

**Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on  
Wednesday, 9<sup>th</sup> November 2022 via MS Teams**

**MEMBERS:**

Tom Bisset (Chair)	Community Pharmacist (LPC)
Professor Adewale Adebajo	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
Dr Mehrban Ghani (from 22/228)	Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs)
Dr Rebecca Hirst (from 22/227 to 22/233.3)	Palliative Care Consultant (Barnsley Hospice)
Dr Kapil Kapur (up to 22/237)	Consultant Gastroenterologist (BHNFT)
Chris Lawson (up to 22/238)	Head of Medicines Optimisation (SYICB, Barnsley)
Dr Jeroen Maters	General Practitioner (LMC)
Dr A Munzar	General Practitioner (LMC)
Mark Payne	Lead Pharmacist (SWYPFT)
Mike Smith	Chief Pharmacist (BHNFT)

**IN ATTENDANCE:**

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:**

Deborah Cooke	Lead Pharmacist (SYICB, Barnsley)
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**ACTION  
BY**

**APC 22/222 QUORACY**  
The meeting was quorate.

**APC 22/223 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 the full list is available on the website.

**APC 22/224 DRAFT MINUTES OF THE MEETING HELD ON 12<sup>th</sup> OCTOBER 2022**  
The minutes were accepted as an accurate record of the meeting.

**APC 22/225 MATTERS ARISING AND APC ACTION PLAN**  
22/225.1 ED Antibiotic Prescribing

The Lead Pharmacist, BHNFT has scheduled a meeting with the antimicrobial pharmacist to discuss clinical audit.

**GT**

22/225.2 NICE TA (July 2022) - TA808 Fenfluramine for treating seizures associated with Dravet syndrome  
The Lead Pharmacist, SWYPFT advised that NICE TA808 was not applicable for use at SWYPFT and that this would be initiated only by the specialists.

22/225.3 Action Plan – other  
Actions for discussion were all included on the agenda.

**APC 22/226 DOSULEPIN POSITION STATEMENT (UPDATE)**

The Medicines Management Pharmacist presented the position statement following a minor update to include an appendix, provided by SWYFYT, which provides advice and guidance for when the patient is taking dosulepin for unlicensed indications e.g., anxiety, neuropathic pain, and insomnia. No feedback had been received from the LMC, but the LMC GP representative present did not anticipate any objection to the additional information.

The Lead Pharmacist, SWYPFT advised that the addition of the appendix was to provide support to primary care, acknowledging that there can be strong patient preference to remain on dosulepin, often given at low doses to manage insomnia, pain, or headaches, and this additional information is to try and give some structure to that and the alternative as well for amitriptyline which is something that SWYPFT currently recommend for some of those indications as opposed to nothing.

The Committee approved the updated dosulepin position statement.

**APC 22/227 CHANGES TO THE HANDLING OF MORPHINE SULPHATE 10MG/5ML ORAL SOLUTION WITHIN BHNFT**

The Lead Pharmacist, BHNFT advised of changes to the handling of Oramorph®, traditionally handled in the same manner as other morphine sulphate formulations within the Trust (schedule 2). As of 7<sup>th</sup> November 2022, BHNFT will be removing these requirements to facilitate usage in acute clinical situations. The Trust had been an outlier to other organisations, who treated Oramorph® as prescription only but this change would bring BHNFT in line with other Trust organisations within the ICB footprint.

It was highlighted to the APC that although there is to be communication around appropriate use, there remains the potential for increased prescriptions on discharge. The Trust also anticipate that usage of other weak opioids, such as tramadol and codeine should reduce if morphine oral solution is being used. The number of patients requiring long term opioid analgesia should not be affected by this change, however where morphine sulphate 10mg/5ml liquid is seen as a newly started medication on discharge from BHNFT, the Trust would ask primary care colleagues to review clinical need prior to providing repeat prescriptions, unless it is felt that continued use is justified (i.e., those patients on pre-existing or newly started long acting opioids for chronic/cancer pain).

It was agreed that information regarding this change would be shared via the APC memo to highlight the change to prescribers.

There was a brief discussion around 'swigging' of medication and it was agreed to discuss this further at the next DMS meeting.

**Agreed actions: -**

- Information regarding the changes to the handling of morphine sulphate 10mg/5ml oral solution within BHNFT to be shared via the APC memo.
- 'Swigging' of medication and any required action to be discussed at the next DMS meeting.

JH/DC

CL

**APC 22/228 DEXCOM ONE SHEFFIELD POSITION STATEMENT**

Following recent requests from Sheffield consultants to Barnsley GPs to prescribe Dexcom ONE, there was confusion for patients about where to obtain the Dexcom ONE sensors and transmitters, therefore the Head of Medicines Optimisation presented the Sheffield position statement for use of Dexcom ONE in adults to discuss its adoption across Barnsley.

