NHS
Barnsley
Clinical Commissioning Group

Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday, 13th April 2022 via MS Teams

MEMBERS:

Chris Lawson (Chair)	Head of Medicines Optimisation (Barnsley CCG)
Professor Adewale Adebajo	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
Tom Bisset	Community Pharmacist (LPC)
Dr Mehrban Ghani (up to 22/81.3)	Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs)
Dr Rebecca Hirst (from 22/71.4)	Palliative Care Consultant (Barnsley Hospice)
Dr Abdul Munzar	General Practitioner (LMC)
Mark Payne (up to 22/81.3)	Lead Pharmacist (SWYPFT)
Mike Smith	Chief Pharmacist (BHNFT)

IN ATTENDANCE:

Nicola Brazier	Administration Officer (Barnsley CCG)
Lauren Clarke	Senior Pharmacist, Interface (BHNFT)
Joanne Howlett	Medicines Management Pharmacist (Barnsley CCG)
Gillian Turrell	Lead Pharmacist (BHNFT)

APOLOGIES:

Deborah Cooke	Lead Pharmacist (Barnsley CCG)
Dr Kapil Kapur	Consultant Gastroenterologist (BHNFT)

ACTION BY

APC 22/68 QUORACY

The meeting was quorate.

APC 22/69 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 CCG, none of which were applicable to today's agenda, noting that there is no personal financial gain and all savings from rebates schemes are re-invested into other local health services. The rebates are all in line with PrescQIPP guidance and a full list is available on the website.

There were no further declarations of interest to note.

APC 22/70 DRAFT MINUTES OF THE MEETING HELD ON 9th MARCH 2022

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

22/70.1 APC 22/53.4 Trixeo®

It was noted that Trixeo® would be added to the COPD guidance and the Committee agreed that the updated guidance was not required to be brought back for approval.

20/70.2 APC 22/62 Inclisiran Classification

The Committee were advised of ongoing discussions at the Lipid Pathway meetings regarding the classification of Inclisiran, and it was therefore agreed that Inclisiran would be classified as Amber (instead of Amber G), until the position within the pathway was agreed.

22/70.3 22/66.3 Syringe Drivers

At the last meeting advice was sought about community district nurses setting up syringe drivers from the dose information supplied on the D1 or the requirement for it to go on the community drug chart before setting up. The Lead Pharmacist, SWYPFT sought feedback from the Palliative Care Team who advised that the district nursing team can give medication against the D1.

Agreed action: -

- GP practices to be advised. **DC/JH**

APC 22/71 MATTERS ARISING AND APC ACTION PLAN

22/71.1 Chapter 4: CNS Pain & Neurology (morphine injection strengths)

The Lead Pharmacist, BHNFT shared further details relating to the specific case around the morphine injection strength requested for a patient discharged from BHNFT. This was felt to be an isolated incident, but it was noted that communications would be sent out internally and a sticker added to the register for technicians to query when dispensing should a higher strength prescription bypass the pharmacist.

Agreed actions: -

- Primary care to be advised that the 10mg/ml will be the first line concentration used in primary care and any requests to prescribe higher doses should be reported. **DC/JH**
- Information to be added to ScriptSwitch to reiterate this. **DC/JH**
- Communications to be sent out at the Trust and a sticker to be added to the register for technicians to query higher strength prescriptions **GT**

***Post meeting note**: a note will be added to the Barnsley Formulary to indicate that morphine 15mg/ml injection is hospital only.* **JH**

22/71.2 Degarelix Amber Guideline

Following the development of an amber guideline for degarelix, the Medicines Management Pharmacist contacted the specialists for further clarity around the classification following their comments that degarelix should remain classified red.

The comments received from the specialist were shared including the cost being a factor for not continuing with degarelix; degarelix is a monthly injection versus the prostap which is a 3 monthly injection; and there was no cancer control advantage with degarelix. Degarelix is an antagonist, and the advantage was noted as it doesn't require anti-androgen cover and it works fast. It doesn't produce a testosterone surge at the initiation of treatment and a testosterone surge on switching from degarelix to prostap was rare.

It was therefore agreed that degarelix would remain classified formulary red.

