

**Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on  
Wednesday, 12<sup>th</sup> April 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 Mehrban Ghani (from 23/61.3 to 23/69) | Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs)      |
| Dr Kapil Kapur (from 23/62)              | Consultant Gastroenterologist (BHNFT)   |
| Dr Munsif Mufalil (from 23/61.5)         | General Practitioner (LMC)  |
| Dr Abdul Munzar                          | General Practitioner (LMC)  |
| Mark Payne                               | Lead Pharmacist (SWYPFT)  |

**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)  |
| Dr Madhavi Guntamukkala | Medical Director (SYICB, Barnsley) |
| Dr Jeroen Maters        | General Practitioner (LMC)         |

**ACTION  
BY**

**APC 23/58 QUORACY**  
The meeting was quorate.

**APC 23/59 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 23/60 DRAFT MINUTES OF THE MEETING HELD ON 8<sup>th</sup> MARCH 2023**  
The minutes were accepted as an accurate record of the meeting.

**APC 23/61 MATTERS ARISING AND APC ACTION PLAN**  
23/61.1 NICE TAs (January 2023)  
The Lead Pharmacist, BHNFT advised that the following NICE TA **was not** applicable for use at BHNFT: -

- NICE TA860 Maribavir for treating refractory cytomegalovirus infection after transplant

The Lead Pharmacist, BHNFT would advise the Committee should a response from the haematologists advise that this was applicable for use at BHNFT. It was agreed that this would be added to the formulary as non-formulary provisional red.

GT

JH

23/61.2

NICE TAs (February 2023)

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

GT

- TA863 Somatrogon for treating growth disturbance in people 3 years and over
- TA872 Axicabtagene ciloleucel for treating diffuse large B-cell lymphoma and primary mediastinal large B-cell lymphoma after 2 or more systemic therapies

23/61.3

Action Plan – other  
BHNFT D1 issues

The Head of Medicines Optimisation advised that a meeting was held with the Trust regarding how we were processing engagement and arranging access to IT systems to support the interface work. It was a very good meeting agreeing a way forward, with real commitment from the Trust around resolving issues. A process was agreed around expanding the number of clinical pharmacists in primary care having access to the hospital IT systems, and the Head of Medicines Optimisation is drafting the assurance process to support this. The assurance process would then be taken through the Trust to provide assurance that those accessing the hospital IT systems are doing so appropriately and have received all the necessary training.

Concern was raised regarding the cancellation of the D1 issues meetings, acknowledging that workload/industrial action pressures were likely associated with the cancellations, however the Head of Medicines Optimisation asked via the Associate Medical Director, that the meetings go ahead where possible.

The Associate Medical Director reciprocated the efforts and commitment of primary care to resolve issues, with assurance that the Trust is committed to working in partnership to resolve these issues.

23/61.5

Denosumab

At the October 2022 APC meeting, the Committee were advised of increased numbers of otherwise well patients presenting in GP practices with hypocalcaemia and it was queried if there were any issues with the agent being used or the way calcium levels are checked in the hospital setting. The Head of Medicines Optimisation provided feedback from the pathology services, who advised of no issues from following the shared care from a hospital perspective, and that a full calcium test is done routinely unless a specific request is made.

Primary care colleagues were asked if there had been a continuation of identifying people with low calcium levels who they are having to refrain from treating with denosumab. It was discussed and noted that low calcium results (slightly out of range) that were being flagged were not exclusively associated to that cohort of patients. It was agreed that this action would be closed.

NB

**APC 23/62      MEDICINES OPTIMISATION SCHEME 2023/24 QIPP PROPOSALS INVOLVING SPECIFIC BRANDS OR PREPARATIONS**

The Medicines Management Pharmacist (SY ICB, Barnsley) presented the paper which details the proposals to prescribe certain medications by a specific brand or preparation. The recommended alternatives are bioequivalent and branded prescribing is appropriate, safe, and cost-effective. For each of the QIPP brands, further assurance will be obtained from the companies regarding the current stock position before the changes are made.

The paper is split into 3 sections and the detail was presented to the Committee.

