NHS
Barnsley
Clinical Commissioning Group

**Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday, 9th March 2022 via MS Teams**

**MEMBERS:**

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| 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 22/53.5) | Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs) |
| Dr Kapil Kapur (from 22/54 to 22/61) | Consultant Gastroenterologist (BHNFT) |
| Dr Jeroen Maters (up to 22/61) | General Practitioner (LMC) |
| Dr Abdul Munzar | General Practitioner (LMC) |
| Mark Payne | Lead Pharmacist (SWYPFT) |
| Mike Smith (from 22/53.1) | Chief Pharmacist (BHNFT) |

**IN ATTENDANCE:**

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|---|---|
| Nicola Brazier | Administration Officer (Barnsley CCG) |
| Deborah Cooke | Lead Pharmacist (Barnsley CCG) |
| Joanne Howlett | Medicines Management Pharmacist (Barnsley CCG) |
| Gillian Turrell | Lead Pharmacist (BHNFT) |

**APOLOGIES:**

| | |
|---|---|
| Lauren Clarke | Senior Pharmacist, Interface (BHNFT) |
| Dr Rebecca Hirst | Palliative Care Consultant (Barnsley Hospice) |

**ACTION BY**

**APC 22/50 QUORACY**

The meeting was quorate.

**APC 22/51 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 a variety of rebate agreements on behalf of the CCG, none of which were applicable to today's agenda, noting that there is no personal financial gain and all savings from rebates schemes are re-invested into other local health services. The rebates are all in line with PrescQIPP guidance and a full list is available on the website.

There were no further declarations of interest to note.

**APC 22/52 DRAFT MINUTES OF THE MEETING HELD ON 9th FEBRUARY 2022**

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

22/52.1 <u>APC 22/33 Calcium and Vitamin D Formulary Choices</u>

The Medicines Management Pharmacist advised that following approval of the guidance at the last meeting, it was observed that the guidance highlights that the vitamin D should not be prescribed over the counter but does not state anything about calcium and vitamin D. It was therefore suggested to add that further information on the

prescribing of calcium and vitamin D is available in the Management of Osteoporosis and Fragility Fracture Risk Guidelines. This was agreed by the Committee.

**APC 22/53 MATTERS ARISING AND APC ACTION PLAN**

22/53.1 Chapter 4: CNS Pain & Neurology (morphine injection strengths)

Following concern around the morphine injection strength requested for a patient discharged from BHNFT, it was agreed at the last meeting to look at the original query in more detail and feedback on agreed actions.

The Lead Pharmacist, Barnsley CCG summarised the details of the request made to primary care to prescribe the 15mg/ml preparation rather than the 10mg/ml preparation which was the usual morphine injection strength prescribed in primary care

It was confirmed that the 15mg/ml strength was needed in secondary care and would continue to be used in the hospital only, with no requests anticipated for primary care to prescribe following discharge. The Lead Pharmacist, BHNFT advised that the Trust do not routinely stock the 30mg/ml strength due to the risk to the Trust of holding 3 different strengths, advising an alternative for palliative patients needing higher doses.

It was agreed that details relating to the specific case discussed would be shared with the Lead Pharmacist, BHNFT to establish if the request had been clinically appropriate. Feedback would be brought to the next meeting; however, it was suggested that should this be an isolated incident that primary care would be advised that the 10mg/ml will be the first line concentration used in primary care and any requests to prescribe higher doses should be reported. Information would also be added to ScriptSwitch to reiterate this.

**Agreed actions: -**

- Details relating to the specific case discussed to be shared with the Lead Pharmacist, BHNFT to establish it if was clinically appropriate. **JM/GT**
- The Lead Pharmacist, BHNFT to feedback at the next meeting to agree action/communication required. **GT**

22/53.2 Lurasidone

The Lead Pharmacist, SWYPFT raised at the last meeting that lurasidone, currently non-formulary provisional amber may be brought for the Committee to consider a formulary status change to amber. It was agreed that this would be discussed outside of the meeting. The Head of Medicines Optimisation advised that having looked at the evidence base and the current shared care protocol and acknowledging that only a few patients that would need lurasidone, it was suggested that the shared care protocol would be amended to include lurasidone and brought to the Committee with an accompanying independent review summary to assure the Committee around the evidence base for its inclusion within the shared care protocol. The Committee supported this proposal.

