

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

MEMBERS:

Chris Lawson (Chair)	Head of Medicines Optimisation (Barnsley CCG)
Professor Adewale Adebajo	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
Tom Bisset	Community Pharmacist (LPC)
Dr Mehrban Ghani (from 50.1)	Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs)
Sarah Hudson	Lead Pharmacist (SWYPFT)
Dr Jeroen Maters	General Practitioner (LMC)
Dr Abdul Munzar	General Practitioner (LMC)
Mike Smith	Chief Pharmacist (BHNFT)

IN ATTENDANCE:

Caron Applebee	Lead Pharmacist (Barnsley CCG)
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)
Gillian Turrell	Lead Pharmacist (BHNFT)

APOLOGIES:

Dr Rebecca Hirst	Palliative Care Consultant (Barnsley Hospice)
Dr Kapil Kapur	Consultant Gastroenterologist (BHNFT)

**ACTION
BY**

APC 21/47

QUORACY

The meeting was quorate.

The Head of Medicines Optimisation advised that she would continue to Chair the APC meetings with a view to Dr Guntamukkala, the new Medical Director appointed in January 2021 attending when possible.

APC 21/48

DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA

The Chair invited declarations of interest relevant to the meeting 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. There was no declaration of interests relevant to this month's agenda.

APC 21/49

DRAFT MINUTES OF THE MEETING HELD ON 10th FEBRUARY 2021

The minutes were accepted as an accurate record of the meeting.

APC 21/50
21/50.1

MATTERS ARISING AND APC ACTION PLAN

Saxenda® (Liraglutide)

The Lead Pharmacist, BHNFT shared the report that was presented at the CBU 1 Business and Governance meeting, highlighting findings

from the audit.

It was noted that the dietetic team advised that there were some issues with patients not tolerating the rapid titration of the dose in the SPC. Following publication of the NICE TA in December 2020 it had been agreed to use in line with the selection criteria in this going forward. The service have agreed to make a number of changes to their protocols and procedures to tighten up on the management of these patients particularly around the review criteria and what to do if patients aren't responding to or tolerating treatment.

Following the NICE TA, a funding decision was no longer required from CBU Governance.

In terms of patient outcomes, it was noted that in the original product application the cost effectiveness of Saxenda[®] was weighed against the cost of bariatric surgery. However, whilst many of these patients have still gone on to have surgery; the additional weight loss facilitated by Saxenda[®] treatment will have had a positive impact on the overall risks of undergoing this type of surgery.

The Lead Pharmacist, BHNFT advised that she plans to produce a medicines management bulletin within the Trust in relation to formulary issues, pathways and processes.

It was noted that the tier 3 services currently sit in primary care but the clinic and costs are held within the hospital Trust. As the Trust plan to look at the service as a whole, it was agreed that prescribing would continue to be undertaken by secondary care.

If Saxenda[®] prescribing needs to be undertaken within primary care, then this would be considered by the APC in terms of process and cost and ensuring patients are not compromised.

It was noted that the service were looking at other drugs in the same class for obesity management. It was highlighted that semaglutide has recently been launched as an oral preparation for the treatment of type 2 diabetes. In response to a query, it was confirmed that a new product application would be submitted to the Committee for oral semaglutide for type 2 diabetes management.

21/50.2

AMAC D1s

Following initial 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, there was a lengthy discussion at the February 2021 meeting 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 had been agreed that the concerns raised would be escalated to the Trust's Medicines Management Committee (MMC).

The Lead Pharmacist, BHNFT had summarised the issues for the MMC meeting and has been asked to look at the way physician associates are used in other ambulatory clinics in other Trusts.

Further work would be undertaken to look at the AMAC processes with a view to bringing processes for BHNFT in line with other Trusts. This would be taken back to the MMC.