23/62.1      Section 1: workstreams involving existing formulary preparations and/or APC guidelines

Luforbec® MDI

The Lead Pharmacist, BHNFT advised that the Trust were waiting for confirmation from the respiratory team regarding use of Luforbec® MDI.

Lorazepam 500 micrograms

The Medicines Management Pharmacist (SY ICB, Barnsley) advised that the Lorazepam 500 micrograms tablet has a significantly greater cost therefore it was proposed that it would be more cost effective to give a 500-microgram dose using half a 1mg tablet. The company have been contacted about the storage of the remaining half and they have stated the other half would have to be used immediately or discarded as they do not hold the stability data regarding the half tablets and if the half tablet is left in an open blister for 24 hours it would be off-label use.

Nottingham has this on their preferred prescribing list and have been contacted for further information. A response is awaited.

The Head of Medicines Optimisation advised that we need to give more advice and support on prescribing, dispensing, and counselling patients.

The Community Pharmacist was in support of the cost saving however raised concern regarding halving tablets, noting this would not be condoned by the LPC as a medicines policy. It was raised that all the proposed changes outlined in the paper would have cost implications for community pharmacy.

There was concern raised about the patient groups on Lorazepam, and it was suggested that SWYPFT may be able to target and review patients to prescribe an alternative where it's appropriate. A SOP could be developed (with engagement with SWYPFT and the LPC) for those undertaking the reviews, taking account of the feedback received to maximise safety/not compromise patients.

23/62.2      Section 2 - further work will continue in the following therapeutic areas which were included in the 2022-23 Medicines Optimisation Scheme.  
Information noted.

Section 3: other QIPP work (brands/preparations not currently included on the Barnsley formulary)

Sodium hyaluronate eye drops to ClinOptic HA®

The Medicines Management Pharmacist (SY ICB, Barnsley) shared feedback and concern regarding prescribing for some patients with poor manual dexterity such as very elderly patients or patients with rheumatoid arthritis.

There was discussion around consumer feedback on products, including the unintended consequences of additional GP appointments to discuss issues with changes to drops or creams for example. The importance of testing products locally when implementing changes was acknowledged, therefore should feedback on any of the proposed changes highlight issues such as additional clinician time, changes may need to be reconsidered.

The Community Pharmacist raised a general point, but was specific to ClinOptic®, around the addition of products, and affordability/space for community pharmacies to stock of all the products in the pharmacy, noting that every formulary change adding in a different brand, increases stock holding or contributes to a delay in providing the product to the patient if not stocked but ordered on receipt of a prescription. Ordering products on receipt of a prescription has a varying delivery timeframe, subject to being stocked locally or centrally. This can then result in the patient returning to the GP practice requesting another prescription for an item that is in stock at the pharmacy.

It was noted that ClinOptic® and Brancico® XL are held centrally with Alliance Healthcare with an estimated 1 to 5 day delivery timeframe.

It was fed back that communication to community pharmacists can be inconsistent which generates additional workload and disruption, and that GPs/MMT needed to liaise with community pharmacy to communicate workstream changes.

The Head of Medicines Optimisation acknowledged the concerns raised, noting that the QIPP paper includes timeframes, and that SOPs will be developed, ensuring that people are trained and have the required knowledge about planned changes, and that notice/dates of when changes are being undertaken should be shared with community pharmacies. The Head of Medicines Optimisation needed to look at how we would liaise with community pharmacy if there were a change of formulations that could trigger a new medicines service intervention.

Other QIPP work areas were noted.

The Head of Medicines Optimisation referred to the pressures in community pharmacy, noting the need to ensure engagement with them prior to bringing work back to the Committee regarding emollient reviews and Hypromellose eye drops.

The Community Pharmacist advised that since having sight of this document in March 2023, Opiodur® has been unavailable from Alliance Healthcare despite assurance from them regarding stock

availability. It was agreed that until assurance can be provided regarding local stock availability, changes should not be progressed.

The Lead Pharmacist, SWYPFT spoke about coordinating changes, maybe taking proposed changes to community consultants for feedback regarding potential issues/concerns.

The Committee acknowledged the information presented in the document, which is a working progress looking at potential opportunities and efficiencies for the benefit of the whole health economy. More information will be presented to the Committee at intervals.