22/71.3 Supply issue with Levomepromazine 25mg/1ml solution for injection

The Lead Pharmacist, BHNFT advised that currently there were no unlicensed preparations available.

The Lead Pharmacist, SWYPFT advised that the supply issue was now resolved but would check if there were any alternatives should future stock issues arise.

22/71.4 Rivaroxaban 2.5mg prescribing data

Following discussion at the last meeting highlighting recurring issues around rivaroxaban 2.5mg, it was agreed to review rivaroxaban 2.5mg prescribing in primary care. The Head of Medicines Optimisation fed back the prescribing data obtained, advising that approximately 26 patients were being prescribed the 2.5mg strength across primary care in the last 3 months. Most of the patients prescribed the 2.5mg strength were also prescribed low dose aspirin or clopidogrel, which may suggest, but doesn't confirm, that use is in line with the license. There were some that were for PAD as it was stated in the directions.

The Lead Pharmacist, BHNFT advised that the low dose usage was included in the antiplatelet policy as it is licenced for use in ACS in combination with antiplatelets and advised that it has since been licensed in peripheral vascular disease at that dose. To ensure that it is not inadvertently being used for AF, it was agreed to update the antiplatelet guidance for the peripheral vascular and the ACS and for AF, update and use the AF guidance.

It was noted that the numbers were relatively low in primary care and agreed that any incidences could be picked up when rollout of the DOAC work begins later in the year.

Agreed actions: -

- Antiplatelet and AF guidance to be updated. **GT**
- Shared learning to be presented at a future BEST meeting **CL/DC**

22/71.5 NICE HST/TA (February 2022)

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

- HST17 Odevixibat for treating progressive familial intrahepatic cholestasis
- TA765 Venetoclax with azacitidine for untreated acute myeloid leukaemia when intensive chemotherapy is unsuitable

22/71.6 Maxitrol Eye Drops

It was raised in the last meeting that an insufficient supply of Maxitrol® eye drops continue to be supplied by BHNFT following cataract surgery, resulting in patients requesting an additional supply from primary care.

The Lead Pharmacist, BHNFT has raised this with the ophthalmologists and day surgery theatre staff to ensure that patients are given a sufficient supply of Maxitrol® eye drops following surgery.

Action Plan - other

22/71.7 Toujeo®

Deferred to the next meeting.

22/71.8 BHNFT discharge letter audit / monitoring

The Head of Medicines Optimisation acknowledged the pressure associated with moving over to the electronic medicines platform but asked for a progress update on arranging the next Task and Finish Group meeting to progress with the audit.

The Chief Pharmacist, BHNFT advised that the Trust were currently discharging patients using a Care Flow Module and discussions were ongoing about possibly moving from a Care Flow Module to the CMM module for discharging patients due to the patient safety benefits. It was therefore requested that time be allowed for this to settle before a meeting be arranged to discuss the audit.

The Head of Medicines Optimisation advised that a meeting had taken place with BHNFT IT colleagues specifically to discuss the IT issues being picked up in APC reporting around eligibility and duplicated discharge letters. It was felt that quite a number of issues could be discussed and possibly resolved if the Task and Finish Group were to meet.

It was agreed that a follow up meeting with BHNFT IT colleagues would be arranged with representation from the MMT, Primary Care, BHNFT, SWYPFT and community pharmacy.

Agreed action: -

- Follow up meeting to be arranged with Richard Billam and stakeholders to discuss ongoing D1 IT issues and primary care access to clinical systems. **MS**

22/71.9 HRT Guideline

Deferred and date to be confirmed on the action plan.

22/71.10 Target Dates

Actikerall amber guidance and Dapoxetine (Priligy®) amber G guidance target dates to be changed to July 2022. **NB**

APC 22/72 WOUND CARE

22/72.1 PEG Pathway

The Head of Medicines Optimisation presented the pathway which has been developed for incidences of infection or overgranulation. The dieticians and specialist TVNs have had input, and this has been out to members of the Wound Care Advisory Group for comment and was received very positively by the Wound Care Advisory Group members. The PEG Pathway was approved by the Committee.

