

**Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on  
Wednesday, 13<sup>th</sup> September 2023 via MS Teams**

**MEMBERS:**

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 (from 23/163)	Community Pharmacist (Community Pharmacy South Yorkshire)
Dr Mehrban Ghani (from 23/164)	Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs)
Dr Munsif Mufalil (from 23/163.8)	General Practitioner (LMC)
Dr Abdul Munzar	General Practitioner (LMC)

**IN ATTENDANCE:**

Nicola Brazier	Administration Officer (SYICB, Barnsley)
Deborah Cooke	Lead Pharmacist (SYICB, Barnsley)
Joanne Howlett	Medicines Management Pharmacist (SY ICB, Barnsley)
Matthew Tucker	Advanced Clinical Pharmacist (SWYPFT)
Gillian Turrell	Lead Pharmacist (BHNFT)
Tsz Hin Wong	Senior Interface Pharmacist (BHNFT)

**APOLOGIES:**

Dr Madhavi Guntamukkala	Medical Director (SYICB, Barnsley)
Dr Kapil Kapur	Consultant Gastroenterologist (BHNFT)
Dr Jeroen Maters	General Practitioner (LMC)
Mike Smith	Chief Pharmacist (BHNFT)

**ACTION  
BY**

**APC 23/160 QUORACY**  
The meeting was quorate.

**APC 23/161 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 currently 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 the recommended PrescQIPP guidance and the full list is available on the website. There were no further declarations of interest to note.

**APC 23/162 DRAFT MINUTES OF THE MEETING HELD ON 9<sup>th</sup> AUGUST 2023**  
Page 9, 23/153.3.2 Morphine should read ...” oral dispersible morphine tablets, currently non-formulary grey in Barnsley...”

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

**NB**

## APC 23/163 MATTERS ARISING AND APC ACTION PLAN

### 23/163.1 Supply of COVID Medicines

The Head of Medicines Optimisation confirmed that there were currently 3 community pharmacies that were dispensing COVID medicines, none of which were in the centre of Barnsley. This has been escalated at the CMDU Implementation Group, who are currently seeking expressions of interest from central pharmacies.

It was confirmed that BHNFT clinical leads for the CMDU service are in communication regarding links for referral to the new CMDU service.

Clarity around referral to the new CMDU service and supply of medicines for mental health wards and department had been provided as part of the wider communication out when the service went 'live'.

Issues around choose and book to the new service have been escalated to the CMDU Group and the SY ICB Chief Pharmacy Officer.

### 23/163.2 NICE TAs (June 2023)

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

- TA907 Deucravacitinib for treating moderate to severe plaque psoriasis

The Medicines Management Pharmacist, (SY ICB, Barnsley) confirmed that the IMOC had classified NICE TA907 red, therefore this would be added to the Barnsley formulary as formulary red.

### 23/163.3 GLP1 guidance

The Lead Pharmacist, BHNFT confirmed that the GLP1 RA shortage guidance and recommendations had been re-issued to the consultants.

### 23/163.4 NICE TAs (July 2023)

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

- TA906 Rimegepant for preventing migraine

The Medicines Management Pharmacist, (SY ICB, Barnsley) would check the IMOC classification status.

**GT**

**JH**

### 23/163.5 Morphine oral dispersible tablets (Actimorph®)

The Lead Pharmacist (SYICB, Barnsley) advised that the classification was discussed at the IMOC Traffic Light Sub Group meeting, noting that members supported in principle a green traffic light classification. Morphine oral dispersible tablets (Actimorph®) were currently classified green in Sheffield, with wording added to the formulary around for use in patients with whom Oramorph® isn't suitable e.g., indications such as dexterity issues, vulnerable patients to reduce the risk of overdose.

Green drugs are yet to be reviewed at the IMOC, however, the Committee agreed to change the traffic light classification on the Barnsley formulary from non-formulary to formulary green.

JH

Action Plan – other

23/163.6

Oxygen Incidents

The Head of Medicines Optimisation has received information from a representative within the hospital advising that the oxygen group are meeting and that changes are being made around discharge checks to reduce incidents. This item would be brought back to the next meeting so that recent APC reporting information can be checked for any reported oxygen incidents following these changes.

CL

23/163.7

Nebuliser Guidance

This item was deferred, and confirmation on timeframes was being followed up.

