NHS
North East London

North East London Formulary & Pathways Group (FPG)
Wednesday 16th November 2022 at 12.30pm via MS Teams

Minutes

Attended by:	
Dr Sarah Hall (SH)	Chair, GP, Medicines Optimisation Lead for Tower Hamlets
Gurvinder Rull (GR)	Consultant Clinical Pharmacology, Barts Health NHS Trust
Belinda Krishek (BK)	Director of Medicines Optimisation, NHS North East London (NEL)
Iola Williams (IW)	Chief Pharmacist, Homerton Healthcare NHS Trust
Dinesh Gupta (DG)	Assistant Chief Pharmacist, Clinical Services, Barking, Havering and Redbridge University Trust (BHRUT)
Louise Abrams (LA)	DTC Chair, Homerton Healthcare NHS Trust
Sibel Ihsan (SI)	Lead Directorate Pharmacist, North East London Foundation Trust (NELFT)
Kiran Dahele (KD)	Lead Directorate Pharmacist for Waltham Forest, NELFT
Iffah Salim (IS)	CAMHS Directorate Lead/ MI Pharmacist, East London Foundation Trust (ELFT)
Maruf Ahmed (MA)	Formulary Pharmacy Technician, Barts Health NHS Trust
Jaymi Teli (JT)	Lead Formulary & Pathways Pharmacist, Barts Health NHS Trust
Dr Haren Patel (HP)	GP, Clinical Lead Prescribing for City & Hackney
Dr Amit Sharma (AS)	GP, Clinical Lead Prescribing for Havering and Barking & Dagenham
Nilou Nourishad (NN)	Commissioning & Contracting Pharmacist, NHS NEL
Rahil Patel (RP)	Senior Prescribing Advisor, NHS NEL
Nicola Fox (NF)	Commissioning & Contracting Senior Pharmacy Technician, NHS NEL
Natalie Whitworth (NW)	Commissioning & Contracting Pharmacist, NHS NEL
Heather Weaver (HW)	Specialised Commissioning Pharmacy Lead, NHSE
Suzanne Al-Najim (SA)	NHSEI Commissioning Pharmacist, Barts Health NHS Trust
Chinedu Ogbuefi (CO)	Lead Pharmacist, ELFT (Newham)
Denise Baker (DB)	Medicines Optimisation Business Manager, NHS NEL (minute taker)
Apologies:	
Tase Oputu	Lead Pharmacist, Medicines Commissioning & Pathways, Barts Health NHS Trust
Anh Vu	Joint Formulary Pharmacist, NHS NEL

Dr Syed Raza	GP, Clinical Lead Prescribing for Redbridge
John Booth	Consultant Nephrologist, Barts Health NHS Trust
Annett Blochberger	Deputy Head of Regional Specialised Commissioning – Pharmacy NHSE
In Attendance:	
Professor Anthony Bewley (AB)	Consultant Dermatologist, Barts Health NHS Trust
Arron Jones	Lead Pharmacist Spec Med / Highly Specialised Hepatology Pharmacist, Barts Health NHS Trust
Dr Shameer Mehta (SM)	Consultant Gastroenterologist, Barts Health NHS Trust
Dr Gavin Thomas	Respiratory Consultant, Barts Health NHS Trust
Christabelle Chen (CC)	Lead Respiratory Pharmacist, Barts Health NHS Trust
Anika Dewshi	Respiratory Pharmacist, Barts Health NHS Trust

No.	Agenda item and minute	Action
1.	**Quoracy check**	
	It was confirmed that the meeting was quorate.	
2.	**Welcome / Introduction and Apologies**	
	The Chair welcomed all to the meeting and apologies were noted as above.	
3.	**Declarations of interest from member and presenters**	
	The Chair reminded members and presenters of their obligation to declare any interests and the requirement for submissions to be electronically completed for inclusion in the Formulary & Pathways Group (FPG) register.	**All** - To complete electronically declarations of interest
4.	**Minutes from previous meeting**	
	The minutes of the previous meeting were agreed as an accurate record. However, an update would be made following the preparation of the action log and the reassignment of the action for NICE TA 805 Icosapent ethyl to reduce cardiac risk in patient with raised triglycerides item.	**NEL ICB** - Update minutes following reassignment of action
5.	**Matters Arising**	
	Action Log - The group were advised that an action log to support the meeting had been created and would be made available on the NEL FPG MS Teams channel. It was noted that clear deadlines would be set for items and feedback provided on the action log for sharing at each meeting.	**Barts Health NHS Trust** - To update the action log as agreed

