NHS
Barnsley
Clinical Commissioning Group

Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday, 9th June 2021 via MS Teams

MEMBERS:

Chris Lawson (Chair)	Head of Medicines Optimisation (Barnsley CCG)
Tom Bisset	Community Pharmacist (LPC)
Dr Rebecca Hirst	Palliative Care Consultant (Barnsley Hospice)
Sarah Hudson	Deputy Chief Pharmacist (SWYPFT)
Dr Jeroen Maters	General Practitioner (LMC)
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)
Gillian Turrell	Lead Pharmacist (BHNFT)

APOLOGIES:

Professor Adewale Adebajo	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
Caron Applebee	Lead Pharmacist (Barnsley CCG)
Dr Mehrban Ghani	Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs)
Dr Kapil Kapur	Consultant Gastroenterologist (BHNFT)

ACTION BY

APC 21/115 QUORACY

The meeting was not quorate and therefore any proposed decisions/approvals will be ratified either outside the meeting by email or at the next meeting.

APC 21/116 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.

APC 21/117 DRAFT MINUTES OF THE MEETING HELD ON 12th MAY 2021

APC 21/95.2, agreed action to be amended …"The Medicines Management Pharmacist to add the link to the NICE/PHE summary of antimicrobial prescribing guidance to the Barnsley Antibiotic Formulary Choices (2020/2021) poster. The full version of the adult primary care antimicrobial treatment guidelines will also be amended in due course…"

Subject to this amendment, the minutes were accepted as an accurate record of the meeting.

Agreed action:-

- As the meeting was not quorate, approval to be obtained outside the meeting by email. **NB**

***Post meeting note**: approval received by email, therefore the minutes were accepted as an accurate record of the meeting.*

APC 21/118 MATTERS ARISING AND APC ACTION PLAN

21/118.1 Dantrolene Amber G Guideline

The Head of Medicines Optimisation advised that the Sheffield Medicines Management Team have picked up the issue around LFT's with Sheffield Teaching Hospitals and was awaiting a response from the consultants. This would be brought back to the next meeting. **CL**

21/118.2 NICE TA's April 2021

It was confirmed at the last meeting that TA694: Bempedoic acid with ezetimibe for treating primary hypercholesterolaemia or mixed dyslipidaemia was applicable for use at BHNFT however the traffic light classification was not assigned.

It was noted that other local areas are yet to assign the traffic light classification (new in class) and the Committee agreed to assign a red traffic light classification to be reviewed in due course.

Agreed action:-

- As the meeting was not quorate, approval to be obtained outside the meeting by email or at the next meeting. **NB**

***Post meeting note**: decision ratified by email.*

21/118.3 Phyllocontin® Guidance

The Lead Pharmacist, BHNFT was still awaiting response from the respiratory physicians to progress arranging a meeting to agree the plan for reviewing patients.

It was agreed that service managers would be contacted to help progress this work and the Head of Medicines Optimisation would raise as appropriate to support taking forward this action.

Agreed actions:-

- The Lead Pharmacist to follow up with service managers in order to progress patient reviews. **GT**
- The Head of Medicines Optimisation to assist as appropriate. **CL**

APC 21/119 AMAC UNIT DISCHARGE INFORMATION

The Lead Pharmacist, BHNFT fed back that similar governance arrangements are in place across other Trusts nationally around Physician Associates (PAs), noting that the GMC are looking at making registration mandatory for PAs going forward (currently voluntary). The Committee were informed that BHNFT are in the process of recruiting a Clinical Lead for PAs to provide more governance and structure within the Trust. The Medical Education Department are arranging training sessions for PAs, which will include a presentation from Lauren Clarke around the issues raised at the APC i.e. writing discharge letters and emulating the TTO section.

It was recognised that the dual process in place would not be easy to change due to significant impact on patient flow but continuing with training on a regular basis to capture new doctor intake would help to minimise the risks associated with the prescriber not having signed off the discharge information, transcribed by PAs from patient notes for AMAC day case patients.

Following discussion, it was agreed to include an additional field to document the prescribers name when the PAs are transcribing the medication changes/discharge information. This would also be incorporated into the training sessions being arranged for PAs.

It was agreed that awareness of AMAC PAs transposing information from the notes would be raised with primary care prescribers to be taken into account for medicines reconciliation.

