

**Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on  
Wednesday, 11<sup>th</sup> January 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	Community Pharmacist (LPC)
Dr Kapil Kapur	Consultant Gastroenterologist (BHNFT)
Dr Jeroen Maters (from 23/05)	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	Lead Pharmacist (BHNFT)

**APOLOGIES:**

Dr Madhavi Guntamukkala	Medical Director (SYICB, Barnsley)
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**ACTION  
BY**

**APC 23/01 QUORACY**

The meeting was quorate.

**APC 23/02 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 the recommended PrescQIPP guidance and the full list is available on the website.

**APC 23/03 DRAFT MINUTES OF THE MEETING HELD ON 14<sup>th</sup> DECEMBER 2022**

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

**23/03.1 Monitored Dosage System (MDS) Barnsley Position Statement (APC 22/247.1)**

The Lead Pharmacist, SWYPFT advised that a lay member on the SWYPFT Drugs and Therapeutics Committee had raised some concerns around the restricted availability of MDS. The Head of Medicines Optimisation was aware that concerns had been raised and the concerns would be discussed at the next Barnsley Place Quality & Safety Committee.

23/03.2

Antibiotic Prescription – Special Order (APC 22.247.3)

The Lead Pharmacist, SY ICB (Barnsley) advised that there was a small amount of co-amoxiclav 1g prescribing in primary care. The microbiologist has been contacted for advice in view of co-amoxiclav 1g being a special order product. The microbiologist has advised that in situations such as this where the infection is sensitive to high dose co-amoxiclav, co-amoxiclav 625mg plus amoxicillin 500mg can be prescribed instead of co-amoxiclav 1g. The Lead Pharmacist has asked that this information be included on the lab report.

Additionally, the microbiologist advised that the majority of Haemophilus influenzae infections if sensitive to doxycycline should be commenced on doxycycline. If the sensitivity results show that the infection is intermediately sensitive to co-amoxiclav, high dose co-amoxiclav will be included as an option on the lab report as an alternative if the patient has failed on doxycycline and an alternative is indicated.

Information will be communicated via the APC memo and Scriptswitch will be updated.

DC

23/03.3

Issues for Escalation to the Barnsley Place Quality & Safety Committee (APC 22/257)

The Head of Medicines Optimisation confirmed that the situation around antibiotics for Strep A was escalated to the Joint Health & Social Care Commissioning Gold Committee, where contingency plans were discussed should similar instances incur in the future. The MMT and LPC are progressing contingency planning work should essential medicines go out of stock on a large scale. It was appreciated, that this would be optional from a community pharmacy perspective.

APC 23/04

**MATTERS ARISING AND APC ACTION PLAN**

23/04.1

Tecovirimat (Tecovirimat SIGA®) Classification

The Lead Pharmacist, BHNFT advised that Tecovirimat (Tecovirimat SIGA®) should be classified formulary red, with a note added to the formulary that it should be used in line with the clinical commissioning statement on hospital treatment (eligibility criteria).

The Committee accepted this classification.

**Agreed action: -**

- The classification to be updated on the formulary.

JH

23/04.2

Action Plan – other

Dapagliflozin in CKD Amber-G guideline

The Lead Pharmacist, BHNFT advised that it would potentially be difficult to write an amber G guideline with no renal physicians at BHNFT that would initiate treatment. It was noted that Dapagliflozin for use in CKD is classified green in Sheffield and Leeds, and feedback from a Sheffield registrar via a renal pharmacist, confirmed that dapagliflozin can be initiated by GPs, noting that GPs see CKD 3 patients, therefore could commence therapy with dapagliflozin as early as possible to prevent renal function from worsening. Patients with rapidly declining kidney function probably won't benefit from an SGLT2-i and given the initial drop in renal function on initiating

therapy, it makes it difficult to assess their progress. These patients will likely benefit most from referral to renal services.

It was agreed to take this to the LMC for endorsement of a green classification.

**Agreed action: -**

- The classification of Dapagliflozin for use in CKD to be taken to the LMC.

**CL**

23/04.3

**BHNFT D1 Audit/Monitoring**

The Head of Medicines Optimisation noted that at the last meeting it had been agreed that the previous D1 action would be removed from the action plan with a new action added. This action is yet to be defined and should be in line with the work being agreed with the D1 audit review group led by BHNFT.

23/04.4

**Semaglutide Oral Tablets**

The Lead Pharmacist, BHNFT has previously discussed the new product application for semaglutide oral tablets with the consultants and the documentation for consideration by the Committee is to be presented at a future meeting. The Lead Pharmacist, BHNFT plans to discuss this at the next Medicines Operational Group meeting.

**Agreed actions: -**

- The Lead Pharmacist, BHNFT to advise regarding target date for the action plan.
- New product application to be added to the log on receipt of the application.