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	An update was provided regarding the NEL Guidelines for the Management of Type 2 Diabetes and it was agreed that before the referencing of the London Kidney Network (LKN) guidance was included in the NEL guideline, the LKN document would be considered by the FPG as an agenda item; once agreed by the FPG the reference would be included. An amendment to the lead for the Psoriasis Pathway item was requested. It was agreed that the December meeting date should be added to all items that had not previously had a deadline set.	
Discussion Items – None		
Items submitted for Approval		
6.	**Betesil medicated plaster**	
	Barts Health NHS Trust clinician was welcomed to the meeting and presented the paperwork to support the request for Betesil medicated plaster to be included as a formulary item across NEL. The chair requested any conflict of interest to be verbally disclosed by the dermatology team present. Barts Health NHS clinician advised that there were declarations of interest included in his electronic submission but that they did not cause a conflict of interest for him to present the item. It was explained to the group that Betesil medicated plaster was an impregnated steroid plaster to support patients who chronically scratched areas of their skin which caused inflammation and thickening of the epidermis. The plaster provided a steroid treatment to reduce the inflammation and a barrier between the patient's nails and skin. Whilst the group understood the benefits of the Betesil medicated plaster for patients who were suffering from a variety of skin disorders resulting in chronic localised isolated skin patches, there were a number of concerns raised which would require clarification. It was mentioned that Fludroxycortide tape was an alternative treatment to the Betesil plaster but was not as adhesive to the skin. Clarity was provided regarding the following: • the removal of the plaster from the skin – *of its own accord as time lapses* • adverse reactions – *similar to other treatments* • adrenal suppression – *steroid card not required; British Association of Dermatologists (BAD) patient leaflets available* • maximum number of plasters to be administered at one time to the patient's skin- *three plasters maximum*	**Barts Health NHS Trust** - To update the information provided within the drug application form to support the discussion including the following: • To clarify the extended use of the plaster from 24 hours to five days which differs from the BNF and to update quantity for prescription accordingly • To clarify the effectiveness of the plaster over a longer duration period than the licensed 24 hours • To include patient numbers for both BHRUT and Homerton Trust - To provide a one-page guidance sheet for primary care clinicians to include

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	• Initiation of plasters within primary care - *yes GPwSI could initiate and GPs could choose to reinitiate the plasters for patients who had previously been prescribed* • Number of plasters to be prescribed – *to be clearly defined in request from specialist to GP* The following concerns were raised and were to be addressed in the re-submission of the paper: • the maximum use of the product by a patient • effectiveness of steroid application to the skin when exceeding the BNF guidance (licensed for 24 hours) • appropriateness of exceeding the recommended application time to the skin (BNF states 24 hours) with information on the pharmacokinetics of the steroid patch formulation if the patch is used weekly as advised by Prof Bewley instead of for 24 hours as advised in the BNF • patient numbers across NEL which would affect the cost implications stated in the submitted application It was agreed to approve (Amber rate) the request for Betesil medicated plaster to the NEL formularies subject to the resubmission of an updated form and a one-page guidance sheet which was to be made available to clinicians to support the continued prescribing of the plasters within primary care. It was stipulated that the agreement was for prescribing as per the BNF guidance unless the reason for exceptional use and treatment duration were clearly stated in the request from the specialist. **Approved subject to the re-submission of an updated drug application form and a one-page guidance sheet to support primary care prescribing. Agreed to review at six months to consider quantity of prescribing across NEL and gather GPs experience of prescribing for patients.**	flowchart/ treatment pathway/referral details **NEL ICB** - To add a ScriptSwitch message to support primary care prescribing following completion of actions
7.	**NEL Inflammatory Bowel Disease (IBD) Pathway**	
	Barts Health NHS Trust clinician was welcomed to the group and outlined the four pathways which had been produced within the NEL IBD Pathway. It was confirmed that the DOI electronic form had been submitted. It was confirmed that a comments tracker had been in place to confirm the discussions that had taken place, acknowledged relevant NICE TAs and the subsequent amendments to the pathway as the document was developed. The group were advised that the IBD pathway represented all treatments that were current practice and would therefore not have any negative impact to adult patients (over 18) or have wider financial implications.	**Barts Health NHS Trust/ NEL ICB** - IBD 1 pathway to include 'according to patient's care plan' to the box 'GP to treat and review in 1-2 weeks' - IBD 2 pathway to amend reference to Gastro SPR to Gastro ST Doctors on IBD2 pathway

