

**Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on  
Wednesday, 10<sup>th</sup> January 2024 via MS Teams**

**MEMBERS:**

Chris Lawson (Chair)	Head of Medicines Optimisation (SY ICB, Barnsley)
Professor Adewale Adebajo	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
Tom Bisset	Community Pharmacist (Community Pharmacy South Yorkshire)
Patrick Cleary	Lead Pharmacist - Barnsley BDU/Medicines Information (SWYPFT)
Dr Kapil Kapur	Consultant Gastroenterologist (BHNFT)
Dr Jeroen Maters (left after 24/20.1)	General Practitioner (LMC)
Dr Munsif Mufalil (from 24/07–20.1)	General Practitioner (LMC)
Dr Abdul Munzar (left after 24/20.1)	General Practitioner (LMC)

**IN ATTENDANCE:**

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

**APOLOGIES:**

Dr Mehrban Ghani	Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs)
Dr Madhavi Guntamukkala	Medical Director (SY ICB, Barnsley)
Elizabeth Lock	Clinical Quality Assurance Lead (SY ICB, Barnsley)

**ACTION  
BY**

**APC 24/01 QUORACY**  
The meeting was quorate.

**APC 24/02 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 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 relevant to the agenda.

**APC 24/03 DRAFT MINUTES OF THE MEETING HELD ON 13<sup>th</sup> DECEMBER 2023**  
Subject to a spelling correction on page 7 (somatrogon), the minutes were approved as an accurate record of the meeting.

**NB**

**APC 24/04 MATTERS ARISING AND APC ACTION PLAN**  
24/04.1 Process for issuing prophylactic antivirals to contacts in the event of an avian influenza outbreak in Barnsley

The Head of Medicines Optimisation referred to an issue that was raised by the LMC around the workload associated with the issuing of the prescriptions, with a query around the need for a commissioned service. Historically, a service has not been commissioned in health to manage an outbreak, but a framework would be used to address the outbreak, with any financial payments negotiated separately. The Head of Medicines Optimisation planned to take this issue to the Clinical Partnership Group to discuss and seek advice, however as there were no GPs present at the January 2024 meeting, the group would look at this outside of the meeting and feedback their views to the Head of Medicines Optimisation.

CL

24/04.2

NICE TAs (October 2023) - TA919 Rimegepant for treating migraine

It was confirmed at the last APC meeting that the IMOC had given NICE TA919 a red traffic light classification, with a view to discussing further with specialist colleagues. Confirmation was sought from BHNFT regarding the Barnsley formulary status, and following discussion, it was agreed that the Barnsley formulary should be reflective of the formulary status in Sheffield as the Sheffield Neurology Service is a visiting service to BHNFT.

**Agreed action: -**

- The Rimegepant entry on the Barnsley formulary to be updated in line with the Sheffield formulary.

DC/JH

*Post meeting note: Rimegepant has been added to the Barnsley formulary with a red classification.*

24/04.3

NICE TAs (November 2023)

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

- TA934 Foslevodopa–foscarnidopa for treating advanced Parkinson's with motor symptoms

GT

24/04.4

IMOC Horizon Scanning December 2023 - feedback regarding Levothyroxine injection (Levothyroxine SERB®) and Glucarpidase (Voraxaze®) traffic light classifications

It was agreed to add these products to the Barnsley formulary as non-formulary red, unless advised otherwise by BHNFT specialists.

**Agreed action: -**

- The Lead Pharmacist, BHNFT to advise if the specialists disagreed with the non-formulary red classification.

GT

24/04.5

Action Plan – other  
Inclisiran Amber Guideline

The Lead Pharmacist, BHNFT advised that this would be considered at the February 2024 LMC and APC meetings. A copy of the draft guideline to be shared with the MMT to aid planned engagement work being undertaken with GP practices around their scope to initiate and manage inclisiran.

**Agreed action: -**

- The Lead Pharmacist, BHNFT to share a copy of the draft guideline with the Head of Medicines Optimisation and Lead Pharmacist, SY ICB Barnsley.