The Head of Medicines Optimisation provided feedback from the LMC who had expressed concern that the medicines information was being completed by a non-prescriber without a prescribing clinician taking responsibility for the accuracy of the information. The LMC advised that they would pick up the interface issues with Dr Gupta, Paediatrician at the Trust. In order to progress this, the Lead Pharmacist, BHNFT would contact Dr Gupta.

Agreed actions: -

- The Lead Pharmacist, BHNFT to contact Dr Gupta regarding the interface issues raised by the LMC.
- The Lead Pharmacist, BHNFT to produce a process to take to the MMC and bring back to the APC.

GT

GT

21/50.3

Advice Regarding COVID Vaccination For People Attending Barnsley Rheumatology

The Head of Medicines Optimisation advised that she had written to the Consultant Rheumatologist who responded promptly. The position of the national rollout of the vaccination programme and what advice has been given to patients was much clearer but we have not been able to agree any joint advice/guidance to go to patients and we still have significant confusion and requests for advice from patients.

Doncaster has issued some advice and a summary of the advice had been obtained which would be forwarded to the Consultant Rheumatologist for local endorsement.

21/50.4

TCAM

The Lead Pharmacist (SWYPFT) advised that TCAM was going well and was being rolled out with compliance aid patients at the moment but with a plan to roll out further when EPMA is up and running.

The Head of Medicines Optimisation noted that primary care have a couple of GP practices nominated who are interested in getting involved with the Discharge Medicines Service (DMS) and development of the work between the community pharmacy and GP practices, and a meeting is currently being organised to look at how they can work together to support the delivery. The Community Pharmacist advised that feedback of their first month of the DMS would be gathered from community pharmacies at the next Pharmacy BEST event and the hospital experience would be gathered to pull together a full local perspective to help the service run correctly.

21/50.5

FreeStyle Libre 2

The Head of Medicines Optimisation had drafted a letter to Dr Uchegbu, Consultant Endocrinologist regarding following due process of Freestyle Libre introduction. Reference to the introduction of Saxenda® had also been included in the letter.

The procedure for transfer of patients from FreeStyle Libre to FreeStyle Libre 2 would come back to the APC for endorsement.

21/50.6

Dantrolene Amber G Guideline

The Senior Interface Pharmacist, BHNFT had received feedback from the neurology specialists and Dr Bannon that the guidance is now sufficient. The updated guideline with the additional guidance in red font was presented.

Following concerns raised and discussed around LFTs and that patients are initiated by Sheffield Neurologists not Barnsley, it was agreed that the Head of Medicines Optimisation would liaise with the Sheffield Medicines Management Team around monitoring and guidance. This would be brought back to the April 2021 meeting.

Agreed action: -

- The Head of Medicines Optimisation to liaise with Sheffield Medicines Management Team.

CL

21/50.7

NICE Technology Appraisals (January 2021)

The Lead Pharmacist, BHNFT confirmed that the following NICE TAs **were not** applicable for use at BHNFT but the drugs will be stocked in the hospital for use in the Weston Park outreach clinics at BHNFT and this would be clearly stated on the formulary:-

- 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

21/50.8

Dapagliflozin for HFrEF

The Lead Pharmacist, BHNFT presented interim guidance to be circulated via the APC memo advising that dapagliflozin is now licenced for the treatment of symptomatic chronic heart failure with reduced ejection fraction and has a NICE TA. This is interim guidance until the amber G guidance is produced.

The Lead Pharmacist, BHNFT noted that only the cardiologists would initiate dapagliflozin and that prescribing would be retained within the Trust until the amber G guidance has been signed off. This would be made clear in the interim guidance.

The Lead Pharmacist (DC) noted the different classifications for different indications on the formulary for dapagliflozin which is currently green for type 2 diabetes and red for type 1 diabetes. This would be considered when reviewing the amber G guidance for heart failure to avoid any potential confusion.

Agreed action:-

- The interim guidance to be updated as above noting that prescribing would be retained within the Trust until the amber G guidance has been signed off.