Agreed actions: -

- Include prescriber details in discharge information **GT**
- Raise awareness in primary care **CL/DC**

APC 21/120 THERAPEUTIC SUBSTITUTION PROCEDURE

The Lead Pharmacist, BHNFT presented the updated switch procedure, noting the removal of Galfer® (ferrous fumarate) and Accrete® D3 which are now stocked at the Trust. A change to the wording on page 1, point 6 was noted.

The Committee were advised that the patient information leaflet to advise patients regarding a drug change were yet to be produced but these would need to be approved by Trust Committees prior to implementation and therefore timescales would be advised.

There were no further comments and the Committee approved the guidance.

Agreed actions:-

- Timescales to be advised regarding patient information leaflet **GT**
- As the meeting was not quorate, approval to be obtained outside the meeting by email or at the next meeting. **NB**

***Post meeting note**: approval ratified by email.*

APC 21/121 AK PATHWAY (NEW)

The Head of Medications Optimisation referred back to the discussion at the last meeting around the movement of workload from secondary care to primary care that was perceived from this pathway, acknowledging that this was not GP core contract work.

LMC feedback was given, noting that the use of tele-dermatology services was not universal across all the GP practices and therefore it was suggested that the traffic light classification be changed from amber G to amber, allowing following of the pathway to be optional for GPs using tele-dermatology services who have the scope and capacity to take on the additional work. The limited additional funding options available for taking on the additional work were noted. A suggestion to undertake work at a PCN level to share resource and

expertise was noted.

It was highlighted that the monitoring sections in the Efudix® amber G guidance and Aldara® amber G guidance which were being presented for consideration at today's meeting indicate that significant monitoring needs to be undertaken at week 2 and 4 which historically was not undertaken by the GPs.

It was agreed that the traffic light classification for Actikerall®, Efudix® and Aldara® would be changed to amber due to the significant monitoring requirements. It was noted that Solaraze® would keep an amber G traffic light classification.

The LMC approved the AK pathway from a clinical management perspective; however challenged the movement of workload perceived from the pathway and raised concerns about clinical experience/risk with side effects associated with the medication or wrong diagnosis.

The pathway was not approved by the Committee.

Agreed actions: -

- Feedback would be provided to Dr Baxter advising that not all GP practices would be able to follow the algorithm from capacity perspective, scope of practice and time. A meeting would be arranged. **LC/CL**

APC 21/122 DRAFT SYB SCP FOR EPILEPSY IN ADULTS (UPDATED)

The Medicines Management Pharmacist presented the updated shared care protocol which has been taken to the Sheffield APG and as a result information has been added around MHRA advice for pregnancy and antiepileptics; and the Prevent information around valproate as highlighted with tracked changes. Other changes from the previous guideline were noted with retigabine (withdrawn by manufacturer) removed and some of the newer 'hospital only' agents added for information, such as cannabidiol and everolimus. The layout of the first section has been changed and some of the links updated.

It was noted that within the guidance, cannabidiol was a red drug which is currently non-formulary provisional red on the Barnsley formulary, supplied by BHNFT if initiated by a visiting specialist. It was agreed that this would be changed to red on the Barnsley formulary in line with this guidance.

The guidance was approved by the Committee.

Agreed actions:-

- As the meeting was not quorate, approval to be obtained outside the meeting by email. **JH**
- Approval of the guidance to be fed back to Sheffield. **JH**

***Post meeting note**: approval ratified by email.*

APC 21/123 SHARED CARE GUIDELINES / AMBER G SHARED CARE GUIDELINES

21/123.1 Efudix® Amber G Guideline (new)

There were no points of accuracy to note however, as discussed at 21/121, the Amber G guideline was not approved.

21/123.2 Aldara® Amber G Guideline (new)

There were no points of accuracy to note however, as discussed at 21/121, the Amber G guideline was not approved.

21/123.3 Demeclocycline SCG (updated)

The Medicines Management Pharmacist presented the updated share care guideline with minor amendments. No comments had been received from the specialists; however, following a comment from the LMC, the wording in the responsibilities section in relation to interactions has been slightly changed and is in line with the current template.

The Committee approved the demeclocycline SCG.

Agreed action:-

- As the meeting was not quorate, approval to be obtained outside the meeting by email. **JH**

***Post meeting note**: approval ratified by email.*

21/123.4 GLP-1 Agonist Amber-G Guideline (updated)

The Medicines Management Pharmacist presented the updated amber G guideline, noting a minor update to include the new strengths dulaglutide (3mg once weekly and 4.5mg once weekly) and a couple of amendments in line with the SPC. No comments had been received from the specialists; however, the header has been updated and differs from the wording agreed recently for other Amber G guidelines as it includes titration information. There were no issues to note from the LMC.