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	It was confirmed that Barts Health NHS Trust and BHRUT had an on- call Gastro Specialist Registrar (SPR) available within their teams, whilst Homerton had a Gastro consultant for GI Bleed available during office hours only but no on-call availability. The group were advised that local protocols for rescue therapy could differ, for example not all Trusts used ciclosporin due to its administration and dosage regime. Subsequently, the statement in the pathway was less specific to allow for any difference in local policy. It was requested that the current version of the IBD pathway be circulated to all NEL IBD Leads/teams to add their helpline details and comment on any differences in their service arrangements. A final version to be submitted for the FPG meeting in December. **Approved subject to amendment, inclusion of abbreviation list and IBD helpline details for both BHRUT and Homerton Trust. Finalised document to be submitted for information to December FPG.**	- IBD 2 helplines, to circulate pathway to NEL IBD Leads/teams to gain helpline details for all NEL Trusts (email/telephone) - To include a list of abbreviations and a list of the areas that have been engaged with in the production of the pathway - To share final version for circulating with December FPG agenda papers
8 & 9.	**Rituximab in Connective Tissue Disease – Interstitial Lung Disease** **Rituximab in Hypersensitivity Pneumonitis**	
	Barts Health NHS Trust clinicians were welcomed to the meeting and confirmed that they did not have any conflicts of interest in presenting this item. The group were advised that Barts Health Drug and Therapeutics Committee (DTC) had previously agreed to the clinical use of Rituximab for both indications but the practicalities of administering the infusions and the funding had not been defined at that time. However, a new day-case unit was now in place where patients received the infusion therapy by specialist nurses. Currently, Chairs action within Barts Health NHS Trust was sought to enable patients to access this treatment for both indications. It was stated in both submission papers that the treatments were to be commissioned by the NEL ICB. However, NHSE colleague agreed Rituximab for both conditions came under NHSE specialised commissioning and there was some confusion as to why NHSE were not re-considering their previous negative decision to funding, if further evidence was now available. NHSE colleague advised that a Preliminary Policy Proposition (PPP) would support such a submission to NHSE. The group were advised that numbers of patients were relatively small for both treatments and due to the provision of rituximab infusion at different centres, it was difficult to establish a suitable clinical trial to support its use and provide the data that would be required for NHSE consideration. It was also highlighted that to wait for NHSE to reach a conclusion on both treatments, could result in patients experiencing irreversible lung function, leaving them closer to respiratory disability entailing subsequent treatment costs.	**Barts Health NHS Trust** - To review patient numbers stated on both forms as differ from previous Chairs action requests **NHSE** - To identify the ILD specialist centres nationally and within London

	It was confirmed that BHRUT would not be using rituximab for either indication within the Trust and should patients require such treatments they would be referred to Barts Health NHS Trust, thus ensuring that patients received equitable care. NHSE colleague agreed to identify the specialist centres within London and nationally to establish patient need and subsequently consider the alignment of treatment care for patients. Concerns were raised regarding approval of both agenda items should NHSE conclude that the treatments were not agreed for funding by NHSE specialised commissioning. **The group approved the use of rituximab for both indications on the understanding that Trusts would self- fund treatments having previously discussed each patient at the regional Multi-Disciplinary Team (MDT) meeting which met fortnightly. Data was to be collated across NEL and this was to be reviewed in 12 months by the FPG along with national information.**	
NICE TA / NHSE Circulars for Ratification / Implementation		
10.	**NICE TA Ratification and Horizon Scanning**	
	The summary sheet was presented which has been added to MS Teams to gather patient numbers, establish individual Trust costs and overall total cost within NEL for the following NICE TAs: • TA829 Upadacitinib for treating active ankylosing spondylitis • TA809 Imlifidase for desensitisation treatment before kidney transplant in people with chronic kidney disease – *NHSE implementation date 18th October 2022* • TA820 Brolucizumab for treating diabetic macular oedema *(for full discussion at December FPG)* **Noted.**	-
11.	**NICE TAs for Discussion – nil**	
12.	**NHSE Circulars**	
	The following NHSE circulars were noted: • SSC2432 - NICE Technology Appraisal: TA518 Tocilizumab for Giant Cell Arteritis: Update to relevant prior approval form • SSC2437 - NHS England Clinical Commissioning Policy: Canakinumab for patients with Still's disease refractory to anakinra and tocilizumab (adults and children 2 years and over) • SSC2440 - Clinical Commissioning Policy: Rituximab for idiopathic membranous nephropathy in adults	