GT

24/04.6	<u>Metolazone Amber G Guideline</u> The Lead Pharmacist, BHNFT confirmed that this has been updated and would be considered at the February 2024 LMC meeting.	GT
24/04.7	<u>Ikervis® (ciclosporin eye drop) Amber G Guidance</u> The guidance was awaiting feedback from the specialists. The Lead Pharmacist, BHNFT would assist again with trying to obtain specialist feedback by highlighting the request with the Ophthalmology Service Manager.	GT
24/04.8	<u>Hyperkalaemia Management Guideline</u> The Lead Pharmacist, BHNFT to follow up with the MMT Clinical Pharmacist working on this guideline for a progress update, and to also check if further updates are required following the recently published updated UK Kidney Association Guidelines.	GT
<b>APC 24/05</b>	<b>TRIMIPRAMINE POSITION STATEMENT (UPDATE)</b> The Medicines Management Pharmacist presented the position statement, which has been updated in line with the updated PrescQIPP bulletin and the updated NHS England guidance 'items not to be routinely prescribed in primary care'. This has been shared with SWYPFT colleagues and comments received have been incorporated. The position statement was endorsed by the LMC.  The Committee approved the updated Trimipramine position statement.	
<b>APC 24/06</b>	<b>BARNSELY CONTINENCE GUIDE (UPDATE)</b> The Medicines Management Pharmacist presented the guide which has been updated by Michelle Wright, Barnsley Integrated Services Care Group/Continence and Urology Service. The changes were minor including updated prices. The updated guide was endorsed by the LMC.  The Committee approved the updated Barnsley Continence Guide.	
<b>APC 24/07</b>	<b>PRESCRIBING OSCILLATING POSITIVE EXPIRATORY PRESSURE (OPEP) DEVICES (BARNSELY) (NEW)</b> The Lead Pharmacist, SWYPFT presented the guidance, noting that discussions had been held with BREATHE service colleagues regarding the proposal to adopt the Sheffield guidance for use in Barnsley, as previously discussed at the APC, to raise greater awareness around the devices and where they fit in the pathway.  The guidance has been reviewed and adapted by Laura Gill, Senior Respiratory Nurse, BREATHE Service and Rachel Clayton, Clinical Physiotherapy Team Leader, Cardiac and Respiratory Hub.  Differences to note between the Sheffield and Barnsley guidance is that the Barnsley service only use and are trained on Aerobika, therefore this is the only device included in the Barnsley guidance; and as well as the physiotherapists being trained, the BREATHE service nurses are trained to give counselling for the device and can prescribe it.	

The reviewed guidance has been circulated for comment, but no feedback received.

It was noted that the device is expected to last at least one year, dependent on how frequently used, and the BREATHE service have advised that they would contact the patient at least annually to undertake a review, therefore patients are not expected to present at the GP practice for review and replacement devices.

The Committee were reminded that the initial issue raised was in relation to patients requesting devices from GP practices, with GP practices receiving requests from Sheffield and the BREATHE service. In the absence of any Barnsley guidance, having received those queries, the Sheffield guidance was circulated and shared with GP practices.

It was expected that the service initiating the device should have plans in place to follow up and review patients, however confirmation would be sought from the BREATHE Service that they would supply a replacement device if GP practices were requested by patients to supply them.

Subject to this check, the Committee approved the guidance.

**Agreed action: -**

- The Lead Pharmacist, SWYPFT to confirm with the BREATHE Service about supplying replacement devices.

PC

APC 24/08

**SHEFFIELD SCP FOR TREATMENT OF CHILDREN WITH RECOMBINANT HUMAN GROWTH HORMONE (UPDATED TO INCLUDE SOMATROGON)**

The Medicines Management Pharmacist, SY ICB Barnsley advised that an application for somatogon (indicated for the treatment of growth hormone deficiency (GHD) in children aged three years and over) to be classified amber on the SY IMOC TLDL went to the December 2023 IMOC meeting, and this application was supported.

Barnsley APC has previously endorsed the use of the Sheffield SCG for the treatment of adults with Growth Hormone (somatropin) and this can be accessed via the BEST website. The Sheffield children's growth hormone shared care guidance has now been updated to include information on somatogon.

