NHS
North East London

North East London Formulary & Pathways Group (FPG)
Tuesday 4 July 2023 at 12.30pm via MS Teams

Meeting Chair: Dr Gurvinder Rull

Minutes

Attendance	Name	Initials	Designation	Organisation
Clinical Representatives				
Present	Gurvinder Rull	GR	Consultant Clinical Pharmacology (FPG Chair)	BH
Absent	Narinderjit Kullar	NK	Clinical Director for Havering	NHS NEL
Present	Ansa Faruq	AF	Medicines Optimisation Clinical Lead for Newham	NHS NEL
Present	Mehul Mathukia	MM	Medicines Optimisation Clinical Lead for Redbridge	NHS NEL
Present	Louise Abrams	LA	Clinical Pharmacologist, DTC Chair	HHFT
Apologies	John McAuley	JM	Consultant Neurologist, DTC Chair	BHRUT
Absent	Maisarah Amran	MA	ST Clinical Pharmacology	BH
Present	John Booth	JB	Consultant Nephrologist	BH
Absent	Vikas Kapil	VK	Consultant Clinical Pharmacology	BH
Trusts' Pharmacy Representatives				
Present	Jaymi Teli	JT	Lead Formulary & Pathways Pharmacist	BH
Present	Farrah Asghar	FA	Lead Clinical Pharmacist, Medicines Commissioning & Pathways	BH
Present	Suzanne Al-Najim	SA	NHSEI Commissioning Pharmacist	BH
Present	Maruf Ahmed	MA	Formulary Pharmacy Technician	BH
Present	Dinesh Gupta	DG	Assistant Chief Pharmacist, Clinical Service	BHRUT
Apologies	Iola Williams	IW	Chief Pharmacist	HHFT
Present	Saima Chowdhury	SC	Principal Pharmacist for EMRS and Education & Training	HHFT
Present	Chinedu Ogbuefi	CO	Interim Deputy Chief Pharmacist for London Services	ELFT
Apologies	Iffah Salim	IS	CAMHS Directorate Lead, Medicines Information Pharmacist	ELFT
Absent	Kiran Dahele	KD	Formulary & Governance Pharmacist	NELFT
Present	Sibel Ihsan	SI	Lead Directorate Pharmacist for Waltham Forest	NELFT

NEL Pharmacy & Medicines Optimisation Team's Representatives				
Present	Belinda Krishek	BK	Director of Medicines Optimisation	NHS NEL
Apologies	Denise Baker	DB	Medicines Optimisation Business Manager	NHS NEL
Present	Anh Vu	AV	Joint Formulary Pharmacist	NHS NEL
Present	Ann Chan	AC	Senior Prescribing Advisor	NHS NEL
Apologies	Natalie Whitworth	NW	Commissioning & Contracting Pharmacist	NHS NEL
Present	Niloufar Nourishad	NN	Commissioning & Contracting Pharmacist	NHS NEL
Present	Nicola Fox	NF	Commissioning & Contracting Senior Pharmacy Technician	NHS NEL
Other Representatives				
Present	Shilpa Shah	SS	Chief Executive Officer	NEL LPC
Present	Mohammed Kanji	MK	Prescribing Advisor (Representing NEL Primary Care Non-Medical Prescribers)	NHS NEL
Present	Yasmine Korimbux	YK	Senior Transformation Manager/Lead Pharmacist, NICE Medicine and Prescribing Associate	NHS NEL
Apologies	Annett Blochberger	AB	Deputy Head of Regional Specialised Commissioning - Pharmacy	NHSE
Guests				
In attendance	Christabelle Chen **(6)**	CC	Lead Respiratory Pharmacist	BH
In attendance	Paul Pfeffer **(6)**	PP	Consultant Respiratory Physician	BH
In attendance	Sanjay Patel **(7, 8, 9)**	SP	Deputy Director of Medicines Optimisation	NHS NEL
In attendance	Navdeep Sahota **(7, 8)**	NS	Practice Prescribing Support Officer	NHS NEL
In attendance	Wai Lun (Eric) Chu **(9)**	EC	Senior Prescribing Advisor	NHS NEL
In attendance	Catherine Kirby **(observer)**	CK	Highly Specialist Pharmacist – Clinical Trials	BH