GT

21/50.9

Action Plan – other areas

BHNFT discharge letter audit / monitoring

The Head of Medicines Optimisation advised that the D1 Audit Report had been discussed at the recent Clinical Quality Board and there

was a discussion around the importance of restarting the D1 Working Group. The Chief Pharmacist would advise regarding potential meeting dates.

MS

21/50.10

Combination anticoagulant and antiplatelet treatment for patients with concomitant AF and ACS Guideline

The Lead Pharmacist, BHNFT has chased but was still awaiting response from Sheffield hospital pharmacy team. It was agreed that the updated ESC guidance would be circulated to Barnsley cardiologists advising that a local interim policy would be produced.

Agreed action: -

- The Lead Pharmacist, BHNFT to circulate the updated ESC guidance and advise that a local interim policy would be produced.
- The Lead Pharmacist, BHNFT to produce interim local policy.

GT

GT

21/50.11

Sodium polystyrene Sulphonate Resins (Resonium A®) Amber G guideline

The Lead Pharmacist, BHNFT advised that Resonium A® is not used within the Trust and therefore questioned if guidance was required. It was noted that the Trust use calcium resonium, which is occasionally used in primary care and therefore the Committee were asked if guidance was required for calcium resonium.

Reference was also made to the newer cation exchange polymers that are currently licensed and have NICE TAs, noting that some will be used for acute hyperkalaemia, with the patiromer in particular being licensed for the management of chronic hyperkalemia in heart failure patients who are on RAS inhibitors.

In order to progress this action, it was agreed that a paper would be produced to look at the evidence base and feedback following conversations with specialists regarding use. This would be brought back to the Committee.

Agreed action: -

- A paper would be produced to look at the evidence base and feedback following conversations with specialists/clinicians regarding use.

GT/JH

APC 21/51

CROP (THE CAMPAIGN TO REDUCE OPIOID PRESCRIBING)

The Head of Medicines Optimisation shared a copy of a draft letter introducing the project and referred to the evidence based work undertaken in West Yorkshire. The link to the publication to that work is included in the letter.

The letter would go out to primary care asking practices if they have any objections to being involved in the work. This was shared with the APC to raise awareness of this work which was expected to begin next financial year. The Medicines Management Team would provide support to GP practices.

It was noted that Barnsley already have guidance in place around reducing high dose opioid prescribing in chronic pain and this has

been included as part of the primary care Medicines Optimisation Scheme (MOS) in previous years. The MOS resource pack produced is still valid and has been updated and includes strategies for practices to review and reduce prescribing. It was noted that this is a complex and challenging area to review.

It was acknowledged that other medication reviews were required for significant numbers of patients taking co-codamol, codeine, paracetamol and tramadol etc.

The reports when produced will come to the APC for consideration and discussion of the issues. The Head of Medicines Optimisation to keep the Committee updated on progress of the work.

APC 21/52 WOUND CARE AND DIET RESOURCE

The Medicines Management Pharmacist presented the information which has been produced by the Medicines Management Dietitian and the Lead Tissue Viability Nurse at SWYPFT. This had been approved at SWYPFT and would be a useful resource to include on the BEST website. The Committee approved the resource document.

APC 21/53 INFANT FEEDING GUIDELINE

The Medicines Management Pharmacist presented the information which has been produced by the Medicines Management Dietitian and Pharmacist. A summary of changes was presented which includes some products that have been added following approval of new product applications, and some recent name changes.

In relation to the 'Do's on page 11,'...Only prescribe 2 – 3 tins of formula initially until compliance/tolerance is established...' it was agreed to include reference to the appropriate page for next steps.

Subject to the above, the Committee approved the guideline.

APC 21/54 PHYLLOCONTIN GUIDELINE

The Lead Pharmacist, BHNFT has met with Mark Longshaw, Consultant Physician with the BREATHE Service and Brendan Walker, Clinical Pharmacist to discuss the discontinuation of Phyllocontin® and the requirement for all patients to be reviewed and their inhaled therapies optimised.

