

**Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on  
Wednesday, 13<sup>th</sup> July 2022 via MS Teams**

**MEMBERS:**

Chris Lawson (Chair)	Head of Medicines Optimisation (SYICB, Barnsley)
Tom Bisset (from 22/146)	Community Pharmacist (LPC)
Dr Kapil Kapur	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 (SYICB, Barnsley)
Deborah Cooke	Lead Pharmacist (SYICB, Barnsley)
Joanne Howlett	Medicines Management Pharmacist (SY ICB, Barnsley)
Gillian Turrell (up to 22/142)	Lead Pharmacist (BHNFT)
Tsz Hin Wong	Senior Interface Pharmacist (BHNFT)

**APOLOGIES:**

Professor Adewale Adebajo	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
Dr Rebecca Hirst	Palliative Care Consultant (Barnsley Hospice)

**ACTION  
BY**

**APC 22/137 QUORACY**

The meeting was quorate.

**APC 22/138 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 South Yorkshire ICB (Barnsley), 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 22/139 DRAFT MINUTES OF THE MEETING HELD ON 15<sup>th</sup> JUNE 2022**

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

The Lead Pharmacist, BHNFT had advised by email that NICE TA775 Dapagliflozin for treating chronic kidney disease was applicable for use at BHNFT however clarity regarding the formulary traffic light classification was sought. It was currently non-formulary provisional red but confirmed that this would be classified formulary amber-G.

**Agreed action: -**

- Amber G guidance to be produced.

**GT**

## APC 22/140 MATTERS ARISING AND APC ACTION PLAN

22/140.1

### Edoxaban Antidote

The Lead Pharmacist, BHNFT advised that the Trust have adopted the NICE TA for the Andexanet alpha (Ondexxya®) which is licensed for the reversal of anticoagulation with rivaroxaban or apixaban in life threatening GI bleeds only. This doesn't currently cover edoxaban. Any other bleeds outside of the TA which are non-life threatening or non-GI would be managed by factor concentrates, which would be the same with edoxaban with patients treated as they would have been treated prior to the antidote being available. The Lead Pharmacist plans to send comms around the Trust to highlight the slight difference in management.

The Lead Pharmacist, SYICB advised that some areas have included information on their formularies that andexanet alpha may be used off-label in severe indications for edoxaban, and therefore queried if any wording should be added to the Barnsley formulary. The Lead Pharmacist, BHNFT clarified that until this had been assessed by the Trust, and to avoid confusion, no information should be added to the formulary. This would need to be discussed with the haematologists and ED consultants and those that would be managing the bleeds.

22/140.2

### Action Plan - other

#### Target Dates

All were asked to review actions listed on the action plan and advise of any amendments, taking into consideration the discussion around setting longer target dates for lower priority items.

**ALL**

It was suggested that the standard 3-month target date set when an action arises may be reviewed taking into consideration higher and lower priority items.

22/140.3

### D1 Letter/Audit

The Head of Medicines Optimisation advised that a paper summarising the APC issues with details from some APC reports was presented to the Clinical Quality Board (CQB), also attended by the Chief Pharmacist, Medical Director, and Deputy Director of ICT BHNFT.

At the meeting, the issues were formally escalated, and it was felt that a lot of the issues had been shut down, however since that meeting another issue has arisen with a significant number of reports received concerning formatting of D1s.

At the CQB, the Medical Director confirmed that the D1 Task and Finish Group continue to meet and that when appropriate, primary care colleagues could be invited to join a future meeting. The Chief Pharmacist confirmed that the group has been reconvened and fortnightly meetings arranged with immediate effect to pick up D1 issues.

In the meantime, it was agreed that the meeting with the Deputy Director of ICT would be progressed where access to BHNFT IT systems for MMT and SWYPFT staff can be discussed.

The Head of Medicines Optimisation thanked the Chief Pharmacist, appreciating the pressure that the pharmacy team and Trust are currently under with this, noting primary care want to try and be as supportive as possible to resolve these issues and ease the pressure it's causing in primary care.

