NHS
Barnsley
Clinical Commissioning Group

Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday, 10th February 2021 via MS Teams

MEMBERS:

Chris Lawson (Chair)	Head of Medicines Optimisation (Barnsley CCG)
Professor Adewale Adebajo (from 21/32)	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
Tom Bisset	Community Pharmacist (LPC)
Dr Mehrban Ghani	Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs)
Dr Rebecca Hirst	Palliative Care Consultant (Barnsley Hospice)
Sarah Hudson	Lead Pharmacist (SWYPFT)
Dr Kapil Kapur (from 21/26.4)	Consultant Gastroenterologist (BHNFT)
Dr Abdul Munzar	General Practitioner (LMC)
Mike Smith	Chief Pharmacist (BHNFT)

IN ATTENDANCE:

Nicola Brazier	Administration Officer (Barnsley CCG)
Lauren Clarke	Senior Pharmacist, Interface (BHNFT)
Deborah Cooke	Lead Pharmacist (Barnsley CCG)
Joanne Howlett	Medicines Management Pharmacist (Barnsley CCG)
Elizabeth Lock (item 21/37.4 only)	Wound Care Nurse (Barnsley CCG)
Gillian Turrell	Lead Pharmacist (BHNFT)

APOLOGIES:

Caron Applebee	Lead Pharmacist (Barnsley CCG)

ACTION BY

APC 21/23 QUORACY

The meeting was quorate.

APC 21/24 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA

The Head of Medicines Optimisation declared that she signs rebate agreements on behalf of the CCG, noting that there is no personal financial gain and all savings from rebates schemes are re-invested into other local health services. A full list is available on the website.

APC 21/25 DRAFT MINUTES OF THE MEETING HELD ON 13th JANUARY 2021

Slight amendments were required on page 2, first paragraph '…from the service…' and third paragraph '…have not been submitted…'

Subject to these amendments, the minutes were accepted as an accurate record of the meeting. **NB**

APC 21/26 MATTERS ARISING AND APC ACTION PLAN

21/26.1 <u>NICE TAs (November 2020) – TA660 Darolutamide with androgen deprivation therapy for treating hormone-relapsed non-metastatic prostate cancer</u>

The Lead Pharmacist, BHNFT advised that no feedback had been obtained from the consultants but due to the similarity to enzalutamide, advised that this was not applicable for use at BHNFT.

This would be brought back to the APC should the consultants make a request to use it.

21/26.2 NICE TAs (December 2020) – TA665 Upadacitinib for treating severe rheumatoid arthritis

The Lead Pharmacist, BHNFT would bring back a decision to the next meeting or advise by email. **GT**

***Post meeting note**: the Lead Pharmacist, BHNFT confirmed by email that TA665 Upadacitinib for Rheumatoid Arthritis **is** applicable for use at BHNFT.*

21/26.3 Saxenda® (Liraglutide)

This would be discussed at the February 2021 BHNFT CBU Governance meeting and therefore the item was deferred to the next meeting.

The Head of Medicines Optimisation had received feedback from the CCG Commissioning team around discussions with the specialist services who had agreed to continue to prescribe due to current low cost of the medicines.

21/26.4 Referral Pathway for IV Infusions and Ferric Maltol traffic light classification (feedback from LMC)

The Head of Medicines Optimisation advised that the LMC supported the change of the Ferric Maltol traffic light classification from red to green, with a request for a protocol/guidance around the approach to therapy prior to referral for IV iron infusions. The Lead Pharmacist, BHNFT would produce local guidance in line with the Northern Treatment Advisory Group algorithm.

Agreed action: -

- The Lead Pharmacist, BHNFT to produce local guidance in line with the Northern Treatment Advisory Group algorithm. **GT**

21/26.5 Actacal Crème

At the last meeting, it was agreed that feedback would be obtained from the Trust and CCG dietitians regarding rationalising products on the formulary.

The feedback which had been received was shared. The Committee agreed that Actacal Crème (Aymes) and Ensure Plus Crème (Abbott Nutrition) crème preparations would remain within this section of the formulary and that Fresubin YoCreme, Forticreme Complete and Fresubin Crème would be removed (it was noted that it had recently beenagreed to remove the latter as part of ONS formulary review).

The Committee also agreed that following on from the approval of Altrajuce at the last meeting, Fortijuice would be removed from the formulary. The juice options available on formulary would include Aymes ActaSolve Smoothie, Altrajuce (Nualtra) and Ensure Plus Juce (Abbott).