**Agreed actions: -**

- The Lead Pharmacist, SWYPFT to amend the shared care protocol and bring this to the Committee. **MP**
- The Lead Pharmacist, Barnsley CCG and SWYPFT to discuss and agree production of the independent review. **MP/DC**

22/53.3 New Product Application: Bevespi®

It was agreed that feedback would be obtained from the respiratory consultants for their views on Bevespi®, noting that Spiolto® has a lower carbon footprint and that unless feedback from the respiratory consultants highlighted any new advantages for using Bevespi®, then the new product application was likely to be declined.

The Lead Pharmacist, BHNFT advised that no feedback had been received from the respiratory consultants and therefore the Committee declined the application.

22/53.4 New Product Application: Trixeo®

At the last meeting, the Committee were in support of adding Trixeo® to the formulary due to the lower carbon footprint, however it was agreed to obtain feedback from the respiratory consultants about adding this in place of Trimbow® MDI.

The Lead Pharmacist, BHNFT advised that no feedback had been received from the respiratory consultants however, feedback was noted from an asthma nurse who advised that Trixeo® was not licensed for asthma but Trimbow® was and a small number of patients were currently prescribed Trimbow®.

The Committee approved the application for Trixeo® which would be added to the formulary with a green traffic light classification. Trimbow® would remain on formulary. It was agreed to check prescribing of Trimbow® when the formulary review chapter is reviewed.

Action Plan - other

22/53.5 Freestyle Libre

The Head of Medicines Optimisation advised that an update on the regional guidance would be brought back to the Committee after the next regional meeting. The draft document to be presented at the regional meeting to be shared for information.

**Agreed action: -**

- Draft document to be presented at the regional meeting to be shared with the Committee for information. **CL**

22/53.6 Degarelix Amber Guideline

The Medicines Management Pharmacist advised that a draft amber guideline has been produced and sent to the specialists for comment. Feedback received from a specialist and a nurse was shared, with both advising that they give the degarelix loading dose on diagnosis, usually converting to Prostap® when they see the patient at 4 weeks and both fed back that degarelix should remain classified red despite the original feedback that was received, therefore suggesting the

amber shared care guideline was not required as there would be no circumstance where prescribing would be transferred to primary care. Referring to the trial data which states that patients were maintained for many years and had improved outcomes, it was agreed to seek further views from the specialists.

**Agreed action: -**

- The Medicines Management Pharmacist to seek further views from the specialists. **JH**

22/53.7 Shared Care Guideline Dosing Information

A general point was raised with regards dosing information being provided to GPs, for example patients being initiated on a particular dose of dalteparin with a request for the GP to continue a different dose and the potential for this to lead to errors by stating both doses. There was a request to make it clearer in the guidance that GPs should just be advised only of the dose to be continued when patient is transferred to primary care.

It was agreed that the Barnsley and Sheffield dalteparin shared care guidance would be obtained and brought to the Committee with potential amendments.

**Agreed action: -**

- The Head of Medicines Optimisation to look at both the Barnsley and Sheffield guidance for amendment where necessary. **CL**

22/53.8 Target Dates

The Lead Pharmacist, BHNFT to advise revisions to target dates, prioritising around improving outcomes for patients. **GT**

**APC 22/54 SUPPLY ISSUE WITH LEVOMEPROMAZINE 25MG/1ML SOLUTION FOR INJECTION (FOR INFORMATION)**

The Lead Pharmacist, Barnsley CCG brought the Medicines Supply Notification for information. The alert published last month relates to stock issues with levomepromazine (Nozinan®) 25mg/1ml solution for injection and levomepromazine (Wockhardt) 25mg/1ml solution for injection. The alert details out of stock dates for both manufacturers preparations and it was noted that Nozinan® is still out of stock.

The alert details the actions required and refers to supporting requests for mutual aid including those from hospices and primary care.

The Lead Pharmacist, BHFT advised that the Trust have previously had an unlicensed version and would advise if the Trust source an unlicensed preparation if stock issues continue.