**Agreed action: -**

- Meeting with the Deputy Director of ICT to be arranged.

**MS**

**APC 22/141 BARNSELY LIPID MANAGEMENT FOR PRIMARY PREVENTION OF CARDIOVASCULAR DISEASE IN ADULTS (NEW) AND BARNSELY SEVERE HYPERLIPIDAEMIA PATHWAY (NEW)**

The Medicines Management Pharmacist presented the guidelines which have been adapted for Barnsley from the NHS Accelerated Access Collaborative Summary of National Guidance for Lipid Management for Primary and Secondary Prevention of CVD. A Barnsley Lipid Management for Secondary Prevention of CVD in Adults guideline is in development.

Feedback has been received from the Lipid Management Group and this has been incorporated. The guidelines have also been to the specialists at BHNFT, but no feedback or comments have been received.

Local changes to the guideline include that bempedoic acid has an amber G classification on the Barnsley Formulary and an amber G guideline is in development.

Where referral is required to a lipid clinic other than for familial hypercholesterolaemia (FH), the guidance advises primary care clinicians to contact Medicines Information at BHNFT for advice and guidance in the absence of a Barnsley Lipid Clinic. For referrals to Sheffield for FH, reference has been made to the referral pathway within the Severe Hyperlipidaemia Guideline.

On approval of this guideline, rosuvastatin would be the second line choice of statin on the Barnsley Formulary which may be used as an alternative to atorvastatin (first line choice of statin) if compatible with other drug therapy.

It was suggested that fluvastatin (low/medium intensity statin) be assigned a formulary grey classification (previously formulary green) due to its high cost in relation to alternative statins.

The Head of Medicines Optimisation noted an issue raised by the LMC around the potential workload associated with implementing these guidelines and the requirement for some clarity around at what point clinicians would start treatment. A further discussion has taken place with Dr Bannon and it has been agreed that if we support primary care with development of a template for the GP systems and also with education and training, the LMC would be happy to endorse approval of these guidelines.

The recommendations around rosuvastatin and fluvastatin were accepted by the Committee.

The Committee approved the Barnsley Lipid Management for Primary Prevention of Cardiovascular Disease in Adults and the Barnsley Severe Hyperlipidaemia Pathway guidance.

**Agreed action: -**

- A template for the GP systems would be developed and education and training provided to support primary care with implementing the guidelines.

**CL/DC/  
ICB MMT**

**APC 22/142 WOUND CARE ADVISORY GROUP**

The Head of Medicines Optimisation provided an update from the last meeting, noting key issues discussed.

ONPOS Rollout

An evaluation has been undertaken before and after the implementation of ONPOS showing extremely positive outcomes in terms of reducing the access time for the wound care products, reducing nursing time and reducing waste.

PEG H Pathway

The PEG H pathway regarding over granulation around PEG sites has been reviewed in regard to its implementation across BHNFT. This has been taken back for further discussion.

Leg Ulcer Joint Pathway

The Group looked at the leg ulcer joint pathway regarding the education and support for implementation and how to maximise the numbers of nurses trained. A number of approaches were discussed.

An issue with secondary care services was highlighted regarding nurses that are not trained and how to manage patients in line with the pathway and the risk around removal of compression garments which compromises the patient regarding the wound healing.

Acknowledging different order routes, the choice of products within the formulary continues to be reviewed for best outcomes for patients as well as meeting the requirements of the nurses in terms of what they can order.

Pressure Ulcer Pathway

The Group considered the podiatry services and how they approach the coding and the management of the ulcers. Work is being undertaken outside of the Group.

A new product, Stratafix which is a dressing applied at operation and used instead of stitching was discussed regarding the need to ensure all nurses are trained on the use of the dressing prior to its introduction to ensure nurses and/or patients do not remove the dressing without realising the significance of it and potential issues/incidents because of that.