22/72.2 Leg Ulcer Pathway

The Leg Ulcer Pathway was presented which was positively accepted by the Wound Care Advisory Group and has been shared at a PCN meeting. The Leg Ulcer Pathway was approved by the Committee.

22/72.3 Self-Care Pathway

During COVID, the Self-Care Pathway was introduced for patients that can self-manage their dressings and who are also on the hosiery fitters. This was positively accepted by the Wound Care Advisory Group. The Self-Care Pathway was approved by the Committee.

APC 22/73 MEDICINES OPTIMISATION SCHEME 2022-23 QIPP AREAS INVOLVING SPECIFIC BRANDS OR PREPARATIONS

The Head of Medicines Optimisation presented enclosure D which has been shared across primary care for comment. It was acknowledged that last year was a challenge due to COVID and significant issues getting through the vaccination programme, resulting in QIPP being put on hold therefore quite a few areas from last year were not completed. Those areas have been reviewed again and where still appropriate have been included in this year's scheme, with the new areas.

The paper presented, prepared by the Lead Pharmacist, Barnsley CCG lists the workstreams that involve formulary preparations or APC guidelines. There are cost implications, but some changes are around lowering the carbon footprint. For the suggested branded products, email correspondence has taken place with each of the companies to check that stock is stable and seek assurance about continuation of stability in the chain so that patients are not compromised.

The difficulties encountered in primary care due to stock issues were highlighted due to the additional workload and pressure generated, increasing GP tasks, consultations, and switchbacks.

In relation to the suggested SABA inhalers review and where appropriate it being recommended that salbutamol MDI is changed to Salamol® MDI, it was requested that this target be reconsidered given that patients that have been using Ventolin® are returning to the GP practice requesting that Venolin® be prescribed instead of Salamol®.

The Head of Medicines Optimisation referred to ongoing discussions around the stability of the medicines supply chain and ongoing talks with NHS England about improving the position. It was noted that implementation of the scheme was quite flexible, and this feedback would be considered and brought back to the next meeting.

A report around the effectiveness of Ivax® salbutamol brand was shared, and further details would be obtained outside of the meeting.

The Community Pharmacist referred to the switch from co-codamol 8/500 capsules to co-codamol 8/500 tablets, noting his preference to prescribe paracetamol and codeine separately in place of co-codamol. This was discussed and issues were noted but it was agreed that it

could be considered and built into the change process.

The Lead Pharmacist referred to the Pentasa® 1g suppositories switch to Salofalk® 1g suppositories, noting that there are no rectal mesalazine preparations currently listed on the formulary. It was proposed that this is addressed during the next GI formulary section review, however in the meantime it was agreed that a piece of work be undertaken on rectal preparation, looking at suppositories and enemas. This would be brought back to the Committee.

Feedback was noted regarding liothyronine capsules and having an awareness and being sensitive to patients wanting a specific brand. This could be implemented for any new patients going forward with clear direction for the dispensing team.

The Community Pharmacist referred to the Fostair® 100/6 (MDI) to Luforbec® 100/6 (MDI) switch, noting that Luforbec® only comes in one strength opposed to Fostair® which is available is more than one strength and as a NEXThaler. The economic argument was understood however the place is therapy was queried. It was noted in the report that the secondary care position was still to be confirmed. This would be considered and brought back to the next meeting.

The Lead Pharmacist, SWYPFT would obtain feedback from the memory team regarding the switch from Galantamine oral solution to Galzemic® solution.

The Lead Pharmacist, SWYPFT referred to the Dosulepin 75mg to Prothiaden® 75mg switch noting that a number of patients are prescribed dothiepin, and suggested SWYPFT provide support for patient reviews. Criteria for referrals to SWYPFT to be agreed.

The Head of Medicines Optimisation acknowledged there was a lot in the scheme with significant benefit in terms of maintaining investment in services. Again, it was noted that implementation of the scheme was quite flexible, and the feedback received would be considered and brought back to the next meeting.

