NHS
Somerset
Clinical Commissioning Group

Minutes of the **Somerset Prescribing Forum** held in **Meeting Room 2, Wynford House, Lufton Way, Yeovil, Somerset** on **Wednesday 17th May 2017**

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

## 1 INTRODUCTIONS

GS welcomed everyone to the meeting.

## 2 APOLOGIES

Apologies given as detailed above.

## 3 DECLARATIONS of INTEREST

No new interests were declared

## 4 MINUTES OF THE MEETING HELD ON 15th March 2017

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

**4.2** GS ran through the action points from the last meeting. The actions were either complete or, on the agenda. The following action points were specifically noted:

- TST and YDH to bring pharmacy transformation plans to next meeting.

**Action: JS &JB**

- TST have previously approved Ialuril® to their formulary.

- Unlike TST, YDH do not currently feel happy to withhold bisphosphonates and quinine for inpatients. Sompar confirmed that they do withhold these drugs for inpatients on safety grounds. It was noted that where drugs are stopped temporarily, this should be carefully documented in the discharged.

- SG to confirm that Pro-banthine has been added to the hyperhidrosis pathway at MPH before more expensive treatments, such as Botox. **Action: SG**

**5 MATTERS ARISING**

**5.1 ADHD Shared Care Protocol (SCP)**

CH explained that it has been re-formatted into the Somerset template; the changes made were:

- Changed who can initiate treatment from paediatric consultant to a specialist experienced in the treatment of ADHD.
- Highlighted that this protocol is not intended for use with adult patients newly diagnosed with ADHD.

The SCP was reviewed and approved by PAMM in A**pril**; The SCP was agreed and will be to be added to the CCG webpage now that it has been approved at SPF.

**Action: CH/ Steve Moore**

**5.2 Cholinesterase inhibitor Shared Care Protocol**

CH explained that the SCP has been re-formatted into the Somerset template and it has been updated in accordance with the most recent NICE guidance and all links have been reviewed and updated, where appropriate.

The SomPar consultant psychiatrists had asked the CCG to remove the requirement in the SCP for them to do a review the efficacy of treatment after 3 months, as it takes up capacity in the service. They would instead like the GPs to do this review. PAMM did not agree to this change.

PAMM have agreed the SCP on the basis that SomPar continue to review treatment after 3 months. The SCP was agreed and will be to be added to the CCG webpage now that it has been approved at SPF. **Action: CH/ Steve Moore**

**5.3 LMWH Bridging Guidance- YDH Update**

At the last meeting YDH had accepted the prescribing responsibility and needed to agree an internal delivery model and the policy needs to be agreed. TST guidance was agreed last month and is on their website.

JS confirmed that no further progress has been made and that they need to follow the due governance process, he continues to escalate. They currently need to agree the operational delivery.

JS to update at next meeting. **Action: JS**

**5.4 Diagnosis of Homozygous Familial Hypercholesterolaemia – Update**

SG updated the group

Healthcare professionals should consider the possibility of FH in adults with raised cholesterol (total cholesterol typically greater than 7.5 mmol/l), especially when there is a personal or a family history of premature coronary heart disease. Healthcare professionals should exclude secondary causes of hypercholesterolaemia before a diagnosis of FH is considered.

Healthcare professionals should consider a clinical diagnosis of **homozygous FH** in adults with a low-density lipoprotein cholesterol (LDL-C) concentration greater than 13 mmol/l and in children/young people with an LDL-C concentration greater than 11 mmol/l. All people with a clinical diagnosis of homozygous FH should be offered referral to a specialist centre. (UBHT)

Currently Somerset does not commission DNA cascade testing to identify affected relatives of index individuals with a clinical diagnosis of FH. In the absence of a DNA diagnosis, cascade testing using LDL-C concentration measurements should be undertaken to identify people with FH.

At the last meeting both Trusts confirmed the management of these patients would fall to Bristol specialist centre. However, there has been no confirmation of whether genetic testing is carried out to diagnose.

MM team are planning to run FH audit this year to identify patients with potential FH which can then be referred.

