

**AREA PRESCRIBING COMMITTEE MEETING
Birmingham, Sandwell, Solihull and environs**

Minutes of the meeting held on

Thursday 9th January 2020

Venue – Birmingham Research Park
Vincent Drive, Birmingham, B15 2SQ

PRESENT:

Dr Lisa Brownell	BSMHFT (Chair)
Dr Paul Dudley	Birmingham and Solihull CCG
Prof Mark DasGupta	Birmingham and Solihull CCG
Nilima Rahman-Lais	Birmingham and Solihull CCG
Liz Thomas	Birmingham and Solihull CCG
Dr John Wilkinson	Birmingham and Solihull CCG
Dr Nashat Qamar	Birmingham and Solihull CCG
Christina Wilson	Sandwell and West Birmingham CCG
Satnaam Singh Nandra	Sandwell and West Birmingham CCG
John Morrison	Birmingham Community Healthcare NHS FT
Dr Neil Bugg	Birmingham Women's and Children's NHS FT
Dr Sangeeta Ambegaokar	Forward Thinking Birmingham Partnership
Daniel Hearsey	The ROH NHS FT
Gurjit Sohal	UHB NHS FT
Katy Davies	UHB NHS FT
Carol Evans	UHB NHS FT/Birmingham and Solihull CCG
Dr Dhiraj Tripathi	UHB NHS FT
Kuldip Soora	Midlands and Lancashire CSU
Daya Singh	Midlands and Lancashire CSU

IN ATTENDANCE:

Dr Jaideep Bhat for item 0120/05 UHB NHS FT

No.	Item	Action
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0120/01 Apologies for absence were received from:

Nigel Barnes, BSMHFT
 Maureen Milligan, The ROH NHS FT (deputy attended)
 Alison Tennant, Birmingham Women’s and Children’s NHS FT
 Prof Jamie Coleman, UHB NHS FT (deputy attended)
 Dr Sonul Bathla, Sandwell and West Birmingham CCG
 Jonathan Boyd, Sandwell and West Birmingham CCG (deputy attended)
 Inderjit Singh, UHB NHS FT (deputy attended)
 Ravinder Kalkat, Midlands and Lancashire CSU

It was confirmed that the meeting was quorate.

0120/02 Items of business not on agenda (to be discussed under AOB)

- Primary Care Network Directed Enhanced Service (DES)

0120/03 Declaration of Interest (DoI)

The Chair reminded members to submit their annual declarations of interest to the APC Secretariat.

0120/04 Welcome and Introductions

The Chair welcomed everyone to the meeting today. Introductions around the table were carried out for the benefit of new attendees.

The Chair reminded members, the meeting is digitally recorded for the purpose of accurate minute taking and once the minutes are approved, the recording is deleted by the APC secretary.

0120/05 Betamethasone valerate 2.25mg medicated plaster (Betesil®) – new drug application

The Chair welcomed Dr Jaideep Bhat, Consultant Dermatologist, UHB NHS FT to the meeting and invited him to present the application for betamethasone valerate 2.25mg medicated plaster (Betesil®).

Dr Bhat began by noting fludrocortide tape (Haelan® tape) is currently recommended on the BSSE APC formulary and is a similar product to Betesil®. Fludrocortide tape is a gauze dressing impregnated with a topical corticosteroid. Betesil® is impregnated with a more potent corticosteroid than fludrocortide tape. These products are used in very small localised areas of eczema or psoriasis that are resistant to topical measures such as creams or ointments. The products are also useful in areas such as the fingertips, minimising disruption to patient’s normal routine. They can also be used for treatment of keloid scarring following coronary artery bypass graft (CABG) or other heart procedures. As these products are used for very specific cases, they involve small patient numbers. Within the Trust 180 prescriptions were issued over a year for these products.

Betesil® comes as a box of four small medicated plasters impregnated with betamethasone valerate and each plaster is individually packed. The product can be cut to size of the affected area.

Dr Bhat noted fludrocortisone tape is now only available as 7x5x20cm, which should be reflected on the BSSE APC formulary.

Betesil® is considered more cost effective per square metre compared to fludroxycortide tape and by the fact that it is a more potent preparation therefore considered more effective.

The likelihood of side effects such as steroid induced atrophy is reduced by cutting the preparation to the size of the affected area.

Primary care clinicians are currently referring patients with scarring into secondary care when conservative methods have failed. Dr Bhat believes Betesil® would be a useful addition to the formulary or as a replacement to fludroxycortide tape.

Dr Bhat would like dermatology specialists to be able to recommend Betesil® for prescribing within primary care.