**GT/NB**

**GT/NB**

**APC 23/05**

**BARNSELY SELF-CARE GUIDANCE (UPDATED)**

The Medicines Management Pharmacist presented the updated guidance which has been shared with the specialists. No comments or feedback has been received.

The minor changes included updates to links; links to extra information; expansion to some of the exception information for some of the minor conditions when prescribing might be appropriate; and updated in line with the new vitamin D guidelines.

It was noted that a review of the national OTC guidance was expected soon which may result in further amendments to this guidance.

The Community Pharmacist referred to issues highlighted through the community pharmacy consultation service about access to medicines and suggested using the Minor Ailments Scheme to supply moderate hay fever/seasonal rhinitis products (page 14 of the Barnsley Self-Care Guidance). This would be discussed further at the next Community Pharmacy Resilience & Service Development meeting.

The Committee approved the updated Barnsley Self-Care Guidance.

**APC 23/06**

**SHARED CARE GUIDELINES / AMBER G SHARED CARE GUIDELINES**

23/06.1

**Sulfasalazine for ulcerative colitis and Crohn's disease Amber G Guideline (new)**

The Medicines Management Pharmacist presented the new guideline, following the change of classification for sulfasalazine for ulcerative colitis and Crohn's disease from green to amber G.

Following a practice query regarding monitoring requirements and frequency of monitoring, this information is now provided within the guideline, noting that the monitoring is in line with the DMARD guidance.

The Committee approved the guideline.

23/06.2

Oral Mesalazine Preparations for Ulcerative colitis and Crohn's disease Amber G Guideline (new)

The Medicines Management Pharmacist presented the new guideline, following the change of classification for oral mesalazine Preparations for Ulcerative colitis and Crohn's disease from green to amber G.

Monitoring information is in line with the SPS monitoring guidance.

The Committee approved the guideline.

**APC 23/07**

**FORMULARY REVIEWS**

23/07.1

Formulary Review Plan

There were no changes to note from last month.

**APC 23/08**

**NEW PRODUCT APPLICATION LOG**

The new product application log was received for information.

Semaglutide oral tablets would be added to the log on receipt of the new product application.

**GT/NB**

The Lead Pharmacist, SY ICB (Barnsley) informed the Committee that a new product application had been received for Bijuve®, listed on the new production application log. Approval was sought from the Committee for the new product application to be considered as part of the HRT guideline, which was currently in development, as agreed for the Estring® Vaginal Ring new product application received. This approach was approved by the Committee.

**APC 23/09**

**BARNESLEY APC REPORTING**

23/09.1

APC Reporting November 2022

The Lead Pharmacist, SY ICB (Barnsley) presented the enclosure showing reports received directly into the APC reporting mailbox. There were 41 APC reports received for the month of November 2022.

23/09.2

APC Reporting November 2022 Key Themes

The summary report was presented, showing 73 reports in total, including 41 APC reports and 32 interface queries received directly within BHNFT for the month of November 2022.

A significant number of the key themes reported this month were associated with D1 communication and the additional detail associated with these reports has been provided, including issues with duplicates, many associated with a system update that was needed and this was discussed in the BHNFT D1 issues meeting in

November 2022. This issue resulted in practices receiving between several hundred and several thousand copies of D1's and other hospital correspondence, some for deceased patients (A&E and clinic letters, old test results) which significantly impacted on practice workload.

Details relating to several other significant issues were shared and highlighted. These were related to D1 communication, formulary related issues, shared care issues and other issues across a range of categories, including several requests to prescribe Freestyle Libre outside of current APC guidance including requests for primary care to initiate when the current guidance states that the prescribing and monitoring for the first 3 months should remain with the specialist. It was noted that the Freestyle Libre guidance is in the process of being updated in line with NICE Guidance and a meeting is due to be held in January with colleagues from the Diabetes Service to discuss Continuous Glucose Monitoring.

The Head of Medicines Optimisation referred to the D1 action on the action plan, noting that the APC Reporting Key Themes report is shared at the BHNFT D1 issues meetings and asked if a plan was emerging from that group to progress work, resolve and mitigate the issues associated with D1s. It was suggested that the BHNFT D1 Issues meeting action plan could be included as an appendix to the APC action plan.

The Chief Pharmacist, BHNFT noted that due to operational pressures the group had been stepped down in December, however he would liaise with Andrew Wiles regarding obtaining a detailed action plan from that group.

**MS**

The Lead Pharmacist, BHNFT referred to reports where D1s were not received by the pharmacies and GP practices, asking for clarity if these were the same D1s or different. The Lead Pharmacist, SY ICB (Barnsley) to check and advise. The process in which the nursing staff sign off the D1s has been flagged and may be associated. This will be checked with the Interface Pharmacist, BHNFT.