SG was going to e-mail JS structured question about how FH is diagnosed and the response was that they look at patients with high lipid levels and if they have a concern, then they refer to Bristol.

**5.5 Traffic light status of SSRIs in under 18 year olds if suitable guidance is provided - Update**

LMC felt NICE guidelines should be adhered to, with the prescribing and monitoring being the responsibility of secondary care. LMC believe that it is inappropriate to ask GPs to prescribe SSRIs in this group of patients.

SDB confirmed that SomPar would not be expecting primary care to initiate treatment in this group of patients. It was agreed that SSRIs would be made Amber in the TLS for 16-18 year olds and that GPs would use their discretion over whether to accept this prescribing.

TLS to be updated **Action: Steve Moore**

It has been agreed with PAMM that SomPar will formalise its draft guidance to include a statement saying that 'The LMC do not support this'. This will allow GPs to make their own decision on a case by case basis. **Action: SDB**

**5.6 RuH Biosimilars implementation– Update**

SG updated the group that RuH are progressing the implementation of biosimilar infliximab and etanercept. They also have a plan around the implementation of biosimilar rituximab

**5.7 Update on current status of 'refer to pharmacy scheme'**

This scheme is predicated around secondary care referring patients to community pharmacy services for MUR and NMS.

At the last meeting JS advised that he met with IT to discuss integration issues. YDH are looking at a July 2017 'go live' date for new discharge summary in TrakCare (Electronic Health Record system at YDH), any integration with the existing system has been put on hold until the new discharge summary is established.

JS reported that there has not been much progress because a lot of work is currently going into the pharmacy stock system before there is further work on this scheme. This is not likely to be until October 17. Take off the agenda for now. **Action: CH**

GS queried the status of the NUMSAS service and SG reported that only 7 Somerset pharmacies are currently signed up.

**5.8 Review of SPF Terms of Reference**

SG had requested that the requirement to have lay member as part of the group be removed. CH made the appropriate amendments and the group was invited to comment on whether further amendments should be made. The following points were noted:

1. Need to clarify voting and non-voting members
2. JP asked whether reference should be made to new structures. SG commented that this should be done once structures have been changed.
3. SG commented that we need to make reference to outputs from the Regional Medicines Optimisation Committees (RMOCs) and that SPF will accept applications from them.

Revised version to come back to next meeting. **Action: CH**

**6 OTHER ISSUES**

**6.1 Blood components App**

The NHS Blood and Transplant Patient Blood Management team, in collaboration with the National Blood Transfusion Committee, have launched a Blood Component App which is based on relevant national transfusion guidelines for Adults, Infants & Children and Neonates. The App is currently available to download on Apple and Android phone.

SG stated that this is an NHS approved app for Trusts to raise internally and use as appropriate. CB to highlight to haematologists. **Action: CB**

A question was raised over whether PAMM and SPF should be approving relevant Apps. It was agreed that going forwards, the groups would note new NHS approved Apps if it was felt that those Apps were relevant. However is was agreed that PAMM should not need to act as an approval committee for Apps that had already been approved by an NHS body. CH to amend the ToRs for next meeting

**Action: CH**

SG pointed out that the MHRA now classifies Apps as medical devices. Each organisation should have a Medical Devices Officer- SG to discuss healthcare Apps with Karen Taylor, who is the CCG Medical Devices Officer

**Action: SG**

**6.2 Compliance aids and medicine adherence**

JB not present to discuss. SG said that this was noted at the TST DTC meeting but we have to accept that there are some reasons why these devices may be needed

**6.3 Somerset Care- Refusal to accept patients without MDS**

JB not present to discuss. SG has clarified with JB that Somerset Care do not refuse to accept patients without MDS and they will accept patients with medicines in 'original packaging.' Somerset County Council is drafting a document to go to all care providers stating that that we do not want to see an increase in MDS use and clarifying that patients must be accepted for discharge without an MDS.