The above changes were agreed by the Committee.

21/26.6 Action Plan – other areas

No further areas were discussed.

APC 21/27 AMAC D1s

Following discussions at the October 2020 APC meeting around a TTO list not being included on a D1 when completed by a physician associate, who cannot prescribe medication, the Senior Interface Pharmacist, BHNFT fed back following discussions with the Sister on AMAC who was in agreement that when a physician associate writes a D1, they cannot write in the TTO section as this is a prescription only area and they are not prescribers. It was clarified that a new item would be written on the TTO list by a doctor or if the D1 is written by the physician associate, this will be added in the medication changes section with a note advising that a one month supply has been issued on an outpatient prescription, making it clear for GPs.

Following a lengthy discussion around responsibilities of the prescriber and possible communication gaps which may arise in relation to newly prescribed medication, any changes made and instructions to continue prescribing, it was agreed that the concerns raised would be escalated to the BHNFT MMC.

Agreed actions: -

- The Head of Medicines Optimisation to summarise the concerns raised and email these to the Lead Pharmacist, BHNFT. **CL**
- The Lead Pharmacist, BHNFT to escalate these concerns to the MMC. **GT**
- Concerns to also be shared with the LMC. **CL**

APC 21/28 ORAL IRON PREPARATIONS - THERAPEUTIC SUBSTITUTION PROCEDURE FOR PHARMACISTS

The Lead Pharmacist, BHNFT presented a copy of the Trust switch policy for information which the APC had requested in November 2020 following queries in primary care about changes being made within the hospital to medication which following discharge needed to be undone, posing challenges around the iron preparations.

The Lead Pharmacist, BHNFT advised that the switch policy has previously been articulated verbally at the APC and can be circulated.

The Head of Medicines Optimisation raised a number of points from the policy noting the way the switch policy is written suggests that preparations are switched because they are not formulary when some of the products are on the joint primary and secondary care Barnsley formulary. It was also noted that primary care approach changes concordantly with the patient and that discussion/counselling needs to take place with the patient. The counselling should also inform the patient to expect a switch back when discharged into primary care.

The Community Pharmacist thought this would be useful to be shared with community pharmacists in relation to the NHS Discharge Medicines Service discussed at APC21/32.

The Palliative Care Consultant suggested producing a patient

information leaflet, inserting information regarding the drug change prior to printing. The Trust would look at producing this.

Agreed action: -

- BHNFT to review the policy in light of points discussed and comments made. **GT**

APC 21/29 ADVICE REGARDING COVID VACCINATION FOR PEOPLE ATTENDING BARNSLEY RHEUMATOLOGY

The Lead Pharmacist (DC) presented advice and guidance information produced by the Rheumatologists, who requested it be circulated to primary care. This has been circulated to primary care via the bulletin.

The key recommendations from the guidance were shared with the Committee.

The Head of Medicines Optimisation advised that although this guidance has been circulated to our prescribers at GP practices and the vaccination clinics, there was concern around some patients going to the national centres for a COVID vaccination with a risk of getting the earlier second dose declined. It was suggested that a standardised letter be issued to patients to present when attending the vaccination clinic.

There was a request for the specialists to contact these patient groups to ensure that all patients were identified but due to resources this request was declined. A further request has been made to ask if the specialists can aid with identifying patients on Jak inhibitors (red drugs) if requests are received from practices.

The Lead Pharmacist, BHNFT had not been involved in the email discussions referred to but offered assistance with identifying this cohort of patients to support with issuing letters/guidance to mitigate any risk to patients.

Agreed actions: -

- Email discussions to be shared with the Lead Pharmacist, BHNFT. **DC**
- The Lead Pharmacist, BHNFT to liaise with the specialists and support with identifying the cohort of patients to support with issuing letters/guidance. **GT**

APC 21/30 THICKENER PRESCRIBING GUIDELINE

The Medicines Management Pharmacist presented the guidance with minor changes which has been updated by the SWYFT Speech and Language Therapy (SALT) team and the Medicines Management dietitian and this has been circulated for comment. The LMC have approved the guidance.

It was queried if the Trust SALT team had been involved with updating the guidance and this would be confirmed.

Subject to the above being confirmed, the Committee approved the guideline.