North East London organisations:

- Barts Health NHS Trust (BH)
- Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)
- Homerton Healthcare NHS Foundation Trust (HHFT)
- East London NHS Foundation Trust (ELFT)
- North East London NHS Foundation Trust (NELFT)
- North East London Integrated Care Board (NHS NEL)
- North East London Local Pharmaceutical Committee (NEL LPC)

No.	Agenda item and minute
1.	**Quoracy check**
	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 members and presenters**
	The Chair reminded members and presenters of their obligation to declare any interests relating to agenda items.
4.	**Minutes**
	The minutes of the previous meeting (June 2023) were reviewed and approved. A minor amendment was noted. The redacted minutes for April 2023 were agreed.
5.	**Matters Arising**
	<u>Action Log</u> The action log and progress had been shared with the agenda and members were given the opportunity to provide an update on their assigned actions. 1. **Action 202211_02 – Betesil® medicated plaster (request for a short prescribing guidance to be produced for primary care)** – It was proposed for this to be prescribed as per licensed (BNF) dosing in primary care. Chair's action may be sought if this was to be prescribed outside of licence in secondary care. FPG members agreed that a short prescribing guidance was no longer required as the plaster would be prescribed by or on recommendation of a specialist (i.e. Amber status). **Action closed.** **<u>Terms of Reference (ToR)</u>** There was a minor amendment made to the FPG ToR following the meeting in June 2023 – cancer drugs were removed from the scope of the ToR due to the lack of expertise within the FPG to review these drugs. This change was agreed and ratified by IMOC in June, therefore the updated document does not need to go back to IMOC for ratification. **<u>Update to commissioning of secukinumab and ustekinumab dose escalation (addition to NEL high cost drug psoriasis pathway)</u>** The group was informed that there had been a discussion around the funding of these drugs outside of the main FPG meeting – it was agreed that secukinumab and ustekinumab dose escalation will be added to the current NEL high cost drug psoriasis pathway to prevent any delays to the funding of these drugs. There will be a separate piece of work for phase 2 update of the document. The updated NEL high cost drug psoriasis pathway with be submitted to the September FPG meeting for approval as matters arising.

6.	**NEL Primary and secondary care adult asthma prescribing guideline**
	Declarations of interest: nil declared This was a small update to the recently approved NEL asthma prescribing guideline. It was explained that the main rationale for updating the guideline was to include the use of combination inhaled corticosteroid (ICS)/formoterol reliever inhaler in step 1 asthma management. This was due to Symbicort® Turbohaler® being granted a licence for use as a preventer inhaler. Lurfobec® MDI 100/6 was also added as a preventer inhaler in the metered dose inhaler (MDI) section of the guideline (off-label use). It was highlighted that it was no longer standard practice to use salbutamol alone as a reliever inhaler in step 1, as this is associated with more exacerbations than combination therapy. There would be a small number of patients who would remain on salbutamol inhaler at step 1 (e.g. those who have not needed their reliever inhaler for a few years). However, for those who have needed to use their reliever inhaler, then it would be more appropriate to start on a combination inhaler. Summary of changes to the updated guideline versus the current guideline: • Table 1: Adult Asthma Guidelines dry power inhaler (DPI) options (under step 1 and new diagnosis) – addition of Symbicort® Turbohaler® 200/6 for 'as required' low dose combination inhaled corticosteroid (ICS)/formoterol reliever use. • Table 2: Adult Asthma Guidelines metered dose inhaler (MDI) options o Under step 1 and new diagnosis – addition of Lurfobec® MDI 100/6 for 'as required' low dose combination inhaled corticosteroid/formoterol reliever use (off-label). This was added to keep this consistent with the DPI part of the guidance. o Under low dose ICS – Clenil® MDI 200mcg replaced by Soprobec® MDI 200mcg. o Fostair® 100/6 and 200/6 MDI replaced by Lurfobec® 100/6 and 200/6 MDI. The group thanked the authors for their proactive approach in updating the NEL respiratory guidelines based on latest evidence. The group discussed the risk of adrenal suppression with the use of 'as required' ICS/formoterol combination inhalers. It was clarified that the risk would generally be higher with high dose ICS preparations which are not used as reliever inhalers. The importance of using asthma reviews/action plans to educate patients on 'asthma' management rather than 'breathlessness' management was highlighted. It was clarified that the steroid alert card would be required for high dose ICS inhalers (e.g. Symbicort® 400/12) but not for the strength proposed at step 1. A query was raised around the use of salbutamol inhaler for exacerbation of asthma. It was noted that for those who are self-managing, it would be more appropriate to use combination ICS/formoterol inhaler. However, those admitted to hospital would be started on salbutamol nebuliser then stepped down to an inhaler. It was clarified that use of 'as required' combination ICS/formoterol therapy would apply to new patients and this would not be part of the NEL primary care QIPP scheme. In terms of cost, this would result in cost-avoidance when compared with 'fixed dosing' use of inhalers. **Outcome**