**6.4 Just in case box overuse/ over-requesting**

JB not present to discuss. SG to pick up with JB and Chris Absolom outside the meeting. **Action: SG**

**7 Formulary Applications**

**7.1 Aerivio Spiromax® inhaler (Salmeterol/ Fluticasone)**

A new DPI device providing the same dose of salmeterol/fluticasone propionate as Seretide 500 Accuhaler, and is indicated for use in adults with asthma and COPD. A cost effective alternative to Seretide Accuhaler

Already approved by PAMM in April. Add to formulary with **GREEN** TLS status.
**Action: Steve Moore**

**7.2 Amfexa® (Dexamfetamine sulfate) 10mg & 20mg tablets (Flynn Pharma Ltd).**

A cost effective branded generic dexamphetamine. Only licensed for use in ADHD. Already approved by PAMM in April. Add to formulary with **AMBER** TLS status and monitor price.

**Action: Steve Moore**

**7.3 SAYANA PRESS® (Medroxyprogesterone acetate) 104mg/0.65ml Suspension for injection 1x£6.90 (Pfizer)**

This product lasts for 13 weeks (compared with 12 for depo –Provera). It's about 3 pence per week more expensive than Depo Provera. It is given s/c rather than IM and is therefore suitable for self admin in some cases. There are potential issues in terms of the patient remembering to administer at the right time and ensuring that the patient is competent to administer.

Already approved by PAMM in April. Agreed to add to formulary with **GREEN** TLS status. **Action: Steve Moore**

**7.4 Silk garments – Proposal to make non-formulary**

- A randomised controlled trial has been carried out.
- 300 children were randomised (26 November 2013 to 5 May 2015): 42% female, 79% white, mean age 5 years.
- The primary analysis included 282 out of 300 (94%) children (*n* = 141 in each group).
- Garments were worn for at least 50% of the time by 82% of participants.

- Geometric mean EASI scores at baseline, 2, 4 and 6 months were 8.4, 6.6, 6.0, 5.4 for standard care and 9.2, 6.4, 5.8, 5.4 for silk clothing, respectively.
- There was no evidence of difference between the groups in EASI score averaged over all follow-up visits adjusted for baseline EASI score, age and centre (ratio of geometric means 0.95, 95% confidence interval 0.85 to 1.07; $p = 0.43$).
- This confidence interval is equivalent to a difference of –1.5 to 0.5 in the original EASI scale units. Skin infections occurred in 39 out of 141 (28%) and 36 out of 142 (25%) participants for standard care and silk clothing groups, respectively.
- The incremental cost per QALY of silk garments for children with moderate to severe eczema was £56,811 from a NHS perspective in the base case.

Sensitivity analyses supported the finding that silk garments do not appear to be cost-effective.

On this basis it was agreed that these garments would be made non-formulary and that this will be raised with the dermatologists. Trusts should prescribe on FP10 for the small cohort of patients who may benefit. **Action: JS & CB**

TLS to be amended and note made in skin chapter **Action: Steve Moore**

**7.5** **Nordimet® (Methotrexate) Solution for injection pre-filled pen**

Cost effective MTX prefilled pens for treatment of :

- active rheumatoid arthritis in adult patient:,
- polyarthritic forms of severe, active juvenile idiopathic arthritis (JIA), when the response to
- nonsteroidal anti-inflammatory drugs (NSAIDs) has been inadequate,
- severe recalcitrant disabling psoriasis, which is not adequately responsive to other forms of therapy such as phototherapy, psoralens and ultraviolet A (PUVA), and retinoids, and severe psoriatic arthritis in adult patients.

Trusts are already beginning to adopt for initiation by secondary care. There are currently no plans to switch patients in primary care due to training issues with switching between devices.

Agreed to add to formulary with **Amber** TLS status. **Action: Steve Moore**

**7.6** **Airflusal® MDI (Salmeterol/ Fluticasone)**

Cost effective Seretide MDI equivalent in 125 and 250microgram strengths.

Only licensed in Asthma. Cheaper than Sirdupla

Agreed to add to formulary with **GREEN** TLS status. **Action: Steve Moore**

**7.7** **Sereflo™ MDI (Salmeterol/ Fluticasone)**

Cost effective Seretide MDI equivalent in 125 and 250microgram strengths.

Only licensed in Asthma. Cheaper than Sirdupla. Same price as Airflusal MDI.

