NHS
North East London

North East London Formulary & Pathways Group (FPG)
Tuesday 7th May 2024 at 12.30pm via MS Teams

Minutes

Attendance	Name	Initials	Designation	Organisation
Clinical Representatives				
Present	Gurvinder Rull	GR	Consultant Clinical Pharmacology (FPG Chair)	BH
Apologies	Narinderjit Kullar	NK	Clinical Director for Havering	NHS NEL
Absent	Chloe Benn	CB	Lead Women's and Children's Consultant Pharmacist and a non-medical prescriber	BH
Absent	Mehul Mathukia	MM	Medicines Optimisation Clinical Lead for Redbridge	NHS NEL
Present	Louise Abrams	LA	Clinical Pharmacologist, DTC Chair	HHFT
Absent	John McAuley	JM	Consultant Neurologist, MOG Chair	BHRUT
Present	John Booth	JB	Consultant Nephrologist	BH
Trusts' Pharmacy Representatives				
Present	Jaymi Teli	JT	Lead Formulary & Pathways Pharmacist	BH
Present	Farrah Asghar	FA	Lead Clinical Pharmacist, Medicines Commissioning & Pathways	BH
Absent	Suzanne Al-Najim	SA	NHSEI Commissioning Pharmacist	BH
Apologies	Maruf Ahmed	MA	Formulary Pharmacy Technician	BH
Absent	Dinesh Gupta	DG	Assistant Chief Pharmacist, Clinical Service	BHRUT
Present	Kemi Aregbesola	OA	Medicines Information and Formulary Pharmacist	BHRUT
Absent	Ayel Ariec	AA	Lead Pharmacist for Medicines Information, Formulary and Pathways	HHFT
Absent	Chinedu Ogbuefi	CO	Interim Deputy Chief Pharmacist for London Services	ELFT
Present	Iffah Salim	IS	CAMHS Directorate Lead, Medicines Information Pharmacist	ELFT
Present	Catriona Holms	CH	Senior Pharmacist - Formulary & Governance	NELFT
Absent	Sibel Ihsan	SI	Lead Directorate Pharmacist for Waltham Forest	NELFT
NEL Pharmacy & Medicines Optimisation Team's Representatives				
Apologies	Belinda Krishek	BK	Deputy Director of Medicines Optimisation	NHS NEL

Present	Denise Baker	DB	Senior Administrative Officer, Medicines Optimisation	NHS NEL
Present	Anh Vu	AV	Formulary Pharmacist	NHS NEL
Present	Ann Chan	AC	Formulary Pharmacist	NHS NEL
Present	Natalie Whitworth	NW	Commissioning & Contracting Pharmacist	NHS NEL
Apologies	Nicola Fox	NF	Commissioning & Contracting Senior Pharmacy Technician	NHS NEL
Present	Chandni Radia	CR	Pharmacy and Medicines Optimisation Transformation Lead & Lead Medicines Optimisation Pharmacist - Vaccine Programme	NHS NEL
Other Representatives				
Apologies	Shilpa Shah	SS	Chief Executive Officer	NEL LPC
Apologies	Mohammed Kanji	MK	Senior Medicines Optimisation Pharmacist (Representing NEL Primary Care Non-Medical Prescribers)	NHS NEL
Present	Yasmine Korimbux	YK	Lead Medicines Optimisation Pharmacist, NICE Medicine and Prescribing Associate	NHS NEL
Present	Jiten Modha	JMo	Specialised Commissioning Senior Pharmacy Advisor	NHSE
Guests				
Present	Mr James Dilley (6)	JD	Consultant Gynaecology Oncologist	BH
Present	Sharan Suthakaran (6)	SS	Highly Specialist Pharmacist – Surgery	BH
Present	Aida Krajnc (7)	AK	Highly Specialist Clinical Pharmacist, Antimicrobials and Infection Control, Newham University Hospital	BH
Present	Dr Bobby Huda (9) (10)	BHu	Consultant Endocrinologist	BH
Present	Julanta Carriere (11)	JC	Senior Substance Misuse Commissioner, Tower Hamlets Local Authority	LBTH

