

**Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on
Wednesday, 10th August 2022 via MS Teams**

MEMBERS:

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| Chris Lawson (Chair) | Head of Medicines Optimisation (SYICB, Barnsley) |
| Professor Adewale Adebajo | Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT) |
| Tom Bisset | Community Pharmacist (LPC) |
| Dr Mehrban Ghani (from 22/159.3) | Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs) |
| Sarah Hudson | Deputy Chief Pharmacist (SWYPFT) |
| Dr Jeroen Maters | General Practitioner (LMC) |
| Dr Abdul Munzar | General Practitioner (LMC) |
| Mike Smith (up to 22/168.5) | Chief Pharmacist (BHNFT) |

IN ATTENDANCE:

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| Nicola Brazier | Administration Officer (SYICB, Barnsley) |
| Joanne Howlett | Medicines Management Pharmacist (SY ICB, Barnsley) |
| Gillian Turrell | Lead Pharmacist (BHNFT) |
| Tsz Hin Wong | Senior Interface Pharmacist (BHNFT) |

APOLOGIES:

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|------------------|---|
| Deborah Cooke | Lead Pharmacist (SYICB, Barnsley) |
| Dr Rebecca Hirst | Palliative Care Consultant (Barnsley Hospice) |
| Dr Kapil Kapur | Consultant Gastroenterologist (BHNFT) |
| Mark Payne | Lead Pharmacist (SWYPFT) |

**ACTION
BY**

APC 22/156 QUORACY

The meeting was quorate. Tsz Hin Wong was welcomed to the meeting.

APC 22/157 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), 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 the recommended PrescQIPP guidance and a full list is available on the website. There was one applicable to today's agenda, associated with respiratory/COPD update and it was noted that the Head of Medicines Optimisation would exclude herself from any decision making associated with that agenda item.

APC 22/158 DRAFT MINUTES OF THE MEETING HELD ON 13th JULY 2022

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

22/158.1 Patient Sharps Bin Disposal Points

The Community Pharmacist enquired about a progress update following discussion at the June 2022 APC meeting where the temporary measure of disposal points at GP practices was in place.

The Head of Medicines Optimisation was following this up with primary care colleagues regarding BMBC taking on this service. Feedback would be provided to the Community Pharmacist outside of the meeting.

CL

APC 22/159 MATTERS ARISING AND APC ACTION PLAN

22/159.1 NICE TAs (June 2022)

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

- TA792 Filgotinib for treating moderately to severely active ulcerative colitis
- TA799 Faricimab for treating diabetic macular oedema
- TA800 Faricimab for treating wet age-related macular degeneration

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

- TA795 Ibrutinib for treating Waldenstrom's macroglobulinaemia (not recommended)
- TA804 Teduglutide for treating short bowel syndrome

Action Plan - other

22/159.2 ED Antibiotic Prescribing

The Lead Pharmacist, BHNFT presented the 12-month usage report, showing the number of courses issued rather than individual tablets. This was presented with the previous year's data, shown as a comparator. In general, the data shows that antibiotic usage has reduced significantly, noting that co-amoxiclav which was previously highlighted for its high usage at the Trust, has gone from 1,771 courses to 806 courses. The higher usage antibiotics are amoxicillin, clarithromycin, co amoxiclav and flucloxacillin which are standard first line antibiotics. Usage of ciprofloxacin and doxycycline has increased but the reasons associated with the increase were unknown and it was not known if this was a trend across the Trust. This could possibly be related to respiratory issues post-COVID or penicillin allergy.

This information has been shared with consultants to review at the antimicrobial stewardship meetings.

The Head of Medicines Optimisation referred to a discussion with Philip Howard, Regional Lead for Antimicrobial Stewardship, who advised region were looking at a 'place' dataset which will analyse all Barnsley antibiotic prescribing data. This was noted for awareness and information will be brought to the Committee when received. Following the antibiotic usage reduction at BHNFT and the 'place' dataset being progressed, it was agreed to remove ED antibiotic prescribing from the action plan.