The LMC were asked if they would endorse the use of the updated children's shared care protocol which contains both somatropin and somatogon. The proposal was for somatogon to be amber, therefore formulary amber in Barnsley but only in line with the Sheffield shared care guideline for patients under the Sheffield specialists. A note would be added to the Barnsley formulary advising that BHNFT do not stock and are not using somatogon. It was acknowledged that the LMC wanted somatogon to be classified red in Barnsley, with paediatrics undertaking prescribing and monitoring.

The Lead Pharmacist, BHNFT stated that the Sheffield shared care guideline has been in place for a while and that when previously asked, the Barnsley consultants were against following the Sheffield

guideline, noting that Barnsley were happy with the current processes in place.

The Head of Medicines Optimisation advised that the Barnsley position would be clarified to the IMOC, noting that effectively due to how somatropin and somatogon are prescribed in Barnsley, there would be no change to the current processes in place.

The Committee approved the amber classification for use in line with the Sheffield Shared Care Guideline, for patients under the Sheffield service. Additional wording will be added to the Barnsley formulary, making it clear that requests will not come from Barnsley.

**Agreed action: -**

- The Barnsley position to be clarified to the IMOC.

CL

***Post meeting note:** Growth Hormone: The treatment of Children with Recombinant Human Growth Hormone Shared Care Guideline is also on the BEST website, with wording which states that in August 2018 Barnsley APC endorsed the use of the guideline by GPs for Barnsley patients who are under Sheffield endocrinologists (endorsed by LMC September 2018).*

**APC 24/09 SHARED CARE GUIDELINES/AMBER G SHARED CARE GUIDELINES**

No guidelines to approve this month.

**APC 24/10 FORMULARY REVIEWS**

24/10.1

Formulary Review Plan

There were no changes to note.

**APC 24/11 NEW PRODUCT APPLICATION LOG**

There were no changes to note.

**APC 24/12 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC) & SOUTH YORKSHIRE INTEGRATED MEDICINES OPTIMISATION COMMITTEE (SY IMOC)**

24/12.1

SYICB IMOC Draft Minutes – 6<sup>th</sup> December 2023

The draft minutes were shared for information.

24/12.2

Daridorexant NICE TA922

The Lead Pharmacist, SY ICB Barnsley gave an interim update that this would be discussed at today's IMOC meeting, acknowledging that the NICE TA was published 3 months ago, therefore the formulary update was due. Further work is taking place to produce supporting guidelines and there is also information and work underway to look at what is happening with the commissioning of CBTI. A further update will be given at the next APC meeting.

24/12.3

CGM Guidance (for information)

The Lead Pharmacist, SY ICB Barnsley advised that the guidance had been shared for information and was available on the ICB website. The guidance summarises the content of the NICE guidance and what different options should be considered. Additional guidance will also be developed, with more details about the different devices,

DC

and reference is made to this in the CGM guidance, and the link will be added when available.

## **APC 24/13 BARNSELEY APC REPORTING**

### **24/13.1 APC Reporting November 2023**

The Lead Pharmacist, SY ICB, Barnsley presented the enclosure showing reports received directly into the APC reporting mailbox. There were 47 APC reports received for the month of November 2023.

### **24/13.2 APC Reporting November 2023 Key Themes**

The summary report was presented, showing 78 reports in total, including 47 received directly into the APC reporting mailbox and 31 interface queries received directly to the BHNFT pharmacy team for the month of November 2023.

From the category breakdown, D1 communication issues form a significant proportion of reports received, with other reports related to a range of other categories.

Details relating to some of the significant issues from APC reports were shared and highlighted. These included D1 communication/ other discharge related (receipt of D1s, duplicate D1s, medication changes/information unclear or missing), Prescribing/Dispensing/ Administration related issues.

A report relating to two patients who had received the flu vaccine twice (initially at their GP practice and later at the pharmacy) was noted. This is being followed up by NHS England.

A report relating to the supply of morphine oral solution was highlighted, noting that the issues identified have since been addressed, with information to be included in a future MMT newsletter to highlight in general good practice points around that.