Need to check excipients **Action: CH**

Agreed to add to formulary with **GREEN** TLS status. **Action: Steve Moore**

**7.8** **Truxima® (Rituximab biosimilar)**

Licensed for the treatment of Non-Hodgkin's lymphoma, chronic lymphocytic leukaemia, rheumatoid arthritis, granulomatosis with polyangiitis and microscopic polyangiitis

Significantly less expensive than the originator brand. This is already being used by YDH and MPH.

This was formally accepted to the formulary with **RED** TLS status.

**Action: Steve Moore**

**7.9** **Fast acting insulin aspart (Fiasp™)**

This product has recently been approved by TST DTC. Evidence suggests that Fiasp™ more closely mimic endogenous insulin secretion, following a meal when compared with currently available treatments and can give more effective control of blood glucose. It has been developed to give a faster onset of action

It is less expensive than existing drug treatment(s) for this indication (vs NovoRapid™ in FlexTouch). When total costs are considered, andwhen considering costs associated with poor Post Prandial Glucose control. It is more acceptable to some patients for existing drug treatments (when FlexTouch pen device is used).

**Formulary application approved. TLS Staus: Amber** **Action: Steve Moore**

**7.10** **Ferric maltol (Feraccru™) for the treatment of iron deficiency anaemia in IBD patients**

Discussed main points to note:

Request made by Emma Wesley (Consultant Gastroenterologist) in order to complete an Expression on Interest applicationfor the purpose of undertaking a commercial study of this novel iron therapy for inflammatory Bowel Diseas (IBD) patients. She is proposing to use it for the treatment of mild to moderate iron deficiency anaemia, as an alternative to IV iron in patients with (IBD) who have failed to tolerate at least two oral ferrous iron salts.

Basic NHS cost: £47.60 + VAT for 56 capsules (1 month). This is a significantly higher cost than oral iron therapy. However, there may be a place for it in patients who cannot tolerate normal oral iron supplements as there would be a potential saving on the use of IV iron and nurse / time saving.

PAMM opinion was that this product should remain be 'hospital only' and that the Traffic Light Status would be revisited if needed in future. For use by the gastroenterologists only

Agreed to add to the formulary with **RED** TLS status. **Action: Steve Moore**

**7.11** **Vivomixx™ probiotic food sachets (SG) alternate to VSL**

Discussed, main points to note:
Application put forward by YDH gastro consultant asking if Vivomixx could be considered as a cost effective alternative to VSL#3 sachets (currently green on SCCG formulary providing ABCS criteria has been met) under the supervision of a physician for the maintenance of ileo-anal pouchitis

**Formulary application approved.** **Action: Steve Moore**

**8 D&TC DECISIONS and other reports**

**8.1 Somerset Partnership D&TC- Next meeting 13/6/2017**

SD updated the group:

- SomPar have accepted Xenidate 27mg to their formulary
- Hope to have some data for June/ July around antipsychotics is learning disabilities. **Action SD**

**8.2 YDH D&TC – Last meeting 10/05/17 – Minutes not received**

JS updated the group:

- Azithromycin eye drops approved for patients who have failed on chloramphenicol treatment- due to price hike on fusidic acid drops
- Treseal fibrin sealant approved
- Truxima biosimilar rituximab approved.
- An enabling policy has been agreed for use by pharmacy staff at ward level

**8.3 TST D&TC – Last meeting 12/05/17 – Minutes not received**

Minutes not available yet. CB updated the group:

- Champix approved for smoking cessation as part of Specialist Nurse supported programme.
- Paediatrics have reviewed their melatonin prescribing which appears to be in accordance with local guidance but they will keep this under review.

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**8.4 Taunton & Somerset Antimicrobial Prescribing Group (TSAPG)**

– Last meeting 08/05/17 – Minutes not received-nil noted

**8.5 RUH Bath DTC –Minutes received for 13/03/17 meeting**

Nil noted in the March minutes

**8.6 BNSSG D&TC-**

Nil noted.

**8.7 BNSSG JFG**

Nil noted .