The Lead Pharmacist, SWYPFT advised that on receipt of the alert, the Community Palliative Care Team confirmed that community pharmacies had sufficient supplies and did not expect there to be any immediate issue, certainly not with the timescale given. In terms of the hospice, the community pharmacy had enough stock and there was enough stock at the hospice to last 2 months of routine use. An

update on stock levels in community pharmacy would be obtained from the palliative care team and the Palliative Care Consultant would be contacted about how to manage the situation clinically from a prescribing point of view if stock becomes tight.

- **Agreed actions: -**
  The Lead Pharmacist, BHNFT to advise if the Trust source an unlicensed preparation if stock issues continue. **GT**
- The Lead Pharmacist, SWYPFT to contact the palliative care team and Palliative Care Consultant about stock levels. **MP**

**APC 22/55 SHARED CARE GUIDELINES / AMBER G SHARED CARE GUIDELINES**

22/55.1 Amber-G/SCG Review Dates

The Medicines Management Pharmacist presented a list of guidelines where it was felt the review date could be extended from 2 years to 3 years from the date of approval.

It was proposed that details of the extended review dates would be added to the holding page of each guideline on the BEST website but as this will take some time to complete, it was suggested adding the list to the prescribing guidelines and shared care guidelines pages until this work was completed. This was agreed. **JH**

The ganciclovir eye gel amber G guideline was highlighted, noting that ganciclovir eye gel was added to the formulary when the aciclovir eye ointment was discontinued. As there is now an aciclovir preparation available, we would need to consider the use of aciclovir again. The cost of ganciclovir eye gel 5g and aciclovir eye ointment 4.5g were noted and it was noted that aciclovir is licensed for use in children. It was agreed to consider the use of aciclovir when the guideline was due to be reviewed.

The primary care antibiotic guidelines and poster were highlighted, noting that NICE and Public Health England have produced a summary which is produced quarterly. As the local guidance (based on the NICE guidance) is reviewed every 2 years it was suggested this be removed and replaced with the NICE summary, supplemented with additional information/other points to consider to be produced as a separate guideline. Dr Pang, Microbiologist was contacted, and she was in support of this approach but highlighted some points to consider and these were shared and noted. Her advice and guidance would be captured in the supporting guideline and ScriptSwitch would also be used. The Committee accepted this approach. **JH** **DC**

The Committee approved the extension to the amber G/SCG review dates.

22/55.2 Shared Care Protocol for topical testosterone replacement therapy in post-menopausal women and Sheffield proposal document (new)

The Medicines Management Pharmacist presented the shared care protocol which was approved in July 2021 by Sheffield APG. It was planned for the collaborative guideline to be rolled out across South Yorkshire.

It was noted that the LMC endorsed the guideline.

It was fed back that there were currently around 81 patients on this therapy with approximately 25 new patients annually, but the demand was increasing.

The Chair of BHF CIC told of colleagues who have been involved with managing menopausal patients regularly, noting that this was not completely new to some Barnsley GPs. He advised that it was planned to cover this learning need to GPs at a future BEST meeting.

The Committee were in support of adopting the Sheffield Shared Care Protocol for topical testosterone replacement therapy in post-menopausal women and endorsed the proposal document. The link to this will be added to the BEST website and Barnsley Formulary.

***Post meeting note:*** *the traffic light classification of Testim® transdermal gel 50mg/5g will be changed to formulary amber (previously non-formulary provisional grey) for this indication in line with the shared care guidance.*

**APC 22/56 FORMULARY REVIEWS**

22/56.1 Formulary Review Plan (for information)

The Lead Pharmacist, Barnsley CCG presented the formulary review plan for information, noting that 16 sections of the formulary have been reviewed, with 5 sections remaining, some with dates yet to be confirmed.

**APC 22/57 NEW PRODUCT APPLICATION LOG**

The new product application log was received for information and noted.

The Lead Pharmacist, BHNFT confirmed receipt of a new product application for an Estring® Vaginal Ring which would be submitted to be added to the log. There was a request for support from the MMT Clinical Pharmacists to prepare the independent review and this would be taken back to check capacity to support.

**Agree actions: -**

- Estring® Vaginal Ring new product application to be sent to the MMT. **GT**
- The request for support with the independent review to be considered. **DC**

**APC 22/58 BARNSLEY APC REPORTING**

22/58.1 APC Reporting January 2022

The Lead Pharmacist, Barnsley CCG presented the enclosure showing reports received directly into the APC reporting mailbox. There were 20 APC reports received for the month of January 2022.