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 (April 2024) were reviewed and approved. The redacted minutes for March 2024 were agreed.
5.	**Matters Arising**
	1. <u>Action Log</u> The group were advised regarding the following actions that were outstanding on the log: **Action 202404_01 DOAC initiation and monitoring guidance template in NVAF** – final versions had been shared with NEL Trust leads and uploaded to the NEL Primary Care Portal. **Completed.** **Action 202404_02 FPG away day** – date and topics for away day to be agreed.
6.	**Apixaban following gynaecology oncology surgery**
	Declarations of interest: Nil declared The request to approve apixaban as a first line option for use in VTE prophylaxis following gynaecology oncology surgery was outlined. For this indication, apixaban would be used off-label to replace prophylactic Low Molecular Weight Heparin (LMWH) which was currently used for this cohort of patients. Studies have shown that apixaban was a preferred treatment by patients due to the change from administration by injection of heparin to twice daily oral 2.5mg apixaban, ensuring better compliance. There was the added benefit of reducing the carbon footprint, and potentially reducing the need for district nurse involvement in some patient groups. The importance of recording patient consent to the off-label use of apixaban was highlighted and it was agreed that this could be included in the discharge summary or other record as deemed appropriate. Any existing wording that could be used as a patient consent statement was to be shared; this could then be discussed with the patient at the pre-assessment clinic.

	It was confirmed that approval would be for hospital only use for this cohort of patients and each patient would be discharged with a full supply of the required medication. **Outcome:** Approved for this indication and cohort only. **Formulary status:** Hospital only. Decision for ratification by the SyPMO Board.
7.	**Octenisan nasal gel in MRSA decolonisation**
	Declarations of interest: Nil declared The request for Octenisan nasal gel which was to be used to treat MRSA decolonisation for patients in settings where it was impractical to have mupirocin, naseptin or chlorhexidine (standard protocol) prescribed was outlined. Octenisan nasal gel is classed as a 'medical device' and the intention is for this to be issued by the nurses in the clinic. The group were advised that if the patient remained positive after the first course of treatment another would be provided prior to surgery. The clinical setting that is being looked at is surgical outpatients (pre-admission clinics). For all other areas, the current, standard protocol for MRSA decolonisation remains applicable (as per Microguide). There was a discussion regarding the request for prescribing within primary care and it was suggested that patients should collect all their decolonisation treatment from the hospital which should be included as part of the package of care. However, the group were informed that a prescriber was not always available during clinics and a Patient Group Directive (PGD) was not possible due to current staff turnover within the service. It was felt that clarification should be sought from the other Trusts (BHRUT and HHFT) regarding their current treatment options and any planned use of Octenisan nasal gel within their departments. The options of using PGDs should also be explored further. It was also discussed that an audit at re-swap should be considered as the author stated that 'the literature suggests that Octenisan nasal gel is inferior to mupirocin and chlorhexidine dental gel, so only used as an option where the former are impractical'. It was agreed that the submission could be re-considered in light of any additional information. **Outcome:** Not Approved.
8.	**Gender Incongruence prescribing guide for primary care**
	Declarations of interest: Nil declared

	The guide that had been produced to provide further information to NEL primary care prescribers in dealing with requests to prescribe gender affirming hormone therapy for patients under NHS and private specialist gender identity clinics was outlined. The guide included example scenarios and provided suggested responses to requests from patients, private and NHS providers. The document shared had already received feedback from clinicians which included NEL GPs and a specialist GP who was previously in NEL, but now a Transgender Healthcare & Clinical Lead, East of England Gender hub in Nottinghamshire. Amendments had been made to reflect feedback where appropriate. It was confirmed that the guide included recommendations from the GMC and NHSE, information based on the current service available, and reflected the recent update to the Cass report. It was reiterated that the guide is intended to assist NEL primary care prescribers in dealing with requests to prescribe gender affirming hormone therapy for patients under NHS and private specialist gender identity clinics. The final decision whether to prescribe or not, rests with the prescribing clinician. **Outcome:** Approved with a review date of 9 months. **Post meeting note: Further comments have been received post FPG meeting, therefore the guide is under further review and has not been subject to SyPMO Board ratification.**
9.	**Implementation pathway for continuous glucose sensors for adults with insulin-treated type 2 diabetes in NEL**
	Declarations of interest: Nil declared The pathway that had been produced to support the implementation of the National Institute for Health and Care Excellence (NICE) Guideline for adults with type 2 diabetes (NG28) that was amended in June 2022 to include access to continuous glucose monitoring (CGM) technologies for a specific cohort of adults living with type 2 diabetes was presented. This document was intended to aid local implementation in North East London for adults with type 2 diabetes to help ensure equitable access. The criteria have been set out in the document. It was highlighted that initiation and ongoing monitoring including patient support would remain with the specialist services whilst resources were being determined within primary care to support implementation and review. The initiation and prescribing for the first 2 months will be undertaken by the specialist service. It was noted that prescribing education support would also be required in primary care to build up the workforce and skill-set in the longer term in primary care. Whilst there were concerns regarding patient eligibility and the criteria outlined being too vague, it was highlighted that the information provided within the document had been set by NICE. **Outcome:** Approved with review date in 12 months.