**8.8 LPC report**

ML -apologies given

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

**9 NICE Guidance** Summary of published guidance **–Noted**

**NICE Technology Appraisals**

**9.1 [TA240] Panitumumab in combination with chemotherapy for the treatment of metastatic colorectal cancer (terminated appraisal)**

-Terminated appraisal noted
- Add to TLS status **BLACK** 'not recommended by NICE'.

**Action: Steve Moore**

**9.2** **[TA434] Elotuzumab for previously treated multiple myeloma (terminated appraisal)**

-Terminated appraisal noted
- Add to TLS status **BLACK** 'not recommended by NICE'.

**Action: Steve Moore**

**9.3** **[TA435] Tenofovir alafenamide for treating chronic hepatitis B (terminated appraisal)**

-Terminated appraisal noted
- Add to TLS status **BLACK** 'not recommended by NICE'.

**Action: Steve Moore**

**9.4** **[TA436] Bevacizumab for treating EGFR mutation-positive non-small-cell lung cancer (terminated appraisal)**

--Terminated appraisal noted
- Add to TLS status **BLACK** 'not recommended by NICE'.

**Action: Steve Moore**

**9.5** **[TA437] Ibrutinib with bendamustine and rituximab for treating relapsed or refractory chronic lymphocytic leukaemia after systemic therapy (terminated appraisal)**

-Terminated appraisal noted
- Add to TLS status BLACK 'not recommended by NICE'.

**Action: Steve Moore**

**9.6** **[TA438] Alectinib for previously treated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer (terminated appraisal)**

-Terminated appraisal noted
- Add to TLS status BLACK 'not recommended by NICE'..

**Action: Steve Moore**

**9.7** **[TA439] Cetuximab and panitumumab for previously untreated metastatic colorectal cancer**

-Positive Appraisal noted
-TLS status **RED** 'funded by NHSE Specialist Commissioning'. Add to TLS.

**Action: Steve Moore**

**9.8** **[TA440] Pegylated liposomal irinotecan for treating pancreatic cancer after gemcitabine**

-Negative appraisal noted
- Add to TLS status **BLACK** 'not recommended by NICE'.

**Action: Steve Moore**

**9.9** **[TA441] Daclizumab for treating relapsing–remitting multiple sclerosis**

-Positive Appraisal noted
-TLS status **RED** 'funded by NHSE Specialist Commissioning'. Add to TLS.

**Action: Steve Moore**

**9.7** **[TA442] Ixekizumab for treating moderate to severe plaque psoriasis**
-Positive Appraisal noted
-TLS status **RED** 'CCG funded'. Add to TLS.

**Action: Steve Moore**

**9.8** **[TA443] Obeticholic acid for treating primary biliary cholangitis**
-Positive Appraisal noted
-TLS status **RED** 'funded by NHSE Specialist Commissioning'. Add to TLS.

**Action: Steve Moore**

**9.9** **[ID843] Ustekinumab for previously treated moderate to severe active Crohn's disease – Final appraisal determination**
-Positive FAD noted

It was proposed that if Trusts can access the PAS before publication of the NICE TAG, then the CCG can approve. Trusts to enquire about whether there is any interest in this.
**Action JS and CB**

**9.10** **[TA442] Ixekizumab for treating moderate to severe plaque psoriasis**
-Positive Appraisal noted
-TLS status **RED** 'funded by NHSE Specialist Commissioning'. Add to TLS.

**Action: Steve Moore**

**10** **NICE Clinical Guidance**

**10.1** **[NG66] Mental health of adults in contact with the criminal justice system**

- Noted

**10.2** **NG68] Sexually transmitted infections: condom distribution schemes**

Changes to public health, no prescribing issues. –Noted

**10.3** **[CG61] Irritable bowel syndrome in adults: diagnosis and management**

Update recommendation only- 1.1.1.2 was updated in line with more recent guidance on recognition and referral for suspected cancer. This recommendation is dated [2017]. Recommendation 1.1.1.3 was removed as it was no longer needed after the changes to recommendation 1.1.1.2.

