</b>	<b>On Agenda</b>

NO.	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD	Status
12	Formulary / Traffic Light Changes	<ul style="list-style-type: none"> <li>• <b>Insulin pen needles &lt; £6:</b> Add as <b>GREEN</b></li> <li>• <b>Symbicort MDI</b> Add as <b>GREEN</b></li> <li>• <b>Teva Levothyroxine- lactose free.</b> Add all strengths as <b>GREEN</b></li> <li>• <b>Morningside Healthcare branded oral contraceptives</b> Add as <b>GREEN</b></li> </ul> <p><b>Note positive NICE TAGs for the following drugs. These are Specialist commissioning, <u>not</u> commissioned by CCG. TLS <b>RED</b></b></p> <ul style="list-style-type: none"> <li>• [TA406] Crizotinib for untreated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer.</li> <li>• [TA408] Pegaspargase for treating acute lymphoblastic leukaemia</li> <li>• [TA410] Talimogene laherparepvec for treating unresectable metastatic melanoma</li> <li>• [TA411] Necitumumab for untreated advanced or metastatic squamous non-small-cell lung cancer</li> <li>• [TA412] Radium-223 dichloride for treating hormone-relapsed prostate cancer with bone metastases - for noting</li> <li>• [TA413] Elbasvir–grazoprevir for treating chronic hepatitis C</li> <li>• [TA416] Osimertinib for treating locally advanced or metastatic EGFR T790M mutation-positive non-small-cell lung cancer</li> </ul>	<p style="text-align: center;"><b>Steve Moore</b> 18<sup>th</sup> Jan 16</p>	Complete

NO.	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD	Status
12	Formulary / Traffic Light Changes	<p>Note <b>NEGATIVE</b> NICE appraisal following drugs as Specialist commissioning, not commissioned by CCG. <b>TLS BLACK</b></p> <ul style="list-style-type: none"> <li>• [TA414] Cobimetinib in combination with vemurafenib for treating unresectable or metastatic BRAF V600 mutation-positive melanoma – negative appraisal</li> </ul> <p>Note positive NICE TAGs for the following drugs. These are commissioned by Somerset CCG. <b>TLS RED</b></p> <ul style="list-style-type: none"> <li>• [TA407] Secukinumab for active ankylosing spondylitis after treatment with non-steroidal anti-inflammatory drugs or TNF-alpha inhibitors</li> <li>• [TA409] Aflibercept for treating visual impairment caused by macular oedema after branch retinal vein occlusion</li> <li>• [TA415] Certolizumab pegol for treating rheumatoid arthritis after inadequate response to a TNF-alpha inhibitor</li> </ul> <p>Note positive NICE FAD for the following drug. This is commissioned by Somerset CCG. <b>TLS RED</b></p> <ul style="list-style-type: none"> <li>• Apremilast for treating moderate to severe plaque psoriasis. New patents from 1<sup>st</sup> December 16. Existing patients from day 90 after publication of positive NICE TAG</li> </ul> <p><b>Metformin guidance in renal impairment- Amend formulary to reflect EMA Guidance</b></p>	Steve Moore 18 <sup>th</sup> Jan 16	Complete