

North East London Formulary & Pathways Group (FPG)

Wednesday 19th October 2022 at 12.30pm via MS Teams

Minutes

Attended by:	
Gurvinder Rull (GR)	Chair, Consultant Clinical Pharmacology, Barts Health NHS Trust
Dr Sarah Hall (SH)	GP, Medicines Optimisation Lead for Tower Hamlets
Belinda Krishek (BK)	Director of Medicines Optimisation, NHS North East London (NEL)
Tase Oputu (TO)	Lead Pharmacist, Medicines Commissioning & Pathways, Barts Health NHS Trust
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
Sanjay Patel (SP)	Assistant Director of Medicines Optimisation, NHS NEL
Rozalia Enti (RE)	Director Medicines Optimisation, NHS NEL
Sibel Ihsan (SI)	Lead Directorate Pharmacist, North East London Foundation Trust (NELFT)
Kiran Dahele (KD)	Lead Directorate Pharmacist for Waltham Forest, NELFT
Maruf Ahmed (MA)	Formulary Pharmacy Technician, Barts Health NHS Trust
Jaymi Teli (JT)	Lead Formulary & Pathways Pharmacist, NHS NEL
Dr Haren Patel (HP)	GP, Clinical Lead Prescribing for City & Hackney
Dr Syed Raza (SR)	GP, Clinical Lead Prescribing for Redbridge
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
Bobby Sandhu (BS)	Senior Transformation Manager, NHS NEL
John Booth (JB)	Consultant Nephrologist, Barts Health NHS Trust
Nicola Fox (NF)	Commissioning & Contracting Senior Pharmacy Technician, NHS NEL
Denise Baker (DB)	Medicines Optimisation Business Manager, NHS NEL (minute taker)
Apologies:	
Sarla Drayan	Chief Pharmacist, BHRUT

Anh Vu	Joint Formulary Pharmacist, NHS NEL	
Natalie Whitworth	Commissioning & Contracting Pharmacist, NHS NEL	
In Attendance:		
Dr Aadarsh Shah	Consultant Dermatologist, Royal London Hospital, Barts Health NHS Trust	
Anjili Mehta	Specialist Pharmacy for Rheumatology & Dermatology, Barts Health NHS Trust	
Nilofer Patel	Interim Pharmacist for Surgery, Barts Health NHS Trust	
Imran Khan	QIPP Programme Pharmacist & Diabetes Specialist Pharmacist, NHS NEL	
Yvonne Lim	Pharmacist, NEL ICB	
Yasmine Korimbux	Senior Transformation Manager – Medicines Optimisation (Tower Hamlets, Newham & Waltham Forest)	
Suzanne Al-Najim	NHSEI Commissioning Pharmacist, Barts Health NHS Trust	
Chinedu Ogbuefi	Lead Pharmacist, ELFT (Newham)	
Paul Wright	Lead Cardiovascular 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. Information to support the process would be re-circulated to the group.	All - To complete electronically declarations of interest
4.	Minutes from previous meeting	
	The minutes of the previous meeting were agreed as an accurate record.	
5.	Matters Arising	
	<u>Welcome to the new co-chairs and deputy chairs</u> The group was advised that co-chairs and deputy chairs had been appointed and introductions were provided. <u>Final Terms of Reference (ToR)</u> It was confirmed that the FPG ToR had been considered by the NEL Integrated Medicines Optimisation and Prescribing Committee (IMOC) on the 26 th September and had received approval. It was	

	acknowledged that a review of the ToR would be undertaken in six months and any comments/amendments should be forwarded to the co-chairs/deputy chair for consideration.	
Discussion Items - None		
Items submitted for Approval		
6.	Escalated doses of Adalimumab in patients with psoriasis	
	<p>Barts Health NHS Trust clinicians were welcomed to the meeting and presented the paper to support the escalation of doses for Adalimumab in patients with psoriasis. It was explained that adult patients were currently receiving an initial dose of 80mg of Adalimumab administered subcutaneously followed by a dose of 40mg subcutaneously once every other week. It was confirmed that patients would self-administer the increase in dose at home and monitoring by the dermatology team would be every 3 to 4 months for the first year and once stable the patient would be reviewed on a yearly basis. Continuation of the treatment beyond 16 weeks was to be reconsidered if the patient had not responded to the treatment within the time period.</p> <p>The British Association of Dermatology guidance recommended that patients with an inadequate response to the 40mg received every other week should receive an increase in dosage to 40mg every week. Whilst the majority of patients increased to the 40mg weekly dose, some patients increased their dose by administering 80mg every other week; usually patients who were needle phobic. It was confirmed that both dosing regimens were licensed for the use of adalimumab.</p> <p>The group were advised that the escalation of adalimumab doses was to be included in phase 2 of the review (November/December 2022) of the NEL Psoriasis pathway and funding to support the increased use of adalimumab would become available across NEL as part of this process.</p> <p>Whilst the figures provided in the paperwork referred to Barts Health NHS Trust only, the group understood that the financial expenditure threshold as stated in the FPG ToR would not be exceeded for NEL; patient numbers combined for both BHRUT and Homerton Trust were unlikely to exceed fifty.</p> <p>It was confirmed that future submissions would be completed using the NEL FPG templates which clearly state that engagement with all relevant stakeholders was to have taken place prior to the item being considered at the FPG meeting. The templates would also request details of the groups/networks that had commented or been involved in the submission document. The chair confirmed the process for sharing decisions made by the group.</p>	<p>Barts Health NHS Trust</p> <ul style="list-style-type: none"> - To include the NEL Psoriasis pathway on the FPG workplan as a future agenda item