The Head of Medicines Optimisation would provide a detailed update to the APC about wound care on a bi-monthly basis.

**APC 22/143 SHARED CARE GUIDELINES / AMBER G SHARED CARE GUIDELINES**

No guidelines to approve this month.

**APC 22/144 FORMULARY REVIEWS**

22/144.1 Formulary Review Plan (for information)

The formulary review plan was received for information, with no changes from last month. There were 4 remaining sections yet to be reviewed and presented to the Committee.

It was highlighted that the first review of the CNS section was completed in February 2021 and therefore approaching 18 months since review undertaken, noting the potential risk that some of the recommendations within that may be out of date when the second review is undertaken.

**APC 22/145 NEW PRODUCT APPLICATION LOG**

The new product application log was received for information.

**APC 22/146 BARNSELY APC REPORTING**

22/146.1 APC Reporting May 2022

The Lead Pharmacist, Barnsley CCG presented the enclosure showing reports received directly into the APC reporting mailbox. There were 16 APC reports received for the month of May 2022.

22/146.2 APC Reporting May 2022 Key Themes

The summary report was presented, showing 60 reports in total, including 16 APC reports and 44 interface queries received directly within BHNFT for the month of May 2022.

The most common key themes reported this month were D1 communication, accounting for a significant proportion of the reports, shared care issues, GP communication issues and medication supply issues.

It was acknowledged that all reports were important to highlight but details relating to a small number of significant issues were shared and noted.

A significant number of reports have since been received relating to the formatting issues referred to at APC 22/140.3. It was also noted that combined issues are being reported with formatting issues and multiple D1s being sent.

The Head of Medicines Optimisation advised that it was discussed at the LMC that information being reported to Clinical IT Systems should be shared with Dr Gupta and the Lead Pharmacist, SYICB would send this information through to Dr Gupta. The APC summary report would also be shared directly with Dr Gupta prior to attendance at the LMC meetings.

The Lead Pharmacists at SYICB and BHNFT were thanked for their support with pulling together these reports and for the associated work following up on issues reported through the APC reporting and interface mailboxes.

**DC  
NB**

The Chief Pharmacist advised that BHNFT had successfully recruited to the Senior Interface Pharmacist post but due to critical staffing vacancies within the Trust and COVID pressure etc, they were currently unable to release that person to support the interface work.

The Community Pharmacist referred to and discussed in further detail BAPC22/05/06 about communication not being sent to community pharmacy from GP practices regarding medication changes. The Lead Pharmacist, SYICB advised that further information had been requested from the GP practice involved and the response would be shared on receipt for the Lead Pharmacist, Head of Medicines Optimisation and Community Pharmacist to decide if any further action was required.

DC

The Chief Pharmacist, BHNFT opened a discussion around reviewing Barnsley patients on MDS to ensure all MDS patients were appropriate to be on those devices, with reference made to work undertaken across Rotherham in collaboration with the council/social care which had a significant impact in lowering the numbers of MDS patients in Rotherham. It was noted that work had started in Barnsley pre-COVID, working with community pharmacies to review MDS patients but this was put on hold. The Community Pharmacist advised that this is on the IPMO workplan with the Chief Pharmacist from Rotherham FT leading on it.

22/146.3

APC Reporting May 2022 Interface Issues

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

APC 22/147

**NEW NICE TECHNOLOGY APPRAISALS (JUNE 2022)**

22/147.1

NICE TAs June 2022

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

- TA796 Venetoclax for treating chronic lymphocytic leukaemia

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

- TA793 Anifrolumab for treating active autoantibody-positive systemic lupus erythematosus (**terminated appraisal**)
- TA794 Diroximel fumarate for treating relapsing–remitting multiple sclerosis
- TA797 Enfortumab vedotin for previously treated locally advanced or metastatic urothelial cancer (**terminated appraisal**)
- TA798 Durvalumab for maintenance treatment of unresectable non-small-cell lung cancer after platinum-based chemoradiation
- TA801 Pembrolizumab plus chemotherapy for untreated, triple-negative, locally recurrent unresectable or metastatic breast cancer\*
- TA802 Cemiplimab for treating advanced cutaneous squamous cell carcinoma

\* 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.