Due to the number of patients in Barnsley who will be affected it is not going to be possible for all patients to be reviewed within the required timeframe.

To enable a plan for review to be developed, it was agreed that the Medicines Management Team would support in collating details of the patients who are taking Phyllocontin® in primary care and share with BHNFT.

The Lead Pharmacist, BHNFT would also obtain a list of patients under the care of the BREATHE team, noting that any routine reviews taking place over the next couple of months would include Phyllocontin® review to decide if appropriate to continue treatment. It was hoped that all patients would be reviewed within 3-6 months.

The number of reviews that may be required to be undertaken by primary care was unknown until the full patient lists were collated and assessed to identify which patients are under the care of the BREATHE team and on aminophylline. Feedback received from primary care regarding the need for input/further guidance from the specialist team in undertaking reviews was noted.

The Lead Pharmacist, BHNFT planned to meet again with Mark Longshaw and Brendan Walker to agree the plan for reviewing patients.

It was agreed that the switching guideline would be updated in light of today's discussion advising that patients could be switched to Uniphyllin® now and that further information would be circulated with regards to reviewing patients.

A progress update would be brought back to the next meeting.

Agreed actions:-

- MMT to provide the Lead Pharmacist, BHNFT with details of the patients who are taking Phyllocontin®.
- The Lead Pharmacist to agree the plan for reviewing patients.
- The Lead Pharmacist to update the switching guidance.

DC

GT

GT

APC 21/55

SHARED CARE GUIDELINES / AMBER G SHARED CARE GUIDELINES

21/55.1

Roflumilast Amber Shared Care Guideline (new)

The Senior Interface Pharmacist, BHNFT presented the guideline which had been approved by the LMC. Following a query in relation to how often weight should be monitored, annually was agreed along with the patient reporting their own weight if being asked to do so.

The guideline would be updated in line with the above comment, and subject to this change, the Committee approved the amber guideline.

Agreed action: -

- The guideline would be updated to include how frequently weight should be monitored.

LC

Post meeting note: *The standard wording has been added to the end of Appendix A to state where the full guideline can be accessed.*

21/55.2

Eslicarbazepine and Brivaracetam supporting guidelines

At the last meeting, it was agreed to seek feedback from the LMC regarding the supporting guidelines for eslicarbazepine and brivaracetam given that they were due for review.

Eslicarbazepine and brivaracetam are included in the SYB Shared Care Protocol for Epilepsy in Adults with limited information. The Head of Medicines Optimisation would take this back to the LMC to ask if they prefer the extra information within the supporting guidelines.

Agreed action:

- The Head of Medicines Optimisation would take this back to

CL

the LMC.

- 21/55.3 Naldemedine Amber-G guideline
The Senior Interface Pharmacist, BHNFT presented the amber-G guideline for the treatment of opioid-induced constipation which now includes naldemedine in addition to naloxegol. Naldemedine is recommended in line with NICE TA651. The guideline has been approved by the LMC.
- There were no further comments and the Committee approved the amber-G guideline.
- 21/55.4 Updated Prostate Cancer Amber G Guideline
The Medicines Management Pharmacist presented the updated guideline with tracked changes, noting that this has been shared with the neurologists and nurse specialists for comment. The request from a nurse specialist to add degarelix was noted but this has been approved as amber and a separate shared care guideline is being produced.
- There were no further comments and the Committee approved the guideline.
- 21/55.5 Shared Care Protocol for the Prescribing of Oral Antipsychotics in Adults
The Lead Pharmacist (DC) presented the shared care protocol which includes all the oral antipsychotics with an amber classification (Aripiprazole, Amisulpride, Olanzapine, Quetiapine and Risperidone) in one guideline. The guideline also includes details of antipsychotics with a green and red traffic light classification.
- The format has slightly changed and the guideline is now based on implied consent. There is a new risk assessment form in Appendix C providing additional information for patients who are being discharged from the service.
- There were no further comments and the Committee approved the shared care protocol.
- APC 21/56 FORMULARY REVIEWS**
21/56.1 Formulary Review Plan (for information)
The Lead Pharmacist (DC) presented the formulary review plan for information. Revisions have been made to some of the deadlines with some still to be confirmed.
- APC 21/57 NEW PRODUCT APPLICATION LOG**
Noted.
- APC 21/58 BARNESLEY APC REPORTING**
21/58.1 APC Reporting January & February 2021 (for information)
The Lead Pharmacist (CA) presented the reports for information.
- 21/58.2 APC Reporting January & February 2021 Key Themes
The Lead Pharmacist (CA) presented the summary of key themes highlighting reports with significant issues.