**10.4** **[CG80] Early and locally advanced breast cancer: diagnosis and treatment s**
**Update only- noted**
Update In March 2017 a new recommendation was added to section 1.6 (recommendation 1.6.9, dated 2017) after the evidence for genetic testing in women with triple negative breast cancer was reviewed.

**10.5** **[CG100] Alcohol-use disorders: diagnosis and management of physical complications**
**Update only- noted**
Update reviewed the evidence for corticosteroid treatment for people with severe alcohol-

related hepatitis and changed recommendation 1.3.3.

**10.6** **[CG164] Familial breast cancer: classification, care and managing breast cancer and related risks in people with a family history of breast cancer**
**Update only- noted**

March 2017, we reviewed the evidence for chemoprevention for women with no personal history of breast cancer and changed some recommendations in section 1.7.

Guidance recommends using anastrazole. Trusts to ask breast services whether they are implementing this: **Action CB & JS**

**10.7** **[NG28] Type 2 diabetes in adults: management**
**Update only- noted**
May 17-added text on SGLT-2 inhibitors to section on initial drug treatment. Also update algorithm for blood glucose lowering therapy in adults with type 2 diabetes to revise footnote b with links to NICE guidance on SGLT-2 inhibitors, and added new information on SGLT-2 inhibitors to the box on action to take if metformin is contraindicated or not tolerated.

**10.8** **[CG174] Intravenous fluid therapy in adults in hospital**
**Update only** - noted
-May 2017, some research recommendations that were outdated since original publication were stood down and deleted

**10.9** **[CG124] Hip fracture: management**
Update only - April 2017- reviewed the evidence for the management of intracapsular hip fracture and changed recommendations 1.6.2 and 1.6.3 to emphasise the role of THR

**11** **NHS ENGLAND SPECIALIST COMMISSIONING**

SG noted that he is having difficulty finding guidance on paediatric insulin pumps. He needs to ask NHSE as all confidential. **Action SG**

**12** **PBR excluded drug monitoring**

**12.1** **T & S Trust Data- Month**

SG noted that more questions are being asked about high cost drugs as we are in turnearound. TST are appox. £500k over budget. This is mainly coming from ophthalmology prescribing.

**12.2** **YDH Trust data- Month**

Overspend of £176 k against budget was noted.

SG noted that we will be scrutinising the data a lot more closely going forwards.

SG noted that Somerset is one of the best areas for early adoption of biosimilars and that we need to factor demographic growth into the budget modelling.

SG to ask JB and JS for benchmarking data – JS asked for clear instructions on which data the CCG wants to scrutinise. **Action SG, JS and JB**

**13 HORIZON SCANNING**

**13.1 NICE forward planner - for noting**

**-Noted**

**14 DRUG SAFETY**

**14.1 MHRA Drug Safety Update Mar 17 - eNewsletter**

**-Noted**

Trusts were asked to improve communication around patients being started on 'Red drugs'

**14.2 MHRA Drug Safety Update Apr 17 – eNewsletter**

Updated guidance prescribing valproate medicines for epilepsy or bipolar disorder in women and girls was highlighted in view of the risk of birth defects. It is now recommended that all women of child bearing age are systematically identified and provided with information regarding the importance of contraception and planning pregnancy if they are taking valproate.

**NHSE Patient Safety Alerts**

**14.3 Resources to support the safety of girls and women who are being treated with Valproate**

-Noted

**15 BNF Changes**

January and February eNewsletter **– Noted**

**16 ANY OTHER BUSINESS**

JS- YDH have developed some guidance on pre-operative anaemia – he will share the flowcharts to bring to PAMM **Action CH**