22/58.2 APC Reporting January 2022 Key Themes

The summary report was presented, showing 75 reports in total, including 20 APC reports and 55 interface queries received directly within BHNFT for the month of January 2022. Since bringing the

number of interface queries to the Committee, the number on average per month was around 60-70 reports.

The common key themes were noted including D1 communication, other hospital communication issues, formulary related issues, prescribing errors, and medication supply issues.

Details relating to several significant issues were highlighted including BAPC22/01/05 and BAPC22/01/09 relating to requests received in primary care for red and/or non-formulary drugs.

It has been previously fed back to dermatology that new product applications were required. The Soolantra® (BAPC22/01/05) was a particular issue as it has been a recurring query in primary care for some time. It was therefore suggested that an independent review summary be produced for the Committee to consider the evidence and comparison of classifications in other areas.

It was noted that Iopidine® eye drops (BAPC22/01/09) are licensed for short term use are on formulary but classified red and on contacting the hospital for a supply, ophthalmology had declined the GP practice request to supply.

There was a discussion around BAPC22/01/04 which related to the combination use of rivaroxaban 2.5mg and aspirin for an off-label indication on the advice of the consultant. The report had been closed following discussion of the report at a previous APC meeting along with the issue of combination therapy where it was acknowledged that the local anticoagulant and antiplatelet combination guidance was in the process of being reviewed by the Lead Pharmacist, BHNFT and it had been agreed that the report would be shared with the Lead Pharmacist for information. The Community Pharmacist was concerned that feedback had not been provided directly following submission of the report and felt the issues raised had not been addressed. The recurring issues around rivaroxaban 2.5mg were highlighted, noting 3 instances in the last 18 months in one pharmacy with concern that there could be more issues across other pharmacies.

There was a lengthy discussion about this report including the expected feedback to all concerned to then action/share learning within teams. The Lead Pharmacist, BHNFT referred to education previously provided to cardiologists about the different indications for the different doses with an offer to organise/provide training on how to interpret the doses and how to clarify that a dose is appropriate for a particular indication to help clarify these doses going forward. There was also an offer from the Chair, BHF CIC to provide education to GPs at a future BEST meeting, noting that a cardiologist was due to present at the November 2022 meeting.

It was agreed to review rivaroxaban 2.5mg prescribing in primary care.

The Head of Medicines Optimisation acknowledged the scope and capacity available within the Trust and CCG MMT to investigate,

follow up and close off reports, noting that APC reporting was an additional reporting mechanism to the normal organisational incident reporting systems, to identify trends, reduce errors and share learning. It was felt that the number of reports increasing reflected an increased awareness of APC reporting and because of the embedded clinical pharmacists in GP practices picking up issues at the point of medicines reconciliation, therefore resolving issues identified more efficiently. The benefits were acknowledged and could be demonstrated to showcase what has been achieved, with early identification of issues that are of significant risk and closing them down; and showing evidence where we have managed to reduce/stop errors. It was noted that APC reporting is currently shared with the Quality & Patient Safety Committee and learning is shared at the Pharmacy BEST meetings. It was agreed that learning would be shared at future BEST meetings to provide an update on the types of medicines related/interface issues and trends.

It was noted that the increase in the numbers of reports submitted direct to BHNFT were also associated with the changes in processes and systems at the Trust with the D1 platform which has introduced additional risks and issues which will resolve over time.

**Agreed actions: -**

- An independent review summary to be produced for Soolantra® (ivermectin cream). **DC/JH**
- Rivaroxaban 2.5mg prescribing data to be obtained and brought back to the next meeting. **CL/DC**
- APC reporting summary to be shared with the LMC **DC**
- Shared learning to be presented at a future BEST meeting (every 6 months) **CL/DC**

22/58.3 APC Reporting January 2022 Interface Issues

The enclosure detailing the interface queries received directly within BHNFT was received and noted.