	Approved.	
7.	<p>Ranibizumab biosimilar switch</p> <p>Barts Health NHS Trust clinician was welcomed to the meeting and presented the paper to support the switch from Lucentis (branded ranibizumab) to Ongavia (ranibizumab biosimilar). The switch would be considered for patients suffering from the following:</p> <ul style="list-style-type: none"> • wet age-related degeneration (wAMD) • visual impairment due to diabetic macular oedema (DMO) • proliferative diabetic retinopathy • visual impairment due to macular oedema secondary to retinal vein occlusion (bRVO or cRVO) • visual impairment due to choroidal neovascularisation <p>It was noted that two separate batches of the ranibizumab biosimilar would be required for patients requiring bilateral injections to ensure safety and efficacy. Due to only one batch of the biosimilar drug currently being available, this cohort of patients would remain on the originator drug or offered an alternative anti-VEGF. Monitoring arrangements for all patients would remain with the specialist clinics.</p> <p>It was anticipated that there would be an annual cost saving of £378,063 in year one and £773,423 in year two and three, if 100% of current patients within Barts Health NHS Trust and BHRUT accepted and tolerated the switch; Homerton Trust patients were treated at Moorfields and did not use the biosimilar.</p> <p>It was noted that the new biosimilar had to be drawn up into an injection compared to the originator product which was in a pre-filled syringe. It was agreed that there should be training assurance for all healthcare professionals drawing up and providing these injections at both BHRUT and Barts Health. It was suggested that a training log be considered which would confirm the named clinicians who had completed the training package and received sign off, following appropriate supervision of administering the injections. A six-month assurance report was requested for all patients switched back or non-uptake of the biosimilar to the NEL FPG.</p> <p>Barts Health NHS Trust clinician advised that the patients would receive a switch letter which would explain the use of a biosimilar.</p> <p>Approved.</p>	<p>Barts Health NHS Trust</p> <ul style="list-style-type: none"> - To liaise with Moorfields regarding their use of the biosimilar - To provide a report to FPG in July 2023 from each Trust detailing clinical experience of use of the biosimilar –to include: <ul style="list-style-type: none"> • number of patients switched • number of patients refused • number of patients switched back • reasons for non-uptake of the biosimilar • any unexpected adverse effects

<p>8.</p>	<p>NEL Guidelines for the Management of Type 2 Diabetes</p> <p>NEL ICB clinician was welcomed to the meeting and presented the updated NEL Guidelines for the Management of Type 2 Diabetes. The document followed NICE guidance and had previously been considered at the NEL IMOC; due to an amendment it was subsequently being considered at the NEL FPG. It was confirmed that all relevant clinicians including GPs and Homerton diabetologists had been consulted upon in the development of the guideline.</p> <p>Concerns were raised regarding the reference to SGL2 inhibitors for non-diabetic type 2 patients within the guideline and the details provided in the exclusion criteria. It was confirmed that NEL nephrologists had requested for the information to remain in the document along with the London Kidney Network who were keen for a link to their own guidance be included in the section. The CKD guideline which was currently being finalised was also to be linked to the document. NEL ICB & Barts Health NHS Trust clinicians to further liaise regarding the contents of page eight of the document.</p> <p>The question of where documents would be stored for access was raised and it was anticipated that a medicines optimisation section would be included on the NEL website to store all approved guidelines and pathways.</p> <p>Approved.</p>	<p>NEL ICB</p> <ul style="list-style-type: none"> - To extend abbreviations for clarity - To add a key of the colour coding used in the document - To add details of those involved in the consultation process - To update the job title for Silvie Cunderlikova to state 'Lead Pharmacist for Medical Specialties' <p>Barts Health NHS Trust</p> <ul style="list-style-type: none"> - To email IK and Kieran McCafferty with concerns regarding the information provided on page 8 of the document
<p>9.</p>	<p>NEL Blood Glucose Test Strips Guideline</p> <p>NEL ICB clinician presented the above guideline to the group. It was explained that the existing three guidelines within NEL had been considered and a single NEL guideline produced for use across the sector. The guideline was intended to assist healthcare professionals in the selection of appropriate blood glucose meters and test strips for patients to self-monitor their blood glucose levels. The document outlines the various aspects of the devices for the clinician to consider when prescribing and is split into non-specialist meters and specialist meters depending on the patient's needs. Ketone testing is also referred to and details of ketone testing strips are included together with a link to the full management of diabetic ketoacidosis. Continuous glucose monitoring (CGM) devices were not considered as these were to be reviewed Pan London.</p> <p>A patient leaflet would also be produced to support patients with their blood glucose meter and would be submitted to a future FPG meeting for consideration.</p>	<p>NEL ICB</p> <ul style="list-style-type: none"> - To refer the concern raised regarding the inclusion of safety needles/lancets in the guidance to the NEL Diabetes Network <p>Barts Health NHS Trust</p> <ul style="list-style-type: none"> - To consider the recommendations within the document and the current use of test strips within Barts Health NHS Trust