Following discussion around opioid and liquid medicines, the Lead Pharmacist, BHNFT would raise the initiation of the DMS for liquid medicines and whether this is routinely done, at the next Business and Governance meeting.

**GT**

The Community Pharmacist referred to instances of pharmacies not receiving DMS for previously agreed MDS patients. APC reports or examples would need to be shared with the Lead Pharmacist, BHNFT to investigate.

There was a lengthy discussion around APC reporting, around its importance for patient safety, clinical safety, improving services, learning and awareness, with acknowledgment around workforce capacity to deal with the volume of reports in primary and secondary care. The option of primary care having direct access to BHNFT IT systems (EPMA and Medi Viewer) to obtain additional information to resolve and reduce the number of queries being sent to the pharmacy team was working well for primary care, however the pharmacy team have not seen a decrease in the number of emails even with access. It was confirmed that all those that required access to BHNFT IT systems (MMT and SWYPFT) now have access.

The Lead Pharmacist, BHNHF advised that due to capacity, it was not always possible for the pharmacy team to keep on top of the reports where investigation was required. It was noted that some reports sent to the pharmacy team are not always appropriate i.e., chasing missing clinical information, noting that BHNFT needed to look at whether it's still appropriate for all reports to be sent to the pharmacy team or whether they look at different routes depending on the type of enquiry and the type of issue being raised.

It was recognised that at the point of reconciliation in primary care, there are some situations where it is critical to contact the pharmacy team for information.

The Head of Medicines Optimisation was planning to meet again with the Interim Chief Pharmacist and would look at the numbers of times the records have been accessed by the MMT and SWYPFT pharmacists to get this process as efficient as possible to work as an interface team to address the issues to ensure the workload is manageable on both sides.

24/13.3

APC Reporting November 2023 Interface Issues

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

**APC 24/14**  
24/14.1

**NEW NICE TECHNOLOGY APPRAISALS**

NICE TAs December 2023

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

- TA942 Empagliflozin for treating chronic kidney disease
- TA943 Hybrid closed loop systems for managing blood glucose levels in type 1 diabetes

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

- TA755 (Update) Risdiplam for treating spinal muscular atrophy
- TA938 Dupilumab for treating eosinophilic oesophagitis in people 12 years and over (**terminated appraisal**)
- TA939 Pembrolizumab plus chemotherapy with or without bevacizumab for persistent, recurrent or metastatic cervical cancer
- TA940 Ravulizumab for treating generalised myasthenia gravis (**terminated appraisal**)
- TA941 Ravulizumab for treating AQP4 antibody-positive neuromyelitis optica spectrum disorder (**terminated appraisal**)

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

- HST29 Velmanase alfa for treating alpha-mannosidosis
- TA935 Secukinumab for treating moderate to severe hidradenitis suppurativa
- TA937 Targeted-release budesonide for treating primary IgA nephropathy

**GT**

24/14.2

Feedback from BHNFT Clinical Guidelines and Policy Group

There was nothing relevant to report.

24/14.3 Feedback from SWYPFT NICE Group  
There was nothing relevant to report.

**APC 24/15** **FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS**  
24/15.1 Primary Care Quality & Cost-Effective Prescribing Group (QCEPG)  
There was nothing relevant to report.

24/15.2 BHNFT  
There was nothing relevant to report.

24/15.3 SWYPFT Drug and Therapeutics Committee  
The Lead Pharmacist, SWYPFT advised that a new licensed rivastigmine patch called Zeyzelf® would be discussed at today's meeting. This is a twice weekly patch instead of daily, and there have been some requests from the dementia service about its use.

It was agreed that the APC would consider the product under the SPS Newsletter agenda item to agree a provisional classification, noting that the amber G guidance may require amendment around its introduction if classified amber G.

