

**Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on
Wednesday, 15th June 2022 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 Kapil Kapur (from 22/113.4)	Consultant Gastroenterologist (BHNFT)
Dr Jeroen Maters	General Practitioner (LMC)
Dr Abdul Munzar	General Practitioner (LMC)
Mark Payne	Lead Pharmacist (SWYPFT)
Mike Smith	Chief Pharmacist (BHNFT)

IN ATTENDANCE:

Nicola Brazier	Administration Officer (Barnsley CCG)
Deborah Cooke	Lead Pharmacist (Barnsley CCG)
Joanne Howlett	Medicines Management Pharmacist (Barnsley CCG)

APOLOGIES:

Dr Mehrban Ghani	Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs)
Dr Madhavi Guntamukkala	Medical Director (Barnsley CCG)
Dr Rebecca Hirst	Palliative Care Consultant (Barnsley Hospice)
Gillian Turrell	Lead Pharmacist (BHNFT)

**ACTION
BY**

APC 22/110 QUORACY

The meeting was quorate.

APC 22/111 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 rebate 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.

APC 22/112 DRAFT MINUTES OF THE MEETING HELD ON 11th MAY 2022

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

APC 22/113 MATTERS ARISING AND APC ACTION PLAN

22/113.1

NICE TA (March 2022)

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

- TA775 Dapagliflozin for treating chronic kidney disease

22/113.2

NICE TA (April 2022)

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

- HST19 Elosulfase alfa for treating mucopolysaccharidosis type 4A
- TA784 Niraparib for maintenance treatment of relapsed, platinum-sensitive ovarian, fallopian tube and peritoneal cancer
- TA786 Tucatinib with trastuzumab and capecitabine for treating HER2-positive advanced breast cancer after 2 or more anti-HER2 therapies*

* These 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.

22/113.3

APC Reporting (access to IT systems)

The Chief Pharmacist, BHNFT confirmed that an appointment had been made to the vacant Senior Interface Pharmacist post, noting that APC reports received into BHNFT are being actioned by the pharmacy team.

It was noted that the possibility of MMT Clinical Pharmacists having access to some BHNFT systems was discussed at a recent Pharmacy Leads meeting and this was being progressed with Richard Billam, Deputy Director of ICT and Paul White, Clinical Systems Information Governance Lead.

22/113.4

Choice of DOAC for prevention of stroke and systemic embolism in adults with NVAF position statement (Edoxaban)

The Medicines Management Pharmacist, Barnsley CCG referred to the feedback received from the LMC about the position statement.

It was noted that clarity was being sought from BHNFT about the antidote to edoxaban, noting that Andexanet alpha (Ondexxya®) is licensed for the reversal of anticoagulation with rivaroxaban and apixaban but not edoxaban. The Medicines Management Pharmacist to follow up with the Lead Pharmacist, BHNFT and update the formulary accordingly.

Feedback had been received around the amount of work required initially for a short-term cost saving, suggesting that evidence be collected in association with additional GP appointments from patients wanting to revert, noting that it was important that the implementation and associated workload were not seen as zero cost.

The Head of Medicines Optimisation noted that CCGs have been asked to prioritise work in line with the NHS England National Procurement for DOACS scheme noting the PCN DES that incentivises practices to start patients first line on edoxaban where clinically appropriate and undertake reviews of DOACs.

Information has been obtained from other areas in respect of minimising any potential risk to patients should they change, and reference was made to the Nottingham guidance which was felt to provide some additional information to support prescribers. It was

agreed that local guidance would be developed and shared with prescribers.

Leicestershire Medicines Information Centre was contacted around concerns about use of edoxaban in high renal function and a summary of their response was provided at enclosure B2.

The European Medicines Agency also produced an analysis of the information in the TA and the relevant section was noted at enclosure B3.

In the US, edoxaban is not approved for use in patients with a creatinine clearance above 95ml/min.