#### **APC 23/63**

#### **BARNSELY SUPPORTING INFORMATION FOR ANTIMICROBIAL PRESCRIBING (NEW) AND BARNSELY ANTIMICROBIAL FORMULARY CHANGES**

The Medicines Management Pharmacist, (SY ICB, Barnsley) presented the supporting guidance (enclosure D1) to be used in conjunction with the NICE/PHE summary of antimicrobial prescribing guidance, the link to which is currently on the BEST website.

Last year the APC agreed that the NICE/PHE summary would be used in place of the local primary care antimicrobial guidelines in their previous format, to ensure that clinicians have access to the latest guidance, as it became clear that it wasn't possible to update the local Barnsley guidance at the same frequency as the NICE/PHE summary, which is updated quarterly. The supporting guidance is to provide additional information to what is not included in the NICE/PHE summary.

A minor formatting error with the 2<sup>nd</sup> management box on page 18 was noted, which should be positioned under the Acute Otitis Media section on page 17.

A list of the formulary changes that will be required following adoption of the NICE/PHE summary (enclosure D2) was also presented.

It was highlighted that Phenazone 40mg/g and lidocaine 10mg/g ear drops (Otigo®) would be added as formulary green (included in the NICE/PHE summary).

Methenamine hippurate 1g tablets are not currently included in the NICE/PHE summary, but for recurrent UTI (non-pregnant women), continuous prophylaxis with methenamine hippurate (urinary antiseptic agent) can be considered as a first-line alternative to continuous antibiotic prophylaxis. These would be added as formulary green. NICE are updating the guideline on recurrent UTI, the focus of the update being on methenamine as prophylaxis. Further information on methenamine can be found in the supporting information and it was noted that the SY ICB report, brought to an earlier APC meeting stated that there is the opportunity to use methenamine in recurrent UTI prevention.

The Committee approved the supporting guidance and formulary changes.

It was agreed that a presentation would be given on antimicrobial prescribing at a future BEST meeting.

**Agreed action: -**

- A presentation would be given on antimicrobial prescribing at a future BEST meeting.

**MG/JH**

The Community Pharmacist advised that areas such as point of care diagnostic testing, sore throats and UTIs in community pharmacy are being looked at as part of the IPMO.

**APC 23/64**

**PRESCRIBING OSCILLATING POSITIVE EXPIRATORY PRESSURE (OPEP) DEVICES**

The Medicines Management Pharmacist, (SY ICB, Barnsley) presented the Sheffield OPEP devices guidance to the Committee, to possibly adapt for Barnsley following several queries from GPs who have received requests to prescribe this over recent months. It was noted that OPEP devices have an amber classification in Sheffield.

Positive feedback has been received from Laura Gill, Senior Respiratory Nurse at BREATHE as well as the BREATHE physiotherapist, noting that the physiotherapist at BREATHE would be happy for the BREATHE respiratory nurses to be able to prescribe OPEP devices with training and being assessed as competent. This would differ from the Sheffield guidance, which advises to be prescribed following recommendation by a physiotherapist, not a respiratory nurse.

The guidance has been shared with Janine Cawthorne, BHNFT physiotherapist for comment, who has occasionally recommended OPEP devices when suitable.

In terms of evidence, some studies conclude that the OPEP devices are beneficial in terms of quality of life (improves symptoms), with some studies concluding that higher quality studies are needed to examine long term efficacy in COPD and to aid selection of patients who will benefit.

There was discussion around who would recommend and prescribe OPEP devices, agreeing that they should be initiated by the specialists. It was noted that the devices are supplied as part of the service and that GPs should not be asked to prescribe. Further information was required around the use and benefits of the different devices to agree the first line choice.

The Committee endorsed the guidance presented but would need to work through the detail to ensure a supporting pathway was in place with information about engagement with the service; who might benefit from the devices; how patients would be referred to the service; and how they would move along the pathway.

**Agreed actions: -**

- Further discussion required with the physiotherapists regarding pathway and engagement with the services.
- Review the Sheffield guidance in line with Barnsley Pathway.
- Prescribing of OPEP devices to be monitored.