**DATE OF NEXT MEETING**

**19th July 2017 at Wynford House (Meeting Room 1),** Lufton Way, Yeovil, Somerset BA22 8HR between 2.30pm and 5pm

**SOMERSET PRESCRIBING FORUM**
**SCHEDULE OF ACTIONS ARISING FROM THE MEETING HELD ON 17th May 2017**

| NO. | SUBJECT | OUTSTANDING RESPONSIBILITY | ACTION LEAD | Status |
|---|---|---|---|---|
| **1** | **Declarations of interest (1)** | Members were asked to notify the Prescribing Forum secretary of any standing declarations of interest, which could be held on record. | All (on going) | **Ongoing** |
| **2** | **Pharmacy transformation plan** | Bring plans to the next meeting | Jon standing and Jon Beard 19th July | **On Agenda** |
| **3** | **Hyperhidrosis pathway** | Trusts to confirm that Pro-banthine has been added to the hyperhidrosis pathway at MPH before more expensive treatments, such as Botox. | Trusts 19th July | |
| **4** | **Cholinesterase inhibitor Shared Care Protocol** | PAMM have agreed the SCP on the basis that SomPar continue to review treatment after 3 months. The SCP was agreed and will be to be added to the CCG webpage now that it has been approved at SPF | Catherine Henley and Steve Moore 19th July | **Complete** |
| **5** | **Low Molecular Weight Heparin Bridging guidance** | YDH accepted the prescribing responsibility and needed to agree an internal delivery model and policy. TST guidance is on their website however no further progress was made. They need to follow the due governance process and agree the operational delivery- JS to escalate. | Jon Standing 19th July | **On Agenda** |
| **6** | **Traffic light status of SSRIs in under 18 year olds if suitable guidance is provided – Update-** | SomPar will formalise draft guidance to include a statement saying that 'The LMC do not support this'. | Steve Du Bois 19th July | **On Agenda** |
| **7** | **Current Status of 'refer to pharmacy Scheme'** | JS reported that there has not been much progress because a lot of work is currently going into the pharmacy stock system before there is further work on this scheme. This is not likely to be until October 17. Take off the agenda for now | Catherine Henley 19th July | **Complete** |
| **8** | **Review of SPF ToR- requirement to have lay members as part of the group removed amendments made.** | Amend as per minutes | Catherine Henley 19thJuly | **Complete** |

| NO. | SUBJECT | OUTSTANDING RESPONSIBILITY | ACTION LEAD | Status |
|---|---|---|---|---|
| **9** | **Blood components App available on Apple and Android.** | An NHS approved app for Trusts to raise internally and use as appropriate. CB to highlight to haematologists. | Clare Barlow 19th July | |
| **10** | **App Approval** | Should PAMM and SPF approve new NHS apps- going forward the groups would note new apps. CH to amend the terms of reference for next meeting | Catherine Henley 19th July | **Complete** |
| **11** | **Medical Devices Officer** | Each organisation should have a Medical Devices Officer. Shaun Green to discuss with Karen Taylor | Shaun Green 19th July | **Complete** |
| **12** | **Over requesting of just in case boxes/ overuse** | Shaun Green to discuss with John Beard and Chris Absolom | Shaun Green 19th July | **Complete** |
| **13** | **Antipsychotics in learning difficulties** | SomPar- Details on data for June/ July | Steve Du Bois 19th July | **On Agenda** |
| **14** | **Ustekinumab for previously treated moderate to severe active Crohn's disease – FAD** | Trusts to confirm that they can access PAS prior to NICE TAG publication to enquire whether there is any interest in using this drug | Jon Standing and Clare Barlow 19th July | **Complete** |
| **15** | **Familial breast cancer: classification, care and managing breast cancer and related risks in people with a family history of breast cancer** | Guidance recommends using anastrazole. Trusts to ask breast services whether they are implementing this | Clare Barlow and Jon Standing 19th July | |
| **16** | **NHS ENGLAND SPECIALIST COMMISSIONING** | Shaun Green to ask NHSE about guidance on paediatric insulin pumps | Shaun Green 19th July | **Complete** |
| **17** | **YDH Trust data- Month** | Shaun Green to ask Jon Beard and JS for benchmarking data for CCG scrutiny | Shaun Green, Jon Standing and Jon Beard 19th July | **On Agenda** |
| **18** | **Pre-operative anaemia** | JS to share YDH guidance | Jon Standing 19th July | **Complete** |