23/163.8

Lurasidone

It had been agreed previously to amend the shared care protocol to include lurasidone but following recent feedback from the Deputy Chief Pharmacist, SWYPFT that lurasidone is classified red in West Yorkshire and prescribing should be kept with the specialists at SWYPFT, it was proposed to change the classification on the Barnsley formulary from non-formulary provisional amber to non-formulary provisional red. This action would be removed from the action plan.

NB

This was supported and approved by the Committee.

**APC 23/164 OSTEOPOROSIS MANAGEMENT IN PRIMARY CARE – SUMMARISED PATHWAY (NEW)**

The Medicines Management Pharmacist (SYICB, Barnsley) presented the pathway which has been developed by the BEST website GP Lead to summarise the various Barnsley osteoporosis guidelines available. It has had input from the rheumatologists. This is not a stand-alone pathway but will have a designated page on the BEST website, dedicated to osteoporosis, bone health and bisphosphonates alongside the other guidelines that have previously been approved at the APC.

Following LMC feedback, changes have been made to bring the pathway in line with the NICE clinical knowledge summary on osteoporosis. As a result, there are 2 slight differences between this pathway and the Osteoporosis Drug Holiday Guidance already in place, which may need reviewing and updating.

It was fed back that the LMC had raised concerns around the P1NP test to be requested by GPs. There was feedback from one of the rheumatologists suggesting this remain in the guideline.

There was a lengthy discussion with primary care GP representatives around the P1NP test needing to be undertaken by secondary care and not primary care. Issues were highlighted with accessibility to the tests and access to and interpretation of test results, with primary care colleagues not trained to check P1NP.

The Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs) advised that feedback has been given to the BEST website GP Lead regarding the views of the LMC, noting that the pathway is scheduled to be presented at the October 2023 BEST meeting. The pathway document would need to be revised and approved prior to that meeting, and changes will be shared with the MMT and the LMC for endorsement.

It was queried if the pathway had been shared the with ortho-geriatricians for comment and it was agreed that it should be shared with them for their input.

The updated version of the pathway would be brought back to the Committee for endorsement.

**Agreed actions: -**

- Draft pathway to be shared with the ortho-geriatricians for comment.
- Feedback from the Committee to be sent to the BEST website GP Lead.
- The updated pathway document to be brought back to the next meeting for endorsement.

GT

JH

JH

**APC 23/165 HRT FORMULARY TREATMENT OPTIONS GUIDELINE (NEW) AND FORMULARY CHANGES**

The Medicines Management Pharmacist (SYICB, Barnsley) presented the guideline which has been shared with the specialists and circulated wider for comment. Feedback has been incorporated and enclosure D2 lists the changes that will be made to the Barnsley formulary following approval of the guideline.

The LMC endorsed the guideline. The Committee approved the guideline.

**APC 23/166 METHENAMINE AND OTIGO® EAR DROPS**

It was agreed at the March 2023 APC meeting that a progress update would be provided in 6 months' time. The Head of Medicines Optimisation presented data usage for methenamine and Otigo® ear drops, with data showing an increase in usage but noting small numbers. Data was yet to be published from the regional team to compare usage to other areas.

A significant amount of work is planned around raising awareness through Barnsley's PDA and MOS work and through the AMR and IPC Steering Group. It was agreed that a progress update would be brought back to the Committee in 6 months.

The Medicines Management Pharmacist (SYICB, Barnsley) advised that the generic methenamine is now slightly less expensive than the Hiprex® brand, therefore the recommendation for brand prescribing would be removed from the antibiotic guidelines supporting guidance and amendments would be made to the formulary and ScriptSwitch.

**Agreed actions: -**

- A progress update would be brought back to the Committee in 6 months.

CL

- Hiprex® brand to be removed from the antibiotic guidelines supporting guidance and amendments made to the formulary and ScriptSwitch.

#### APC 23/167 TICAGRELOR AUDIT

The Lead Pharmacist (BHNFT) presented the ticagrelor audit report which was presented to the Cardiology Governance Subgroup and Pharmacy Operations and Governance Group in May 2021. This was awaiting an amendment resulting in the delay in sharing with the APC. It was agreed to share regardless of the time delay.

The 2020 data showed an improvement on the 2019 data in terms of compliance and could be used as a benchmark for a future audit. The implementation of EPMA may change the current compliance data, noting that messages are sometimes lost in translation with EPMA. The Lead Pharmacist, BHNFT would discuss getting those messages onto the D1 with the EPMA team.