**MP**

**JH  
DC**

**APC 23/65 SHARED CARE GUIDELINES / AMBER G SHARED CARE GUIDELINES**

23/65.1 Testosterone Replacement Therapy (TRT) Amber Shared Care Guideline (update)

The Medicines Management Pharmacist, (SY ICB, Barnsley) presented the updated guideline, which has been updated in line with the new shared care guideline template.

It was noted that Testavan® gel has been added as first line choice in new patients due to its lower acquisition costs in comparison to other gels and provides clinicians with an additional option especially with the current difficulties with obtaining testosterone gels due to manufacturing issues, and the costs of treatment have been included. Dr Rao, Consultant Endocrinologist, BHNFT supports the addition of Testavan® first line.

The Committee endorsed the updated Testosterone Replacement Therapy (TRT) amber shared care guideline.

**APC 23/66 FORMULARY REVIEWS**

23/66.1 Formulary Review Plan

There were no changes to the plan since last month.

**APC 23/67 NEW PRODUCT APPLICATION LOG**

The new product application log was received for information with no changes to note. An update regarding the wound care dressing had been requested.

**APC 23/68 BARNSELY APC REPORTING**

23/68.1 APC Reporting February 2023

The Medicines Management Pharmacist, (SY ICB, Barnsley) presented the enclosure showing reports received directly into the APC reporting mailbox. There were 42 APC reports received for the month of February 2023.

23/68.2 APC Reporting February 2023 Key Themes

The summary report was presented, showing 77 reports in total, including 42 received directly into the APC reporting mailbox and 35 interface queries received directly to the BHNFT pharmacy team for the month of February 2023.

From the category breakdown, the key themes this month include D1 communication, medication supply issues, prescribing errors, other hospital communication, formulary related reports and summary care record related reports.

Details relating to some of the significant issues from APC reports (D1 communication/other discharge related, formulary or guideline related and other) were shared and highlighted.

It has been highlighted in previous APC meetings and further reports have been received which will be brought to future meetings, that discharge letters from SDEC contain insufficient information regarding drug changes as the medication changes box does not include a dose column and the information is not always detailed elsewhere on the

letter. The Senior Interface Pharmacist (BHNFT) advised that a meeting was planned with the Lead Nurse on Medico SDEC to resolve this going forward, noting that physician associates, who are non-prescribers are sometimes completing the D1s. The Head of Medicines Optimisation referred to previously discussions at the APC where it was clarified that it should be a prescriber completing the D1s when adding/changing medications.

The Community Pharmacist requested that BAPC23/02/13 be escalated to the risk register and the Head of Medicines Optimisation confirmed that this had been escalated to safeguarding.

23/68.3

APC Reporting February 2023 Interface Issues

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

**APC 23/69**  
23/69.1

**NEW NICE TECHNOLOGY APPRAISALS (MARCH 2023)**

NICE TAs March 2023

The Lead Pharmacist, BHNFT advised that the following NICE TA **was** applicable for use at BHNFT (red formulary classification): -

- TA878 Casirivimab plus imdevimab, nirmatrelvir plus ritonavir, sotrovimab and tocilizumab for treating COVID-19

It was noted that the use of casirivimab plus imdevimab (Ronapreve) was not recommended and this would be changed on the Barnsley formulary to non-formulary red.

JH

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

- HST23 (replaces HST6) Asfotase alfa for treating paediatric onset hypophosphatasia
- TA871 Eptinezumab for preventing migraine
- TA876 Nivolumab with chemotherapy for neoadjuvant treatment of resectable non-small-cell lung cancer

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

- TA873 Cannabidiol for treating seizures caused by tuberous sclerosis complex
- TA874 Polatuzumab vedotin in combination for untreated diffuse large B-cell lymphoma
- TA875 Semaglutide for managing overweight and obesity
- TA877 Finerenone for treating chronic kidney disease in type 2 diabetes

GT

23/69.2

Feedback from BHNFT Clinical Guidelines and Policy Group

There was nothing relevant to report.

23/69.3

Feedback from SWYPFT NICE Group

There was nothing relevant to report.

**APC 23/70**  
23/70.1

**FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS**

Primary Care Quality & Cost-Effective Prescribing Group (QCEPG)

There was nothing relevant to report.