There was a query from the GP (AM) regarding the guidance followed when a patient is switched from co-amoxiclav IV to oral, and the reasons associated with a switch to co-amoxiclav rather than amoxicillin, noting that patients often then request further supply of co-amoxiclav in primary care in line with the consultant's chosen antibiotic. It was noted that the guidance was to step down to oral but

doesn't specify which oral antibiotic however there are clinical reasons why a patient might be given oral co-amoxiclav. The Lead Pharmacist, BHNFT would refer this query to the microbiologists and raise with the antimicrobial stewardship group regarding clinical audit.

Agreed actions: -

- The regional/Barnsley antibiotic prescribing data to be brought to the Committee when available.
- ED antibiotic prescribing to be removed from the action plan.
- The Lead Pharmacist, BHNFT to refer the co-amoxiclav query to the microbiologists and raise with the antimicrobial stewardship group regarding clinical audit.

CL

NB
GT

22/159.3

Smoking Cessation

The Head of Medicines Optimisation and Dr Lisa Wilkins have briefly discussed the potential changes to the service delivery model once the community pharmacy and national service comes in. The view taken was that there will be sufficient pharmacists that want to deliver/make the supplies in addition to also delivering against the national community pharmacy service. The Community Pharmacist did express concerns around workforce capacity, but this would be managed once the national service comes in.

It was recognised that more services were being offered by community pharmacy and the Community Pharmacist provided a detailed update on the service-based model, noting concerns around funding and staffing capacity. It was noted that community pharmacies would be reviewing the services they provide in the coming years based on staffing capacity to deliver services.

The Head of Medicines Optimisation advised that we were working with the LPC and colleagues looking at services they can delivery most efficiently.

Agreed action: -

- Smoking cessation to be removed from the action plan.

NB

22/159.4

Freestyle Libre

The Medicines Management Pharmacist, SY ICB (Barnsley) referred to a query received from a GP practice asking if the Barnsley guidance would be updated in line with the updated NICE guidance, with freestyle libre now recommended by NICE for insulin dependent type 2 diabetes patients.

It was noted that currently the Barnsley guidance refers to access for type 2 diabetes patients with learning disabilities, but the new NICE guidance recommends wider access.

It was confirmed that the guidance would be updated in line with the NICE guidance.

Agreed action: -

- Freestyle Libre guidance to be updated in line with the new NICE guidance recommending wider access.

SYICB
CP/JH

APC 22/160 MUCOLYTIC PRESCRIBING GUIDANCE (NEW)

The Medicines Management Pharmacist, SY ICB (Barnsley) presented the guidance which would be used to support the Medicines Optimisation Scheme workstream where practices are going to be reviewing patients prescribed carbocisteine in line with local and the national guidance.

Comments received from specialists at BREATHE and BHNFT were noted in the meeting around carbocisteine and patients not always being reviewed and moved from the loading dose to the maintenance dose with some patients preferring the once daily NACSYS®; as well as the place in therapy, noting that when the new product application came to the APC it was agreed to place them as equal options on the formulary as there is no evidence for the prescribing of one mucolytic in favour of the other.

It was noted that at present carbocisteine loading and maintenance doses were less expensive than NACSYS®.

This guidance would be going to the September LMC meeting; however, a response had been received from Dr Bannon confirming she was happy with it from an LMC perspective.

The sodium content was highlighted, and concern was raised for its use in hypertensive patients. It was agreed to add a note of caution regarding the sodium content and link to hypertension.

Subject to the above note being added, the Committee approved the guidance.

Agreed actions: -

- A note of caution would be added regarding sodium content and link to hypertension.
- Guidance to be taken to the September LMC meeting.

JH

JH

APC 22/161 MANAGEMENT OF STABLE COPD (UPDATE)

The Medicines Management Pharmacist, SY ICB (Barnsley) presented the guidance with minor updates highlighted.