Agreed actions: -

- A paper on rectal preparations, looking at suppositories and enemas to be produced and brought back to the Committee — **GT**
- Criteria for dothiepin patient referrals to SWYPFT to be agreed. — **MP**
- The details regarding effectiveness of Ivax® to be shared with the Head of Medicines Optimisation — **MG**
- Feedback to be obtained from the memory team regarding the switch from Galantamine oral solution to Galzemic® solution. — **MP**
- Feedback on the areas above would be considered and discussed at the next meeting. — **CL/DC**

APC 22/74 PATIENT INFORMATION LEAFLET: UNLICENSED AND 'OFF-LABEL' MEDICINES (UPDATE)

The Palliative Care Consultant presented the updated leaflet with minor changes. This was endorsed by the LMC and approved by the Committee.

APC 22/75 TRIAL OF STOPPING YOUR OVERACTIVE BLADDER DRUG PATIENT INFORMATION LEAFLET (UPDATE)

The Medicines Management Pharmacist presented the updated leaflet with changes highlighted. The updated version states to stop the medicine as advised by your clinician up to a maximum of 4 weeks which is in line with the Treatment of Overactive Bladder in Women Guidance.

This was endorsed by the LMC and approved by the Committee.

APC 22/76 SHARED CARE GUIDELINES / AMBER G SHARED CARE GUIDELINES

22/76.1 Ganciclovir 0.15% Eye Gel Amber-G Guideline

The Medicines Management Pharmacist presented the updated amber G guideline, which has been updated in line with the updated amber G template. As there is now a licensed aciclovir eye ointment, it was proposed that ganciclovir eye ointment remains amber G and first line choice where appropriate, adding acyclovir eye ointment to the formulary as grey, only for use where the ganciclovir is not the most appropriate choice e.g., children under the age of 18 years, as this is not licensed for use in children. The specialists agreed with this proposal.

This was endorsed by the LMC and approved by the Committee.

22/76.2 Lithium Amber Shared Care Guidelines

The Lead Pharmacist, SWYPFT presented the updated guidelines with tracked changes, noting no changes to the clinical content but changes to formatting and wording to provide clarity in the document.

The Medicines Management Pharmacist referred to a proforma for patients discharged from the mental health service which is included in the antipsychotic shared care guideline, and it was suggested this be adapted and incorporated into the lithium amber shared care guideline as both guidelines suggest that patients may be discharged from the service. The antipsychotic proforma notes that the clinician should state that the patient is stable for 6 months and that parameters are normal and then it will state when the GP could consider contacting the psychiatrist rather than re-referral and then refer to it in the specialist responsibilities section.

It was agreed this would be adapted for lithium and included in the lithium amber shared care guideline.

Subject to this amendment, the Committee approved the updated lithium amber shared care guideline.

It was noted that monitoring compliance 3-6 months after the first year could be checked using Eclipse Radar.

Agreed action: -

- The appendix from the antipsychotic shared care guideline to be adapted for lithium and included in the lithium amber shared care guidelines. **JH**

APC 22/77 FORMULARY REVIEWS

22/77.1 Formulary Review Plan (for information)

The Medicines Management Pharmacist presented the formulary review plan for information, noting that 16 sections of the formulary have been reviewed, with 5 sections remaining, some with dates yet to be confirmed.

APC 22/78 NEW PRODUCT APPLICATION LOG

The new product application log was received for information and noted.

APC 22/79 BARNSLEY APC REPORTING

22/79.1 APC Reporting February 2022

The Medicines Management Pharmacist presented the enclosure showing reports received directly into the APC reporting mailbox. There were 24 APC reports received for the month of February 2022.

22/79.2 APC Reporting February 2022 Key Themes

The summary report was presented, showing 81 reports in total, including 24 APC reports and 57 interface queries received directly within BHNFT for the month of February 2022.

The common key themes were noted including D1 communication, other hospital communication issues, discharge medication service, medicines supply issues, follow up appointment issues, shared care issues and dispensing and prescribing errors.

Details relating to several significant issues were highlighted and noted.