Primary care GPs advised they had noticed some improvement with clarity around review dates and duration of treatment being documented in the discharge letters, but some were still missing this information.

The Lead Pharmacist, BHNFT queried if missing information was linked to its use for the new indication for stroke as well as MI. This issue could be picked up with the stroke physicians. It was suggested that the MMT and GP practices could be asked to focus on this for a month and report findings via APC reporting, to inform the decision to reaudit or pick up the issue with the stroke unit should reports indicate that trend. The NICE guidance for the new indication for stroke would be shared with MMT and SWYPFT representatives. The Advanced Clinical Pharmacist (SWYPFT) advised he would speak with the pharmacist working on the Stroke Rehab Ward at Kendray Hospital to raise awareness of this and ensure they are meeting the standards and adding review dates.

The Committee felt that this was an important area to re-audit and a decision would need to be made regarding an appropriate timeframe. The Lead Pharmacist (BHNFT) to provide feedback regarding this.

#### Agreed actions: -

- The Lead Pharmacist, BHNFT to discuss with the EPMA team. **GT**
- The Lead Pharmacist, BHNFT to share the NICE guidance for the new indication for stroke with MMT and SWYPFT representatives. **GT**
- The MMT to be asked for feedback on whether review dates/duration of therapy is missing from D1s and relates to stroke. **DC**
- The Advanced Clinical Pharmacist (SWYPFT) to raise awareness with the pharmacist working on the Stroke Rehab Ward at Kendray Hospital and ensure they are meeting the standards and adding review dates. **MT**
- The Lead Pharmacist (BHNFT) to provide feedback regarding an appropriate timeframe for re-audit. **GT**

**APC 23/168 SHARED CARE GUIDELINES/AMBER G SHARED CARE GUIDELINES**

There were no Barnsley guidelines to approve this month.

23/168.1 South Yorkshire ICB Integrated Medicines Optimisation Committee (IMOC): Efmody® in patients with adrenal insufficiency shared care protocol

The Head of Medicines Optimisation referred to the shared care protocol, which was approved at the IMOC meeting, subject to some minor amendments and LMC endorsement. The protocol was shared as a late paper with the APC and the LMC. It was noted that the Barnsley Place LMC needed more time to review this protocol.

The Lead Pharmacist, (SY ICB, Barnsley) advised that at the IMOC meeting it was agreed that additional amendments were to be made and that the updated version would be circulated. The updated version hasn't yet been circulated but the minor amendments included reference to the paediatric steroid card and further information from the specialist was awaited regarding 'live' vaccines. The updated version will be shared with the LMC when received.

The Lead Pharmacist, (SY ICB, Barnsley) advised that in the IMOC meeting, it was understood that the protocol had been shared with all Place LMCs except Rotherham, however as it had not been shared with Barnsley Place LMC either, the Lead Pharmacist, (SY ICB, Barnsley) would request that a post meeting note be added to the IMOC minutes to document this. There was also some uncertainty about this being seen previously by the APC.

The Committee agreed to endorsement of the shared care protocol in principle subject to it being supported by the Barnsley LMC.

**Agreed actions: -**

- The updated protocol to be circulated to LMC members when received.
- IMOC to be advised that feedback and endorsement was awaited from Barnsley Place LMC.

**DC/JH**

**CL**

The Community Pharmacist advised that the IMOC were working on their pathways for consulting with the LMCs. This work is in progress.

**APC 23/169 FORMULARY REVIEWS**

23/169.1 Formulary Review Plan

There were no changes to note.

**APC 23/170 NEW PRODUCT APPLICATION LOG**

There were no changes to note.

**APC 23/171 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC) & SOUTH YORKSHIRE INTEGRATED MEDICINES OPTIMISATION COMMITTEE (SY IMOC)**

23/171.1 SYICB IMOC Ratified Minutes, 5<sup>th</sup> July 2023

The minutes were shared for information.

23/171.2

SYICB IMOC Verbal Key Points – 6<sup>th</sup> September 2023

The Head of Medicines Optimisation referred to a paper received around PCSK9 inhibitors requesting that these drugs go out to primary care, amber shared care, once the patients are stabilised.