	Approved updated guideline (decision for ratification by IMOC). Note that Symbicort® Turbohaler® 200/6, Soprobec® MDI 200mcg and Lurfobec® 100/6 and 200/6 MDI are already included in the NEL formulary.
7.	**Primary care QIPP programme: Supporting cost-effective and greener prescribing in respiratory disease (guidance and implementation document)**
	Declarations of interest: nil declared This item was part of the NEL primary care QIPP (Quality, Innovation, Productivity and Prevention) programme. Cost-effective and greener prescribing in respiratory disease has been identified as an area to improve outcome for patients as well as to reduce the carbon footprint associated with the use of inhalers. This will also provide significant savings across NEL. The guidance and implementation document were developed in accordance with the NEL respiratory formulary and guidelines with the aim to support GP practices across NEL with their respiratory prescribing. The NEL Respiratory Clinical Network has been consulted during the development of these documents and these have been reviewed by the Pathways & Guidelines Working Group (PGWG). The guidance categorises the areas of prescribing that can be reviewed due to the high carbon footprint. Change of device or treatment regime can lead to significant savings as all recommendations are based on NEL formulary recommendations. It was clarified that the areas for review are not new initiatives as they are in line with local and national guidance. NEL LPC had received support for the greener inhaler agenda, however it was suggested that the main focus should be on greener prescribing and not on cost. Issues were highlighted in the community whereby recent switching of inhalers (e.g. switching to Salamol®) had led to shortages and inconvenience for patients as well as prescribers and community pharmacies. It was clarified that this programme would support a change in local prescribing culture, as NEL has high prescribing of MDI inhalers so the main aim is to increase DPI prescribing. Another aim is to work with patient groups to promote change and help patients understand why changing to greener inhalers are necessary. Assurance was provided that the QIPP team would be working with manufacturers to ensure stock availability before any switches. Recommendation from a practice's point of view is to ensure local community pharmacies are consulted when any changes are made. It was clarified that the plan would be to roll this out in the next 2-3 months with support for implementation via OptimiseRx® messages. There are some recommendations from this guidance that can be started straightaway and some will require an active drive from the NEL Pharmacy & Medicines Optimisation Team (PMOT). Education to primary care prescribers would include clarity on what would be expected from them in terms of making changes to prescribing. It was highlighted that some of the national incentives (e.g. Investment and Impact Fund) to drive this agenda no longer exist. It was added that some of the recommendations would be tied in with the long-term condition framework, so these become part of the routine review process. It was commented that this guidance would be an enabler and clinicians can implement different parts of the guidance as appropriate. Amendment suggested:

	• Table on page 14 – to include a range for the number of inhalers used per year to reflect different dosing and variations in the way patients use their inhalers **Outcome** **Approved** subject to minor amendment (decision for ratification by IMOC).
8.	**a. NEL Guidance on the cost-effective prescribing of disposable pen needles** **b. Primary care QIPP programme: Protocol to support the safe and cost-effective prescribing of disposable pen needles & NEL implementation of guidance**
	Declarations of interest: nil declared This item was part of the NEL primary care QIPP programme and documents have been reviewed by the NEL PGWG. Choices of needles were selected based on cost and compatibility with insulin pen preparations. The main aim is to identify those on expensive needles and switch to recommended cost-effective choices. It was noted that prescribing varies across NEL. It was clarified that this was not a new initiative as this has been implemented in some NEL places and the aim of this work is to harmonise practice across NEL. Amendment suggested: • To add a statement to clarify that disposal companies will only collect used needles via prior arrangement **Outcome** **Approved** subject to minor amendment to the guidance document (decision for ratification by IMOC). **Formulary changes as part of QIPP Programme submission:** as per products listed in the guidance. **Addendum (post-meeting correspondence)** – the applicant confirmed that there was an error with the guidance. The guidance has been updated to reflect this.
9.	**Primary care QIPP programme: Cost effective brand prescribing for macrogol compound preparations for adults and children (implementation document)**
	Declarations of interest: nil declared This item was part of the NEL primary care QIPP programme and this document has been reviewed by the NEL PGWG. It was proposed that macrogol compound preparations should be prescribed generically for adult use. If a patient prefers particular flavours then branded generic Cosmocol® should be prescribed. As there are no generic preparations of macrogol for paediatric use, it was recommended that Cosmocol® brand should be prescribed for paediatric patients. Macrogol compound 8.5g (Transisoft®) is non-formulary and should not be prescribed, those on the 8.5g strength should be switched to standard generic macrogol compound preparations. Generic macrogol compound

	preparations should also be prescribed in preference to lactulose oral solution for chronic constipation. OptimiseRx® messages would be used to support implementation. **Outcome approved** (decision for ratification by IMOC). **Formulary changes as part of QIPP Programme submission:** macrogol compound preparations already on formulary, Cosmocol® agreed as the preferred brand of macrogol when generic prescribing is not appropriate.
10.	**NEL Shared Care Guideline (SCG): Use of methylphenidate, dexamfetamine, lisdexamfetamine dimesylate and atomoxetine for the management of attention-deficit hyperactivity disorder (ADHD) in adult patients**
	Declarations of interest: nil declared The group was reminded that a Newham ADHD SCG was approved temporarily by the FPG as an interim solution to enable the running of the Newham ADHD clinic. As a condition for approval, the FPG requested for the development of a NEL-wide SCG for ADHD treatment. The group was informed that the NEL-wide guideline was adapted from the Newham document and had been consulted with stakeholders across NEL. The SCG had been reviewed by the NEL Shared Care Working Group (SCWG) and comments received had been incorporated into the document. The SCG covers adult patients and those transitioning from paediatric clinics. It was highlighted that there are variations in commissioning arrangements for the adult ADHD service in NEL and some patients are referred to private clinics due to the lack of NHS adult specialist ADHD clinics in their local area. There is a NEL-wide ADHD working group which includes commissioning colleagues to review service variations between NEL boroughs. In the interim, this SCG will provide supporting information for GPs who wish to consider shared care prescribing for patients under private clinics with the use of a Memorandum of Understanding (MOU). A concern was raised around the risk of dependence with wide implementation of shared care for ADHD drugs, as it was unclear of the process of review for these patients in the longer terms. It was clarified that it was the remit of the specialist ADHD clinics to review and deprescribe these drugs as appropriate. In addition, there will also be specialist mental health pharmacists in primary care to support with the review of these patients. It was also clarified that there is work underway to produce an ADHD patient information leaflet, which will include information on general management of ADHD and management of medications. Amendments suggested: • To emphasise the risk of dependence for ADHD drugs within the document • Section 2, point 4a – to change to 'GPs are not encouraged to utilise this shared care agreement for **non-**NHS patients…' • Summaries of GP responsibilities – to create separate sections for the below topics instead of having them as bullet points within the current section: 1. Stopping and withdrawing treatment 2. Treatment breaks 3. Restarting treatment