	• SSC2441 - NHS England Clinical Commissioning Policy: Fostemsavir for multi-drug resistant HIV-1 infection (Adults) • SSC2442 - Alglucosidase alfa for Infantile Onset Pompe Disease (IOPD): All ages • SSC2445 - NHS England Clinical Commissioning Policy: Nebulised liposomal amikacin for the treatment of non-tuberculous mycobacterial pulmonary disease caused by Mycobacterium Avium Complex (MAC) that is refractory to current treatment options (adults and post-pubescent children). • SSC2448 - NICE Technology Appraisal Guidance (TA809): Imlifidase for desensitisation treatment before kidney transplant in people with chronic kidney disease **Noted.**	
Standing Items		
13.	**Commissioning update**	
	NEL ICB – Discussions were taking place to produce a paper regarding the ICB approach to High Cost Drugs (HCD) in 2023/24. This would include future commissioning arrangements, biosimilar use and gaining the best outcomes for patients. NHSE – The group were advised that there would be no change to HCDs that were in block contract or those that were cost and volume (more expensive) for the next financial year. Joint pharmacy posts were already funded to support both BHRUT (0.5 WTE) and Barts Health NHS Trust (1.0 WTE) with their arrangements for HCDs that were part of specialised commissioning. **Noted.**	
14.	**London Formulary Medicines Group (LFMG) meeting update**	
	The group were advised that the next London Formulary & Medicines Group meeting was scheduled for the 14th December. Comments had been submitted on the draft version of the Pan London Hospital Only List which had been circulated to the LPP and a final version was to be agreed at the full Pan London HOL meeting on the 30th November. Once finalised the document would be submitted to the FPG for ratification. **Noted.**	
15.	**Work plan review**	
	The work plan that had been shared on MS Teams was presented and the group advised that the priority	**NEL ICB**

	list had been updated for items that were to be included on the December meeting agenda. All Trusts were requested to consider the items and advise of their Trust's interest and provide patient numbers where appropriate. The Terms of Reference (ToR) for a Shared Care & Transfer of Care Working Group was being drafted and a Guidelines & Pathways Working Group was being established. Offers of support for both groups were requested and an Expressions of Interest (EOI) email would shortly be circulated. The RMOC working plan for shared care guidelines was highlighted and wondered how guidelines would be prioritised. It was agreed to share the ToR which included consideration of the national shared care guidelines but the immediate concern would likely be expired documentation. It was confirmed that commissioning arrangements for shared care would be considered at the NEL Integrated Medicines Optimisation Committee (IMOC) and clinical decisions considered at the Shared Care Working Group. **Noted**.	- To share the draft shared care ToR with DG **Barts Health NHS Trust** - To circulate EOI for the Shared Care Working Group and the Pathways & Guidelines Working Group
16.	**Equality: Monitoring of usage and outcomes – nil at present**	
17.	**Items for Ratification – nil**	
Information Items (Items 18 – 22)		
23.	**Any other business** – None BHRUT Medicines Optimisation Group (MOG) meetings – The group were advised that new drug applications from BHRUT would be submitted to the NEL FPG and this had been communicated to all BHRUT clinicians. A further discussion was to take place regarding the future remit of the MOG and a review of the ToR. It was confirmed that Barts Health DTC meetings had ceased. Homerton Trust had recently formed a DTC and the remit of the meeting was yet to be agreed but would include Chairs action and HOL drugs for specialist services only provided by the Trust. Senior Nurse representative for FPG – The group were advised that EOIs had been circulated to all NEL Trusts and asked that group members share the request with relevant colleagues. FPG Agenda items – reminder to submit agenda items to the FPG generic email address - nelondonicb.nelfpg@nhs.net	**All** - To share EOI request for Senior Nurse representative