Agreed action:

- It would be confirmed if the guideline had been reviewed by the SALT team at the Trust. **DC**

Post meeting note*: it was confirmed that the thickener guideline was reviewed by SALT, Jackie Senior at SWYPFT and Richard McManus at BHNFT.*

APC 21/31 ADULT PRIMARY CARE ANTIMICROBIAL TREATMENT GUIDELINE

The Medicines Management Pharmacist presented the guidance with minor changes having been asked to add information on MRSA decolonisation by Dr Pang and the Post Infection Review Group. The changes were highlighted at pages 47 and 48 and this has been approved by the specialists. The LMC have approved the guideline.

The guideline was approved by the Committee.

APC 21/32 NHS DISCHARGE MEDICINES SERVICE

The Community Pharmacist presented a summary of the Essential Service for Community Pharmacy, previously known as TCAM which was due to start on 15th February 2021. This is an electronic referral service from hospital to community pharmacy for high-risk patients or patients on high-risk medication on discharge. The local plan is to continue with the existing service and work with that for the next 2-3 months with the existing cohort of patients and build from there with full cooperation with the hospital and GPs.

This has moved from a voluntary service to an essential service.

The Lead Pharmacist, SWYPFT advised that SWYFPT and Barnsley Hospice would share one account.

The Lead Pharmacist, SWYPFT was asked how the rollout went for TCAM and feedback would be provided to inform the numbers going through the hospital, mental health and hospice services.

Agreed action: -

- SWYPFT to feedback regarding TCAM rollout. **SH**

APC 21/33 SHARED CARE GUIDELINES / AMBER G SHARED CARE GUIDELINES

21/33.1 <u>Degarelix (Firmagon®)</u>

The Medicines Management Pharmacist referred back to the information brought to the December APC meeting following a request to change the classification from red to amber G and include it in the prostate cancer guideline. Due to queries raised at the December meeting, additional information has been included on the indications the specialists want to use it for, noting that these are all licensed indications and in line with other CCGs.

The additional information was taken to the LMC and feedback was provided by the Head of Medicines Optimisation. The LMC were not in support of changing the classification from red to amber G but would support moving from red to amber shared care in relation to it

being an injectable formulation and the need to ensure stabilisation of the patient and consider the time period for stabilisation.

The amber classification was agreed by the Committee and a shared care guideline would be produced.

Agreed action: -

- Shared care guideline to be developed and brought back to the Committee. **JH**

21/33.2 Roflumilast Traffic Light Classification

The Senior Interface Pharmacist, BHNFT advised that the Trust doctors would like to change the classification of Roflumilast from red to amber and the briefing paper was presented for comment. The Head of Medicines Optimisation advised that the LMC were supportive of this but wanted to ensure that the point around women of childbearing potential using effective contraception was made clear in the shared care guideline.

Agreed action: -

- Amber shared care guideline to be produced and brought back to the Committee. **LC**

21/33.3 FreeStyle Libre 2

The Medicines Management Pharmacist advised that FreeStyle Libre 2 is now available. The main difference is that FreeStyle Libre 2 has the added benefit of an optional alarm to alert the patient to high and low glucose. The diabetes specialists are looking to use FreeStyle Libre 2 as a replacement for Freestyle Libre, initiating FreeStyle Libre 2 in new patients and upgrading all existing patients in the coming months. It was noted that practices have received requests to start switching patients over. SystmOne and EMIS have been updated to include FreeStyle Libre 2 and the costs are identical.

It was suggested that FreeStyle Libre 2 be added to the formulary with an amber classification. Information was included around the traffic light classification in other areas. The request to change the classification from amber to green was noted but the Committee agreed that the amber classification and supporting paper work should remain.

In response to the Abbott information which suggests there is no need to prick your finger when using the FreeStyle Libre 2 system, even when glucose is low, falling or rapidly changing, the specialist understood the need for blood glucose monitoring should be reduced but advised that patients will still need to monitor blood glucose levels following hypoglycaemia treatment due to the lag with flash glucose monitoring and that this was in line with the current guidelines. The specialists had seen a decrease in the incidence of hyperglycaemia due to using Libre so the overall cost of the blood glucose monitoring should decrease.

The specialist advised that FreeStyle Libre 2 wouldn't be used with hyperglycaemia unawareness as it doesn't connect to the insulin pump to suspend insulin administration.

The diabetes specialist team are happy to support patients with education around all current technology.

The Head of Medicines Optimisation queried if patients would be advised to use existing FreeStyle Libre stock before moving to FreeStyle Libre 2 or if the switch would result in waste. This would be checked.

There was concern raised regarding not following due process and practices being contacted to change patients over without approval from the APC which can cause extra work and increase costs in primary care.