**APC 22/59 NEW NICE TECHNOLOGY APPRAISALS (FEBRUARY 2022)**

22/59.1 NICE TAs February 2022

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

- TA763 Daratumumab in combination for untreated multiple myeloma when a stem cell transplant is suitable
- TA768 Upadacitinib for treating active psoriatic arthritis after inadequate response to DMARDs
- TA772 Pembrolizumab for treating relapsed or refractory classical Hodgkin lymphoma after stem cell transplant or at least 2 previous therapies

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

- TA762 Olaparib for treating BRCA mutation-positive HER2-negative metastatic breast cancer after chemotherapy (**terminated appraisal**)
- TA764 Fremanezumab for preventing migraine
- TA766 Pembrolizumab for adjuvant treatment of completely resected stage 3 melanoma

- TA767 Ponesimod for treating relapsing–remitting multiple sclerosis
- TA769 Palforzia for treating peanut allergy in children and young people
- TA770 Pembrolizumab with carboplatin and paclitaxel for untreated metastatic squamous non-small-cell lung cancer
- TA771 Daratumumab with bortezomib, melphalan and prednisone for untreated multiple myeloma (**terminated appraisal**)

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

- HST17 Odevixibat for treating progressive familial intrahepatic cholestasis
- TA765 Venetoclax with azacitidine for untreated acute myeloid leukaemia when intensive chemotherapy is unsuitable

22/59.2 Feedback from BHNFT Clinical Guidelines and Policy Group
There was nothing to report.

22/59.3 Feedback from SWYPFT NICE Group
The Lead Pharmacist advised that the group had discussed the NICE Tobacco Guidance and access to e-cigarettes.

**APC 22/60 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS**

22/60.1 Primary Care Quality & Cost-Effective Prescribing Group (QCEPG)
There was nothing relevant to report.

22/60.2 BHNFT
The Chief Pharmacist advised that the group discussed the challenges of the digital transformation process underway and the implications around that operationally, and that the group had formally received the report from the Healthcare Safety Investigation Branch around the unintended paracetamol overdoses in low body weight adults. A copy would be sent to the Head of Medicines Optimisation. **MS**

22/60.3 SWYPFT Drug and Therapeutics Committee
There was nothing relevant to report.

22/60.4 Community Pharmacy Feedback
The Community Pharmacist advised that the rollout of the community pharmacy consultation service from the GPs and hypertension case finding was expected to increase over the coming months. The frustration around the lack of integrated IT for community pharmacy at the end of these new services was shared.

22/60.5 Wound Care Advisory Group
Due to the late circulation of the enclosures, it was agreed to defer the PEG Pathway, Leg Ulcer Pathway and Self-Care Pathway to the next meeting. **NB**

**APC 22/61 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)**
It was noted that APC Reporting is taken routinely to the Q&PSC. There was nothing additional to escalate to the Q&PSC this month.

**APC 22/62 SPS NEW MEDICINES NEWSLETTER (JANUARY 2022)**

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

- Adalimumab biosimilar (*Idacio*®) 40mg in 0.8mL pre-filled pen and syringe, and 40mg in 0.8mL vial - non-formulary provisional red
- Amivantamab (*Rybrevant*®) 350mg in 7mL vial - non-formulary provisional red
- Betamethasone and calcipotriol (*Wynzora*®) 50 micrograms/g calcipotriol + 0.5 mg/g betamethasone cream - non-formulary provisional grey
- Buprenorphine (*Sixmo*®) 74.2mg implant - non-formulary provisional red
- Cenobamate (*Ontozry*®) 50mg, 100mg, 150mg, 200mg tablets (plus a treatment initiation pack containing 12.5mg and 25mg tablets) - non-formulary provisional amber
- Nirmatrelvir and ritonavir (*Paxlovid*®) 150mg nirmatrelvir tablet and 100mg ritonavir tablet - formulary red restricted (adding to the formulary restricted for use in high-risk patients in line with NHSE criteria for treatment of COVID-19 disease and that it is available via the COVID-19 Medicine Delivery Unit at BHNFT)
- Remdesivir (*Veklury*®) 100mg vial - already formulary red restricted for patients hospitalised with COVID-19 (add to the formulary also for use in high-risk non-hospitalised patients in line with NHSE criteria for treatment of COVID-19 disease and that it is available via the COVID-19 Medicine Delivery Unit at BHNFT

**Other**

- Sucralfate 1g in 5ml oral suspension *sugar-free* - formulary amber-G

- Inclisiran (currently amber)
- Bempedoic acid and Bempedoic acid and Ezetimibe combination (currently red)

Considering discussions at the lipid management meeting and to mitigate any confusion in primary care, the Committee agreed to classify Inclisiran, Bempedoic acid and Bempedoic acid and Ezetimibe combination as amber G. Information would be added to the formulary to refer primary care to national guidance pending local guidance which was in development.