The Chair invited questions or comments from members. Discussion points/concerns raised included:

- A member queried if Betesil® is licensed for keloid scarring. Dr Bhat stated Betesil® and fludroxycortide tape have been used 'off-label' for keloid scarring historically. Betesil® is licensed for inflammatory skin disorders unresponsive to less potent corticosteroids as listed within the application.
- A member asked as Betesil® is being proposed as a substitute to fludroxycortide tape, what is the clinical significance of the increased potency of the product compared to fludroxycortide tape. Dr Bhat stated increased efficacy and a shorter duration of treatment is expected with Betesil®.
- A member asked what the largest size available for Betesil®. Dr Bhat stated Betesil® comes as a box of four 7.5x10cm medicated plasters.
- A member asked if Betesil® is cut to size can the unused section be reused. Dr Bhat confirmed this would be done in practice, as each plaster comes individually foil wrapped. In comparison fludroxycortide tape comes as a roll and it is less convenient to do this. Dr Bhat emphasised application to open wounds or infected areas is not appropriate in keeping with other topical corticosteroids.
- A member asked for clarity regarding the number of patients for which fludroxycortide tape would not be appropriate. Dr Bhat stated 178 prescriptions have been issued for Betesil®. Dr Bhat has experience of using the product within his private practice.
- A member noted the low number of patients involved in the trials outlined within the application and asked if Dr Bhat feels Betesil® is a safe preparation. High sugar levels have been noted and although there was no evidence of HPA-axis suppression, systemic absorption was increased. Dr Bhat explained Betesil® is used for very small localised areas therefore patients are unlikely to experience adverse effects. Betesil® is not suitable for treating large areas.
- A member noted the application form requests Green RAG rating and asked if Dr Bhat had considered Amber Specialist Initiation or Amber Specialist Recommendation. The member relayed concerns regarding creep outside the appropriate indications, if initiation occurs within primary care as this would be less cost effective compared to cream or ointments. From experience Dr Bhat felt primary care clinicians are

reluctant to prescribe fludroxycortide tape and Betesil®. Dr Bhat mentioned an upcoming initiative within GP practices involving Dermatology Champions i.e. a clinician per group of GP practices who specialises in Dermatology. It would be expected for Dermatology Champions to initiate Betsil® within primary care.

- A member asked how long treatment lasts typically with Betesil® or fludroxycortide tape. Dr Bhat stated for keloid scars, treatment would last for approximately 3 months. Treatment for psoriasis or eczema is a reducing course over 3-4 weeks.
- A member queried if GP involvement is necessary as treatment is finite and the specialist needs to be involved. Dr Bhat maintained primary care involvement is beneficial to patients.
- Dr Bhat confirmed there is consensus among dermatologists to remove fludroxycortide tape from formulary and replace with Betesil® if this is the committee's preference.
- A member asked for clarity regarding place in therapy. Dr Bhat confirmed specialists would recommend Betesil® after other topical corticosteroid preparations have failed and for the specific cases described.

The Chair thanked Dr Bhat for attending the meeting, for answering all the questions from the APC members and advised him that the decision would be relayed within 5 working days, in line with APC policy.

Further discussion points in the absence of the representatives included:

- Members were concerned about the potential long-term use of a potent preparation if not overseen by a specialist.
- A member noted betamethasone valerate is available on formulary as Green as a cream or ointment.
- A member added each Betesil® medicated plaster contains 1.845mg of betamethasone.
- A member noted fludroxycortide tape has a maximum treatment period of 7 days compared to the maximum treatment period of 30 days for Betesil®.
- Members agreed Amber RAG status with Specialist recommendation. Supporting documentation was not deemed necessary.
- A member noted as the term Specialist encompasses 'General Practitioners with a Specialist Interest' this would include Dermatology Champions.
- A member noted the Betesil® formulary entry should state maximum 30 days treatment duration.
- Members clarified Betesil® is accepted for use as Amber Specialist recommendation for use within its licensed indications.

The Chair directed the members to the Decision Support Tool for completion:

Patient Safety: Potent – so some concerns if used long term and on repeat

Clinical effectiveness: Equivalent to existing topical corticosteroids

Strength of evidence: Good. Robust data on active agent.

Patient factors: N/A

Cost effectiveness or resource impact: If no waste, cost saving compared to alternative however waste may be unavoidable

Place of therapy relevant to available treatments: Only after other topical corticosteroids have failed, for small specific lesions

National guidance and priorities: SMC declined in 2010, however more studies available since then

Local health priorities: Supportive

Equity of access: N/A

Stakeholder views: N/A

Implementation requirements: N/A

Prescribing data: To be monitored by CCGs and Trusts going forward

Decision Summary: Amber Specialist Recommendation

ACTIONS:

- **Add Betesil® to formulary as Amber Specialist Recommendation** **APC sec**
- **Relay decision to Dr Bhat by Thursday 16th January 2020** **APC sec**

0120/06 BSSE APC Attention Deficit Hyperactivity Disorder (ADHD) ESCAs

The Chair directed members to the updated draft BSSE APC ESCAs for atomoxetine, dexamfetamine and methylphenidate which are due for renewal.

Feedback from specialist's review have been incorporated following a consultation with member organisations.