	• To include page numbering • Summary of GP responsibilities – to combine the two bullet points around referral to specialist and perinatal teams if patient becomes pregnant • Summary of patient responsibilities – to reinforce the bullet point around security and storage and to separate statement around medication for personal use and make this into a new bullet point • Suggested to include an example of a good controlled drug prescription within the SCG • Appendix 2 (monitoring and adverse effects table) – to change monitoring by 'specialist **or** GP' to 'specialist **and** GP' and also to ensure all sections under the last column (monitoring by whom) are completed • Appendix 4 (ADHD self-report scale) – to consider removal if not relevant to shared care as reporting of score is not mentioned elsewhere in the shared care document **Outcome** **Approved** subject to amendments as suggested by the FPG. Final document to be checked by the SCWG prior to ratification by IMOC.
11.	**Blueteq® form creation approval process**
	Declarations of interest: nil declared A process map for Blueteq® form creation was shared, including an example of an excel spreadsheet that would be used to track the whole process. The Blueteq® form is created by the commissioning technician on the Blueteq® system and shared with the team for review. If nil comments are received, then the form would be finalised and activated on the NICE implementation date. It was clarified that the Blueteq® form would be shared with Trusts for comments if the associated drug(s) is/are part of a NEL pathway; forms are not routinely shared with Trusts for new NICE TAs. It was asked whether the form can be pre-populated with patient's previous drug treatment to save time. It was clarified that this could not be done by Blueteq® at this stage. It was suggested that the rheumatologist at HHFT who raised this question could be included in the rheumatoid arthritis pathway working group. It was suggested for the ICB and Trusts' formulary teams should have input into this the Blueteq® form creation process. The group were advised that there is a list of current Blueteq® forms on MS Teams and this list could be shared with the NEL formulary team. **Outcome** **Approved** Blueteq® form creation process (decision for ratification by IMOC).
12.	**NICE TA approval and horizon scanning**
	The following updates were provided:

	NICE TA	**Implementation deadline**	**Patient no. (year 1)**			**Decision**	**Formulary status**
			BH	**BHRUT**	**HHFT**		
	TA882 – Voclosporin with mycophenolate mofetil for treating lupus nephritis (NHSE commissioned)	01/08/2023	10	TBC	TBC	Approved	Hospital only
	TA905 – Upadacitinib for previously treated moderately to severely active Crohn's disease (ICB commissioned)*	21/07/2023 (30 days)	75	TBC	10 – 20**	Approved	Hospital only
	* Upadacitinib to be added to the NEL inflammatory bowel disease pathway. ** Information received post-meeting.						
13.	**NICE TAs for discussion**						
	Nil						
14.	**NHSE circulars**						
	The following NHSE circulars were **noted:** a. **SS2513** – NHS England Clinical Commissioning Policy: Reimbursement for the use of generic and second line drugs for Pre Exposure Prophylaxis (PrEP) for the prevention of HIV b. **SSC2523** – Clinical Commissioning Policy 2201: Ranibizumab in Retinopathy of Prematurity (ROP) c. **SSC2524** – Specialised Commissioning Update NICE appraisals due to be commissioned between June and August 2023 d. **SSC2526** – NICE Technology Appraisal Guidance: bulevirtide for treating chronic hepatitis D						
15.	**Commissioning update**						
	ICB update Nil **NHSE update** Nil						
16.	**London Medicines & Pathway Group (LMPG) meeting update**						
	The following updates were provided:						

	• Maintenance model has been proposed for the hospital only list, ophthalmology chapter and preferred inhalers list for COPD and asthma. This was well received at the LMPG meeting in June and it was proposed that this would be taken back to formulary teams across the 5 ICSs for agreement. The overall aim would be to start a trial of this maintenance model for 6 months (starting from September 2023). • Hospital only list – aim is to get all of the BNF chapters published onto the London Formulary (via NetFormulary®) by the end of July 2023. This would be part of the maintenance work. • Respiratory – aim is to have a respiratory dashboard as part of the maintenance work. • Continuous glucose monitoring (CGM) – NEL ICB finance has agreed funding for type 1, type 2 diabetes and for children and young people. Other ICSs in London are in a similar position, apart from North Central London who are in the process of submitting a business case to submit to their Finance Committee (this was based on NEL's business case). • Cost improvement plans (CIPs) and QIPPs: agreed at the last LMPG meeting for CIPs and QIPPs plans to be shared across London to improve efficiency.
17.	**FPG workplan review – not discussed**
18.	**Equality: monitoring of usage and outcomes – nil at present**
19.	**Items for Approval**
	Terms of Reference – NEL FPG Pathways & Guidelines Working Group (update) Key changes made to the ToR: • Working group name changed from Guidelines & Pathways Working Group (GPWG) to Pathways & Guidelines Working Groups (PGWG) to avoid confusing the abbreviations with General Practitioners (GP). • Added process flow diagram for document review, approval and ratification. • Updated membership – included NEL ICB commissioning and contracting pharmacist and senior technician. • Removed quorum as this is not a decision-making group. **Outcome** **Approved** (decision for ratification by IMOC).
20.	**NELFT Shared care Guideline: Management of medications for Alzheimer's disease (update)** Minor update and extension of expiry date in the interim while a NEL-wide document is being developed.
21.	**Papers from committee reporting into the FPG** BH Cancer Drugs and Therapeutic Committee (DTC) – May 2023 minutes and June 2023 agenda.