	<p>It was confirmed that the NEL Diabetes Partnership Group and the BHR Diabetes Operation Working Group had been consulted with in the development of the guideline.</p> <p>Concern was raised as to why safety needles and lancets were referred to in the guidance for primary care prescribing when previously considered as an occupational health requirement and provided by employer. It was explained that City & Hackney (C&H), Tower Hamlets, Newham and Waltham Forest (TNW) had previously one guidance for each of their areas which incorporated blood glucose meters, pen needles and lancets and had subsequently been included in the NEL guidance. It was agreed to refer this concern to the NEL Diabetes Network.</p> <p>It was confirmed that a switch programme for all patients was not being considered.</p> <p>Approved - subject to updates following respective discussions with the NEL Diabetes Network and Diabetes specialist clinicians within Barts Health NHS Trust.</p>	
10.	ADHD Shared Care Guidelines	
	<p>ELFT clinician was welcomed to the group and advised that the shared care guideline had been specifically produced to support the Newham ADHD Clinic supported by CAMHS which was due to commence in November 2022. There were concerns raised as to why an NEL shared care document had not been produced for ADHD. It was explained that to enable the commissioned service in Newham to go ahead there was an urgent need for this shared care document to be ratified; this document was to have previously been considered at the TNW committee. It was noted that all previous TNW and C&H ADHD shared care guidelines were expired.</p> <p>Whilst the national RMOG template had been approved for use by all committees, it was noted that the RMOG guideline was drug based and the ADHD guideline presented included commissioning requirements and was a disease based shared care document.</p> <p>It was therefore agreed that the Newham shared care document could be approved for an interim period of four months with the mandate from the group that within this four- month period, a pan NEL shared care guideline for ADHD would be produced and agreed.</p> <p>Approved.</p>	<p>ELFT /NEL ICB</p> <ul style="list-style-type: none"> - To ensure that a pan NEL shared care guideline for ADHD would be produced to replace all individual ADHD shared care guidelines within NEL

NICE TA Ratification / Implementation	
11.	<p>NICE TA Ratification and Horizon Scanning</p> <p>NEL ICB clinician was welcomed to the meeting and shared the horizon scanning spreadsheet that had been produced to capture the NICE TAs relevant to the ICB. This outlined the drugs that were included within tariff and those that were excluded, implementation timelines and subsequent deadlines dates. There were also columns that would require completing by Trust colleagues to provide information regarding any PAS/discount scheme, costings and patient numbers. It was to be noted that going forward all TAs would be considered using this mechanism; not retrospectively.</p> <p>The spreadsheet was to be shared on an MS Teams channel to allow relevant colleagues access to complete.</p> <p>NICE TA 815 Guselkumab in psoriatic arthritis Barts Health NHS Trust clinician presented the above TA which was an update to the previous TA 711 produced in June 2021. Guselkumab was already included in the psoriatic pathway as a second line biologic therapy option following the use of an anti-TNF and the group were advised that the PAS price had significantly dropped since the previous application.</p> <p>Approved.</p>
	<p>NEL ICB</p> <ul style="list-style-type: none"> - To liaise with Barts Health NHS Trust to enable the sharing of the horizon scanning spreadsheet
12.	<p>NICE TAs for Discussion</p> <p>NICE TA 814 Abrocitinib, Tralokinumab or Upadacitinib in atopic dermatitis NEL ICB clinician presented the above TA which is an addition to previous TAs for the treatment of atopic dermatitis in adults. The NICE TA was published in August 2022 and whilst tralokinumab and upadacitinib have an implementation time line of 3 months, abrocitinib was to be implemented within 30 days due to its accessibility within the early access to medicines scheme. A secondary care high cost treatment pathway for atopic dermatitis in adults is currently being developed. A primary care pathway was also to be developed.</p> <p>Approved.</p> <p>NICE TA 805 Icosapent ethyl to reduce cardiac risk in patient with raised triglycerides Barts Health NHS Trust clinician presented the above TA for Icosapent ethyl which was to be included with statin therapy for reducing the risk of cardiovascular events in patients with raised triglycerides. It was</p>
	<p>NEL ICB</p> <ul style="list-style-type: none"> - To share atopic dermatitis draft pathway for primary and secondary care with the FPG <p>NEL ICB</p> <ul style="list-style-type: none"> - To establish the availability of dietary information to support TA implementation