There were issues raised around supply and impact of payment to community pharmacy, with the need for processes to be in place around how patients obtained these. It was agreed that each Place LMC would review the document, with comments to be brought back to the IMOC. The Head of Medicines Optimisation confirmed that the document had been shared with Barnsley Place LMC.

The Community Pharmacist advised that PCSK9 inhibitors were not difficult to get hold of, but stock isn't held in community pharmacies. Consultation with the LPC had been requested and this would be taken forward to the South Yorkshire LPC.

Referring to a paper brought from another area about GP adoptions of medications that are started by specialist private clinics, it had been agreed to review and endorse this across South Yorkshire. This would be brought back to the Committee.

**APC 23/172 BARNSELY APC REPORTING**

23/172.1

APC Reporting July 2023

The Lead Pharmacist, (SY ICB, Barnsley) presented the enclosure showing reports received directly into the APC reporting mailbox. There were 25 APC reports received for the month of July 2023.

23/172.2

APC Reporting July 2023 Key Themes

The summary report was presented, showing 49 reports in total, including 25 received directly into the APC reporting mailbox and 24 interface queries received directly to the BHNFT pharmacy team for the month of July 2023.

The Lead Pharmacist, (SY ICB, Barnsley) noted a slight reduction in the number of reports received in July compared to previous months, which may be related to clinical pharmacists accessing hospital systems and resolving queries themselves. This will be monitored over the coming months. This was discussed at a recent MMT meeting and the team were encouraged to continue reporting via APC reporting. Further work is underway to support the data capture without being too time onerous on the team.

From the category breakdown, D1 issues form a significant percentage of the reports received, with other reports spread across other themes including dispensing, medication supply, shared care, and formulary related issues.

Details relating to some of the significant issues from APC reports were shared and highlighted. These included D1 communication/ other discharge related issues, with many related to receipt of duplicate or multiple D1s.

The clinical risk issue associated with duplicate D1s was highlighted, and examples given. The Lead Pharmacist, (SY ICB, Barnsley) will raise when the BHNFT D1 Issues Group is reconvened, that when an

updated D1 is intentionally sent, is it possible that wording can be added to highlight that it is a replacement D1 to reduce the risk of missing any changes to clinical information and avoid additional workload for practices.

Other reports received related to medication changes being unclear or clinical information missing, other hospital communication, amber guideline related, dispensing related and medication supply issues and a summary of these was shared.

The Head of Medicines Optimisation referred to the amber guideline related report, noting that it is optional for GPs to pick up shared care prescribing, noting that the MMT do follow up with GP practices, and have followed up with the GP practice regarding this report. The MMT are undertaking appropriate action, having discussions with the service and the GP practice.

In relation to the duplicate D1 issue, the Lead Pharmacist, BHNFT would discuss with IT/clinical systems regarding any options available to add a standard alert. It was noted that some doctors were completing the D1s to print a copy to send to the pharmacy team, however when the pharmacy team endorse or make amendments, the D1 needs to be uncompleted which can then send a duplicate copy. It was agreed that comms circulated last year to junior doctors would be circulated to the new junior doctors and the Lead Pharmacist, BHNFT would ask the pharmacists to highlight the process during junior doctor induction training sessions for any new inductees going forward.

In relation to hospital requests for MDS, the community pharmacist asked if GP practices could on receipt of requests, find out the rationale for the request from the hospital and share any assessment information that is available with community pharmacies to avoid duplication of work.

The report relating to out of hours access to palliative care medicines was being followed up and stock levels at pharmacies who were part of the palliative care scheme were being checked. The LPC would be happy to help with any follow up if required.

23/172.3

APC Reporting July 2023 Interface Issues

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

**APC 23/173**  
23/173.1

**NEW NICE TECHNOLOGY APPRAISALS**  
NICE TAs August 2023

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

- TA912 Cipaglusosidase alfa with miglustat for treating late-onset Pompe disease

**GT**

23/173.2

Feedback from BHNFT Clinical Guidelines and Policy Group

There was nothing to report.

23/173.3

Feedback from SWYPFT NICE Group

There was nothing relevant to report.