In relation to this, the Chief Pharmacist, BHNFT advised that a DMS can only be generated if there is a completed D1 (nurse led), therefore if a nurse discharges a patient but doesn't complete the D1, the D1 letter/DMS referral to community will not be generated. It has been escalated to the clinical systems team and to the digital nurse lead within clinical systems who are working through the process, noting the education/training requirement as part of the nursing induction. It has also been escalated through the Care Flow Steering Group.

The Lead Pharmacist, BHNFT advised that in terms of referral to district nursing services, this is being discussed at the Medicines Management Operational Group and Senior Nurses Forum. It was noted that some issues have also been flagged by the diabetic nurses, with patients not being referred. An update can be obtained from the senior nurses.

It was highlighted that there was potentially another reporting route into the hospital for patient clinical risks and the Trust were currently working up a process/pathway for how issues should be reported as some reports received are not pharmacy related issues. This would be brought back to the APC.

The Head of Medicines Optimisation had been made aware of another reporting route into the hospital for patient clinical risks, noting that issues should also be captured via APC reporting to ensure someone is looking into the reports and capture key themes, escalating to the clinical risk management team where necessary.

It was agreed that we needed to differentiate between the 2 reporting routes in terms of workload for pharmacy and this would be discussed further outside of the meeting.

The Lead Pharmacist, SY ICB (Barnsley) advised that this was the process we agreed a few years back and we've continued to follow it. It was acknowledged that this process is due to be updated and the reporting routes can be reviewed as part of the update. It had been understood that reports were dealt with and/or sent on accordingly within BHNFT by the pharmacy team. If the pharmacy team receive any reports that should be directed elsewhere, this can be fed back.

The Community Pharmacist highlighted an issue in community pharmacy, where patients are being discharged from hospital to care home (intermediate care bed/spot purchase bed), creating issues and delays in providing medications to patients due to lack of communication to community pharmacy.

There was a discussion regarding medication supply following discharge from hospital to a nursing home outside of the area and it was agreed that details would be shared with the Head of Medicines Optimisation to pick up within the MMT.

**Agreed actions: -**

- The Chief Pharmacist, BHNFT to liaise with Andrew Wiles regarding an action plan from D1 Issues Group.
- The Lead Pharmacist, SY ICB (Barnsley) to check and advise regarding D1s not received by pharmacies and GP practices, and the Lead Pharmacist, BHNFT to follow up with the Interface Pharmacist.
- APC reporting routes to BHNFT to be reviewed.
- Details regarding medication supply to be shared with the Head of Medicines Optimisation to pick up within the MMT

**MS**

**DC**

**DC/CL/**

**GT**

**AM**

**CL**

23/09.3

**APC Reporting November 2022 Interface Issues**

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

**APC 23/10**  
23/10.1

**NEW NICE TECHNOLOGY APPRAISALS (DECEMBER 2022)**  
**NICE TAs December 2022**

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

- TA848 Cemiplimab for untreated PD-L1-positive advanced or metastatic non-small-cell lung cancer (**terminated appraisal**)
- TA850 Amivantamab for treating EGFR exon 20 insertion mutation-positive advanced non-small-cell lung cancer after platinum-based chemotherapy
- TA851 Pembrolizumab for neoadjuvant and adjuvant treatment of triple-negative early or locally advanced breast cancer
- TA854 Esketamine nasal spray for treatment-resistant depression (**not recommended**)

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

**GT**

- TA849 Cabozantinib for previously treated advanced hepatocellular carcinoma
- TA852 Trifluridine–tipiracil for treating metastatic gastric cancer or gastro-oesophageal junction adenocarcinoma after 2 or more treatments
- TA853 Avatrombopag for treating primary chronic immune thrombocytopenia

23/10.2 Feedback from BHNFT Clinical Guidelines and Policy Group  
The group have not met therefore there was nothing to report.

23/10.3 Feedback from SWYPFT NICE Group  
There was nothing relevant to report.

**APC 23/11** **FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS**  
23/11.1 Primary Care Quality & Cost-Effective Prescribing Group (QCEPG)  
The Head of Medicines Optimisation fed back that the group are focussing on the growth pressures and out of stocks.

23/11.2 BHNFT  
The group was stepped down due to operational pressures.

23/11.3 SWYPFT Drug and Therapeutics Committee  
There was nothing relevant to report.

23/11.4 Community Pharmacy Feedback  
The difficulties and frustrations with the ongoing out of stock situation was discussed.

23/11.5 Wound Care Advisory Group  
Update deferred to the next meeting.