It was noted that Dexcom ONE came onto FP10 in July 2022 with the sensors included in the drug tariff. The transmitters are not included in the drug tariff, however, are obtainable by community pharmacists.

Some points of accuracy within the position statement had been identified and would be fed back to Sheffield, ideally for Sheffield to amend to agree one position statement for use across South Yorkshire.

The Head of Medicines Optimisation advised that internal discussions were needed with the diabetes integrated service, including where Dexcom ONE would be positioned on the formulary. It was noted that when this is added to the formulary, advice around the purchase of Dexcom ONE would be provided by the pharmaceutical company and details shared with community pharmacies via the APC memo.

Concerns were raised around handover and counselling provided to patients from the Sheffield service and a link to the position statement would be shared with Barnsley GPs and community pharmacists to raise awareness of Dexcom ONE and the guidance available to support any future requests from Sheffield to prescribe. This would be included in the APC memo.

It was agreed to check Rotherham and Doncaster's position and establish if they have published any guidance.

The Community Pharmacist advised that Freestyle Libre will be removed from the drug tariff in January 2023, suggesting that prescribing data be checked to find out if any patients were still being prescribed Freestyle Libre.

**Agreed actions: -**

- The points of accuracy identified would be fed back to Sheffield.

JH

- A link to the guidance on the Sheffield website would be included in the APC memo to raise awareness of the guidance.
- Rotherham and Doncaster's position to be checked, including the publication of any guidance.
- Prescribing of Freestyle Libre to be checked.

JH

JH  
CL/DC

**APC 22/229 APC TERMS OF REFERENCE**

The Head of Medicines Optimisation presented the terms of reference with minor updates to change Barnsley CCG to NHS SY ICB Barnsley place, and a change to the reporting arrangements. The agreed terms of reference will be shared with the Barnsley place Quality Committee as per the Barnsley place structure.

The Head of Medicines Optimisation would discuss with the Medical Director, SY ICB Barnsley place, any required amendment to paragraph 2.4 regarding elected chair.

The Head of Medicines Optimisation would discuss bringing the APC Coordination Group's terms of reference to a future APC meeting, with the Chief Pharmacy Officer for the South Yorkshire ICB.

**Agreed actions: -**

- Any required amendment to paragraph 2.4 regarding elected chair to be discussed and outcome brought back to the APC for information.
- Sharing of the APC Coordination Group's terms of reference to be discussed.

CL

CL

**APC 22/230 SHARED CARE GUIDELINES / AMBER G SHARED CARE GUIDELINES**

No guidelines to approve this month.

**APC 22/231 FORMULARY REVIEWS**

22/231.1

Formulary Review Plan

There were no changes to note from last month.

**APC 22/232 NEW PRODUCT APPLICATION LOG**

The new product application log was received for information.

22/232.1

Ensure Plus Advance

The Lead Pharmacist, BHNFT advised that discussions were taking place with the lead dietitians who would advise if the application was still required to be considered by the Committee. It was noted that as Ensure Plus Advance contains a chemical akin to a medicine, and provides other actions additional to nutrition, an independent review would need to be undertaken by the regional MI service should the application still be required to be considered by the Committee.

**Agreed action: -**

- The Lead Pharmacist, BHNFT to advise if the new product application is still required to be considered by the Committee.

GT

## **APC 22/233 BARNSELEY APC REPORTING**

### **22/233.1 APC Reporting September 2022**

The Medicines Management Pharmacist, SY ICB (Barnsley) presented the enclosure showing reports received directly into the APC reporting mailbox. There were 23 APC reports received for the month of September 2022.

### **22/233.2 APC Reporting September 2022 Key Themes**

The summary report was presented, showing 44 reports in total, including 23 APC reports and 21 interface queries received directly within BHNFT for the month of September 2022.

The common key themes reported this month relate to D1 communication, other hospital communication, formulary related reports, prescribing errors and medicine supply issues.

Details of significant issues were shared and noted. These were related to discharge (3), medicines reconciliation in primary care (1), anticoagulation (5), and formulary (1).

In relation to BAPC 22/09/01, it was noted that several similar reports had been received recently with patients being discharged back to care homes without referral to the community nursing team to recommence insulin administration, and it had been suggested that a reminder be issued by secondary care to discharge teams. In response, the Lead Pharmacist, BHNFT advised that referral on discharge to the community nursing service would usually be a nursing task and therefore offered to raise the issue with the senior nurses, including re-referral at point of discharge for patients under the service prior to hospital admission.