***Post meeting note:*** *it is more cost-effective to prescribe Bempedoic acid 180mg/ Ezetimibe 10mg tablets* ***combination product*** *than Bempedoic acid and Ezetimibe as two separate products. Information will be added to the formulary (and to the local pathway in due course).*

**APC 22/63 MHRA DRUG SAFETY UPDATE (FEBRUARY 2022)**

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

COVID-19 antivirals: reporting to the UK COVID-19 Antivirals Pregnancy Registry

As the safety of COVID-19 antivirals in pregnancy has not been established, please report any pregnancies which occur during use of an antiviral, including paternal use, to the UK COVID-19 Antivirals Pregnancy Registry.

This advice applies to molnupiravir (Lagevrio▼), the combination of PF-07321332 (nirmatrelvir) plus ritonavir (Paxlovid▼), and remdesivir (Veklury▼).

Hydroxychloroquine, chloroquine: increased risk of cardiovascular events when used with macrolide antibiotics, reminder of psychiatric reactions

Carefully consider the benefits and risks before prescribing systemic azithromycin or other systemic macrolide antibiotics (erythromycin or clarithromycin) to patients being treated with hydroxychloroquine or chloroquine. An observational study in patients with rheumatoid arthritis has shown that co-administration of azithromycin with hydroxychloroquine is associated with an increased risk of cardiovascular events and cardiovascular mortality.

**APC 22/64 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC)**

There was nothing relevant to report.

**APC 22/65 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES (FOR INFORMATION)**

The minutes from NHS Sheffield CCG (20th January 2022) were received and noted.

**APC 22/66 ANY OTHER BUSINESS**

22/66.1 Maxitrol® Eye Drops

It was raised that insufficient supply of Maxitrol® eye drops continue to be supplied by BHNFT following cataract surgery, resulting in patients requesting an additional supply from primary care.

The Lead Pharmacist, BHNFT would take this back to the ophthalmologists again for assurance that enough will be provided.

**Agreed action: -**

- The Lead Pharmacist, BHNFT to discuss the supply of Maxitrol® eye drops with the ophthalmologists. **GT**

22/66.2 Nicotine Replacement Therapy (NRT)

Following a report that an in-patient started on nicotine patches was not referred to the smoking cessation clinic, resulting in the patient requesting nicotine patches from primary care, there was a request for the service to be reminded about referral on discharge.

The Lead Pharmacist, BHNFT would take this back to the Smoking Cessation Team to ensure that in-patients started on nicotine patches should be referred to the Smoking Cessation Team on discharge.

The Lead Pharmacist, SWYPFT referred to the discussion at the last APC meeting about MMT Clinical Pharmacists aiding a pathway referral when seeing NRT for someone on a discharge prescription.

**Agreed actions: -**

- Information regarding this instance to be shared with the Head of Medicines Optimisation so that this can be fed back to Lisa Wilkins, Consultant in Public Health Medicine. **AM/CL**
- The Lead Pharmacist, BHNFT to take this back to the Smoking Cessation Team to ensure that in-patients started on nicotine patches are referred to the Smoking Cessation Team on discharge. **GT**

22/66.3 Syringe Drivers

Advice was sought about community district nurses setting up syringe drivers from the dose information supplied on the D1 or the requirement for it to go on the community drug chart before setting up.

The Lead Pharmacist, SWYPFT would seek advice from the Palliative Care Team and feedback.

**Agreed action: -**

- The Lead Pharmacist, SWYPFT would seek advice from the Palliative Care Team and feedback. **MP**

22/66.4 Denosumab

The Associate Medical Director, BHNFT referred to the offer of support to GPs from the Rheumatology team where needed to ensure the continuation of denosumab (November 2020), following MHRA advice that denosumab should not be paused for a significant period of time. This offer of support was to be paused pending a CCG decision around the service being commissioned.

**APC 22/67 DATE AND TIME OF THE NEXT MEETING**

The time and date of the next meeting was confirmed as Wednesday, 13th April 2022 at 12.30 pm via MS Teams.