It was noted that Trixeo® has been added in line with the new product application approved in February 2022 and Fobumix® Easyhaler® and Luforbec® MDI (cost effective alternative to Fostair® MDI in primary care) have been added in line with the QIPP paper that came to the Committee in April 2022. The carbon footprint and price information has also been updated.

An error had been noticed with regards to budesonide content of Trixeo® and this will be amended to 160mcg.

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

APC 22/162 CENOBAMATE

The Medicines Management Pharmacist, SY ICB (Barnsley) presented the guidance on behalf of the Lead Pharmacist, SY ICB

(Barnsley). This was produced for community pharmacies following contact from the Epilepsy Lead Consultant at the Royal Hallamshire Hospital, who also covers Barnsley, concerned to hear that some pharmacies in Barnsley were not able to fulfil prescriptions for cenobamate due to ordering issues resulting in patients not being able to obtain it.

Cenobamate (Ontozry®) is currently only available from Phoenix Healthcare and ordering information was suggested in the guidance.

The Community Pharmacist did not feel the solution was to set up a wholesaler account for a single product but suggested it might be easier for pharmacies to contact the manufacturer direct regarding getting hold of the product.

It was noted that this is a shared care product and suggested that it would be helpful to provide reasonable notice to community pharmacy to avoid delays in obtaining cenobamate. It was suggested wording be included within the shared care guideline to ensure that reasonable notice is given to community pharmacy. As the shared care guideline is a collaborative document, the Medicines Management Pharmacist would take this suggestion back to Sheffield.

It was also suggested that central prescribers/epilepsy nurses advise patients about providing reasonable notice to community pharmacy and it was agreed that the Deputy Chief Pharmacist, SWYPFT would take this back to the epilepsy nurses in the interim whilst working on this through the shared care.

It was felt that the Cenobamate (Ontozry®) information for community pharmacies was helpful, acknowledging there are some problems with supply at the moment but noting we are working through those problems and looking to provide as much information as possible to try and alleviate the problem.

Agreed actions: -

- The Medicines Management Pharmacist to contact Sheffield regarding the request to include wording in the collaborative shared care guidance around giving reasonable notice to community pharmacy. **JH**
- The Deputy Chief Pharmacist, SWYPFT to contact the epilepsy nurses regarding them advising patients about providing reasonable notice to community pharmacy. **SH**

APC 22/163 SHARED CARE GUIDELINES / AMBER G SHARED CARE GUIDELINES

No guidelines to approve this month.

APC 22/164 FORMULARY REVIEWS

22/164.1 Formulary Review Plan

The formulary review plan was not circulated as there were no changes to note from last month.

APC 22/165 NEW PRODUCT APPLICATION LOG

The new product application log was received for information.

APC 22/166 BARNSELY APC REPORTING

22/166.1 APC Reporting June 2022

The Medicines Management Pharmacist, SY ICB (Barnsley) presented the enclosure showing reports received directly into the APC reporting mailbox. There were 38 APC reports received for the month of June 2022.

22/166.2 APC Reporting June 2022 Key Themes

The summary report was presented, showing 71 reports in total, including 38 APC reports and 33 interface queries received directly within BHNFT for the month of June 2022.

The common key themes reported this month include D1 communication, formulary or guideline related reports, other hospital communication, dispensing errors, and medicines administration errors.

Details relating to a number of significant issues were shared and noted.

It was noted that in relation to reports to prescribe Efudix® (5-fluorouracil 5% cream) or Aldara® (imiquimod 5% cream), the Head of Medicines Optimisation plans to contact Dr Baxter regarding the awaited specialist feedback to progress the shared care guidelines in development for use of these amber drugs in actinic keratosis.