24/15.4 Community Pharmacy Feedback  
The NHS Pharmacy First advanced service is to launch on 31<sup>st</sup> January 2024. This builds on the previous Community Pharmacist Consultation Service (CPCS) by enabling community pharmacies to manage patients for seven common conditions, following specific clinical pathways. Patients will access the service via referrals from NHS 111, integrated urgent care clinical assessment services, urgent treatment centres, emergency departments, 999 and general practice. Patients will access the new clinical pathway element by walking into the pharmacy directly or where appropriate, by contacting them by video consultation.

24/15.5 Wound Care Advisory Group  
There was nothing relevant to report.

**APC 24/16** **ISSUES FOR ESCALATION TO THE BARNSELY PLACE QUALITY & SAFETY COMMITTEE (18<sup>th</sup> JANUARY 2024)**  
The standing updates on IMOC and APC Reporting/D1 issues would be escalated to the Barnsley Place Quality and Safety Committee. **CL**

**APC 24/17** **FORMULARY ACTIONS**  
24/17.1 SPS New Medicines Newsletter November 2023  
Received for information.

24/17.2 IMOC Horizon Scanning January 2024  
The Medicines Management Pharmacist presented enclosure K detailing the traffic light classifications agreed at the January 2024 IMOC meeting. The formulary changes for Barnsley were highlighted as follows: -

- Glofitamab – formulary red (already classified red in line with NICE TA recommendations)
- Pegunigalsidase alfa – non-formulary red (already classified red in line with NICE TA recommendations)



It was noted that the following product classification would be discussed at the February IMOC meeting: -

- Talquetamab – suggesting grey therefore non-formulary grey in Barnsley (to be confirmed at the February IMOC)

JH

24/17.3

#### TLDL Sub-Group December 2023

The Medicines Management Pharmacist presented enclosure L detailing the traffic light classifications agreed at the December 2023 TLDL Sub-Group meeting. The formulary changes for Barnsley were highlighted as follows: -

- Fentanyl (Immediate release) - add immediate release fentanyl preparations as non-formulary amber-G for patients undergoing palliative care treatment as per NHS England guidance (non-formulary grey for patients not undergoing palliative care treatment as per NHS England guidelines - no change to note)
- Padeliporfin - change from non-formulary provisional red to non-formulary grey (TA not recommended)
- Panitumumab - add as non-formulary red with link to NICE TAs (TAs not applicable BHNFT)
- Pegaptanib - change from formulary red to formulary grey (TA not recommended)
- Pitolisant - change from non-formulary provisional red to non-formulary grey (TA not recommended)
- Reboxetine - change from just non-formulary to non-formulary amber-G
- Regorafenib - add as non-formulary red with links to TAs (TAs not applicable to BHNFT)
- Rupatadine - add as non-formulary grey
- Sebelipase alfa - change from non-formulary red to non-formulary grey
- Simple eye ointment - change from just non-formulary to non-formulary grey
- Sun protection - change from formulary green to formulary grey
- Tafamidis - change from non-formulary provisional red to non-formulary grey
- Temezirolimus - change from just non-formulary to non-formulary grey (add links to TAs)

The Committee approved the formulary recommendations.

The Medicines Management Pharmacist referred to the SY ICB IMOC 6<sup>th</sup> December 2023 draft minutes, regarding Finerenone (chronic kidney disease in type 2 diabetes) which is currently red on the Barnsley formulary. An interim position of amber G was proposed following the December 2023 IMOC meeting, but this will be discussed again at the January 2024 IMOC meeting. Finerenone will remain non-formulary in Barnsley, but the traffic light classification will be changed in line with the IMOC decision.

**APC 24/18**

#### **MHRA DRUG SAFETY UPDATE (DECEMBER 2023)**

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

Aripiprazole (Abilify and generic brands): risk of pathological gambling  
Healthcare professionals prescribing aripiprazole are reminded to be

alert to the risk of addictive gambling and other impulse control disorders. Healthcare professionals should advise patients, their families, and friends to be alert to these risks.

Vitamin B12 (hydroxocobalamin, cyanocobalamin): advise patients with known cobalt allergy to be vigilant for sensitivity reactions

The medicines used to treat vitamin B12 deficiency (hydroxocobalamin, cyanocobalamin) contain cobalt. There are case reports in the literature describing cobalt sensitivity-type reactions in patients being treated for vitamin B12 deficiency. Healthcare professionals prescribing vitamin B12 products to patients with known cobalt allergy should advise patients to be vigilant for signs and symptoms of cobalt sensitivity and treat as appropriate.