Looking at other CCG guidance, there is a variation across the CCGs with some areas advising that it shouldn't be used in patients with a creatinine clearance above 95ml/min.

The position statement has been updated to refer to the Barnsley Anticoagulation for Stroke Prevention in NVAf: Joint primary and secondary care guideline; the relevant NICE TA guidance and the SPC in the absence of a specific clinical reason to select a particular DOAC

The position statement was discussed at the LMC and the LMC were happy with the proposed changes around the increased emphasis/reference to the AF guidance.

Feedback had been received from Suzy Orme, Consultant from Care of the Elderly who had no objections to the position statement but sought clarity around keeping existing patients on their current DOAC. It was confirmed that existing patients could remain on their current DOAC and that edoxaban is the first line DOAC for new patients where clinically appropriate in line with the statement.

Agreed actions: -

- Clarity on the antidote for edoxaban to be obtained from BHNFT and the formulary to be updated accordingly.
- Additional local guidance to be developed and shared with prescribers.

JH

JH

22/113.5

SYB Shared Care Guideline for Epilepsy in Adults

The updated SYB Shared Care Guideline for Epilepsy in Adults was approved by the Committee at the last meeting pending any objections from the LMC. The LMC endorsed the guideline.

22/113.6

SYB Shared Care Guideline for Parkinson's Disease

The updated SYB Shared Care Guideline for Parkinson's Disease was approved by the Committee at the last meeting pending any objections from the LMC. The LMC endorsed the guideline.

The Lead Pharmacist and Medicines Management Pharmacist have fed back to Sheffield regarding suggested updates to appendix C with a request to add the link to the Midodrine Guidance however the specialists didn't feel that the guideline was appropriate for patients

with Parkinson's Disease. The feedback from the specialists will be taken into consideration when the midodrine guidance is due for review.

It was confirmed that a sentence has been added to appendix C noting that the traffic light status of drugs may differ by area and to check this by area.

Action Plan - other

22/113.7

Toujeo®

The Head of Medicines Optimisation advised that due to the agenda, it had not been possible to raise the issue regarding requests being sent to GPs to initiate Toujeo® at the Diabetes Service Advisory Group, however, the issue was discussed with Kerry Burns, Diabetes Nurse Specialist who understood from the examples provided, the issues raised around the lack of clarity when long-acting insulins are initiated and when there are changes to insulins.

It was noted that when the letters come from consultants/ doctors rather than the nurse specialists, there is generally less clarity in the handover arrangements and the starting on the new insulins. It was agreed that a proforma would be produced to help provide more clarity, which would be attached the Shared Care Guideline. This would be brought back to the Committee in October 2022.

Agreed action: -

- A proforma would be produced and brought back to the Committee.

CL

22/113.8

HRT Guideline and Formulary Preparations

This is progressing and is expected to be brought to the Committee in the next couple of months.

22/113.9

Target Dates

The Lead Pharmacist, BHNFT to be contacted regarding target dates, setting longer target dates for low priority items.

GT

The Medicines Management Pharmacist to advise regarding revised target dates.

JH

APC 22/114 ALIMEMAZINE POSITION STATEMENT (UPDATE)

The Medicines Management Pharmacist, Barnsley CCG presented the position statement with a minor amendment that it is more cost effective to prescribe the liquid formulation as Alfreced® syrup.

This has been shared with the specialists, but no comments received. The review date has been changed in line with the agreement to extend the review dates to 3 years from the date produced.

The Committee approved the updated Alimemazine Position Statement.

APC 22/115 CO-PROXAMOL POSITION STATEMENT (UPDATE)

The Medicines Management Pharmacist, Barnsley CCG presented the position statement which has received a full update, noting minor

amendments to update data and costs, plus an amendment to wording in line with updated oral paracetamol dosing guidance.

The Committee approved the Co-Proxamol Position Statement.