The Lead Pharmacist, BHNFT to **advise** if the following NICE TAs are applicable for use at BHNFT: -

- TA792 Filgotinib for treating moderately to severely active ulcerative colitis
- TA795 Ibrutinib for treating Waldenstrom's macroglobulinaemia
- TA799 Faricimab for treating diabetic macular oedema
- TA800 Faricimab for treating wet age-related macular degeneration
- TA804 Teduglutide for treating short bowel syndrome

22/147.2 Feedback from BHNFT Clinical Guidelines and Policy Group  
There was nothing relevant to report.

22/147.3 Feedback from SWYPFT NICE Group  
There was nothing relevant to report.

**APC 22/148** **FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS**  
22/148.1 Primary Care Quality & Cost-Effective Prescribing Group (QCEPG)  
There was nothing relevant to report.

22/148.2 BHNFT  
The Chief Pharmacist referred to the issues already discussed around third-party providers for IT impacting on the formatting of D1s in primary care.

The Committee were advised for information that the Trust, who currently still treat Oramorph® 10mg/5ml as a full controlled drug, are looking at deregulating Oramorph®. This was due to nurse capacity where 2 nurses are required to check prior to administration; and to ensure Oramorph® is used appropriately and where required for PRNs.

The Lead Pharmacist, SWYPFT advised that the SWYPFT Drug and Therapeutics Committee had recently discussed Oramorph® dosing errors and reports of a number of unintentional overdoses. SWYPFT have discussed moving away from Oramorph® liquid, possibly using morphine tablets to reduce likelihood of overdose.

The Lead Pharmacist, BHNFT would share the concerns raised by SWYPFT into the Medicines Management Committee and Medicines Operational Group, noting that increasing Oramorph® usage may result in more incidents happening in primary care post discharge.

The Chief Pharmacist, BHNFT referred to discussions within the pain community around immediate release versus modified release morphine preparations, noting that more information has been requested from the pain team.

**Agreed actions: -**

- The Chief Pharmacist, BHNFT to take back the concerns raised around the liquid formulation.

22/148.3 SWYPFT Drug and Therapeutics Committee  
The Lead Pharmacist fed back around the supply issues with some formulations of aripiprazole and the management of this. SWYPFT

have shared a memo with their recommended approach. Forms affected are aripiprazole 10mg and 15mg tablets and orodispersible 10mg which are the most commonly used forms. There are currently still 5mg tablets, 15mg orodispersible tablets, 30mg tablets and the liquid formulation available. The memo advises not to initiate any new prescriptions for aripiprazole during the period of shortage to conserve supplies for those patients established on treatment; and transferring existing patients to other formulations of aripiprazole.

**Agreed action: -**

- The memo to be shared with primary care colleagues.

DC

22/148.4 Community Pharmacy Feedback

There was nothing relevant to report. Virtual wards were briefly discussed.

**APC 22/149 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)**

The lipid guidance approved, and the potential workload associated with implementing these guidelines for primary care would be noted at the Q&PSC. It was noted that APC Reporting is taken routinely to the meeting.

CL

**APC 22/150 SPS NEW MEDICINES NEWSLETTER (MAY 2022)**

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

- Macimorelin (Ghryvelin®) – non-formulary provisional red
- Mobocertinib (Exkivity®) – non-formulary provisional red
- Netilmicin (Nettacin®) 3mg in 1mL eye drops in single dose container – non-formulary provisional red
- Netilmicin + dexamethasone (Netildex®) 3mg/1mg in 1mL eye drops in single dose container – non-formulary provisional red
- Odevixibat (Bylvay®) – non-formulary provisional red
- Olanzapine (Zyprexa®) injection – non-formulary provisional red
- Somatrogon (Ngenla®) – non-formulary provisional red

The Head of Medicines Optimisation spoke of the different approaches of other APCs across South Yorkshire with assigning product classifications, noting this may be an area of work to manage more collectively and have the same approach to assigning classifications.