The Head of Medicines Optimisation agreed to contact Dr Uchegbu, Consultant Endocrinologist regarding the importance of following due process and obtaining required approval from the APC to use a new product in order to avoid risk and confusion. Clarification would be obtained around the process for moving patients to FreeStyle Libre 2. It was confirmed that requests already in the system would not be delayed but the service would be advised to wait for the amber guideline to be updated and approved before further initiations or switches

The Medicines Management Pharmacist would update the amber guideline.

Agreed actions: -

- The Medicines Management Pharmacist would check if patients would be advised to use up their current supply of FreeStyle Libre stock prior to changing over to FreeStyle Libre 2. **JH**
- The Head of Medicines Optimisation to contact Dr Uchegbu, Consultant Endocrinologist regarding following due process and to clarify the procedure for transfer of patients from FreeStyle Libre to FreeStyle Libre 2 **CAL**
- The Medicines Management Pharmacist would update the amber guideline **JH**

21/33.4 <u>Eslicarbazepine and Brivaracetam supporting guidelines</u>

The Medicines Management Pharmacist advised that we currently have supporting guidelines for Eslicarbazepine and Brivaracetam as these were new drugs in Barnsley when the SYB Shared Care Protocol for Epilepsy in Adults was approved. These guidelines gave prescribers extra support but as these are now due for review, the Committee were asked if the supporting guidelines were still needed as these drugs are included in the SYB guideline.

Primary care felt this guidance was helpful and therefore it would be checked what additional information is included in the supporting guidelines compared to the collaborative SYB guideline.

Agreed action: -

- The Medicines Management Pharmacist to check the points of difference to advise the LMC at their next meeting. This would be brought back to the APC. **JH**

21/33.5 Sending shared care requests electronically

Raised by a pharmacist in the CAHMS team, the Lead Pharmacist (DC) noted that currently hard copies of shared care agreements are sent through to GP practices which can result in potential delays at either end and there was a general query as to whether shared care agreement requests can be sent to GP practices electronically. There was agreement for this approach as long as definitive processes are in place for sending electronically signed shared care agreements.

It was agreed that a brief process would be produced for shared care agreement requests to be sent to GP practice safe haven email addresses. This would be taken to the LMC for comment and brought back to the APC.

Agreed action: -

- A brief process to be produced and taken to the LMC and APC. **DC**

21/33.6 Dantrolene Amber G Guideline (updated)

The Senior Interface Pharmacist, BHNFT presented the guideline, produced with Dr Khan, Neurologist at BHNFT following the formulary review of Chapter 10 Musculoskeletal, where it was highlighted that there was no amber G guideline for Dantrolene. Although this has been produced by BHNFT, it was noted that all patients are initiated on Dantrolene by Sheffield consultants.

Following comments from the LMC in relation to LFTs and monitoring, BHNFT do not feel able to respond to the points raised and it was agreed that contact needed to be made with the Sheffield consultants to establish if they have a Shared Care Guideline in place for Dantrolene. This would be brought back to the next meeting.

Agreed action: -

- BHNFT to liaise with Sheffield to share the comments received from the LMC with the Sheffield consultants and bring back their views to the next APC meeting. **LC**

APC 21/34 FORMULARY REVIEWS

21/34.1 Formulary Review Plan (for information)

The Lead Pharmacist (DC) presented the formulary review plan for information. Feedback was awaited from MMT and BHNFT reviewers regarding revision of some deadline dates. The Lead Pharmacists would meet to discuss and agree new dates. **DC/GT**

APC 21/35 NEW PRODUCT APPLICATION LOG

Noted.

APC 21/36 NEW PRODUCT APPLICATION

21/36.1 Aptamil Pepti-Junior®

The Lead Pharmacist (DC) presented the new product application (NPA) received from the Medicines Management Team (MMT) dietitian following the review of this formulary section.

This is a specialised, extensively hydrolysed infant formula which contains 50% medium chain triglycerides and glucose syrup to aid digestion and absorption.

As previously highlighted to the Committee that when bringing independent reviews for nutritional products, there are generally no clinical trials so comparisons are made between other products currently on formulary and this information was presented. It was noted that there was a difference in the licensed age groups for Aptamil Pepti-Junior® and Pregestimil Lipil® but comparing the costs Aptamil Pepti-Junior® was more cost effective.

It was proposed that this be added to the formulary for use in patients with mild to moderate cow's milk protein allergy with accompanying malabsorption, and that it would be initiated by specialist paediatric dietitian who would then continue to monitor the patient.