	Decision for ratification by the SyPMO Board.
10.	**Type 2 Diabetes Management Transfer of Care (TOC) Pathway**
	Declarations of interest: Nil declared The group were advised that the type 2 diabetes management TOC pathway was a similar document to the already approved type 1 diabetes management TOC and included tick boxes to clearly identify indication and treatment to be prescribed. It was requested that 'insulin treated' or similar wording be added to the title of the document. Whilst the list of meters currently available was correct within the document it was acknowledged that Trusts would have their own internal processes to obtain devices. **Outcome:** Approved with a review date set for 12 months. Decision for ratification by the SyPMO Board.
11.	**Buvidal (buprenorphine) prolonged-release solution for injection for treatment of opioid dependence**
	Declarations of Interest: Nil declared The proposal for long-acting injectable buprenorphine (Buvidal) to be added to the formulary to enable this treatment option to be available as an opiate substitute within the borough of Tower Hamlets was outlined. It was explained that this medication would be used within the Tower Hamlets local authority commissioned specialist substance misuse service and administered by a trained healthcare professional as part of that service only. The slow-release formulation of Buvidal which could be administered weekly or monthly was also anticipated to support patient adherence. Concerns were raised regarding the sharing of patient information and the possibility of overdosing a patient who could attend A&E/ other settings and inadvertently receive additional medication. It was explained that a working group had been established to discuss communications that could be shared with Acute Trusts, prison services and patients. The group requested that supporting documents to be produced including a summary sheet for inpatient pharmacists, and a protocol or Standard Operating Procedure (SOP) to be produced to include the management of patients if they are admitted to a hospital A&E/ ward or other settings. It was suggested that such a document could already be in existence as other boroughs/local authorities are using this drug and it was agreed to feedback this request to the working group to explore further. FPG requires assurance on the safe management of such patients as they move between settings and there are supporting documents to be developed for this.

	Outcome: Approved, subject to communications and supporting paperwork which should include a summary for inpatient pharmacists and a protocol/SOP to support patient management within hospital/ other settings. Supporting paperwork was agreed to be submitted for consideration at the June FPG meeting. **Formulary status**: Specialist/hospital only – to be prescribed and administered by substance misuse services where the drug is commissioned by Local Authority. Decision for ratification by the SyPMO Board.
12.	**Oral low dose misoprostol in Induction of Labour (IOL)**
	The proposal was presented on behalf of BH who were requesting to implement oral misoprostol as the primary induction agent in place of their current options: • Propess® (dinoprostone) vaginal 10mg pessary • Prostin® (dinoprostone) 1mg and 2mg vaginal gels It was highlighted that misoprostol for IOL was recommended by NICE, cost neutral when compared to the above treatment options and already in use within BHRUT; approval of this request would support formulary harmonisation for both BH and HHFT. A presentation provided by BHRUT to other Trust colleagues had informed of the dosing regimen and advantages including reducing length of stay for patients, babies requiring less time in Intensive Care Units (ICU) and reduced requirement for antibiotic medication. The group requested patient numbers and it was agreed that BH would provide results of an internal audit back to the group. **Outcome:** Approved use of 25mcg (micrograms) misoprostol tablet with the requirement for BH to present an audit of the first three months of use at a future FPG meeting. **Formulary status:** Hospital only. Decision for ratification by the SyPMO Board
13.	**Carnoy's solution in bony cavities post removal of Odontogenic Keratocyst (OKC)**
	It was explained that the request had been received to align formularies across NEL. Carnoy's solution for the above indication was currently available on formulary at BHRUT but was non-formulary at both HHFT and BH. The group were advised that Carnoy's solution would be used to treat aggressive cysts that would likely recur but would only be offered to patients who met the set inclusion criteria. Whilst adverse effects or concerns had not been reported by BHRUT, there was concern that evidence to support its use was not currently widely available. Local site reactions/adverse effects will be monitored at HHFT and patients who receive Carnoy's will be followed up.