| NO. | SUBJECT | OUTSTANDING RESPONSIBILITY | ACTION LEAD | Status |
|---|---|---|---|---|
| **19** | **Traffic Light System and formulary changes** | • **Traffic light status of SSRIs in under 18 year olds** It was agreed that SSRIs would be made **AMBER** in the TLS for 16-18 year olds. TLS to be updated<br>• **Aerivio Spiromax® inhaler (Salmeterol/ Fluticasone)** Add to TLS **GREEN**<br>• **SAYANA PRESS® (Medroxyprogesterone acetate) 104mg/0.65ml Suspension for injection 1x£6.90 (Pfizer) Add to formulary and change to GREEN** TLS<br>• **Amfexa® (Dexamfetamine sulfate) 10mg & 20mg tablets (Flynn Pharma Ltd).** Add to formulary with **Amber** TLS status and monitor price.<br>• **Silk garments –** Make non-formulary and amend TLS<br>• **Nordimet® (Methotrexate) Solution for injection pre-filled pen-** Add to formulary with **Amber** TLS status<br>• **Airflusal® MDI (Salmeterol/ Fluticasone)** Add to formulary with **GREEN** TLS status<br>• **Sereflo™ MDI (Salmeterol/ Fluticasone)** Agreed to add to formulary with **GREEN** TLS status. Catherine Henley to check excipients.<br>• **Truxima® (Rituximab biosimilar)-** Add to the formulary with **RED** TLS status<br>• **Fast acting insulin aspart (Fiasp™)** Add to the formulary with **Amber** TLS status<br>• **Ferric maltol (Feraccru™) for the treatment of iron deficiency anaemia in IBD patients** Add to the formulary with **RED** TLS status.<br>• **Vivomixx™ probiotic food sachets (SG) alternate to VSL** Add to formulary | Steve Moore 19th July | **Complete** |

| NO. | SUBJECT | OUTSTANDING RESPONSIBILITY | ACTION LEAD | Status |
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| | **Traffic Light System and formulary changes.** | • **[TA240] Panitumumab in combination with chemotherapy for the treatment of metastatic colorectal cancer (terminated appraisal)** Add to TLS status **BLACK** 'not recommended by NICE'<br>• **[TA434] Elotuzumab for previously treated multiple myeloma (terminated appraisal)** Add to TLS status **BLACK** 'not recommended by NICE'.<br>• **[TA435] Tenofovir alafenamide for treating chronic hepatitis B (terminated appraisal)** Add to TLS status **BLACK** 'not recommended by NICE'.<br>• **[TA436] Bevacizumab for treating EGFR mutation-positive non-small-cell lung cancer (terminated appraisal)** Add to TLS status **BLACK** 'not recommended by NICE'.<br>• **[TA437] Ibrutinib with bendamustine and rituximab for treating relapsed or refractory chronic lymphocytic leukaemia after systemic therapy (terminated appraisal)** Add to TLS status BLACK 'not recommended by NICE'.<br>• **[TA438] Alectinib for previously treated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer (terminated appraisal)** Add to TLS status BLACK 'not recommended by NICE'<br>• **[TA439] Cetuximab and panitumumab for previously untreated metastatic colorectal cancer** Add TLS status **RED** 'funded by NHSE Specialist Commissioning'<br>• **[TA439] Cetuximab and panitumumab for previously untreated metastatic colorectal cancer** Add to TLS status **BLACK** 'not recommended by NICE'. | Steve Moore 19th July | **Complete** |

| NO. | SUBJECT | OUTSTANDING RESPONSIBILITY | ACTION LEAD | Status |
|---|---|---|---|---|
| | **Traffic Light System and formulary changes** | • **[TA441] Daclizumab for treating relapsing–remitting multiple sclerosis** TLS status **RED** 'funded by NHSE Specialist Commissioning'.<br>• **[TA442] Ixekizumab for treating moderate to severe plaque psoriasis** TLS status **RED** 'CCG funded'. Add to TLS.<br>• **[TA443] Obeticholic acid for treating primary biliary cholangitis** TLS status **RED** 'funded by NHSE Specialist Commissioning'.<br>• **[TA442] Ixekizumab for treating moderate to severe plaque psoriasis** TLS status **RED** 'CCG funded'. | Steve Moore 19th July | **Complete** |