It was queried if the applicant had liaised with the Trust specialist dietitian and this would be confirmed.

Subject to this consultation having taken place, the Committee approved the new product application for Aptamil Pepti-Junior® with an Amber G classification.

Agreed action: -

- The Lead Pharmacist (DC) would check if the applicant had liaised with the Trust specialist dietitian. **DC**

Post meeting note: *it was confirmed that the MMT dietitian has liaised with the specialist dietitian at BHNFT who is supportive of the NPA, and who proposed adding Aptamil Pepti Junior® to the formulary during the review of the infant feeding guidance which they have both been involved with.*

APC 21/37 BARNSLEY APC REPORTING

There was no report presented but the Committee were advised that the January and February 2021 reports would be presented at the March 2021 meeting.

APC21/38 NEW NICE TECHNOLOGY APPRAISALS (JANUARY 2021)

21/38.1 <u>NICE TAs January 2021</u>

The Lead Pharmacist, BHNFT advised that the following NICE TA was not recommended and therefore **not applicable** for use at BHNFT (non-formulary provisional red): -

- TA669 Trifluridine–tipiracil for treating metastatic gastric cancer or gastro-oesophageal junction adenocarcinoma after 2 or more therapies

The Lead Pharmacist, BHNFT **would advise** if the following NICE TA was applicable for use at BHNFT: - **GT**

- TA668 Encorafenib plus cetuximab for previously treated BRAF V600E mutation-positive metastatic colorectal cancer
- TA670 Brigatinib for ALK-positive advanced non-small-cell lung cancer that has not been previously treated with an ALK inhibitor

21/38.2 <u>Dapagliflozin for HFrEF</u>

The Lead Pharmacist, BHNFT referred to evidence published last year around the use of Dapagliflozin in heart failure management and

advised that this is now licensed and is currently undergoing a NICE FAD with the NICE TA expected to be published in around 5 months.

This was currently on the formulary as a green drug for use in type 2 diabetes and Trust consultants have prescribed it to a very small number of patients for heart failure management. These were diabetic patients and primary care may assume this has been prescribed for diabetes but this is for dual use for diabetes and heart failure. If a non-diabetic patient was to be started on Dapagliflozin then the GP would query this with the Trust, therefore the Lead Pharmacist, BHNFT wanted to issue some guidance to GPs about its use for the new indication before this occurs.

The Chair of Barnsley Healthcare Federation CIC referred back to past APC discussions in relation to Empagliflozin and the trial data for its use in cardiac disease. It was therefore suggested that SGLT2 inhibitor section of the formulary be amended to reflect this indication change and the cardiovascular benefits.

It was agreed to produce amber G guidance with interim guidance to be circulated via the APC memo.

Agreed actions: -

- The Lead Pharmacist to produce amber G guidance. **GT**
- The Lead Pharmacist to produce interim guidance to be circulated via the APC memo. **GT**
- The SGLT2 inhibitor formulary section to be reviewed and amended around the cardiovascular benefits. **JH/DC**

21/38.3 Feedback from BHNFT Clinical Guidelines and Policy Group
There was nothing to report.

21/38.4 Feedback from SWYPFT NICE Group
There was nothing to report.

APC 21/39 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

21/39.1 Primary Care Quality & Cost Effective Prescribing Group (QCEPG)
The Head of Medicines Optimisation advised that the PDA work had been suspended with timeframes and target dates being removed to reduce the pressure on primary care services to support with the COVID vaccination programme. QCEPG will continue to monitor activity.

21/39.2 BHNFT
There was nothing to escalate.

21/39.3 SWYPFT Drug and Therapeutics Committee
There was nothing to escalate.

21/39.4 Wound Care Advisory Group – ONPOS pilot
The Head of Medicines Optimisation provided an update on the ONPOS pilot, advising that following significant issues with wound care supplies and out of stocks, as well as how supplies were being requested through from community services to GP practices, the specialist wound care nurses have reviewed all the direct ordering

supply routes for wound care products. There was one organisation, a not for profit organisation, that can be used off a national framework for direct ordering with no restrictions on any products even though hosted by one supplier.

A business plan was approved at the Senior Management Team meeting and although still in the early stages of the pilot, early indications are showing promising results.

The Medicines Management Wound Care Nurse provided an update on the roll out covering three district nursing teams in the Dearne and positive feedback from nurses and patients was shared.

It was noted that there have been no out of stocks reported with any products with nurses being able to get all formulary stocks. ONPOS offers a next day delivery service which has shown an improvement of waiting times of 7-10 days for processing prescriptions for audits done pre-pilot.