	<p>confirmed that the costings for primary care stated in the documentation related to the Barts Health sites; figures were not included for Homerton Trust and BHRUT and these were to be obtained. Concerns were raised regarding drug interactions and possible side effects, particularly the increase in AF and bleeding for patients using anti-coagulants/anti platelets drugs. It was confirmed by secondary care clinician that adverse effects should be considered when prescribing for this cohort of patients. There was a request for dietary information to be made available along with primary care guidance; fish oils had been part of an earlier national decommissioning programme. A patient leaflet was also suggested to help patients make an informed choice and secondary care clinician would check if a decision aid had been provided within the TA, if not he would support the production of a leaflet.</p> <p>Approved.</p>	<ul style="list-style-type: none"> - To consider primary care guidance through the NEL Cardiovascular Network - To consider patient leaflet if decision aid not available within TA
Standing Items		
13.	Commissioning update	
	This was to be provided at a future FPG meeting.	
14.	London Formulary Medicines Group (LFMG) meeting update	
	<p>NEL ICB clinician provided the following update:</p> <p><u>Pan London Ophthalmology</u> – this work stream had now been completed with the publication of the formulary on netFormulary along with the Dry Eye Guide for London and ophthalmology dashboard; the link for the formulary was shared. It was agreed to adopt this formulary due to the extensive work that had already been undertaken which included engagement with NEL ophthalmology leads.</p> <p>Approved for adoption.</p> <p><u>Pan London Red List</u> – the NEL review meetings had now been completed and a deadline date for submission to the LPP set for Wednesday 2nd November 2022. A further meeting of the red list SLWG was to take place to agree the collated responses from the five Integrated Care Systems (ICS). The final version of the list was to be published on netFormulary before the end of the financial year and would be shared with the FPG for ratification.</p> <p><u>London Interface Policy</u> – agreement received for this policy and an initial meeting expected shortly.</p> <p><u>London Responsible Respiratory Group</u> – the final meeting of the group took place on the 4th October to discuss asthma and COPD formulary choices. Consultation for the workbooks was taking place across the</p>	

	<p>five ICSs with a feedback deadline date set for the 2nd December 2022. All responses would then be collated with the aim for the work to be completed by the end of the financial year.</p> <p>Noted.</p>	
15.	<p>Work plan review – Sub/working groups to be arranged</p> <p>Barts Health NHS Trust clinician shared the spreadsheet that had been produced to aid the prioritising of future NEL FPG items and provided an overview of the workplan. Items had been RAG rated to highlight their priority and shared care/transfer of care had been identified as the first focus for NEL. A Shared Care / Transfer of Care Guidelines Working Group was to be established to review new and existing shared care documents and it was anticipated that this work stream would run for at least 18 months/2 years. An urgency to establish this working group was expressed and an invitation to support this group was extended to all in attendance and their colleagues. An email would be circulated shortly to reiterate this request.</p> <p>Barts Health NHS Trust clinician advised that there were internal processes within the NEL FPG that required continued support and a three- month rota had been put in place for co-ordinating this workload.</p> <p>Noted.</p>	<p>Barts Health NHS Trust</p> <ul style="list-style-type: none"> - To circulate an email to all members for representatives and colleagues to offer their support to the Shared Care / Transfer of Care Guidelines Working Group
16.	<p>Equality: Monitoring of usage and outcomes – nil at present</p>	
17.	<p>NEL FPG documentation</p> <p>The following FPG templates had been shared and it was agreed that all future agenda items were to be submitted for FPG consideration on this documentation only:</p> <ul style="list-style-type: none"> • Cover sheet - to be submitted with every agenda item • Formulary key • Application form to request the addition of a new medicinal product to the NEL formulary • Chairs Action form <p>Approved.</p>	
Information Items (Items 18 – 20)		
21.	<p>NEL FPG Outcome Letters – nil at present</p>	
22.	<p>Finalised Minutes – nil at present</p>	
23.	<p>Any other business – None</p>	