The Chair invited questions or comments from members. Discussion points/concerns raised included:

- A Birmingham and Solihull CCG representative informed the committee the CCG Joint Commissioning team have revised the current prescribing status of the ADHD medicines and approve a change in status from Red to Amber for patients 16 years or over. Within Solihull locality the status of the ADHD medicines remains Amber for under 16s and patients 16 years and over.
- The committee agreed the commissioning arrangements should be noted within the ESCA documents as well as the formulary entries to prevent inappropriate decline to prescribe requests.
- Members noted the uptake of prescribing of these agents within the Solihull area is good.
- A member noted GPs may be reluctant to take on the prescribing of controlled drugs (CDs) particularly when used for children.
- A member relayed feedback from specialists that weight is monitored every three months in under 10s. It was agreed to add this to the ESCAs.

Decision summary: The ESCAs are approved subject to the amendments as discussed.

ACTIONS:

- **Publish the ADHD ESCAs to the formulary subject to amendments discussed** APC sec
- **Amend formulary entries for the ADHD medicines in line with the amended commissioning arrangements** APC sec

0120/07 BSSE APC Meritene® Shake RICaD

The Chair directed members to the draft BSSE APC Meritene® Shake RICaD developed by Ruth Chinuck, Dietetic lead, UHB NHS FT following the application for formulary inclusion in September 2019.

The Chair invited questions or comments from members. Discussion points/concerns raised included:

- The dose should be amended to ‘Two-Four times per day or on average three times daily’
- The references should be removed as per the current RICaD template.
- The Trust should be amended to read UHB NHS FT.

Decision summary: The RICaD is approved subject to the amendments discussed

ACTION:

- **Publish Meritene® Shake RICaD subject to amendments discussed** APC sec

0120/08 Declines by Trust DTC

None were reported

0120/09 RMOC recommendations

The Chair directed members to the RMOC Position Statement: Oral vitamin B supplementation.

- The guidance is welcomed by CCGs. Patients are being reviewed with a view to stopping treatment with vitamin B for the indications described within the Position Statement.

ACTION:

- **Annotate formulary entries for vitamin B complex preparations in line with Position Statement** APC sec
- **Add link to the RMOC Position Statement to the relevant formulary entries** APC sec

0120/10 Minutes of the meeting held on Thursday 12th December 2019 – for ratification

The minutes of the meeting held on Thursday 12th December 2019 were discussed for accuracy.

It was confirmed the minutes are approved, can be uploaded to the APC website and the recording deleted.

0120/11 Matters Arising

The Chair moved onto the action table for comments and updates:
(See separate document attachment for updated version). Consider actions closed if not discussed.

The outstanding actions include:

- 1219/05 Dacepton - Add Dacepton® to formulary as Amber subject to submission of cost analysis, by Chair's action.
- 1219/07 BSSE APC RICaDs aliskiren and amiodarone – Amend amiodarone RICaD as discussed.
- 1119/07 - BSSE APC Anti-dementia treatments ESCA - Inform APC of changes to the commissioning of anti-dementia medicines
- 1019/07 - BSol CCG policy Items which should not be routinely prescribed in primary care - Add hyperlinks to BSol policy from relevant formulary entries.
- 0919/05 - Chapter 11 Eye - Formulary chapter review - Trust to complete drug application form alongside ophthalmology specialists.
- 0919/07 - BSSE APC Management/Development meeting proposals - Amend Amber RAG status on APC formulary.
- 0919/AOB - Matters arising - Dental products on formulary - Schedule away day for the review of dental products
- 0719/05 - BAAG Chapter 5 Infections review and documents - *C.Diff* pathway to be reviewed by CCG Infection control team prior to uploading to APC website.
- 0719/06 - BSSE Away day documents - Trusts to develop report on LMWH prescribing.
- 0619/AOB - Azathioprine for haemolytic anaemia - Produce Azathioprine ESCA for haemolytic anaemia.
- 1118/AOB - Identified issues with shared care documents. Sodium clodronate, denosumab, degarelix and apomorphine ESCAs to be reviewed by secondary care. Update: Denosumab ESCA with nurse specialist for review.

0120/12 NICE Technological Appraisals (TAs)

In December 2019, there were 3 TAs published; all are NHSE commissioned.

Red status agreed.

ACTION: Update APC formulary with decisions on NICE TAs.

APC sec

Any other business:

1. Primary Care Network Directed Enhanced Service (DES)

A Birmingham and Solihull CCG representative informed members as part of the NHS Long Term Plan and Primary Care Networks (PCNs), there is an emphasis to reduce the carbon footprint of NHS organisations. Structured medication reviews are one aspect of PCNs and within this there is a plan to encourage the use of dry powder inhalers. There will be strong encouragement to consider switching pressurised metered dose inhalers to dry powder inhalers. It was noted the formulary may need to be reviewed in line with this view.

The Chair thanked the members for their input today. The meeting closed at 15:30.

**Date of next meeting: Thursday 13th February 2020
Birmingham Research Park.**