The Committee approved the GLP-1 agonist amber G guideline.

Agreed action:-

- As the meeting was not quorate, approval to be obtained outside the meeting by email. **JH**

***Post meeting note**: approval ratified by email.*

APC 21/124 FORMULARY REVIEWS

21/124.1 Formulary Review Plan (for information)

The Lead Pharmacist (DC) presented the formulary review plan for information.

21/124.2 Chapter 18: Emergency treatment of poisoning

The Senior Interface Pharmacist (BHNFT) presented the formulary review with the list of antidote drugs stocked in Barnsley ED and in the BNF Chapter. It was agreed to add all the antidote drugs to the formulary, making it clear for use in that indication only.

Agreed action:-

- As the meeting was not quorate, approval to be obtained outside the meeting by email. **NB**

***Post meeting note**: approval ratified by email.*

APC 21/125 NEW PRODUCT APPLICATION LOG

The log was received and noted.

APC 21/126 BARNSLEY APC REPORTING

21/126.1 APC Reporting May 2021 (for information)

The Lead Pharmacist (DC) presented the reports for information, noting 26 reports submitted during May 2021.

21/126.2 APC Reporting May 2021 Key Themes

The Lead Pharmacist (DC) presented the summary noting reports received across the range of different categories this month.

Details relating to 3 significant issues were highlighted. Information in relation to 'reports emailed directly to BHNFT' would be populated and presented at the next meeting.

The value of the APC reporting process was expressed and recognised by all, providing assistance to resolve issues across boundaries easier and highlighting areas where to focus attention in terms of safety.

21/126.3 APC Reporting May 2021 Interface Issues

This will be shared at the next meeting.

APC21/127 NEW NICE TECHNOLOGY APPRAISALS (MAY 2021)

21/127.1 NICE TAs May 2021

The Lead Pharmacist, BHNFT advised that the following NICE TA **was** applicable for use at BHNFT: -

- TA697Andexanet alfa for reversing anticoagulation from apixaban or rivaroxaban. This will need to be added to the antidote list presented at APC21/126.2 when advised if it will be held by each Trust or held at a central point. **GT**

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

- TA696 Tafamidis for treating transthyretin amyloidosis with cardiomyopathy (**not recommended**)
- TA698 Ravulizumab for treating paroxysmal nocturnal haemoglobinuria
- TA699 Ofatumumab for treating relapsing multiple sclerosis
- TA700 Selinexor with low-dose dexamethasone for treating refractory multiple myeloma (**terminated appraisal**)
- TA701 Crisaborole for treating mild to moderate atopic dermatitis in people 2 years and older (**terminated appraisal**)

21/127.2 Feedback from BHNFT Clinical Guidelines and Policy Group

There was nothing relevant to report.

21/127.3 Feedback from SWYPFT NICE Group
There was nothing relevant to report.

APC 21/128 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

21/128.1 Primary Care Quality & Cost Effective Prescribing Group (QCEPG)
There was nothing relevant to escalate but the Committee were informed that the QIPP PDA Medicines Optimisation section, previously shared with the Committee, was approved at the June 2021 Governing Body meeting and QIPP work has commenced.

21/128.2 BHNFT
The Chief Pharmacist fed back that the D1 Group is being progressed, however it was noted that when the Trust turn on system C EPMA, they are going to start with D1s and a Steering Group has been established with a planned 'go live' date of November 2021. It was noted that there would be an opportunity at the mapping stages as they are building the template for D1s to ensure there is clarity around how information is shared from secondary care to primary care to address some of the issues that are picked up on error reporting. The Chief Pharmacist would pick this up as an action with the EPMA group and clinical lead.

Agreed action: -

- The Chief Pharmacist to progress D1 action plan with the EPMA Group and Clinical Lead. **MS**

21/128.3 SWYPFT Drug and Therapeutics Committee
There was nothing relevant to escalate.

21/128.4 Wound Care Advisory Group
It was noted that the ONPOS continues to be rolled out wider. Further information will be brought back to the Committee when the roll out is complete.