The Chair, Barnsley Healthcare Federation CIC referred to the ICS risk register, asking the APC for endorsement that the D1 issue remain on the risk register. The Head of Medicines Optimisation advised that she had been asked to review the Barnsley 'place' risk register, confirming that the D1 issue remain, and therefore supported this request.

It was acknowledged that the data presented related to issues reported in June, noting that issues around the formatting have largely been resolved. The Chief Pharmacist, BHNFT understood that the D1 issue was expected to be discussed at the Clinical Quality Board and asked for feedback. The Head of Medicines Optimisation would be attending the meeting and would provide any feedback available.

Concern was raised in relation to the oramorph/oxycodone report, querying resolution of process error. It was noted that APC reporting is additional to usual internal organisation reporting mechanisms.

The Head of Medicines Optimisation sought advice from the Trust on how we should approach communication to the Trust to re-prioritise the backlog of reports that are now becoming urgent and need to be prioritised.

The Lead Pharmacist, BHNFT acknowledged the significant backlog of reports, with non-urgent now becoming urgent but due to issues

with capacity in pharmacy, the interface role was having to support other high risks clinical issues within the department. There were plans to take the workforce capacity issue to the Medicines Management Operations Group.

It was noted that some clinical pharmacists are already resending previously non-urgent reports through as urgent and therefore it was agreed that comms would be sent to all in the MMT to do the same.

The option of clinical pharmacists having access to BHNFT clinical systems would be followed up again with Richard Billam and Nisha Pounj-Taylor, and the Head of Medicines Optimisation and Lead Pharmacist, BHNFT would progress this outside of the meeting.

Agreed actions: -

- The Head of Medicines Optimisation to obtain feedback from the Clinical Quality Board.
- MMT to be advised to resend any urgent reports to the interface mailbox.
- The Head of Medicines Optimisation/Lead Pharmacist, BHNFT to progress access to clinical systems outside of the meeting.

CL

CL/DC

CL/GT

22/166.3

APC Reporting June 2022 Interface Issues

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

APC 22/167

NEW NICE TECHNOLOGY APPRAISALS (JULY 2022)

22/167.1

NICE TAs July 2022

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

- TA803 Risankizumab for treating active psoriatic arthritis after inadequate response to DMARDs
- TA805 Icosapent ethyl with statin therapy for reducing the risk of cardiovascular events in people with raised triglycerides (to be added to the formulary with a red traffic light classification until amber shared care guidance is produced).

JH
GT

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

- TA806 Belimumab for treating lupus nephritis (**terminated appraisal**)
- TA808 Fenfluramine for treating seizures associated with Dravet syndrome
- TA809 Imlifidase for desensitisation treatment before kidney transplant in people with chronic kidney disease
- TA810 Abemaciclib with endocrine therapy for adjuvant treatment of hormone receptor-positive, HER2-negative, node-positive early breast cancer at high risk of recurrence
- TA811 Duvelisib for treating relapsed or refractory chronic lymphocytic leukaemia after 2 or more treatments (**terminated appraisal**)