**APC 23/12** **ISSUES FOR ESCALATION TO THE BARNSELY PLACE QUALITY & SAFETY COMMITTEE**  
It was noted that MDS and the out of stock position would be discussed at the next meeting.

**APC 23/13** **SPS NEW MEDICINES NEWSLETTER (NOVEMBER 2022)**  
The Committee assigned the following classifications to the products listed below: -

- COVID-19 vaccine (*Nuvaxovid*®) – formulary green
- Elasmomeran + imelasmomeran (*Spikevax*® *bivalent Original/Omicron BA.1*) – formulary green (information to be added to

the formulary to say Spikevax® as the original formulation has been discontinued and that AstraZeneca's COVID-19 vaccine (Vaxzevria®) has been discontinued).

- Eptacog alfa (activated) (*NovoSeven®*) – non-formulary red
- Melatonin (*Ceyesto®*) – non-formulary grey
- Mosunetuzumab (*Lunsumio®*) - non-formulary red
- Rimegepant (*Vydura®*) – non-formulary grey
- Tozinameran + riltozinameran (*Comirnaty® Original/Omicron BA.1*) – formulary green

#### **APC 23/14 MHRA DRUG SAFETY UPDATE (DECEMBER 2022)**

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

Valproate: reminder of current Pregnancy Prevention Programme requirements; information on new safety measures to be introduced in the coming months

Patients currently taking valproate must be advised not to stop taking it unless they are advised by a specialist to do so. Any patient who thinks they are pregnant while on valproate should be advised to talk to a specialist urgently.

Before initiating valproate in patients younger than 55 years, healthcare professionals should consider all other suitable therapeutic options.

#### **APC 23/15 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC) & SOUTH YORKSHIRE INTEGRATED MEDICINES OPTIMISATION COMMITTEE (SY IMOC)**

The Head of Medicines Optimisation shared the draft SY IMOC terms of reference for information and provided an update from the committee meetings held.

At the last SY IMOC meeting, there was discussion about the importance of not duplicating work across the committees and if there are decisions that can be taken centrally that would potentially reduce workload. The Head of Medicines Optimisation regards the Barnsley APC as an operational implementation group for what is national medicines optimisation guidance/medicines management pharmacy guidance.

The SY IMOC agenda is currently working through the Committee's governance arrangements and how it conducts its business. There is an ongoing piece of work looking at traffic light classification definitions across South Yorkshire.

The SY IMOC looked at the collaborative Parkinson's Disease Shared Care Guidelines, which have previously come to this Committee for endorsement.

It was agreed that minutes of the SY IMOC will be brought to this committee for information. Any comments on the draft SY IMOC terms of reference to be sent to the Head of Medicines Optimisation.



**Agreed action: -**

- Minutes of the SY IMOC to be brought to future Barnsley APC meetings.

CL/NB

**APC 23/16 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES (FOR INFORMATION)**

There were no minutes to note.

**APC 23/17 ANY OTHER BUSINESS**

23/17.1

Co-Beneldopa Products

The Community Pharmacist advised that co-benledopa products are classed as "special containers", therefore should be dispensed in original packs to the nearest pack size e.g. script for 56 would get 100, script for 112 would get 100. This could have implications for patient care and will have an impact on MDS patients also. It was agreed that awareness would be raised in newsletters and primary care prescribing would be checked.

**Agreed actions: -**

- Awareness to be raised in newsletters.
- Primary care prescribing data to be checked.

TB/DC  
DC

23/17.2

Sharps Containers

An issue was raised regarding obtaining sharps containers and it was agreed that details would be shared with the Head of Medicines Optimisation.

**Agreed action: -**

- Details to be shared with Head of Medicines Optimisation.

JM

23/17.3

D1s for Self-Discharged Patients

The timely way D1s are sent through to GP practices for patients that have self-discharged from BHNFT was discussed, and the Lead Pharmacist, BHNFT agreed to escalate this to the D1 Task and Finish Group. Details regarding the instances raised would be shared with the Lead Pharmacist, BHNFT to investigate.

**Agreed actions: -**

- Patient details to be shared with the Lead Pharmacist, BHNFT.
- The Lead Pharmacist, BHNFT to escalate the timely way D1s are sent through to GPs to the D1 Task & Finish Group.

JM  
GT

23/17.4

APC meeting

The Head of Medicines Optimisation acknowledged the workload pressures in the system, thanking members for their continued commitment to attend the APC meetings. It was valuable from a patient safety perspective and for improving patient outcomes for the APC to continue to meet, however the Chair would try to keep the meeting time to a minimum at future meetings.

**APC 23/18 DATE AND TIME OF THE NEXT MEETING**

The time and date of the next meeting was confirmed as Wednesday, 8<sup>th</sup> February 2023 at 12.30 pm via MS Teams.