APC 22/116 DOSULEPIN POSITION STATEMENT (UPDATE)

The Medicines Management Pharmacist, Barnsley CCG presented the position statement which has received a full update and has been shared with the Lead Pharmacist, SWYPFT for comment.

The LMC queried the selection of the Prothiaden® brand over the generic, however it is noted that it is more cost effective to prescribe dosulepin 75mg tablets as Prothiaden® 75mg tablets in line with the Medicines Optimisation Scheme (MOS) 2022/23 QIPP areas.

Following feedback that numerous patients when reviewed are taking dosulepin for anxiety rather than depression, it was noted that clarity has been provided in the unlicensed indications sections to refer to the relevant guidelines for unlicensed indications.

The Committee approved the Dosulepin Position Statement.

APC 22/117 LIOTHYRONINE POSITION STATEMENT (UPDATE)

The Medicines Management Pharmacist, Barnsley CCG presented the position statement, noting a minor amendment that it is more cost effective to prescribe liothyronine capsules rather than tablets, in line with the MOS 2022/23 QIPP areas. This has been shared with the specialist who has endorsed this amendment.

The Committee approved the Liothyronine Position Statement.

APC 22/118 PREGABALIN PRESCRIBING GUIDELINES FOR NEUROPATHIC PAIN (UPDATE)

The Medicines Management Pharmacist, Barnsley CCG presented the updated guideline which has been shared with Recovery Steps and Doncaster Prison for comment.

Changes include updates in line with the recent MHRA alerts; information about reclassification about pregabalin as a Schedule 3 CD; updated costs and contact details.

Clarity was required around the highlighted point referring to gabapentin and this would be checked with the guideline reviewer.

The Community Pharmacist referred to the England Pregabalin Prescribing January 2015 to August 2016 information deleted from the guideline, noting that this data had previously been based on costs with concern raised at the time that Barnsley's usage was quite high compared to national average. It was suggested and agreed to include data in this section with reference to the current usage in volume rather than cost.

Subject to the above amendments and clarity about whether the recommendation about changing to gabapentin is required, the

Committee approved the updated Pregabalin Prescribing Guidelines for Neuropathic Pain.

In response to a general query raised regarding patients who were prescribed medicines such as co-proxamol and dosulepin included in the position statements in the previous agenda item it was noted that reviews were ongoing for existing patients, acknowledging that this was a sizable and challenging piece of work which has been included in the MOS scheme for several years, with patients required to have a review at least once a year. There was a request for community pharmacies to be advised when prescribing has been stopped following patient review, and although this is included in the SOPs, a reminder would be sent to the MMT.

Agreed actions: -

- The Medicines Management Pharmacist, Barnsley CCG to clarify whether the recommendation about changing to gabapentin is required. JH
- The Medicines Management Pharmacist, Barnsley CCG to add a section with current prescribing volume across Barnsley stating if Barnsley are high or low prescribers compared to the national average. JH
- The Lead Pharmacist, Barnsley CCG to remind the MMT to liaise with community pharmacies when prescribing has been stopped following patient review. DC

APC 22/119 MANAGEMENT OF LOWER URINARY TRACT SYMPTOMS (LUTS) IN MEN (UPDATE)

The Medicines Management Pharmacist, Barnsley CCG presented the updated guidance which has been shared with the specialists.

The updates were highlighted and include addition of information to the Red flags/Secondary Care referral box on page 1 in line with the South Yorkshire, Bassetlaw & North Derbyshire Urology Fast Track Referral - 2 week wait form; updated telephone number for the Continence Service; addition of the requirement to take a baseline sodium level before starting desmopressin treatment for nocturnal polyuria; updates to box 1: anticholinergics on page 2 in line with the Treatment of OAB in women local guideline; and addition of information on anticholinergic burden or load and drugs on the ACB scale.

The Committee approved the updated guidance.