It was agreed to add 'Community Pharmacy Feedback' as a future standing agenda item. **NB**

APC 21/129 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)

It was agreed to escalate AK Pathway to the Q&PSC. **CL**

APC 21/130 SPS NEW MEDICINES NEWSLETTER (APRIL 2021)

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

- Covid-19 Vaccine Moderna - formulary green
- Estradiol + progesterone (Bijuve®) - non-formulary provisional grey
- Fedratinib (Inrebic®) - non-formulary provisional red
- Icosapent ethyl (Vazkepa®) - non-formulary provisional grey
- Natalizumab (Tysabri®) - non-formulary provisional red
- Pemigatinib (Pemazyre®) - non-formulary provisional red
- Oxycodone (Oxyact®) immediate release tablet - non-formulary provisional grey (agreed to include message on ScriptSwitch highlighting that Shortec® is the immediate release oxycodone brand of choice in Barnsley) **DC**

Other

- Betamethasone (as Valerate) 0.1% with Clioquinol 3% Cream / Ointment - non-formulary provisional grey. Replaced with: -
- Fluocinolone acetonide 0.025% with clioquinol 3% (Synalar C®) cream / ointment - formulary green
- Dithranol (Dithrocream®) - remove from formulary as discontinued
- Ketovite® - formulary grey
- Forceval® - formulary green (with link to self-care guidance)
- Bempedoic acid and Bempedoic acid/Ezetimibe - formulary red
- Cannabidiol - Formulary red

Agreed action:-

- As the meeting was not quorate, agreement to be obtained outside the meeting by email. **JH**

***Post meeting note**: approval ratified by email.*

APC 21/131 MHRA DRUG SAFETY UPDATE (MAY 2021)

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

Levothyroxine: new prescribing advice for patients who experience symptoms on switching between different levothyroxine products

If a patient reports persistent symptoms when switching between different levothyroxine tablet formulations, consider consistently prescribing a specific product known to be well tolerated by the patient. If symptoms or poor control of thyroid function persist (despite adhering to a specific product), consider prescribing levothyroxine in an oral solution formulation.

The Community Pharmacist spoke of technical issues needing to be resolved regarding reimbursement if a specific generic manufacturer's product was indicated. It was acknowledged that this would need to be prescribed in a specific way to enable the community pharmacist to be appropriately reimbursed. Any further issues would be discussed outside of the meeting. **CL/DC/ TB**

COVID-19 vaccines: updates for May 2021

Noted.

APC 21/132 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC)

The Head of Medicines Optimisation noted receipt at the last meeting of the template for shared care guidelines with a list of guidelines RMOC were going to be developing. It was noted that RMOC have been provided with copies of Barnsley shared care guidance documents and we have provided feedback in response to that consultation.

This month, reviewed terms of reference were issued with a short consultation period and it was fed back that there was no GP representative in the group.

RMOC have issued draft Shared Care Guidelines for ADHD medications (adults).Feedback has been provided advising that

Barnsley shared care guidance is specific to therapeutic areas which includes more than the 3 medications noted and RMOC were asked to take this into consideration.

The Lead Pharmacist, SWYPFT advised that the Lithium and Sodium Valproate RMOC draft guidelines have also been issued. SWYPFT have provided feedback on the guidelines (2 separate guidelines that include sodium valproate, one for epilepsy and one for mood stabilisation), noting that SWYPFT have the ability to discharge stable patients into primary care. Copies of these guidelines would be shared with the Head of Medicines Optimisation. **SH**

It was checked and confirmed during the meeting that draft RMOC guidelines are available to access on the SPS website and this would be monitored going forward. **DC**

APC 21/133 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

The minutes from NHS Sheffield CCG (15th April 2021) and NHS Doncaster & Bassetlaw CCG (25th March 2021) were received and noted.

APC 21/134 ANY OTHER BUSINESS

21/134.1 Rivaroxaban

The Head of Medicines Optimisation shared a query from a GP following a request from a BHNFT consultant to initiate rivaroxaban low dose for vascular disease. It was noted that whilst rivaroxaban is licensed for peripheral arterial disease, it is not included in the antiplatelet guidance for this indication. Low dose rivaroxaban for acute coronary syndrome (ACS) has a red traffic light classification.

Information has been requested from the GP and details would be shared with the Lead Pharmacist, BHNFT once received, and progressed as an APC report. **CL/GT**

APC 21/135 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 7th July 2021 at 12.30 pm via MS Teams.