Following discussion around addressing recurring themes, the Lead Pharmacist, BHNFT advised that the pharmacy team are dealing with all the APC reporting queries received but slower than they would have been dealt with historically due to staff capacity issues. Any recurring issues/themes highlighted are being flagged to the Medicines Management Committee, with information circulated to staff through internal bulletins.

The Lead Pharmacist, BHNFT advised that work was in progress to try and pre-empt capacity and change processes to mitigate recurring issues. The capacity within the pharmacy team and the impact on the APC reporting workload, which is impacting on patient discharges as well as in-patients, has been flagged as a risk within the Trust. This is a separate risk to patients on the ward not receiving a pharmacy review.

#### **Agreed actions: -**

- The Lead Pharmacist, BHNFT to discuss with senior nurses about referrals to the community nursing team to recommence insulin administration for patients discharged back to care homes.
- The Lead Pharmacist, BHNFT to discuss outcome of discussion with the Head of Medicines Optimisation.

**GT**

**GT/CL**

22/233.3 APC Reporting September 2022 Interface Issues  
The enclosure detailing the interface queries received directly within BHNFT was received and noted.

**APC 22/234** **NEW NICE TECHNOLOGY APPRAISALS (OCTOBER 2022)**  
22/234.1 NICE TAs October 2022

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

- TA828 Ozanimod for treating moderately to severely active ulcerative colitis
- TA829 Upadacitinib for treating active ankylosing spondylitis

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

- TA830 Pembrolizumab for adjuvant treatment of renal cell carcinoma
- TA831 Olaparib for previously treated BRCA mutation-positive hormone-relapsed metastatic prostate cancer
- TA833 Zanubrutinib for treating Waldenstrom's macroglobulinaemia
- TA834 SQ HDM SLIT for treating allergic rhinitis and allergic asthma caused by house dust mites (**terminated appraisal**)
- TA836 Palbociclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy
- TA837 Pembrolizumab for adjuvant treatment of resected stage 2B or 2C melanoma

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

- TA827 Oral azacitidine for maintenance treatment of acute myeloid leukaemia after induction therapy
- TA832 Relugolix–estradiol–norethisterone acetate for treating moderate to severe symptoms of uterine fibroids
- TA835 Fostamatinib for treating refractory chronic immune thrombocytopenia

**GT**

22/234.2 Feedback from BHNFT Clinical Guidelines and Policy Group  
There was nothing relevant to report.

22/234.3 Feedback from SWYPFT NICE Group  
There was nothing relevant to report, but it was noted that SWYPFT will be updating the depression guideline, which will be shared when completed.

**APC 22/235** **FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS**  
22/235.1 Primary Care Quality & Cost-Effective Prescribing Group (QCEPG)  
There was nothing relevant to report.

22/235.2.1 BHNFT  
The Chief Pharmacist advised that the microbiologists had given an update on several guidelines around antimicrobial usage for various clinical indications.

The Committee were informed that the electronic prescribing project will soon move into the outpatient area (phase 2), noting that the Trust have addressed the advanced electronic digital signature issue which had caused a delay with moving this into the outpatient area.

22/235.2.2

#### New Product Application – Semaglutide Oral Tablets

The Lead Pharmacist, BHNFT advised that a new product application had been submitted for Semaglutide oral tablets. A copy of the application would be emailed to the APC secretary.

Due to the current shortage of Trulicity®, Dr Uchegbu had requested the addition of Semaglutide oral tablets to the formulary be expedited. This would be for use in patients where they are struggling for alternatives or for patients where oral tablets might be more appropriate, for which a reason would need to be articulated.

Trulicity® was expected to be out of stock until at least the end of January 2023. It was noted that Exenatide® and Liraglutide® are still available, and that Semaglutide is available but not for new patients, as they can't support an uplift for the injectable.

The similar cost for all GLP-1 treatments was noted, with Semaglutide oral tablets currently the same price as Liraglutide® injection at the lowest dose.

The Trust mechanism for managing a single patient on a one-off basis was noted, however, because there were potentially several patients requiring alternative GLP-1 treatment, advice for the consultants was sought from the APC.

There was concern that demand for oral semaglutide may result in similar out of stock issues, despite assurance from the pharmaceutical company that they could support the switch. A further discussion would be had with the pharmaceutical company regarding current stock levels and potential impact of switches nationally.

It was agreed to communicate clear advice to all prescribers that GLP-1 treatment was not be started for new patients. Guidance on how to manage patients on existing treatment would need to be produced and the Lead Pharmacist, BHNFT would produce and present this to the next Medicines Optimisation Group. The Lead Pharmacist, BHNFT would keep the Head of Medicines Optimisation up to date on the outcome from the Medicines Optimisation Group and this would be brought back to the next APC meeting.