APC 22/120 THE MALNUTRITIONAL TRIANGLE PILOT

The Lead Pharmacist, Barnsley CCG presented the pilot project which was developed and led by the MMT dietitian in liaison with 2 care homes, the SWYPFT dietetic team and a GP practice.

This pilot project called 'The Malnutrition Triangle' (MT) aimed to introduce an evidence-based pathway for the identification and treatment of malnutrition within Barnsley's care homes using everyday food and drinks; and to increase the appropriateness of referrals to the dietetic service.

The MT at 'figure 1' was highlighted showing treatment required where patients are identified as moderate and high risk of malnutrition using the malnutrition screening tool (MUST).

The pilot project was undertaken over a 6-month period and finished in April 2022. The outcome measures detailed in the report were noted, including the prevalence of malnutrition and ONS prescribing.

Before commencing the MT pilot, the Community Nutrition and Dietetic Service assessed 50 consecutive referrals requesting nutrition support for care home residents. These referrals were then assessed against MT criteria to gauge whether the MT is likely to have an impact on the number of referrals received once in place. 39/50 (78%) of the referrals received would not have met the MT dietetic referral criteria if the pathway was in place. This is due to their respective MUST scores and weights ranging from 'not at risk' to 'moderate risk' of malnutrition.

Feedback received from care home staff and residents was very positive.

To progress to the next step, a response was awaited from the dietetic service regarding additional resources felt to be necessary to roll it out further.

The Head of Medicines Optimisation praised the pilot as a positive piece of work which reviewed all the care home residents in a structured way. Given the extreme pressure on the service, it was however felt that the report needed to capture the impact on the dietetic service, documenting how much referral time is saved in terms of the dietitian's workload to make it more manageable.

Agreed action: -

- The Lead Pharmacist, Barnsley CCG to feedback to be MMT dietitian applauding the positive piece of work, with a request to capture the impact on the dietetic service.

DC

APC 22/121 SERIOUS SHORTAGE PROTOCOLS (AVAILABLE AT SERIOUS SHORTAGE PROTOCOLS (SSPS) | NHSBSA)

22/121.1 HRT products - various (SSP 022 through to SSP 031)

As discussed at the last meeting, additional SSPs have been issued with regards to supply of HRT products. These were noted.

22/121.2 Atorvastatin 10mg chewable (SSP 032) and paracetamol 120mg suppositories (SSP 033)

The Lead Pharmacist, Barnsley CCG presented the SSPs for information. SSP 033 is active from 31 May 2022 to 26 August 2022, noting that the pharmacy can provide a slightly different strength suppository (125mg against the 120mg) and SSP 032 is active from 31 May 2022 to 12 August 2022, noting that the pharmacy can either dispense the standard film coated tablets or the solution depending on what is considered appropriate for the individual patient.

APC 22/122 PATIENT SHARPS BIN DISPOSAL POINTS

The Community Pharmacist advised that up until 2015 patient sharps bin collection was a responsibility of the council. Following an

incident in 2015, there was an agreement with SWYPFT that this would be managed through the LIFT sites or through other suitable SWYPFT premises. Since 2015 there has been a list of premises where patients can take their sharps bins for collection. Earlier this year, safety concerns were raised, and it was decided to stop the bin collections at the LIFT/SWYPFT sites, advising patients to take them back to their GP practice.

It was noted that Barnsley CCG recently issued a position statement that as a temporary measure, disposal points would be at GP practices.

The Community Pharmacist raised this with the APC for awareness of the safety concern and that work was ongoing to ensure patients are not compromised immediately and discussions continue with the CCG and council regarding accepting long term responsibility. It was noted that the NHS England website states that it is the responsibility of the council. Any update will be brought back to the next meeting.

It was agreed that any issues identified should be reported to APC reporting to understand if any patients are being compromised with these arrangements.

Agreed action: -

- Any update would be brought back to the Committee.