- APC 23/174 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS**  
**23/174.1 Primary Care Quality & Cost-Effective Prescribing Group (QCEPG)**  
 There was nothing relevant to report.
- 23/174.2 BHNFT  
 There was nothing relevant to report.
- 23/174.3 SWYPFT Drug and Therapeutics Committee  
 The Advanced Clinical Pharmacist (SWYPFT) advised that new anti-depressant guidelines have been approved by the Committee pending some minor amendments in wording. The guideline will be circulated wider to secondary and primary care for awareness, noting that the primary care antidepressant guidelines can then be reviewed and updated in line with the SWYPFT guidelines.
- 23/174.4 Community Pharmacy Feedback  
 23/174.4.1 Review of all locally commissioned services  
 The Community Pharmacist advised that the ICB are conducting a review of all locally commissioned services. A review of GP services has begun and a review for community pharmacy is planned to start soon.
- 23/174.4.2 DMS  
 Confirmation from the Trust was required following discussions to expand DMS from 1<sup>st</sup> October 2023. The Lead Pharmacist, BHNFT agreed to chase a response.
- Agreed action: -**
- Emails sent to the Trust to be forwarded to the Lead Pharmacist, BHNFT to chase a response.
- 23/174.4.3 Interim Chief Pharmacist, BHNFT  
 The Associate Medical Director (Medicines Optimisation) informed the Committee that Osman Chohan had been appointed as Interim Chief Pharmacist at BHNFT for 6 months.
- 23/174.5 Wound Care Advisory Group  
 There was nothing to report.
- APC 23/175 ISSUES FOR ESCALATION TO THE BARNSELY PLACE QUALITY & SAFETY COMMITTEE (16<sup>th</sup> NOVEMBER 2023)**  
 The new HRT Formulary Treatment Options Guideline would be escalated to the Barnsley Place Quality and Safety Committee, with the standing updates on IMOC and APC Reporting/D1 issues.
- APC 23/176 FORMULARY ACTIONS**  
 23/176.1 SPS New Medicines Newsletter July 2023  
 Received for information.
- 23/176.2 IMOC Horizon Scanning September 2023  
 The Medicines Management Pharmacist presented enclosure L detailing the traffic light classifications agreed at the September 2023 IMOC meeting. The formulary changes for Barnsley were highlighted as follows: -

**CL/TB/  
GT**

**CL**

- Cholera vaccine (Vaxchora®) (new medicine) – non-formulary grey (previously classified green at June 2023 IMOC)
- Hepatitis A vaccine (Avaxim Junior®) (new medicine) - non-formulary grey (previously classified green at June 2023 IMOC)
- Hepatitis B vaccine 10microgram vial (new medicine) – non-formulary grey
- Lenacapavir (new medicine) – non-formulary red
- Lumasiran (new medicine) – non-formulary red
- Naloxone 1.26mg in 0.1mL single-dose nasal spray (new medicine) – not classified by IMOC, to be classified at chemical substance level unless there is a specific reason to include different brands or preparations. Agreed to classify as non-formulary with no classification on the formulary.
- Netarsudil + latanoprost 50micrograms/200 micrograms in 1mL eye drops (new medicine) - non-formulary grey
- Vutrisiran (new medicine) - non-formulary red
- Efgartigimod (new medicine) - non-formulary red
- Ivosidenib (new medicine) - non-formulary red
- Mirikizumab (new medicine) - non-formulary red
- Tozinameran 10 dose multi-dose vial (new medicine) – formulary green

The Committee approved the formulary changes.

23/176.3

TLDL Sub Group Agreed Traffic Light List - September 2023

The Medicines Management Pharmacist presented enclosure M detailing the sub group agreed traffic light list for September 2023. The changes for Barnsley were highlighted as follows:-

- Co-enzyme Q10 – classification to be agreed at a future IMOC meeting.
- Darvadstrocel - change from non-formulary provisional red to non-formulary grey (NICE TA556 not recommended)
- Dequalinium chloride 10mg vaginal tablets - Change from non-formulary grey to non-formulary red
- Desloratadine – classification to be agreed when reviewing the green traffic light list. Change from non-formulary grey to non-formulary with no classification.
- Dexamethasone and levofloxacin 1mg/5mg in 1mL eye drops - change from non-formulary provisional grey to non-formulary red
- Duloxetine - change from non-formulary grey to non-formulary amber-G
- Eyelid hygiene preparations - add to formulary as non-formulary grey (incorporate the current non-formulary grey entries for Blephasol wipes and lotion)
- Fampridine - not currently classified. Add as non-formulary grey
- Fluoride tablets - not currently classified in Barnsley. Add as non-formulary red
- Fremanezumab - change from non-formulary provisional grey to non-formulary red (NICE TA 764 recommended)
- Glasdegib - change from non-formulary provisional red to non-formulary grey (terminated appraisal)

- Freestyle Libre Flash Glucose Monitoring System - change from formulary amber to formulary amber-G
- Glucosamine and chondroitin - Glucosamine is currently non-formulary grey. Also list glucosamine and chondroitin as non-formulary grey
- Dabrafenib - not currently listed. Add as non-formulary red

The Committee approved the formulary recommendations/changes.