	To support the harmonisation of formularies across NEL the request was approved. **Outcome:** Approved **Formulary status:** Hospital only. Decision for ratification by the SyPMO Board.
14.	**Updated Guidelines** – nil
15.	**NICE Technology Appraisal (TA) approval and horizon scanning**
	The following updates were provided: **NEL ICB commissioned:** **TS ID 10590** – High dose aflibercept for treating wet age-related macular degeneration **Outcome:** Agreed for local implementation (decision for ratification by the SyPMO Board) **Formulary status:** Hospital only. **TS ID 10621** – Aflibercept for untreated diabetic macular oedema **Outcome:** Agreed for local implementation (decision for ratification by the SyPMO Board) **Formulary status:** Hospital only. The group were advised that the biosimilar for aflibercept (8mg) was expected to be available shortly. **NHSE commissioned:** Nil
16.	**NICE TAs/NHSE commissioned policies for discussion - nil**
17.	**NHSE circulars:** • SSC2635 - Updated Neonatal Critical Care Service Specification • SSC2640 - NHS England Clinical Commissioning Policy: Commissioning Medicines for Children in Specialised Services • SSC2643 - Service specification: Adult Critical Care Transfer Services • SSC2639 - Service specification: Adult specialist services for people living with HIV • SSC2637 - Specialised Commissioning Update: NICE Appraisals published in March 2024 that are due to be commissioned in June 2024 • SSC2651 – NHS England Clinical Commissioning Policy: Use of Therapeutic Immunoglobulin (Ig) **Noted.**

18.	**Commissioning update**
	ICB update – the following details were provided: Medicines Value Group (MVG) • The primary care efficiency plan had been shared and the PES target saving acknowledged at the recent meeting • A discussion also took place regarding an update to the group's Terms of Reference • A meeting was to take place with BHRUT colleagues to discuss secondary care data resources and issues • At the next MVG on the 21st May 2024 it had been agreed to discuss working collaboratively across the system to optimise opportunities for savings **NHSE update –** the following update was provided: Natalizumab – BH and BHRUT were both to be part of the planned switch programme. Immunoglobulin policy – this document superseded any other previous information and provided clear guidance which was to be followed and was not for individual interpretation. **Noted.**
19.	**London Medicines & Pathway Group (LMPG) meeting**
	It was agreed to discuss whether this item was to remain as a standing agenda item for the FPG.
20.	**FPG working group update**
	The following update relating to the Formulary Working Group was provided: • All formulary pharmacists had agreed to attend the netFormulary training to support the upload of the new formulary platform. A test chapter would also be set up for the group to familiarise themselves with the new platform. • It had been agreed to use the North Central London formulary as the baseline for the new NEL formulary and amend as necessary • A weekly meeting would take place of the formulary working group to discuss and resolve discrepancies and agree subsequent amendments • October 2024 deadline has been set to launch the new formulary platform • Initial stage: common sense decisions to align formularies; a report will be submitted to the FPG for noting minor amendments • Second stage: longer process to discuss and harmonise legacy decisions and discrepancies that require more detailed work-up **Noted.**
21.	**Equality: monitoring of usage and outcomes –** nil at present
22.	**Items for Approval**
	NEL FPG Full application v2.3 – this document had received the following updates: • Title and throughout document - Barts Health NHS Trust acronym amended to BH • Section 7 – Additional tick box added to represent 'others'

	• Section 18 – Formulary status amended to reflect the newly agreed colour system • Section 23 – NPSA risk assessment tool embedded within document **Outcome:** Approved.
23.	**Papers from committees reporting into the FPG:** 1. BH Cancer DTC – April 2024 agenda 2. NEL Sub-Regional Immunoglobulin Assessment Panel Agenda – NIL **Noted.**
24.	**Local Medicines Optimisation group updates:** 1. BH – Summary of Chairs Actions – April 2024 2. NELFT exception report - NIL 3. ELFT medicines committee minutes – NIL 4. BHRUT MOG – March 2024 minutes and April 2024 agenda 5. Homerton – NIL **Noted.**
25.	**NEL FPG recommendations ratified at the SyPMO Board April 2024** • SyPMO Board Highlight Report **NEL FPG Outcome Letters:** • Azathioprine and Mercaptopurine SCG (from March 2024 meeting) • DOACs Position statement and prescribing support documents • NEL GLP-1 RA shortage protocol • NICE TA 953 Fluocinolone acetonide intravitreal implant for treating chronic diabetic macular oedema **Noted.**
26.	**NEL FPG Chairs Actions - nil**
27.	**NEL FPG finalised minutes** – March 2024
28.	**Any other business - nil**
	<u>Time & date of next FPG meeting</u> **Tuesday 4th June 2024 at 12.30 via MS Teams –** calendar invite circulated.