The Medicines Management Wound Care Nurse was thanked for all the work being undertaken with the ONPOS pilot.

There was a request for the business case paper submitted to the SMT to be shared for information. **CL**

APC 21/40 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)

It was agreed to escalate the Discharge Medicines Service and review of the Antimicrobial Treatment Guideline around MRSA section to the Q&PSC. **CL**

APC 21/41 SPS NEW MEDICINES NEWSLETTER (DECEMBER 2020)

The Committee assigned the following classifications to the products listed below: -

Buprenorphine and naloxone (Suboxone® sublingual film) new formulation - **non-formulary provisional grey**

COVID 19 vaccine (BioNTech and Pfizer formulation) - **formulary green**. It was also agreed to add Oxford University/AstraZeneca's Covid-19 vaccine as formulary green, along with relevant links (including to SPC, SPS and green book) and a link to the 'COVID-19 related information resources for primary care' document produced by the MMT which includes vaccine information.

Human fibrinogen and human thrombin (VeraSeal® solutions for sealant) - **non-formulary provisional red**

Ibuprofen 400 mg Solution For Infusion by Dr Reddy's Laboratories (UK) Limited - **non-formulary provisional red**

Lidocaine and Phenazone (Otigo® 40mg/10mg/g ear drops, solution) - **non-formulary provisional grey**

APC 21/42 MHRA DRUG SAFETY UPDATE (JANUARY 2021)

The update was noted with the following information highlighted relevant to primary care:-

Antiepileptic drugs in pregnancy: updated advice following comprehensive safety review

A review of the risks of major congenital malformations and of adverse neurodevelopmental outcomes for antiepileptic drugs by the Commission on Human Medicines has confirmed that lamotrigine (Lamictal®) and levetiracetam (Keppra®) are the safer of the medicines reviewed during pregnancy. This review was initiated in the context of the known harms of valproate in pregnancy, which should only be prescribed to women of childbearing potential if there is a pregnancy prevention programme in place.

Clinicians should use this information when discussing treatment options with women with epilepsy at initiation and at routine recommended annual reviews and in women planning to become pregnant.

COVID-19 vaccines (Pfizer/BioNTech and COVID-19 Vaccine AstraZeneca): current advice (correct as of 7th January 2021).

SSRI/SNRI antidepressant medicines: small increased risk of postpartum haemorrhage when used in the month before delivery

SSRIs and SNRIs are known to increase bleeding risks due to their effect on platelet function. Data from observational studies suggest that the use of SSRI/SNRI antidepressants during the month before delivery may result in a small increased risk of postpartum haemorrhage.

Prescribers should consider this risk in the context of an individual patient's bleeding and thrombotic risk assessment during the peripartum period and the benefits of antidepressants for the patient's mental health during this time.

APC 21/43 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC)

There was nothing to report. **CL**

APC 21/44 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

The minutes from NHS Sheffield CCG (15th October 2020) were received and noted.

APC 21/45 ANY OTHER BUSINESS

21/45.1 Phyllocontin® CAS alert

The Lead Pharmacist, BHNFT advised the Committee of a recent CAS alert advising that Phyllocontin® has been discontinued. The Respiratory Physicians and the Breathe Team have been contacted and local guidance will be produced.

It was agreed that reviews needed to take place to ascertain if a methylxanthine was still indicated, ensuring that Clinical Pharmacists liaise with the local pharmacists regarding stock supplies/availability. Primary Care is in the process of pulling data from Eclipse to identify patients and their practices.

Agreed actions: -

- Local guidance to be produced in consultation with the respiratory clinicians. **GT**

21/45.2 Self-Monitoring for Anticoagulation Patients

The Chief Pharmacist, BHNFT referred to a recent email in relation to an initiative between a company called In Care Health and NHS X around self-monitoring for anticoagulation patients. This has been emailed to numerous people at the Trust and primary care was asked if they were aware of contact from NHS X into primary care anticoagulation to self-test rather than go to clinic for monitoring.

They are offering 12 months' worth of funding but there was concern that after that it will come as a cost pressure with consumables going forward which might see a pressure if patients move from a clinic approach to self-monitoring at home. The email suggested that NHS X want to implement this quickly and at scale. The Trust had replied advising they would consider the initiative.

Agreed action: -

- The Head of Medicines Optimisation to look at this outside of the meeting. **CL**

APC 21/46 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 10th March 2021 at 12.30 pm via MS Teams.