In addition to the information on the report, the ongoing issue of duplicate D1s being received in primary care for the same patient was raised, noting that GP practices were advised to use the D1 clinical checked by the hospital pharmacist if duplicates were received. However, there is information to suggest that this is not possible as the information cannot be seen in primary care. The Senior Interface Pharmacist advised that clinical systems have been made aware of this but at present the suggested solution was to contact the Senior Interface Pharmacist to confirm if the D1 has been clinical checked. Due to the significant number of duplicate D1s coming through to primary care, it was not feasible for the Senior Interface Pharmacist to receive and respond to these queries.

The Lead Pharmacist, BHNFT highlighted a significant increase in the number of enquires received during March (which will be reported at the June APC meeting), likely to be linked to the EPMA ‘go live’ and the new D1 system and due to staffing/capacity issues it was felt that discussions were required with clinical systems regarding primary care access to view discharge information to reduce the number of queries raised and reduce pressure on the Trust.

The Chief Pharmacist, BHNFT advised that some benchmarking work had been undertaken looking at other local organisations and to resolve these kinds of issues they have direct engagement either with primary care or clinical systems, and not via pharmacy.

As discussed above at APC22/71.8, it was agreed that the follow up meeting with Richard Billam and stakeholders needed to be arranged to feed into the decision-making process around the risks.

The Head of Medicines Optimisation advised that a piece of work was being undertaken over South Yorkshire through the Integrated Pharmacy Medicines Optimisation (IPMO), with a plan looking at this kind of benchmarking, looking to share and learn from good practice across different areas, appreciating that each Trust works with different systems and engages with primary care systems in a different way.

A discussion would take place outside of the meeting regarding BAPC22/02/01 and memantine prescribing. **TB/MP**

Agreed action: -

- Follow up meeting to be arranged with Richard Billam and stakeholders to discuss ongoing D1 IT issues. **MS**

22/79.3 APC Reporting February 2022 Interface Issues

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

APC 22/80 NEW NICE TECHNOLOGY APPRAISALS (MARCH 2022)

22/80.1 NICE TAs March 2022

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

- TA773 Empagliflozin for treating chronic heart failure with reduced ejection fraction

The Lead Pharmacist, BHNFT **would advise** if the following NICE HST/TAs were applicable for use at BHNFT: - **GT**

- HST18 Atidarsagene autotemcel for treating metachromatic leukodystrophy
- TA774 Lenalidomide for relapsed or refractory mantle cell lymphoma (terminated appraisal)
- TA775 Dapagliflozin for treating chronic kidney disease
- TA776 Pitolisant hydrochloride for treating excessive daytime sleepiness caused by obstructive sleep apnoea
- TA777 Solriamfetol for treating excessive daytime sleepiness caused by obstructive sleep apnoea
- TA778 Pegcetacoplan for treating paroxysmal nocturnal haemoglobinuria
- TA779 Dostarlimab for previously treated advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency
- TA780 Nivolumab with ipilimumab for untreated advanced renal cell carcinoma
- TA781 Sotorasib for previously treated KRAS G12C mutation-positive advanced non-small-cell lung cancer
- TA782 Tagraxofusp for treating blastic plasmacytoid dendritic cell neoplasm (terminated appraisal)

22/80.2 Feedback from BHNFT Clinical Guidelines and Policy Group
The group have not met therefore there was nothing to report.

22/80.3 Feedback from SWYPFT NICE Group
The Lead Pharmacist advised that Yorkshire Smoke-Free are to start recommending and signposting people towards e-cigarettes in the community, in line with the national guidance that e-cigarettes should be considered as part of the quit attempt. This has not yet started in Barnsley.

Concern was raised around the future supply function in community pharmacy due to the number of smoking cessation services available, and the Head of Medicines Optimisation agreed to discuss the concerns raised with Dr Lisa Wilkins, Consultant in Public Medicine, South Yorkshire and Bassetlaw Integrated Care System

Agreed action: -

- The Head of Medicines Optimisation to discuss regional planning with Dr Lisa Wilkins. **CL**

APC 22/81 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

22/81.1 Primary Care Quality & Cost-Effective Prescribing Group (QCEPG)
There was nothing relevant to report.

22/81.2 BHNFT
There was nothing relevant to report.

22/81.3 SWYPFT Drug and Therapeutics Committee
There was nothing relevant to report.