22.	**<u>Local Medicines Optimisation group updates</u>** 1. BH – Summary of Chairs Actions – June 2023 2. BHRUT MOG – June 2023 minutes
23.	**<u>NEL FPG outcome letters</u>** 1. Ustekinumab dose escalation in psoriasis 2. Position statement on generic and brand prescribing 3. Position statement for semaglutide and liraglutide in obesity 4. London/NEL continuous glucose monitoring (CGM) pathway in type 1 diabetes and implementation documents 5. London Kidney Network: Chronic kidney disease (CKD) in Primary Care, early identification and optimisation pathways **<u>June NEL FPG recommendations ratified at IMOC on 27 June 2023</u>** 1. NEL high cost drugs treatment pathway for psoriasis 2. Ustekinumab dose escalation (up to 90mg every 8 weeks maintenance) for moderate to severe psoriasis 3. Position statement on generic and brand prescribing 4. Position statement on Glucagon-like peptide-1 (GLP-1) analogues: Semaglutide (Wegovy®) and Liraglutide (Saxenda®) 5. Interim positional statement for the use of Dexcom ONE® real time continuous glucose monitor 6. London pathway and NEL Initiation and transfer of prescribing of CGM for adults living with type 1 diabetes 7. Request to Primary Care to prescribe CGM for adults living with type 1 diabetes 8. Prescribing Information for Dexcom ONE® sensors and transmitters when prescribing on FP10 forms 9. Semaglutide for managing overweight and obesity (TA875) 10. Finerenone for treating chronic kidney disease in type 2 diabetes (TA877) 11. Casirivimab plus imdevimab, nirmatrelvir plus ritonavir, sotrovimab and tocilizumab for treating COVID-19 (TA878) • *Recommended:* nirmatrelvir plus ritonavir (Paxlovid), sotrovimab, tocilizumab • *Not recommended:* casirivimab plus imdevimab (Ronapreve) 12. Tezepelumab for treating severe asthma (TA880) – NHSE funded 13. Risankizumab for previously treated moderately to severely active Crohn's disease (TA888) 14. London Kidney Network's - Chronic kidney disease (CKD) in Primary Care: new approaches to reduce inequalities and save lives. "3 within 3" Early identification and optimisation pathways 15. NEL FPG terms of reference, drug application form and cover sheet

	16. NEL shared care template
24.	**NEL FPG Chair's action** – nil for this month
25.	**NEL FPG finalised minutes** – April 2023
26.	**Any other business**
	FPG survey There was a plan for a survey to be sent to all FPG members and past guests to get feedback and suggestions for the running of the FPG. Members were asked to email any suggestions for questions they would like to be included in the survey. **Blueteq® form for COVID-19 treatment** NHSE has withdrew their Blueteq® form for COVID-19 treatment of remdesivir and molnupiravir. Blueteq® will be able re-instate the form but there would be a delay due to the this being a manual process. It was stated that there seems to be discrepancies between NICE NG191 guidance and the NHSE Interim Commissioning Policies. It was proposed that they will check the form when this is available from Blueteq® and also get this checked by with Trusts prior to activation on Blueteq®. BHRUT has a separate form that encompasses all the Blueteq criteria and will share this for cross-checking. The group were informed that there is a BH interim policy for COVID-19 management that is being worked on by the lead microbiology pharmacist at BH, however, this got delayed due to staff sickness. The advice is to adhere to the recommendations from the NICE guidance. In exceptional circumstances where the recommendation for treatment falls outside of NICE, then this would be reviewed by the COVID-19 panel (although the panel would generally follow NICE guidance). It was suggested for Trusts to continue with their current processes for patients who fall outside of NICE criteria. Estimated number of cases that would go through the COVID-19 panel would be small.
	Time & date of next FPG meeting **Tuesday 12 September at 12.30 via MS Teams –** calendar invite circulated