**APC 22/151 MHRA DRUG SAFETY UPDATE (JUNE 2022)**

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

Metformin and reduced vitamin B12 levels: new advice for monitoring patients at risk

Decreased vitamin B12 levels, or vitamin B12 deficiency, is now considered to be a common side effect in patients on metformin treatment, especially in those receiving a higher dose or longer treatment duration and in those with existing risk factors. We are therefore advising checking vitamin B12 serum levels in patients being treated with metformin who have symptoms suggestive of



vitamin B12 deficiency. We also advise that periodic monitoring for patients with risk factors for vitamin B12 deficiency should be considered.

**Agreed action: -**

- This would be considered further to identify any required work in primary care.

DC

Roche Accu-Chek Insight insulin pump with NovoRapid PumpCart insulin cartridges: alert following cases of insulin leakage

We have issued a National Patient Safety Alert following serious reports of harm associated with insulin leakage during use of the Accu-Chek Insight Insulin pump with NovoRapid PumpCart prefilled insulin cartridges. Patients should be moved onto alternative insulin pumps where possible.

The Head of Medicines Optimisation advised that the Barnsley diabetes service are looking to bring patients in early, offering them a change of insulin pump.

**APC 22/152 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC)**

There was nothing specific to report from the RMOC.

The Head of Medicines Optimisation fed back from the last IPMO Board meeting and agreed to share relevant documents discussed with APC members to review in more detail at the next APC meeting.

There was a proposed restructure of the current Board membership, posing difficulty in Barnsley around representation; and proposed reprioritisation of IPMO workstreams to give additional focus to those areas.

**Agreed action: -**

- The Head of Medicines Optimisation to share relevant documents from the last IPMO Board meeting.

CL

**APC 22/153 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES (FOR INFORMATION)**

The minutes from NHS Doncaster and Bassetlaw CCG (26<sup>th</sup> May 2022) and NHS Sheffield CCG (19<sup>th</sup> May 2022) were received and noted.

**APC 22/154 ANY OTHER BUSINESS**

22/154.1

New Injectable Formulations

The Lead Pharmacist, SWYPFT referred to 2 new licensed formulations; Risperidone prolonged release injection (Okedi®) and Paliperidone prolonged release injection (Trevicta®), noting that these were not currently listed on the formulary. It was expected that both would be classified red for specialist initiation and maintenance. It was agreed that details would be shared with the Lead Pharmacist and Medicines Management Pharmacist, SYICB for inclusion with next month's SPS Newsletter.

**Agreed action: -**

- Details to be shared with the Lead Pharmacist and Medicines Management Pharmacist, SYICB for inclusion with next month's SPS Newsletter.

**MP  
JH**

22/154.2

Out of Stock Communication

The Community Pharmacist referred to a tier 2 supply notification from NHS England regarding promethazine hydrochloride 25mg; with a general query raised around communicating out of stock notifications to GP practices to advise they stop prescribing. It was agreed that the communication and management process within primary care in relation to out of stock medicines would be looked at outside of the meeting.

The Lead Pharmacist, SWYPFT advised that SWYPFT were looking at their internal process about issuing guidance on management when notified about supply issues and offered to cascade this information to support primary care.

**Agreed action: -**

- Communication and management process within primary care in relation to out of stock medicines would be looked at outside of the meeting.

**DC**

**APC 22/155 DATE AND TIME OF THE NEXT MEETING**

The time and date of the next meeting was confirmed as Wednesday, 10<sup>th</sup> August 2022 at 12.30 pm via MS Teams.