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| | <p>The Lead Pharmacist, BHNFT to advise if the following NICE HST/TAs are applicable for use at BHNFT: -</p> <ul style="list-style-type: none"> • HST21 Setmelanotide for treating obesity caused by LEPR or POMC deficiency • TA807 Roxadustat for treating symptomatic anaemia in chronic kidney disease | GT |
| | <p>The Deputy Chief Pharmacist, SWYPFT to advise if the following NICE TA is applicable for use at SWYFPT: -</p> <ul style="list-style-type: none"> • TA808 Fenfluramine for treating seizures associated with Dravet syndrome | SH |
| 22/167.2 | <p><u>Feedback from BHNFT Clinical Guidelines and Policy Group</u> The group have not met therefore there was nothing to report.</p> | |
| 22/167.3 | <p><u>Feedback from SWYPFT NICE Group</u> The Deputy Chief Pharmacist advised that SWYPFT were in the process of undertaking a piece of work around the new NICE guidance around medicines that may cause dependence/withdrawal symptoms. This would be shared with the APC when complete.</p> | SH/MP |
| | <p>The Head of Medicines Optimisation advised that work was being progressed with SWYPFT around STOMP implementation/pathway in Barnsley.</p> | |
| APC 22/168 | FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS | |
| 22/168.1 | <p><u>Primary Care Quality & Cost-Effective Prescribing Group (QCEPG)</u> There was nothing relevant to report.</p> | |
| 22/168.2 | <p><u>BHNFT</u> The Chief Pharmacist fed back from the Medicines Management Sub Committee noting discussion around the Digital Transformation Programme and the impact of that on the Standard Operating Procedure. There was nothing further to report.</p> | |
| 22/168.3 | <p><u>SWYPFT Drug and Therapeutics Committee</u> There was nothing relevant to report.</p> | |
| 22/168.4 | <p><u>Community Pharmacy Feedback</u> The Community Pharmacist referred to plans for having one South Yorkshire LPC with one person representing all and having a traffic light system for services offered in community pharmacy, looking at how to do this on a South Yorkshire basis.</p> <p>Reference was made to the SY ICB APC Coordination Group, and the Head of Medicines Optimisation advised that terms of reference for that group would be brought to the Committee for discussion when finalised.</p> | CL |
| 22/168.5 | <p><u>Wound Care Advisory Group</u> Update deferred to next meeting.</p> | |

APC 22/169 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)

There was nothing relevant to escalate to the Q&PSC. It was noted that APC Reporting and D1 issues are taken routinely to the meeting.

APC 22/170 SPS NEW MEDICINES NEWSLETTER (JUNE 2022)

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

- Dexamethasone and levofloxacin (Duressa®) 1mg/5mg in 1mL eye drops - non-formulary provisional grey
- Enfortumab vedotin (Padcev®) 20mg and 30mg vials - non formulary provisional red
- Pralsetinib (Gavreto®) 100mg capsule - non formulary provisional red
- Tafasitamab (Minjuvi®) 200mg vial - non formulary provisional red
- Tixagevimab and cilgavimab (Evusheld®) 150mg in 1.5mL tixagevimab vial and 150mg in 1.5mL cilgavimab vial - formulary red restricted

Other

- Paliperidone prolonged release injection (Trevicta®) - formulary red
- Risperidone prolonged release injection (Okedi®) - non-formulary provisional red
- Darifenacin - non-formulary provisional grey
- Voltarol® emugel, Voltarol® gel patch and Diclofenac 1% gel - non-formulary provisional grey

APC 22/171 MHRA DRUG SAFETY UPDATE (JULY 2022)

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

Topiramate (Topamax): start of safety review triggered by a study reporting an increased risk of neurodevelopmental disabilities in children with prenatal exposure

We have initiated a new safety review into topiramate as a result of an observational study reporting an increased risk of neurodevelopmental disabilities in children whose mothers took topiramate during pregnancy. Topiramate is known to be associated with an increased risk of congenital malformations and effects on fetal growth if used during pregnancy. Continue to counsel patients who can become pregnant on the known and emerging risks of topiramate for an unborn baby and on the need to use effective contraception throughout use.

APC 22/172 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC)
22/172.1 IPMO Board Papers

The Head of Medicines Optimisation shared papers for information and awareness. These include a progress update on each of the IPMO plan workstream areas that are being included in the plan and being taken forward from a South Yorkshire perspective with focus on areas being prioritised. Also included was a proposal to change the structure of the interim IPMO Board. These have gone out for consultation and will be discussed again at the next IPMO Board meeting.

**APC 22/173 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE
MINUTES (FOR INFORMATION)**

The minutes from NHS Sheffield CCG (16th June 2022) were received and noted.

APC 22/174 ANY OTHER BUSINESS

None.

APC 22/175 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 14th September 2022 at 12.30 pm via MS Teams.

ADOPTED