**APC 24/19 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES (FOR INFORMATION)**

No minutes to note.

**APC 24/20 ANY OTHER BUSINESS**

24/20.1

CAS Alert - Shortage of GLP-1 receptor agonists (GLP-1 RA) update (Issue date: 3 January 2024)

The Lead Pharmacist, SY ICB, Barnsley referred to a link shared with members to a national patient safety alert. Last week there was an updated alert issued regarding the shortage of GLP-1 RA. The alert was sent to practices and pharmacies, and we are looking into why the MMT didn't receive this through the usual routes.

The key points to note were: -

- Semaglutide tablets are now available in sufficient quantities to support new initiations
- Byetta® (exenatide) 5micrograms/0.02ml and 10micrograms/0.04ml solution for injection 1.2ml pre-filled pens will be discontinued in March 2024.
- Victoza® (liraglutide) continues to be out of stock and further stock is not expected until end of 2024.
- Identify patients prescribed Byetta® and Victoza® injections and (in line with NICE NG28) switch to semaglutide tablets.

There are number of actions that are detailed within the alert, due to be completed by 28<sup>th</sup> March 2024 and these were noted. The MMT are supporting practices with working through the alert and the GLP-1 amber G guideline is currently being updated with this information, which will be brought back to a future APC meeting. A link to the alert and key points will be included in the APC memo. As requested, a message regarding the local action being taken would also be sent separately to pharmacies via PharmOutcomes.

The Lead Pharmacist, BHNFT advised that the actions detailed within the alert were being led by the diabetes team, with support from the pharmacy team, noting a request from endocrinology for information identifying the number of patients prescribed GLP-1s in the last year. Clarity would be sought on the detail being requested so that the MMT could help and provide the required information.

**GT  
DC**

24/20.2

Sodium Zirconium Cyclosilicate Shared Care Guidance

The Lead Pharmacist, BHNFT advised the Committee for information that at the last Heart Failure MDT, they were struggling with a number of patients in primary care having to stop their ACE-inhibitors because of hyperkalemia, noting they are struggling to even have them on any kind of dose of ACE-inhibitors or ARBs.

The patiromer and sodium zirconium cyclosilicate are licensed for the long term management of patients who require RAAS inhibition, also in the NICE Guidance, therefore the Lead Pharmacist, BHNFT would be producing shared care guidance. This is currently classified red in Barnsley.

It was noted that the traffic light classification status of sodium zirconium cyclosilicate was to be discussed at the January 2024 IMOC meeting, therefore this information would be fed into the IMOC.

**CAL/DC**

24/20.3

Shared Care Protocol for the Prescribing of Oral Antipsychotics in Adults – Annual ECG

The Lead Pharmacist, SWYPFT shared feedback received from GP practices around the requirement in the shared care guideline to perform an annual ECG, with primary care clinicians not wishing to undertake the ECG due to uncertainty around interpreting the ECG results. The Lead Pharmacist was therefore seeking clarification about referring patients for ECGs to BHNFT via Open Access so that results go directly to the psychiatrist who initiated the shared care, and whether Open Access ECG was available for people in the community teams who are under the mental health and psychiatry teams to refer people for their annual ECG.

The Head of Medicines Optimisation would pick this issue up with the LMC, possibly with the requirement for more pragmatic advice about the frequency in the shared care guideline; and as the management of patients under shared care for primary care is financed under the specialist drug scheme, the Head of Medicines Optimisation would check the detail around payments for ECGs.

**Agreed action: -**

- The Head of Medicines Optimisation to take this to the next LMC meeting and check the specialist drugs scheme.

**CL**

**APC 24/21**

**DATE AND TIME OF THE NEXT MEETING**

The time and date of the next meeting was confirmed as Wednesday, 14<sup>th</sup> February 2024 at 12.30 pm via MS Teams.