- 23/70.2      BHNFT  
There was nothing relevant to report.
- 23/70.3      SWYPFT Drug and Therapeutics Committee  
There was nothing relevant to report.
- 23/70.4      Community Pharmacy Feedback  
There was nothing relevant to report.
- 23/70.5      Wound Care Advisory Group  
There has been no meeting of the group therefore there was nothing to report.
- APC 23/71      REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC) & SOUTH YORKSHIRE INTEGRATED MEDICINES OPTIMISATION COMMITTEE (SY IMOC)**
- 23/71.1      SYICB IMOC Draft Minutes, 1st March 2023  
The minutes were shared for information.
- 23.71.2      Draft Traffic Light Criteria  
Due to limited time on the agenda, this would be discussed further at the next APC meeting.
- 23.71.3      Shared Care Proformas and Protocols  
Due to limited time on the agenda, this would be discussed further at the next APC meeting.
- 23.71.4      Gluten Free Prescribing Guidelines – SY ICB  
The Head of Medicines Optimisation, (SY ICB, Barnsley) advised that the Gluten Free (GF) provision across South Yorkshire is now aligned to the 2023 Coeliac UK England recommendations. The SY ICB Gluten Free Prescribing Guidelines replace the previous Barnsley Gluten Free Prescribing Guidelines.
- APC 23/72      ISSUES FOR ESCALATION TO THE BARNSELY PLACE QUALITY & SAFETY COMMITTEE**  
It was agreed to escalate the Barnsley supporting information for antimicrobial prescribing (new) and Barnsley antimicrobial formulary changes to the Barnsley Place Quality & Safety Committee.
- APC 23/73      FORMULARY ACTIONS**
- 23/73.1      SPS New Medicines Newsletter February 2023  
Received for information.
- 23/73.2      Horizon Scanning April 2023  
The Committee assigned the following classifications to the products listed in the February 2023 SPS newsletter (including new indications, licences changes and new formulations) as below: -
- Avalglucosidase alfa 100mg vial (new medicine) – non-formulary provisional red
  - Belumosudil 200mg tablet (new medicine) – non-formulary provisional red
  - Landiolol hydrochloride 300mg vial (new medicine) – non-formulary provisional red
  - Dalteparin 10,000units in 1mL ampoules and prefilled graduated syringe, 2,500units in 0.2mL prefilled syringe,

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5,000units in 0.2mL prefilled syringe, 7,500units in 0.3mL prefilled syringe, 10,000units in 0.4mL prefilled syringe, 12,500units in 0.5mL prefilled syringe, 15,000units in 0.6mL prefilled syringe, 18,000units in 0.72mL prefilled syringe and 100,000units in 4mL vial (new indication) – formulary red for this indication (paediatric patients)

- Methenamine hippurate 1g tablets – formulary green
- Penazone 40mg/1g, Lidocaine 10mg/1g ear drops – formulary green
- Daridorexant 25mg and 50mg tablets – non-formulary provisional grey
- Clobetasol propionate/neomycin sulphate/nystatin 0.5mg/5mg/100,000 IU/g Cream – formulary grey with restricted use by specialists

Clobetasol propionate/neomycin sulphate/nystatin 0.5mg/5mg/100,000 IU/g Cream

It was noted that further information will be brought to the Committee with suggested formulary wording and possible alternatives. The Head of Medicines Optimisation advised that IMOC accepted the formulary grey classification with a view to reviewing it at the next meeting.

JH

**APC 23/74 MHRA DRUG SAFETY UPDATE (MARCH 2023)**

The update was noted with the following information highlighted: - Pholcodine-containing cough and cold medicines: withdrawal from UK market as a precautionary measure

Advice for healthcare professionals regarding the withdrawal of pholcodine-containing medicines from the market.

**APC 23/75 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES (FOR INFORMATION)**

The minutes from NHS South Yorkshire ICB Sheffield (16<sup>th</sup> February 2023) were received and noted.

**APC 23/76 ANY OTHER BUSINESS**

No items raised.

**APC 23/77 DATE AND TIME OF THE NEXT MEETING**

The time and date of the next meeting was confirmed as Wednesday, 10<sup>th</sup> May 2023 at 12.30 pm via MS Teams.