CL/TB

APC 22/123 DRAFT BARNSELY PLACE INTEGRATED CARE BOARD APC GOVERNANCE ARRANGEMENTS

The Head of Medicines Optimisation presented enclosure K, summarising the Integrated Care Board (ICB) delegation. This shows the internal and external delegation working with provider colleagues and the local authority, capturing the collaboration of work.

In terms of the APC, the Committee sits within the internal delegation with the majority of the work to be delegated to 'place' with a committee structure agreed.

Referring to the Barnsley Medicines/APC Governance draft structure, the governance arrangements continue with no change. The terms of reference will need to be reviewed as will the commitment of the provider organisations to working with the APC.

By 1st July 2022, a Board fit for purpose will be in place to meet the statutory requirements. The Barnsley Place Partnership Group Committee will take longer to put in place but will be in shadow form by 1st July 2022.

Agreements made around the delegation of the scope is that there will be a Barnsley 'place' Quality Committee and a Barnsley 'place' Finance Committee. The key differences will be the clinical representation. We have been advised to continue with current committee arrangements until told otherwise but there will be a process of review of the different functions and structures.

The Integrated Pharmacy and Medicines Optimisation Board (IPMO) has been established and is working interim now. A function of the Committee is the oversight and delivery of the IPMO plan and a copy of the first draft has been shared with APC members. The IPMO Board asked that a Barnsley Pharmacy Leadership Group be established, and this has been with Terms of Reference agreed. This group starting meeting at the beginning of COVID but has now been formalised and will feed into the IPMO Board.

Under the IPMO plan, there is an APC co-ordination workstream and there has been a meeting looking at how to coordinate and increase efficiency across APCs and reduce workload. A list has been suggested including NICE TAs and shared care protocols, but the draft plan is yet to be agreed. There would need to be a group that linked the APCs rather than replacing the APCs and an APC within each place-based area was expected to continue.

In summary, the good work would continue, maintaining and stabilising the health economy.

The Community Pharmacist noted that the contract is moving from NHS England to the ICB from April 2023, including all other providers such as dentists, opticians, and pharmacists.

APC 22/124 SHARED CARE GUIDELINES / AMBER G SHARED CARE GUIDELINES

No guidelines to approve this month.

APC 22/125 FORMULARY REVIEWS

22/125.1 Formulary Review Plan (for information)

The formulary review plan was received for information.

APC 22/126 NEW PRODUCT APPLICATION LOG

The new product application log was received for information.

APC 22/127 BARNSELY APC REPORTING

22/127.1 APC Reporting April 2022

The Lead Pharmacist, Barnsley CCG presented the enclosure showing reports received directly into the APC reporting mailbox. There were 23 APC reports received for the month of April 2022.

22/127.2 APC Reporting April 2022 Key Themes

The summary report was presented, showing 79 reports in total, including 23 APC reports and 56 interface queries received directly within BHNFT for the month of April.

The most common key theme reported this month was D1 communication with others spread across a range of category areas.

Details relating to several significant issues were shared and noted.

BAPC22/04/16 was discussed noting general issues reported associated with hospital telephone appointments which commenced during COVID, with practices receiving lots of queries and requests from patients to prescribe medication which can result in treatment

delays as referred to earlier in relation to another APC report. Practices have asked if EPS prescribing can be considered by the hospital.

The Lead Pharmacist, Barnsley advised the Committee, that although not included in this report, recent examples have been reported relating to D1s received in primary care without the TTO section included, noting that separate discussions and actions have taken place and that practices affected have been sent the TTO section on a separate report and this has been communicated to practices.

It was requested that the APC summary report be shared with Dr Gupta prior to attendance at the LMC meetings.