The Head of Medicines Optimisation advised that the traffic light drug list group principles, previously shared with APC members, were discussed at the last IMOC meeting. A discussion around the green clause within the principles was shared, noting a paragraph added following concerns raised by Rotherham Place LMC required further amendment. The green clause wording would be discussed further, and the principles would be brought back to the next IMOC meeting.

It was noted that unlicensed and off label medicines would not be included in the traffic light drug list unless there was a positive reason/guideline to support this.

It was noted that ongoing conversations were taking place following an issue with Sheffield GPs not accepting the amber G status.

#### **APC 23/177 MHRA DRUG SAFETY UPDATE (AUGUST 2023)**

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

##### Fluoroquinolone antibiotics: reminder of the risk of disabling and potentially long-lasting or irreversible side effects

Healthcare professionals prescribing fluoroquinolone antibiotics (ciprofloxacin, delafloxacin, levofloxacin, moxifloxacin, ofloxacin) are reminded to be alert to the risk of disabling and potentially long-lasting or irreversible side effects. Do not prescribe fluoroquinolones for non-severe or self-limiting infections, or for mild to moderate infections (such as in acute exacerbation of chronic bronchitis and chronic obstructive pulmonary disease) unless other antibiotics that are commonly recommended for these infections are considered inappropriate. Fluoroquinolone treatment should be discontinued at the first signs of a serious adverse reaction, including tendon pain or inflammation.

##### Methotrexate: advise patients to take precautions in the sun to avoid photosensitivity reactions

Photosensitivity reactions are known side effects of methotrexate treatment and can be severe. Patients should be advised to take precautions to protect their skin in the sun.

##### Valproate: re-analysis of study on risks in children of men taking valproate

We are providing an update on a retrospective observational study on the risk to children born to men who took valproate in the 3 months before conception and on the need for the re-analysis of the data from this study before conclusions can be drawn. No action is needed from patients. It is vitally important that patients do not stop taking valproate unless they are advised by their specialist to do so. For

female patients, healthcare professionals should continue to follow the existing strict precautions related to preventing the use of valproate in pregnancy (Valproate Pregnancy Prevention Programme).

**APC 23/178 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES (FOR INFORMATION)**

The minutes from NHS South Yorkshire ICB Doncaster & Bassetlaw APC (29<sup>th</sup> June 2023) were received and noted.

**APC 23/179 ANY OTHER BUSINESS**

23/179.1

Acute Trust Provider Representation at the IMOC

Following a request from the IMOC around acute trust provider representation on the group, the Head of Medicines Optimisation suggested that, until capacity allows representation from the Trust, she would engage with the pharmacy team around issues being taken to the IMOC, to represent the provider views at the meetings. The Lead Pharmacist, BHNFT advised that she did attend the last meeting, but future meeting dates clash/overlap with the new lipid clinic. It was agreed that the Head of Medicines Optimisation would advise the IMOC Chair that acute trust provider representation may be possible for part of the meeting, with a request to arrange the agenda accordingly for Trust input.

**Agreed action: -**

- The Head of Medicines Optimisation to advise the IMOC Chair.

**CL**

23/179.2

Alternatives to vitamin B12 injections during the COVID-19 pandemic

It was suggested that the Barnsley guidance on alternatives to vitamin B12 injections during the COVID-19 pandemic be stepped down, in line with the British Society of Haematology removing their guidance from their website.

This was approved by the Committee.

**Agreed action: -**

- The Medicines Management Pharmacist (SY ICB, Barnsley) to remove the information from the BEST website.

**JH**

**APC 23/180 DATE AND TIME OF THE NEXT MEETING**

The time and date of the next meeting was confirmed as Wednesday, 11<sup>th</sup> October 2023 at 12.30 pm via MS Teams.