22/81.4 Community Pharmacy Feedback
The Community Pharmacist referred to a number of APC reports around DMS which were thought to have now been resolved. The Community Pharmacy Consultation Service (CPCS) was being rolled out and an update would be provided to GPs at this month's PCN meeting.

22/81.5 Wound Care Advisory Group
The group have not met therefore there was nothing to report.

APC 22/82 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)

It was noted that APC Reporting is taken routinely to the Q&PSC. There was nothing additional to escalate to the Q&PSC this month.

APC 22/83 SPS NEW MEDICINES NEWSLETTER (FEBRUARY 2022)

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

- Arachis hypogaea (*Palforzia*®) 0.5mg, 1mg, 10mg, 20mg and 100mg oral powder in capsules for opening, and 300mg oral powder in sachet – non-formulary provisional red
- Diphtheria + tetanus + pertussis + hepatitis B + poliomyelitis + Haemophilus influenzae type B vaccine (*Vaxelis*®) 1 dose in 0.5mL pre-filled syringe - formulary green in line with national recommendations

- Diroximel fumarate (*Vumerity*®)
  231mg capsule - non-formulary provisional red
- Paliperidone (*Byannli*®) 700mg and 1,000mg pre-filled syringes - non-formulary provisional red

Other

- Mefenamic acid 250mg capsules and 500mg tablets - formulary grey for all indications, including dysmenorrhoea and menorrhagia.

APC 22/84 MHRA DRUG SAFETY UPDATE (MARCH 2022)

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

Amiodarone (Cordarone X): reminder of risks of treatment and need for patient monitoring and supervision

Amiodarone has been associated with serious and potentially life-threatening side effects, particularly of the lung, liver, and thyroid gland. We remind healthcare professionals that patients should be supervised and reviewed regularly during treatment.

Lung problems may have slow onset but then progress rapidly. Computerised tomography scans may help to confirm a suspected diagnosis of pulmonary toxicity.
It was agreed to look at the shared care guideline outside of the meeting to consider if the wording needs to be amended around possible requirement to request a CT scan.

Agreed action: -

- The amiodarone shared care guideline to be looked at to consider if the wording needs to be amended around possible requirement to request a CT scan. **JH**

Metformin in pregnancy: study shows no safety concerns

A large study has shown no safety issues of concern relating to the use of metformin during pregnancy. The licence for metformin now reflects that it can be considered for use during pregnancy and the periconceptional phase as an addition or an alternative to insulin, if clinically needed. This is consistent with current clinical guidance.

APC 22/85 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC)

There was nothing relevant to report.

APC 22/86 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES (FOR INFORMATION)

The minutes from NHS Doncaster and Bassetlaw CCG (28th November 2021) and NHS Sheffield CCG (17th February 2022) were received and noted.

APC 22/87 ANY OTHER BUSINESS

22/87.1 APC Reporting

The Committee were informed that the Senior Interface Pharmacist was leaving BHNFT, and she was thanked for the significant amount of work and support she has provided. The Committee wished her well in her new role.

The Lead Pharmacist, BHNFT therefore advised that from the end of April 2022 the responsiveness to APC reporting queries was going to take longer. The primary care clinical pharmacists would be asked to clearly highlight any clinically urgent queries to help BHNFT prioritise responses.

The Lead Pharmacist, BHNFT advised that APC reporting and the associated workload has been escalated to the Medicines Management Committee and would be discussed further at the Medicines Management Operational Group. A piece of work would be undertaken on short-term mitigation and short-term management but also a long-term plan for APC Reporting workload going forward. The Trust have been looking at how other Trusts manage interface queries and the Head of Medicines Optimisation asked that primary care have some involvement in the decision process. The Head of Medicines Optimisation would share information with the Lead Pharmacist, BHNFT to demonstrate the impact of APC Reporting in terms of investment to ensure continued or expanded investment.

Agreed action: -

- The Head of Medicines Optimisation would share information with the Lead Pharmacist, BHNFT to demonstrate the impact of APC Reporting. **CL**

APC 22/88 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 11th May 2022 at 12.30 pm via MS Teams.