NB

22/127.3

APC Reporting April 2022 Interface Issues

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

APC 22/128

NEW NICE TECHNOLOGY APPRAISALS (MAY 2022)

22/128.1

NICE TAs May 2022

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

- TA791 Romosozumab for treating severe osteoporosis

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

- HST20 Selumetinib for treating symptomatic and inoperable plexiform neurofibromas associated with type 1 neurofibromatosis in children aged 3 and over
- TA788 Avelumab for maintenance treatment of locally advanced or metastatic urothelial cancer after platinum-based chemotherapy*
- TA789 Tepotinib for treating advanced non-small-cell lung cancer with MET gene alterations*
- TA790 TYRX Absorbable Antibacterial Envelope for preventing infection from cardiac implantable electronic devices (**terminated appraisal**)

* These 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.

22/128.2

Feedback from BHNFT Clinical Guidelines and Policy Group

There was nothing relevant to report.

22/128.3

Feedback from SWYPFT NICE Group

There was nothing relevant to report.

APC 22/129

FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

22/129.1

Primary Care Quality & Cost-Effective Prescribing Group (QCEPG)

There was nothing relevant to report.

22/129.2

BHNFT

There was nothing relevant to report.

- 22/129.3 SWYPFT Drug and Therapeutics Committee
There was nothing relevant to report.
- 22/129.4 Community Pharmacy Feedback
The Community Pharmacist advised that during June/July the council and the CCG are undertaken work to promote the Hypertension Case Finding Service with community pharmacy. This will be promoted in 2 PCN areas initially (Dearne and the North).
- 22/129.5 Wound Care Advisory Group
The update was deferred to the next meeting.
- APC 22/130 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)**
The Malnutritional Triangle Pilot would be escalated to the Q&PSC, and it was noted that APC Reporting is taken routinely to the meeting. **CL**
- APC 22/131 SPS NEW MEDICINES NEWSLETTER (APRIL 2022)**
The Committee assigned the following classifications to the products listed below: -
- Eravacycline (Xerava®) – non-formulary provisional red
 - Fidaxomicin (Dificlir®) – formulary amber G. Amber G guideline will be developed. **JH/DC**
 - Finerenone (Kerendia®) – non-formulary provisional red
 - Morphine sulphate (Actimorph®) – non-formulary provisional grey
 - Progesterone 200mg vaginal capsule (Utrogestan®) – non-formulary provisional red
 - Ruxolitinib (Jakavi®) – non-formulary provisional red
- Other
- Ciclosporin 1mg/ml eye drops emulsion (Ikervis®) – formulary amber G. Amber G guideline will be developed. **JH/DC**
 - Sertraline 50mg and 100mg tablets, and liquid – already formulary green (wording change only)
 - Sertraline 25mg tablets – formulary grey
- APC 22/132 MHRA DRUG SAFETY UPDATE (MAY 2022)**
The update was noted with the following information highlighted relevant to primary care: -
Denosumab 60mg (Prolia): should not be used in patients under 18 years due to the risk of serious hypercalcaemia
Serious and life-threatening hypercalcaemia has been reported with denosumab 60mg (Prolia) in children and adolescents in clinical trials for osteogenesis imperfecta and during off-label use. Denosumab 60mg (Prolia) is authorised for use in adults with osteoporosis and other bone loss conditions – it should not be used in children and adolescents younger than 18 years.
- APC 22/133 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC)**
There was nothing relevant to report.

**APC 22/134 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE
MINUTES (FOR INFORMATION)**

The minutes from NHS Doncaster and Bassetlaw CCG (28th April 2022) and NHS Sheffield CCG (20th April) were received and noted.

APC 22/135 ANY OTHER BUSINESS

22/135.1

DMARD Guideline

The Medicines Management Pharmacist, Barnsley CCG advised that the Rheumatologists had asked that the hydroxychloroquine section of the DMARD guideline be updated in line with the Royal College of Ophthalmology updated guidelines. This is currently being progressed and should there be a delay, a note will be added to the BEST website to advise this is being updated.

JH

APC 22/136 DATE AND TIME OF THE NEXT MEETING

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

ADOPTED