Enclosure O4 was presented showing interface issues that are directly raised and resolved by email between the clinical pharmacists and the Trust. This was felt to be a less time consuming way of resolving issues, which mostly related to D1 communication, and this information would be collated and presented to future APC meetings. These are additional reports to those shown in Enclosures O1-3 and have been coming in over the last few months but due to capacity have not been reported at the APC meetings. The Senior Interface Pharmacist, BHNFT advised that she also collates these on a spreadsheet.

The Community Pharmacist advised that issues are also raised and resolved by email between community pharmacy and GP practice and it was agreed that these should also be collated and presented to the APC. Community Pharmacists to be advised to copy any emails to the APC reporting email address for the Lead Pharmacist (CA) to collate.

The Committee agreed that all APC reports submitted should be factual and non-judgemental. It was agreed that this would be fed back to respective teams and primary care agreed to feedback at the next Medicines Management Team meeting.

Agreed actions: -

- Community pharmacies to be advised to copy the APC reporting email address into any issues raised by email between community pharmacy and GP practice.
- Submitting reports to be discussed at the next MMT meeting with possible standard wording for responses to be shared with the team.

TB

CA/CL

APC21/59
21/59.1

NEW NICE TECHNOLOGY APPRAISALS (FEBRUARY 2021)

NICE TAs February 2021

The Lead Pharmacist, BHNFT advised that the following NICE TAs **were** application for use at BHNFT: -

- TA672 Brolucizumab for treating wet age-related macular degeneration
- TA679 Dapagliflozin for treating chronic heart failure with reduced ejection fraction

The Lead Pharmacist, BHNFT advised that the following NICE TAs **were not** applicable for use at BHNFT: -

- TA671 Mepolizumab for treating severe eosinophilic asthma
- TA673 Niraparib for maintenance treatment of advanced ovarian, fallopian tube and peritoneal cancer after response to first-line platinum-based chemotherapy
- TA674 Pembrolizumab for untreated PD-L1-positive, locally advanced or metastatic urothelial cancer when cisplatin is unsuitable (**terminated appraisal**)
- TA675 Vernakalant for the rapid conversion of recent onset atrial fibrillation to sinus rhythm (**terminated appraisal**)
- TA678 Omalizumab for treating chronic rhinosinusitis with nasal polyps (**terminated appraisal**)
- TA185 (updated from Feb 2010) Trabectedin for the treatment

of advanced soft tissue sarcoma

The Lead Pharmacist, BHNFT **would advise** if the following NICE TAs/HST were applicable for use at BHNFT: -

GT

- TA676 Filgotinib for treating moderate to severe rheumatoid arthritis
Post meeting note: the Lead Pharmacist, BHNFT advised by email that TA676 was applicable for use at BHNFT.
- TA677 Autologous antiCD19-transduced CD3+ cells for treating relapsed or refractory mantle cell lymphoma
- HST14 Metreleptin for treating lipodystrophy
Post meeting note: the Lead Pharmacist, BHNFT advised by email that TA677 and HST14 were not applicable for use at BHNFT.

21/59.2 Feedback from BHNFT Clinical Guidelines and Policy Group
There was nothing to report.

21/59.3 Feedback from SWYPFT NICE Group
There was nothing to report.

APC 21/60 **FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS**
21/60.1 Primary Care Quality & Cost Effective Prescribing Group (QCEPG)
There was nothing to escalate.