Prescribing of GLP-1 for weight loss at private clinics was noted.

#### **Agreed actions: -**

- A copy of the new product application to be emailed to the APC secretary. **GT**
- The Lead Pharmacist, BHNFT to produce and present guidance on how to manage patients on existing GLP-1 treatment to the next Medicines Optimisation Group. **GT**
- An update would be brought back to the next APC. **GT**

- Clear advice to be issued to all prescribers via the APC memo that weekly parenteral GLP-1 treatment with dulaglutide or semaglutide is not to be started for new patients and that guidance would follow about how to manage existing patients.

22/235.3 SWYPFT Drug and Therapeutics Committee  
There was nothing relevant to report.

22/235.4 Community Pharmacy Feedback  
The Community Pharmacist advised about a national piece of work looking to reduce variation in care in community pharmacy around palliative care medicines. A progress update will be brought back to the Committee.

TB

22/235.5 Wound Care Advisory Group  
The group have not met therefore there was nothing to report.

**APC 22/236 ISSUES FOR ESCALATION TO THE QUALITY COMMITTEE**

It was agreed to escalate the issues associated with diabetes medication shortages discussed at 22/235.2 and it was noted that APC reporting key issues would be reported routinely.

CL

It was agreed that a copy of the Quality Committee terms of reference would be circulated to Committee members to share representing stakeholder organisations membership.

**Agreed action: -**

- A copy of the Quality Committee terms of reference would be circulated to Committee members.

CL

**APC 22/237 SPS NEW MEDICINES NEWSLETTER (SEPTEMBER 2022)**

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

- Anti-lymphocyte immunoglobulin (horse) (*Atgam*®) – non-formulary provisional red
- Botulinum A toxin (*Dysport*®) – non-formulary provisional red
- Gozetotide (*Locametz*®) – non-formulary provisional red
- Potassium bicarbonate and potassium citrate (*Sibnaya*®) – non-formulary provisional grey
- Teriparatide biosimilar (*Sondelbay*®) – non-formulary provisional red

Other

- Indapamide – already formulary green (suggested wording to be added to the formulary)
- Melatonin 1mg/ml oral solution (Colonis Pharma®) – non-formulary provisional grey
- IQoro® device – non-formulary (link to the PrescQIPP article around limited evidence available to support use of IQoro® to be added to the formulary).

**APC 22/238 MHRA DRUG SAFETY UPDATE (OCTOBER 2022)**

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



MedSafetyWeek November 2022: Every Yellow Card report helps to improve patient safety

The seventh annual #MedSafetyWeek social media campaign will take place 7 to 13 November 2022 and this year's focus is the importance of reporting suspected adverse reactions to medicines and vaccines. We are also encouraging the reporting of suspected problems with medical devices or other healthcare products to the Yellow Card scheme.

We ask healthcare professionals to support the campaign and talk to their patients and colleagues about side effects and how they can report suspected problems to the Yellow Card scheme.

**APC 22/239 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC)**

No update to note.

**APC 22/240 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES (FOR INFORMATION)**

The minutes from NHS South Yorkshire ICB Doncaster & Bassetlaw (15<sup>th</sup> July 2022) and NHS South Yorkshire ICB Sheffield (15<sup>th</sup> September 2022) were received and noted.

**APC 22/241 ANY OTHER BUSINESS**

22/241.1

Cenobamate (Ontozry®) information for Community Pharmacies

The Medicines Management Pharmacist presented the updated Cenobamate (Ontozry®) information for Community Pharmacies following a minor update to the ordering information.

This information has been produced to support community pharmacies with the ordering of cenobamate to ensure continuity of supply for patients in response to feedback that some patients are experiencing difficulties in obtaining in the community.

The additional information around ordering Cenobamate (Ontozry®) using the Third-Party Ordering System (TPOS) was noted, with pharmacies still needing to have a Pheonix account to order. It was noted that some very minor changes to the wording have been made since circulation of this paper to the Committee.

The Committee endorsed the updated information, and it was agreed that it would be circulated with the APC memo and separately to community pharmacists via PharmOutcomes.

**Agreed action: -**

- Information to be circulated with the APC memo and separately to community pharmacists via PharmOutcomes.

**DC**

22/241.2

APC Meeting Chair

The Community Pharmacist was thanked for chairing the meeting on behalf of the Head of Medicines Optimisation.

**APC 22/242 DATE AND TIME OF THE NEXT MEETING**

The time and date of the next meeting was confirmed as Wednesday, 14<sup>th</sup> December 2022 at 12.30 pm via MS Teams.