21/60.2 BHNFT
There was nothing to escalate.

21/60.3 SWYPFT Drug and Therapeutics Committee
There was nothing to escalate.

21/60.4 Wound Care Advisory Group - Wound Care Formulary
The Group had not met but an update on the Barnsley Wound Care Formulary for 2021 was presented for information.

APC 21/61 **ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)**
It was agreed to escalate the Saxenda® discussion and CROP work being taken forward to the Q&PSC.

CL

APC 21/62 **SPS NEW MEDICINES NEWSLETTER (JANUARY 2021)**
The Committee assigned the following classifications to the products listed below: -
Durvalumab (Imfinzi®) concentrate solution for infusion - **non-formulary provisional red**
Formoterol + glycopyrronium (Bevespi Aerosphere®) pressurised inhalation, suspension - **non-formulary provisional grey**
Imlifidase (Idefirix®) powder for concentrate for solution for infusion - **non-formulary provisional red**
Pertuzumab + trastuzumab (Phesgo®) solution for injection - **formulary red**
Pridinol (Myopridin®) tablets - **non-formulary provisional grey**
von Willebrand factor (Willfact®) powder and solvent for solution for injection - **non-formulary provisional red**

New Formulation: Zonisamide (Desizon®) 20mg/ml oral suspension formulation - **formulary amber**

Other

Knee Pressure Offloading Device (knee brace) Action Reliever
Left, Right, Medial, Lateral (Thuasne®) – it was felt that this device should be recommended by a specialist and therefore it was agreed to discuss this further outside of the meeting looking at the pathway and how to offer advice.

Agreed action:

- Knee Pressure Offloading Device (knee brace) to be discussed further outside of the meeting looking at the pathway and how to offer advice.

CL/JH

APC 21/63 MHRA DRUG SAFETY UPDATE (FEBRUARY 2021)

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

Pregabalin (Lyrica®): reports of severe respiratory depression

Pregabalin has been associated with infrequent reports of severe respiratory depression, including some cases without the presence of concomitant opioid medicines. Patients with compromised respiratory function, respiratory or neurological disease, renal impairment; those using concomitant central nervous system (CNS) depressants; and people older than 65 years might be at higher risk of experiencing these events and adjustments in dose or dosing regimen may be necessary.

APC 21/64 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC)

There was nothing to report.

CL

APC 21/65 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

The minutes from NHS Sheffield CCG (19th November 2020) and NHS Doncaster & Bassetlaw CCG (July-November 2020) were received and noted.

APC 21/66 ANY OTHER BUSINESS

21/66.1

Outpatient Transformation Programme

The Chief Pharmacist, BHNFT advised that as part of the Outpatient Transformation Programme, the Trust may consider implementing FP10 HWC's. The Trust may want commissioner involvement if looking at moving some activity into primary care.

21/66.2

Recovery Steps

The Senior Interface Pharmacist, BHNFT advised that she would be contacting and working with Dr Ashby at Recovery Steps around the difficulties confirming patient's methadone and buprenorphine doses on a weekend given that the service runs Monday to Friday, 9-5 pm. Outcome of the discussions would be fed back to the Committee.

LC

21/66.3

Therapeutic Substitution Procedure for Pharmacists

The Lead Pharmacist, BHNFT advised that following discussion with the Chief Pharmacist, BHNFT that the Trust would start stocking

Galfer® (ferrous fumarate) and Accrete® D3 and advised that primary care would start to see less alternative calcium and iron preparations coming out from the Trust. This will take a little time to organise and the Lead Pharmacist, BHNFT would provide a progress update at a future meeting. The switch procedure will still be in place and the counselling aspect will be looked at, although it was noted that pharmacy does counsel all patients.

Agreed action: -

- The Lead Pharmacist, BHNFT to provide a progress update.

GT

APC 21/67

DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 14th April 2021 at 12.30 pm via MS Teams.

ADOPTED